Family Medicine in South Asia: How do we move on?

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• The liaison between WHO and WONCA

• Enormous interest in developing the concept of Family Medicine and enhancing the quality of General Practice in our South Asian countries is phenomenal in the recent past.
• WONCA works together with all our member organizations to support the development of Family Medicine in each of our nations to ensure the highest standard of education and quality care.

• Vision of WONCA in South Asian region way forward to ensure the development of Family Medicine to equal levels of other nations of the World.
WHO emphasis of a renewed focus on all activities on Primary Care

- The key to the control of major communicable diseases

- Dreaded diseases like HIV & Tuberculosis

- Malaria and new and emerging diseases like SARS and Avian flue.

- NCD- especially the rising rates of Cardiovascular Diseases, respiratory diseases and cancer, as rate of smoking, obesity, poor nutrition and lack of physical activity continue to rise.

- Rapidly rising burden of mental health problems
• Rising Health Care cost in our region through support for preventive care, health promotions, and management effectively of chronic diseases and co-morbidities.

• Equity of access to higher quality care and its outcome.

• The most ideally suited for this task is the well trained Family Physicians / GPs.
This is a Primary goal of WONCA & WHO to advocate a strong family physician force in each of our nations to bring them together, to share our knowledge and experiences to benefit the people in our countries of this region.
We specialize in:

- Health promotion and preventive care
- Early diagnosis and management
- Management of undifferentiated illness
- Acute Conditions
- Medical emergencies
- Complex chronic diseases and comorbidities
- Mental Health
- Impact of social and environmental issues on our health
- Palliative care and support our patients to die with dignity
Strong support of Governments and communities to maintain these generalists traditions to deliver high quality Primary Medical Care.
WONCA ensures:

- The highest possible standards for quality clinical practice
- Education and Training
- Research for Family Medicine all over the Globe
- The Generalists / Specialists balance in teaching will produce a young medical graduate who will be much more sensitive to the needs of the communities and treat the patient as a whole.

- Establish Family Medicine Training Program in all Medical Schools in the region.

- Establishing Family Practice Centers as teaching units affiliated to the medical schools.
After reflecting the recent past

Where are we now?

• All South Asian countries have made vast strides on the “Road map to develop Family Medicine” in South Asia
  • India
  • Bangladesh
  • Nepal
  • Pakistan
  • Sri Lanka
Indian Medical Association
College of GPs

- International Family Medicine Conferences held in Chennai in Nov 2010
- Many academic activities to develop the discipline of Family Medicine in India
- Link with the PGIM Colombo to conduct DFM – Colombo in India since 1999
- MD – Family Medicine, Colombo, the first batch has already started
- NDB – Family Medicine
- MRCGP Int’l SA
• Academy of Family Physicians of India

• Promoting Family Medicine in undergraduate Medical education

• DNB

• Link with Health Plannres
• Nepal and they are well on the way in Post Graduate Training in Nepal
Scenario in Nepal

- General Practitioners’ Association of Nepal (GPAN)
- Nepal Medical Association
- MD GP linked to University
- Linked to other NGO s for training programmes
- South Asia Regional Conference – Dec 2010
• Pakistan College of Family Medicine and The Aga Khan University Program.

• They have structured residency training in Family Medicine since 1994 in AKU, followed by many other medical schools.
Pakistan

- College of Family Medicine, Pakistan became founder member of Wonca in early 1970s
- Aga Khan University started Family Medicine Program in 1986
- College of Physicians and Surgeons approved Membership in 1990
- College of Physicians and Surgeons, Pakistan started Fellowship in 1992
Pakistan

• Aga Khan University started residency in 1994
• MRCGP (Int) started in 2006
• Residency training in Zia Uddin University Karachi
• Program in Fatima Memorial in Lahore
• Program at Shifa International at Islamabad
Pakistan

- Pakistan Society of Family Physicians in Lahore
- Pakistan Academy of Family Physicians in Lahore
Scenario in Pakistan

- College of Family Medicine in Pakistan membership exam
- Academy of Family Physicians
- MRCGP Int’l South Asia
- MD – Family Medicine
- Aga Khan University most popular well established under graduate and post graduate training programmes in Family Medicine
- Enormous number of GPs training in Family Medicine
• Bangladesh also has advanced reasonably well in developing Post Graduate education in Family Medicine.
Bangladesh Scenario

• **In 1977:** Formation of Bangladesh Private Medical Practitioners Association [BPMPA] which acts as the platform of the General Practitioners of Bangladesh.

• **In 1985:** Bangladesh College of General Practitioners [BCGP] was formed by the BPMPA which becomes the full member of the Wonca.

• **In 1990:** BCGP started the course 'Fellow of the College of General Practitioners [FCGP]'
Bangladesh ........

• **In 1995:** Bangladesh Academy of Family Physicians [BAFP] was formed, which is the national organization of the family physicians of Bangladesh. BAFP is the associate member of the Wonca.

• **In 2000:** The University of Science & Technology Chittagong [USTC] started 'Family Medicine Diploma [FMD]' course. FMD is a one-year long course.
Bangladesh

- **In 2003**: Bangladesh Institute of Family Medicine & Research [BIFMR] took the responsibility of running the FMD course. BIUMR is a project of BAFP and constituent institute of the USTC and Academic Member of the Wonca.

