Family Medicine – Curriculum for UG & PG

Prof. (Dr.) Bipin Batra
Executive Director
National Board of Examinations
MBBS Course aims to create -

Physician of first contact who is capable of looking after the preventive, promotive, curative, and rehabilitative aspects of medicine.

Even though India has the highest number of medical colleges in the world and known for contribution to medical services and personnel across the world, there is shortage of doctors in primary care in India!
‘Vision 2015’

“Emphasis for training in primary and secondary care level with compulsory family medicine training”

“Recommended integration of principles of family medicine into the existing curriculum”
Primary Care Physician

Provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by age, gender, cause, organ system, or diagnosis.
Family Medicine Physicians
& Health Care System

- First medical practitioner

- Factors leading to first contact are:
  - Ease of communication
  - Accessible location
  - Familiarity
  - Affordable
  - Managed care requirements

Point of referral to any other doctor

- Continuum of Care

- Health assessment (evaluation of health and risk status)

- Disease prevention (early detection of asymptomatic disease)
Existing Curriculum for MBBS

Graduate Medical Education happens mostly in tertiary care environment in medical colleges in India.

Out of the 142 weeks of clinical rotation, 91.5% of the time is spent in tertiary care. Only 12 weeks (8.5%) in primary care!

Tertiary care - advantage of plenty of teaching materials, faculty, and role models in specialist care for the students

Disadvantages with regard to the objectives of undergraduate medical education!
Broad objectives of Family Medicine training (UG)

- Medical Graduate shall have the knowledge and skills to manage common outpatient and emergency problems at the level of primary and secondary care.
- He/She will be able to provide health care in the context of the family and the local community.
- He/She will be able to integrate principles of family medicine in their day to day interaction with patients.
Communication skills
• Personal care, primary care, continuing care, and comprehensive care
• Health promotion in consultation
• Emergency care and house calls
• Family as a unit of care
• Care of the elderly
• Palliative care.

Low Resource Settings
- **Common symptoms**
  - Management of various common symptoms taught to UG students in family medicine rotation

- **Common procedures**
  - Candidates can perform various common procedures in family medicine rotation or in clinical postings with focus on the defined skill sets.
Existing Curriculum

In current settings in medical colleges community medicine/primary care teaching - ‘non clinical’ and encompasses epidemiology, public health, preventive, and social medicine.

Less Glamorous tasks as

Students perform surveys and projects in the community to understand the risk factors which cause the disease.

Medical Interns are posted in primary health centers to get exposed to the clinical work in primary care settings.
Existing Curriculum

Patients attending tertiary-care institutions have more complex illnesses and rare health problems exposure to the diagnosis and management of common illnesses is ignored.

Diagnosis in tertiary care is mostly based on investigations. This helps a student to identify rare illnesses but investigations for symptoms become the norm.

Patients are treated with teams of specialists managing organ, systems, age and gender !
Pitfalls

The physicians are expected to work in primary and secondary care areas after the UG training i.e. MBBS.

The students translate tertiary care practices to the primary care areas leading to increased cost and inappropriate care.
Medical Graduates when faced with similar problems during their practice, they are not empowered to manage in primary care but learn to refer more than to resolve it in primary care.

Acute, episodic, curative care is practiced and taught at Tertiary care settings.

Fewer chances for the students to learn continuity of care and rehabilitation after the acute illness is treated.

Health promotion and disease prevention is seen less glamorous as opposed to curative care.

‘problem-fixers’ ‘referrals’ rather than health promoters, disease preventers and “point of care” approach.
Fam Med: Thrust Area for MBBS

Nearly all of the medical graduates doctors wish to pursue Post Graduation.

Only 27000 PG seats are available for 54000 UG doctors graduating every year,

Huge need for competent FamMed specialists in primary or secondary care in India, medical graduates not aware

By introducing family medicine education in the UG training, there is a possibility of empowering the students to work in primary care.

Family Physicians as ‘role models’ and have a better image of primary care.

Family medicine training is one of the many solutions for making the medical education more relevant to the needs of the country.
Challenges for Primary Care

- Declining numbers
- Maldistribution
- quality of care: Abstract
- Widening gap in the income of specialists and primary care physicians
Post Graduate – FamMed

- PRIMARY CARE
  - spread in 1st Year
  - spread in 2nd Year
  - spread in 3rd Year
- SECONDARY & TERTIARY CARE

- OBGY
- Pediatrics
- Surgery
- Medicine (21 Months)
- Emergency Medicine (6 months)
- Primary Care at Community Setting (9 months)
Family Medicine- Key Areas

