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. We will abstract literature from journals published throughout the world that address issues relevant to medical student education and graduate training in family and general practice. The issues may relate to changes in medical education or in medical care organization or delivery. Topics may also address health and illness issues relevant to family physicians throughout the world. To help abstract literature, I have asked a few “foreign correspondents” to identify relevant articles from the medical literature in their region. I hope this column will become an important resource for those interested in what’s happening in family medicine education outside the United States. Contact me at 415-597-9370. E-mail: jrodnick@psg.ucsf.edu. University of California, San Francisco, Department of Family and Community Medicine, UCSF Box 0886, San Francisco, CA 94143. Your comments regarding this column are welcome.

Australia

Do Rural Training Programs Increase the Numbers of Physicians Practicing in Rural Areas?
(Peach HG, Trembath M, Fensling B. A case for more year-long internships outside metropolitan areas? Med J Aust 2004;180:106-8.)

In Australia, as in the United States, there are far fewer physicians per population in rural, compared to urban, areas. One of the ways to encourage physicians to consider rural practice is to offer training in rural areas. The authors, all from Ballarat, a rural city with 85,000 people in Australia’s Victoria state, hypothesized that physicians who completed a year internship at their hospital would be more likely to end up practicing in rural areas compared to those who completed their internships in Melbourne, the larger capital city.

As background, Australia has an intern matching program, and most interns then go on to general practitioner (GP) postgraduate training (4 years total) or specialty training (7 years total).

The authors reviewed the practice locations of 57 physicians who matched and finished internships at Ballarat between 1989 and 1997 and who responded to their survey (90% response rate). The authors compared their responses with 126 randomly chosen graduates of metropolitan internships. They found that 44% of the graduates of rural internships were practicing in nonmetropolitan areas versus 13% of metropolitan graduates. This difference was about the same for both male and female graduates. Fifty-six percent of the rural interns went on to be trained as GPs, and 78% of these were in rural practice, most in Victoria. Thus, the rural graduates were important sources of local doctors.

Comment: Although limited by the fact that those interested in rural practice might be more likely to choose a rural internship, this study reinforced the findings of successful US programs that have helped to increase rural physicians through rural training programs (for example in Washington, Pennsylvania, and Minnesota).

Canada

Testing EBM Skills and Knowledge

The concepts of evidence-based medicine (EBM) have been accepted and advanced worldwide over the past decade. For practicing physicians to interpret research on EBM concepts, a specific body of knowledge and skills are needed. The authors of this study, conducted in Ontario, wanted to assess the degree to which this knowledge has penetrated into the community of practicing family physicians.

The authors sent a questionnaire to a random sample of physicians who were members of the Ontario College of Family Physicians. The questionnaire asked for two things they would look for when considering the quality of a journal article reporting each of the following: (1) a controlled trial, (2) a systematic
review, and (3) a study evaluating a diagnostic test. They also presented scenarios and asked the physicians to calculate an NNT (number needed to treat) and a sensitivity and specificity. The authors also asked for an interpretation of the results of a meta analysis.

Thirty percent of the physicians returned the questionnaire. The respondents were younger and more likely to be residency graduates. A large majority of the respondents could give at least one correct answer to the questions regarding appraising an article using a randomized controlled trial and one on diagnostic tests. About half could calculate an NNT and sensitivity and specificity. Answering the 12 questions (with 1 point for a correct answer), the mean correct score was 6.4.

The authors concluded that about 50% of young physicians answering the questionnaire had a reasonable knowledge of critical appraisal skills.

Comment: This study, published in an on-line Canadian journal, shows what happens when you give a seemingly straightforward test/questionnaire to physicians. Most don’t answer it, and those that do don’t do so well. This was a surprising result, since one would think that younger Canadian residency graduates would have EBM down pat. This study could be taken as a challenge to other countries—can your graduates do better?

Japan

The Development of Family Medicine Postgraduate Training in Japan
(Fetters MD, Nishino H. World-class family medicine training in Japan. Primary Care Japan 2003; 1:41-9.)

This article, in a new English-language journal, reviews some of the philosophical and political issues facing family medicine postgraduate training in Japan. There are currently 45 departments of sogo-shinryo (general/family/primary care medicine) in university hospitals in Japan. Many offer postgraduate training, but there are few standards or curricula. Residents see patients in outpatient clinics but have little community experience. Older primary care physicians were trained as subspecialists and rarely offer comprehensive or coordinated care. Current primary care practice emphasizes testing for diseases, and preventive care is often not addressed.

The authors feel that the new training programs (and practices) should follow the family medicine precepts of accessibility, comprehensiveness, coordination, continuity, accountability, and compassion. They see a family physician’s practice as moldable and malleable to the community he or she serves.

The authors recommend that Japanese programs have specific training objectives to include self-study and knowledge assessment in such areas as managing common problems and behavioral and lifestyle counseling of patients of all ages. They also recommend that residents manage their own panel of patients and rotate through other departments and outpatient clinics. Finally, they recommend the development of a national certifying examination.

Comment: Although the Japanese have universal insurance and relatively easy access to care, they face similar problems to those in the United States—a rapidly aging society, increasing costs of care, and uneven quality and distribution of services. Postgraduate training in Japan is relatively unstructured compared to that in the United States, and family medicine is just beginning to be recognized. The development of more-structured family medicine postgraduate training is a big step forward.