- **BCPS**: Bangladesh College of Physicians and Surgeons started its Faculty of Family Medicine.

- **RCGP**: Royal College of General Practitioners of UK extended facilities of attending MPCGP [International] examination for the family physicians of Bangladesh.
In Sri Lanka, Family Medicine is a recognized specialty of the Post Graduate Institute of Medicine of the Colombo University (PGIM).
• MD in Family Medicine course and exam in 2 ways – either by thesis submission or clinical rotation and exam in 2 years.

• The College of General Practitioners of Sri Lanka, which is the academic body of General Practice established by an Act of parliament in 1974, has been instrumental in promoting Post Graduate education in Family Medicine Sri Lanka and they constituted the major components of the membership of the Board of Study in Family Medicine of the PGIM since 1981.
The College of GPs of Sri Lanka (CGPSL) conducts:

- MCGP exam

- The Undergraduate Teaching Program in Family Medicine

- The establishment of a Family Medicine, undergraduate teaching program should be an essential integral part of Medical Education
Sri Lankan Scenario

- Establishment of an academic College was the first step
- IMPA - oldest national organization of general practitioners in the world
- College of General Practitioners
- second Academic College of the medical profession in our country
• The primary aim of the College was academic
• establishment and development of standards
• active promotion of postgraduate and continuing medical education
• teaching of General Practice to the undergraduates

• **College - most vigorous academic body in Sri Lanka**
DFM

• About 1000 Diplomates in Family Medicine

• About 150 are Indian nationals who sat the examination in India

• DFM examination of the PGIM first time was conducted in India in 1999
Membership of the College of GP’s (MCGP) – Sri Lanka

- Conducted by the College
- 2 year part time course consisting of
  - **Theoretical inputs** Lectures, Workshops seminars, assignments and distance learning components
  - **Clinical training** with GPs and hospital training
  - Portfolio
  - Mentoring programme

- **Assessment**
  - MCQs, SEQs, 20 station OSCE Portfolio viva
  - Work Place and Work based assessment
Membership of the College of GP’s (MCGP) – Sri Lanka

• Recognized as a “additional” qualification by the Sri Lanka Medical Council
• Aim is to improve quality of care delivery based on principles in Family Medicine for primary care doctors
• Demand for the course among primary care doctors is growing.
MD Family Medicine

• important objectives of the College

• nominees of the College

• Board of Study in Family Medicine played a major role in its genesis and structuring

• Research Thesis for award of a MD in Family Medicine
• A College Journal “The Sri Lankan Family Physician” which provides a forum for publication of articles relevant to Family Medicine and research in Family Medicine. Since research begins with asking questions and ends with publishing results, this played a significant role in Family Medicine research in Sri Lanka.

• Establishment of Departments of Family Medicine in two Faculties of Medicine – a third is on the way.
Establishment of Department of Family Medicine

- promotion of family medicine
- undergraduate curriculum
- medical schools tended to propel students towards careers in specialty medicine
- away from general practice and primary care
- medical graduates
- inadequate knowledge
- training
- competent and caring general practitioners
GOAL of the College

To ensure every Faculty of Medicine in the country to have a department of family medicine
Research Interest Group

• Linked to the SAPCRN (South Asia Primary Care Research Network)

• First Workshop held in Kathmandu – December 2010

• Second Workshop held in Colombo – Feb 2013

Wonca
College of GP’s speak with one voice and have been suggesting for almost 25 years the need to implement a national health scheme by absorbing the general practitioners into a system, and ensuring an equal distribution of general practitioners geographically throughout the country so that every citizen would have access to a family physician. There should also be a health insurance scheme for the entire country, and, every individual, rich or poor, should have access to a family physician in his own living environment.
The MRCGP (International) South Asia Examination

• International Board of the RCGP International (South Asia) examination

• First MRCGP International (South Asia) examination
Way forward………………

• All stakeholders including the grassroot Family Physicians should take on the responsibility to move on.
• Policy level initiative -
• Academic initiatives -
• Professional initiatives -
• All organizations of family medicine and all state stake holders should collaborate and make a conjoint efforts thro’ the participation of WONCA and WHO-SEARO
• To this end we should help each other to those who need help to initiate FM teaching programmes in all academic bodies and universities.
• We should exchange experties of experienced teachers and examiners in the South Asian region.
Conclusion

• Over the past 35 years the College of General Practitioners of Sri Lanka, much like a mustard seed from small beginnings, grew into a towering professional organization of family physicians in this country. The College, the medical profession and Sri Lanka, owe a tremendous debt of gratitude to this dedicated, hard working and selfless senior GPs.
SUMMARY

I have shown from the history of the College, its achievements and the importance of family medicine and the role of the family physician in the primary care setting in the rest of the world and what it is in Sri Lanka, and our hopes and plans for the future in this country and the region. I hope we have all your blessings to go forward in this long march to establish family medicine in its rightful place not only in Sri Lanka but in the whole South Asian region in the health system of the country and fall in line with what is happening in the rest of the world.
• Considering all these facts and figures, I am sure all of you are more than convinced the absolute need of the family physicians / GPs playing a pivotal role in the Primary Health Care team in each of our countries in this region.
• It is my dream that we reach this goal and go beyond to establish a National Health Scheme for each of our countries with a Referral System in place so that every family has their own Family Doctor to go for all their Primary Health Care needs and to be referred to the next level of care only if and when necessary.
Thank you