- Medicine and allied
- Surgery including Ortho, ENT, Opthal
- OBGY
- Pediatrics
- Public Health
- Emergency Medicine
• Health promotion (primary prevention and lifestyle modification)
• Patient education and support for self-care
• Diagnosis and management of acute injuries and illnesses, with referral as appropriate
• Diagnosis and management of chronic diseases
• Coordination and provision of rehabilitative services
• Supportive care, including end-of-life care
• Women’s health care
• Primary mental health care
• Advocacy for the patient within the health care system
Clinical Skills

- **Wide knowledge of common diseases at primary care:**
  - General Medicine
  - Pediatrics
  - Surgery
  - Obs & Gyn

- **Special aspects:**
  - New-born & infant care
  - Adolescent care
  - Care of elderly patients
  - Gender-specific health
  - Mental health
  - All Body systems!
Health Services Management Skills

- Knows how to work as a team member especially leading the team with allied health professionals & dealing with Specialists/ Health Systems

- Plans mechanisms to channel patients appropriately

- Documentation and maintenance medical records

- Legal and Regulatory issues
Public Health Skills

- Knowledge of national health policies,
- National Health Schemes – Public Sector
- Established Protocols &
- Health promotion, prevention of disease, rehabilitation, palliative care
Research Skills

- Evidence-based medicine
- Clinical practice guidelines
- Epidemiology
Professionalism

FM physician is dedicated to:

- Cost effective care
- Has an attitude of humanism, altruism, centered on the person, not the disease
- Provides a safety net at all times
- Competent in legal, ethical, socio-cultural dimensions
Key Skills and Competencies

- **Medical knowledge & clinical skills & patient care**
  - Diagnosis & management in resource constrained settings
  - Skilled clinician
  - Low dependency on investigations

- **Soft skills**
  - Attitudes and values
  - Good communication & inter-personal skills
  - Team player
  - Leadership skills
  - Professionalism

- **Appropriate and timely referral**
  - Ability to resolve more and refer less
  - Able to identify when and where to refer
  - Following up referred patients

- **Cost awareness & risk benefit ratio**
  - Sensitivity to the culture & economic conditions of patients
  - Cost minimization
Public Health Competencies

- Health status of population
- Inequities in health
- Determinants of ill health
- Health promotion & disease prevention
- Utilization of health services
- Public health challenges in country
- Key knowledge of public health sciences and tools
- Community settings, multicultural context & practices
- Leadership dynamics
- Skills for partnership, collaboration & advocacy
- Communication, negotiation, problem-solving 

- Area of Competency Development
FAMILY MEDICINE-KNOWLEDGE

- Medical

- Knowledge of the following
  - Cardiology
  - GI System
  - Respiratory System
  - Endocrinology
  - Neurology
  - Genito Urinary System
  - Pathology
  - Infections & Infestations
  - Dermatology
  - Psychiatry
  - Pediatrics

- Applied Basic science (as relevant to primary care practice)
Competent to manage common Illnesses

- Cardiovascular diseases
  - Common skin diseases
  - Gastro-intestinal diseases
  - CNS diseases
  - Metabolic and endocrine diseases
  - Substance abuse
  - Poisonings
  - Hematological diseases
  - Common cancers
  - Musculoskeletal diseases
  - Eye and ENT diseases
  - Common genito-urinary disorders
  - Common mental health problems
  - Common genetic/hereditary diseases
  - Common respiratory diseases
Knowledge

- Surgical
  - Burns
  - Injuries
  - Anesthesia
  - Ophthalmology
  - ENT
  - Day care
  - Ruptures
  - Common surgical conditions
  - Orthopedic Injuries & treatment
  - Orthopedic Diseases & conditions
Knowledge

- OBGY
  - Diagnosis of Pregnancy
  - Pregnancy & Labor (Normal & Abnormal)
  - Medical Disorders in Pregnancy
  - Surgical Disorders in Pregnancy
  - Complications associated
  - Diseases in Pregnancy
  - Gynecological cancers
  - Menstruation & menstrual disorders
  - Contraception & methods/ techniques/ procedures
Knowledge

- MCH

  - Health Education/ Communication
  - Nutritional Guidance And Immunization
  - Ante-Natal And Post-Natal Check Up
  - Family Planning Procedures
  - Age-Specific Risk Assessment
  - Adolescent Health
  - Common diseases & conditions in children
  - Screening and Surveillance
Knowledge

Public Health

- National health programmes
- Epidemiology of common diseases
- Health promotion
- Disease prevention
- Rehabilitation and palliation
- Health education
- Primary health care
- Medical Negligence
- Gender issues
- Lifestyle Guidance
- Medical Ethics
Knowledge

➢ Emergency Medicine

- First aid management prior to referral to tertiary care centre in cardio-pulmonary resuscitation
- Shock
- Acute respiratory distress
- Status epilepticus
- Acute myocardial infarction
- Trauma
- Poisonings
- Acute renal failure
PROCEDURES, SKILLS & COMPETENCIES

