FAMILY MEDICINE

CHOICE NOT CHANCE

Prof. Dr. S. Arulrhaj MD.,FRCP.
Chairman, CHPA & CMAT , UK
Chief Patron, IMACGP- India
Primary healthcare is a commitment to equitable and affordable care for all people, ensuring citizen-centered services needed to live a healthy and productive life.
A GENERAL PRACTITIONER (GP) is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education to all ages and all sexes. He has skills in treating people with multiple health issues and commodities.

Classic GP is knowledgeable yet compassionate

Ann Lech, BMJ
HEALTH CARE MODELS

**USA**
Insurance
Health is made a Business not Service

**European Countries**
NHS - Compulsory comprehensive Insurance for all workers and Employees.

**AIM:**
Health for Everybody.
Nationalisation of Pharma
Abolition of corporatisation.
HEALTH CARE MODELS

Socialistic Countries (CUBA)
• Health is Wealth
• Total Government Health
• Mother & Child Health Priority
• Preventive & Curative Health Plan
• No private Healthcare

India
• Mixture
• GOVT. Health Care 30%
• Private Health Care 70%
• ESI / Company etc.,
• Insurance – Primitive
HEALTH SCENARIO TODAY

- 120 crore populations.
- 70% Villages.
- Health Care 30 - 40%
- 79% Safe drinking water.
- 24% Adequate sanitation
- Infection High
- Life Style Diseases Rising

HEALTH NOT FUNDAMENTAL RIGHT
HEALTH SCENARIO INDIA

- Hi-tech Hospitals
- Quackery
- Counter sale of Drugs
- Govt. Health Care not satisfying users
- Private Health Care Primary, Secondary, Territory - Fragmented
- Cost is High
- Insurance Growing

Pays in Rupees expects Dollar comfort
WHO says.....

• Doctor Population Ratio 1 : 1000
• India has 1:2000
• Patient Bed Ratio- 0.9 bed per 1000
• India has- 0.3 beds per 1000

India's health expenditure is 6% of GDP

Private health care expenditure 4.25% (75%) 1/3 expenditure on secondary and tertiary care
Govt. expenditure 1.75%(25%)

57% Hospitals and 32 % Hospital Beds in private sector

1/3 of inpatients ¾ out patients in private sector

58% practicing doctors have taken loan

80% of 39000 qualified allopathic doctors registered in private sector
Registered with MCI – 8,52,195 Highest World
Specialists – 2,79,695
GP – 5,72,500
Medical Colleges: 362
Govt: 168
PVT: 194
Number of Medical Graduates / Year – 47688
PG Admissions / Year – 14,500
DNB Admissions / Year – 5,000
Brain drain - Domestic and International
## UNDER-GRADUATE (UG) AND POST-GRADUATE (PG) SEATS IN INDIA AND USA

<table>
<thead>
<tr>
<th>Discipline</th>
<th>India</th>
<th>USA</th>
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<tbody>
<tr>
<td>Cardiology</td>
<td>250</td>
<td>781</td>
</tr>
<tr>
<td>Diabetology / Endocrinology</td>
<td>50</td>
<td>251</td>
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<tr>
<td>Gastroenterology</td>
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<td>433</td>
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<td>Haematology</td>
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<td>523</td>
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<tr>
<td>Nephrology</td>
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<td>416</td>
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<tr>
<td>Neurology</td>
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<td>592</td>
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<tr>
<td>Oncology</td>
<td>48</td>
<td>508</td>
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</table>

**INDIA**

<table>
<thead>
<tr>
<th>Level</th>
<th>CURRENT</th>
<th>SUGGESTION</th>
<th>USA</th>
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<tbody>
<tr>
<td>UG</td>
<td>47688</td>
<td>50000</td>
<td>19000</td>
</tr>
<tr>
<td>PG</td>
<td>14500</td>
<td>38500</td>
<td>47688</td>
</tr>
<tr>
<td>NBE</td>
<td>5000</td>
<td>10000</td>
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</table>

**Source:** MCI, India and National Resident Match Program, USA
WHAT IS NEEDED?

Right to Health
Equitable Primary Care and Emergency
Primary Care to All Indians
FAMILY PHYSICIANS PROVIDE

- Prevention & management of acute injuries and illnesses
- Health promotion
- Hospital care for acute medical illnesses
- Chronic disease management
- Maternity care
- Well-child care and child development
- Primary mental health care
- Rehabilitation
- Supportive and end-of-life care
Family physicians are relationship-oriented, which ensures...

