International Family Medicine Education

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Feature Editor

The goal of the International Family Medicine Education column is to bring our readers information about developments in family medicine education in countries outside the United States, with a focus on countries where family medicine is developing. We will abstract literature from journals published throughout the world that address issues relevant to medical student, residency/postgraduate, and graduate education in family medicine and general practice. Topics will focus on family medicine education change, development, and advancement. If you have seen something published in the non-US literature about the development of family medicine education and research that should be shared with your colleagues, please contact me at inis.bardella@ucdenver.edu or +250-788520134 or 303-724-9758. Mail Stop F496, Academic Office 1, 12631 East 17th Avenue, Room 3505, Aurora, CO 80045. I invite your comments regarding this column.

India

Family Medicine Development Requires More Than Medical Education Alone

Indian health care over the years since the 1978 Alma Ata statement, is contributing to India’s lack of an integrated primary care system. Recent curriculum reform has led to more theoretical, specialist-driven medical education with a narrow disease-specific focus that is devoid of people-centered, problem-based, and bedside learning. Family medicine in India is not a formally approved branch of medicine, so it lacks prominence in the community and the medical profession. India lacks an integrated health care policy and governance structure, thus a large percent of the population has poor access to health services, little outreach, and minimal support services.

However, as a 2008 participant in the “Peoples’ Health Movement,” India adopted an integrated strategy to address the systems issues resulting in health inequities. Efforts in this strategy include use of information technology to facilitate timely communication of records and improved education of patients for appropriate self-care of chronic and acute conditions. The Internet has been used to enhance collaboration between physicians for patient care and between physicians and patients. Further, India has sought to locally link public health initiatives to better address factors contributing to the development of chronic disease. One example of successful health care reform the authors note is Kerala state where social intervention, health promotion, and patient-centered medical care have been integrated to support income redistribution via land reforms, expanded free public education, and encouraging population participation in health promotion.

Comment: It is easy to think of family medicine development primarily in terms of curricula, clinical competencies, and scope of practice. This paper challenges such thinking in two ways. The authors provide a broad view of the vision for primary care and primary health care and the needs that family medicine can hope to address. Their vision of primary care in India integrates patient care needs with systems-level issues. Second, the contrast between India’s great size and diversity (compared to the United States), and the relative dearth of applicable published literature addressing primary care in India, illustrates the challenge...
facing primary care physicians in India as they seek to further improve care in their country. This should make those of us practicing in the resource-rich United States more grateful for the abundance of primary care literature we have and inspire us to the same level of vision held by our colleagues facing far greater challenges.

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South Africa

Remaining Challenges for Acceptance After 16 Years of Family Medicine

South Africa first opened a register (licensing) for family physicians with the national Health Professions Council in 1993. With the introduction of a district health system in 1997 it was expected that family physicians would be the main caregivers at the district level. However, the specialty was not officially recognized by the national Department of Health until 2007, even though all the medical schools in South Africa had departments of family medicine well before this.

This article presents the results of a descriptive qualitative study using a self-administered questionnaire conducted among 60 general practitioners and internal medicine specialist physicians, from public and private sectors, in one metropolitan area of South Africa just prior to the 2007 authorization of family medicine as a specialty. Overall, 60% of respondents approved of the new legislation authorizing family medicine as a specialty, 25% disapproved, and 15% were undecided. Of those approving of family medicine, 77% affirmed a desire to specialize in family medicine. Among those opposed to the family medicine legislation, a high percentage of respondents felt that they were already carrying out the role of a family physician, that specialist family physicians would not be as highly qualified as other specialists, that the legislation would have a negative impact on general practice and would increase competitiveness, and that it would not have an effect on patient care.

The authors comment that the negative perceptions of family medicine among those opposed to the family medicine legislation may illustrate lack of awareness of the training and scope of practice of family medicine specialists. They note that where family physicians are present in sub-Saharan Africa, they often serve as generalist physicians or emergency surgeons rather than concentrating on family and preventive medicine.

Comment: South Africa is one of the few countries to introduce family medicine that does not have a nationalized health care system. Similar to the United States, family medicine in South Africa is being introduced into a dual private-public health care system, with potential for competition within and between sectors. Thus, the introduction of family medicine depends in part on successful demonstration of the specialty’s worth and on successful negotiation of professional roles and boundaries. The challenge for South Africa is to define the scope and practice of family medicine, appropriate to the local setting. There is not one fixed model for the development of family medicine.

This survey is informative to family physicians in the United States. While it is encouraging that more than half of participants approved of and valued family medicine, the negative perceptions are strikingly similar to attitudes toward family physicians that have been present in the United States for more than 40 years. When family medicine is being introduced in a new area and even when existing models are already present elsewhere, the same challenges of identifying professional roles and scope of practice remain. How these are to be fleshed out depends on the local circumstances. Addressing appropriate role educational needs, practice parameters, and expectations within the specialty and with other specialties remains a challenge.

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