- Medical
  - Cardio-pulmonary resuscitation
  - Lumbar puncture
  - Pleural aspiration
  - Peritoneal aspiration
  - Drainage of tension pneumothorax
  - Nasogastric intubation and lavage
  - Intravenous, intramuscular, intradermal and intralesional injections
  - Intra-articular injection and aspiration
  - Interpreting an ECG
  - Basic laboratory investigations, techniques, interpretation
PROCEDURES, SKILLS & COMPETENCIES

- Surgical
  - Assessment and closure of traumatic wounds
  - Care & treatment of burns
  - Incision and drainage
  - Excision and biopsy of superficial swellings
  - Venesection
  - Urethral catheterization
  - Suprapubic cystostomy
  - Circumcision in adults
  - Intercostal tube drainage
PROCEDURES, SKILLS & COMPETENCIES

- Tracheostomy
- Screening for breast cancer
- Intubation
- Removal of foreign bodies
- Splinting of fractures
- Reduction of simple fractures and dislocation
- Application of casts
- Syringing of ear
- Nasal packing
- Use of otoscope
PROCEDURES, SKILLS & COMPETENCIES

• OBGY

- Conduction of normal delivery
- Making and suturing of episiotomy
- Management of breech delivery and retained placenta
- Repair of perineal laceration
- Vacuum extraction
- Forceps extraction
- Speculum
- Examination
- Cervical smear
- IUCD insertion
- Antenatal, intranatal and postnatal care, normal labour and puerperium, diagnosis and management of pregnancy related complications
PROCEDURES, SKILLS & COMPETENCIES

MCH

- Resuscitation of the newborn
- Vaccination
- Immunization
- Nutritional activities
- Treatment of malnutrition
- Treatment of deficiency disorders
- Treatment & care in common conditions & diseases
- Neonatology, growth and developmental disorders, genetic and paediatric illnesses
- Care for disadvantaged groups in the community such as the elderly, mentally and physically handicapped persons
PROCEDURES, SKILLS & COMPETENCIES

- Public Health
  - Health Promotion activities
  - Health Communication and Education
  - IEC
  - Lifestyle changes
  - Guidance & Counseling
  - Screening
  - Sanitation & safe water
  - Awareness of family welfare programmes
  - General epidemiological levels of prevention and control of common CD’s and NCD’s
PROCEDURES, SKILLS & COMPETENCIES

- Emergency Medicine
  - Basic Life Support
  - Advanced Life Support
  - Advanced cardiac life support
  - Trauma care
  - Transfer & transport of patients
  - Triage
  - Obstetric life supports
FM Training

- Research & Academics
- Domain Knowledge & Clinical Skills
- Professionalism & Ethics
- Health Systems Management
- Public Health
PG FamMed: At a Glance

- Course Duration: 36 Months
- Community Based settings: 9 Months
- Competency Based.
- Research Methodology: Thesis – Mandatory
- Formative Assessments – Three Mandatory
- Logbook/ Portfolio – Mandatory
- Summative assessment – Knowledge Assessment (400 Marks) and Clinical Skills Assessment (300 Marks).
Assessment of Skills and Competencies

## Total results found: 1

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Course Name</th>
<th>State</th>
<th>Name and Address of Medical College / Medical Institution</th>
<th>University Name</th>
<th>Management of College</th>
<th>Year of Inception of College</th>
<th>Annual Intake (Seats)</th>
<th>Status of MCI Recognition</th>
<th>Date of LOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MD - Family Medicine</td>
<td>Kerala</td>
<td>Govt. Medical College, Kozhikode, Calicut</td>
<td>Calicut University</td>
<td>Govt.</td>
<td>1957</td>
<td>2</td>
<td>Permitted from 2012-13 u/s 10(A)</td>
<td>31/03/2012</td>
</tr>
</tbody>
</table>
1994: DNB Family Medicine
2009: DNB Family Medicine
2015: Family Medicine 100% allocation
DNB Family Medicine Training

- **Duration:** 3 yrs,
- **Total No of Institutes - DNB Family Medicine Course:** 57
- **Total No of Seats:** 192 seats
Family Medicine Programme for India

- Burden of Disease/Needs
- Infrastructure for Training & Resources
- Physician Competencies
- Placement in Health Care System
Placement Opportunities

- PHC/CHC
- Secondary/Tertiary Hospitals
- Faculty Positions
- Private Practice
Health for All / Universal Health Care Cannot be achieved, without required attention to Family Medicine and assigning the much desirable role of Family Medicine Physician In health Systems, be it public or private.

Prof. Dr. Bipin Batra
bb@natboard.edu.in