- Good relationships with other physicians and healthcare providers.

- Better patient understanding of complex medical issues and improved participation in the care process.

- Less expensive and better healthcare experience for patient.
What are the primary care specialties?

The Primary Care Physician
Number of Office Visits to Primary Care Physicians vs. Other Specialists

Millions

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Visits</th>
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<tbody>
<tr>
<td>Family Medicine</td>
<td>216</td>
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<tr>
<td>Internal Medicine</td>
<td>168</td>
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<tr>
<td>Pediatrics</td>
<td>129</td>
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<tr>
<td>All Primary Care</td>
<td>573</td>
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<tr>
<td>Other Specialists</td>
<td>390</td>
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</table>

LETTER TO EDITOR

IT IS PERHAPS DUE TO THE DISAPPEARANCE OF THE HUMAN TOUCH IN MODERN MEDICINE THAT PEOPLE ARE REVERTING TO ANCIENT SYSTEMS SUCH AS AYURVEDA, SIDDHA, AND ALTERNATIVE SYSTEMS OF MEDICINE.
LETTER TO EDITOR

THE ARTICLE EXPOSES THE FATE OF INDIANS AT THE HANDS OF DOCTORS AND HOSPITALS. DOCTORS’ PRIORITIES SEEM TO HAVE CHANGED; COMMUNITY HEALTHCARE BECOMING THE CASUALTY. DOCTORS NEED TO RECOGNISE THEIR RESPONSIBILITY TOWARDS THE COMMUNITY. IT IS FOR THE MEDICAL COLLEGES TO PRODUCE MORE FAMILY PHYSICIANS THAN SPECIALISTS.

THE HINDU JUNE 16, 2006
PRIMARY CARE STRENGTHENING IS THE NEED OF THE HOUR FOR HEALTHY INDIA

MOH, 2011
CHMM 2012
YESTERYEARS - GP

- Only one Doctor- General practitioners
- Diagnosing all diseases
- Managing all diseases
- Performed Surgeries
- Conducted Deliveries
- Managed Children
- Doctor worshipped like God
- Commanded respect in Family and Society
- Was a Family Member
- Friend Philosopher Guide

AVAILABLE ACCESSIBLE AFFORDABLE APPROPRIATE
FM- No Strength! Why?

- No UG Curriculum
- No PG Curriculum
- No Department
- No Faculty
- Mindset of youth
- Mindset of Public

EFFECTIVE PRIMARY CARE REDUCES NEED FOR TERTIARY CARE
HOW TO STRENGTHEN FAMILY MEDICINE INDIA

• Effective training of undergraduates.

• After graduation 2 years rotation in medicine, pediatrics, surgery, obs. & gyn., psychiatry, emergency care etc.

• Under supervision of senior practitioner for 6 months- **Community training vital.**

• Treated as specialty.

• Renumerations like a subject specialist.

• Regular updating must

• Teaching institution should have separate Family Medicine department and OPD.
STRENGTHENING PRIMARY CARE IN INDIA
Mala Rao, BMJ, 2012, 344:3151

- Affordable diagnostic and information technology in primary care
- Safe and effective drugs at affordable cost.
- Public private partnership
- Chronic care of patient outside hospital
- High quality Researchers and Teachers in primary care
- Community involvement (Antenatal, Vaccination, )
Procedures expected out of Family Physicians

- Arterial lines
- Audiometry
- Casting
- Central lines
- Colonoscopy
- Colposcopy
- EKG
- Excisions of moles, nevi, cysts, warts, skin tags
- Endoscopy
- Intubation
- Joint Injections

- Paracentesis
- Pap Smears
- Pulmonary function testing
- Punch biopsies
- Skin biopsies
- Spirometry
- Suturing lacerations
- Thoracentesis
- Ultrasound imaging
- Tympanometry
- Vasectomy

JACK OF ALL TRADES
Family Medicine – A Specialty Why?

- All Branches
- All Family
- Generations
- Back Bone
- National Health Programmer
- Reaching to People
- Pharmaco vigilance.
- Research
RESEARCH IN GENERAL PRACTICE

• Very essential, Tremendous scope
• Useful data from field not available
• Follow up studies of patient after hospital discharge
• Growth monitoring, vaccines, studies on obesity, diabetes, cancer and other non communicable diseases
• Drug trials
• Observation and research on herbal preparation after standardization
• Many articles in USA, UK are by primary health care takers in Lancet, BMJ, JAMA.

PRIMARY CARE DATA PIVOTAL
DELHI DECLARATION

MSAI - 6 point formula :

1. Introduce research based learning in UG curriculum
2. To introduce evidence based medicine in curriculum
3. To integrate clinical training with theory
4. To introduce modern technology in teaching
5. To encourage professional interaction between students and Faculty Globally
6. To introduce centralized database for medical education material

The Hindu  23.09.2013

Today's Medical Graduate perplexed in Clinical Management.
FAMILY MEDICINE - INDIA

- IMACGP - 1963
- Dr. P.C. Bhatla
- FCGP - EXAM
  - HONY
- WONCA-FOUNDER
- CME BOOK LET

IMACGP 1963
IMACGP-REVITALISING
1996-98
DEAN-DR.S.ARULRHAJ
FCGP-MALAYSIA
FAMILY MEDICINE INDIA-Journal
DFM-COLOMBO
MD-FM- COLOMBO
CERTIFICATE COURSES
HQ-CHENNAI 2007
GROWTH OF FAMILY MEDICINE-INDIA

- DNB–FAMILY MEDICINE–2000 GRADUATES
- MD-FM-INSTITUTIONAL
- DFH-SRMC
- DFM-ANNAMALAI UNIVERSITY
- DFM-RCGP
- DFM-COLOMBO
- MD COLOMBO
DFM-INDIA

PGIM COLOMBO

1998-MOU

11 EXAMINATION

280 CANDIDATES

270 QUALIFIED FP

FUTURE - ONLINE COURSE

- E-LEARNING

- OWN DFM

QUALIFIED FAMILY PHYSICIANS
MD-INDIA

- MCI APPROVED
- DOESN’T EXIST
- SRMC- 2009 Tried
- PGIM - 2006
  - RESEARCH
  - STUDENTS 11- 4 PASSED
  - TRAINING 2014
- UK –Masters in FM
- CMC – M.MED

ONLINE KNOWLEDGE AND SKILLS
CERTIFICATE COURSES

• Fellowship certificate in Diabetology
• Fellowship certificate in Practical cardiology
• Fellowship certificate in Echo cardiology
• Fellowship certificate in Toxicology
• Fellowship certificate in Practical nephrology
• Fellowship certificate in Practical dermatology
• Fellowship certificate in Community critical care
• Fellowship certificate in Reproductive health

EMPOWERS GP IN SPECIALTIES
EXAMS

• LISCENCING EXAMS- EXIT
• ASPIRATIONAL EXAMS
WHAT IS NEW?

- PGDEM- GWU-EMERGENCY PRIMARY CARE
- IPPC-SYDNEY
- PALLIATIVE CARE
- HOSPITAL MANAGEMENT
- RESEARCH
- ST. PETERS UNIVERSITY

IMA E VARSITY

MANAGEMENT SKILLS STRENGTHENING
COURSE MATERIAL

• Text book of family medicine 2 edition
• Colored 3rd ed. Awaited
• The Family Doctor– Journal
• Monthly E- newsletter
COURSE MATERIAL

IN INDIAN MEDICAL ASSOCIATION
Family Medicine
Journal of India

special issue on
Emergency medicine

Official Publication of IMA College of General Practitioners
Volume 2  Issue 2  July to September 2010  Rs 75

JOURNAL OF THE
INDIAN MEDICAL ASSOCIATION
Official Publication of the Indian Medical Association
Largest Circulated Medical Journal in India
Indexed in Index Medicus

Special Issue on Family Medicine
Supported by IMA CGP

Contents:
- Family physicians: to be the torch bearer of healthcare providing healthy living in India
- Frontline health care providers in the context of modern healthcare delivery systems
- Challenges in the current scenario of healthcare delivery
- Best practices in healthcare delivery

IMA CGP COURSES

IMA CGP Prospectus

68/13th Cross Street, Chennapat, Chennai, Tamil Nadu
IMA CGP CONFERENCES

• National conference – Annual

• Zonal conference - Quarterly

• International congress - Annual

• Study tour International
IMA CGP

NATIONAL PRESIDENT
↓
CHIEF PATRON
↓
DEAN
↓
SECRETARY
↓
ASSI. SECRETARY
↓
TREASURER
↓
GOVERNING COUNCIL
IMA CGP ACHIEVEMENTS

• FM recognized specialty by MCI
• FM department in medical colleges accepted
• PM/MOH wants more FP
• DFM Indian universities
• 1000 qualified FP pool - Created
• MD – FM conducted, June 2011
VISION OF IMACGP
FUTURE OF FAMILY MEDICINE

• Department of Family Medicine in university medical college teaching hospital
• Strong specialty
• 2 Years training after graduation – Diploma
• 3 Years training - MD
• Regular updates – Online and Print
• Acute and Chronic care strengthened
• MCI/DNB Recognising Distant Learning MD

UHC BUILT ON PRIMARY CARE
FM-INDIA-FUTURE

- QUALIFIED POOL ↑
- DFM-INDIA
- DFH
- DNB
- MD -INDIA
  - COLOMBO
  - UK
  - CMC
- MRCGP, UK
- LEADERSHIP TRAINING

GP LEADING HEALTHCARE IN COMMUNITY

FAMILY MEDICINE WILL BE THE OFTEN SOUGHT SPECIALITY- CHOICE AND NOT CHANCE
# Beyond MBBS....

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<th>Post Graduation</th>
<th>Clinical</th>
<th>Govt./Private</th>
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<tr>
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<tr>
<td>NBE</td>
<td></td>
<td>Overseas</td>
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<tr>
<td>Medicine allied</td>
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<table>
<thead>
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<th>State- Central</th>
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<tbody>
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<td></td>
<td>Corporate</td>
</tr>
<tr>
<td>Own employment</td>
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</tr>
</tbody>
</table>

| Non Medical     | Administration | IAS, IPS etc. |

**POLITICS**
CARRIER GUIDANCE

• Enroll life member IMA
• Assess your skills, knowledge and interest
• Weigh your Dad’s purse
• PG – Govt./PVT
• Public service – Union/State
• Private placement
• Own placement
• Online PG – All the above
• Adapt today's social scenario

Be part of Society

AVOID LIVING IN LIBRARIES
Family Medicine Advantages to Youth

• No Time Loss
• Patient Confidence
• Inner Happiness
• Financial Satisfaction
• Social Command
• Specialists awaiting your call
Sir William Osler says:

“It is much more important to know what sort of patient has a disease than what sort of disease a patient has”

WE TREAT PATIENTS NOT DISEASES

PATIENT CENTERED TREATMENT

CULTURE EVERY GP, SPECIALIST AND SUB-SPECIALIST MUST FOLLOW

FAMILY PRACTICE CULTURE
CONCLUSION

Choose to be a Family Physician, India