

Mini Review

Family Medicine Practice in Primary Healthcare Service Delivery in India: Barrier and Challenges

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Introduction: Family medicine is a well-developed specialty in western world. However, in the Indian context, family medicine practice is still in its infancy. Why has family medicine practice been neglected in primary healthcare delivery? Author presents a review to highlight the status, critical gaps in training and practice of family medicine and recommend future course of action in Indian context.

Methods: Author used family medicine practice, family physician, general physician, primary care doctor/physician as keys terms in google scholar and PubMed to find the relevant literature.

Results: Author's review highlights family medicine as one of the fastest growing disciplines in the private in contrast to the public domain. Three major practice related gaps are identified: first, regulatory bodies have no clear-cut guidelines on family medicine practice; secondly, there is no integration of training curriculum at undergraduate level both in medical and nursing education; and third, much of the focus on curative services favors specialized care. We note the diminishing opportunities for family physicians in public sector.

Conclusion: Author conclude that family medicine practice is slowly gaining momentum in India and should be looked upon as an opportunity to fill critical human resource gap at primary level. Clear guidelines needs to be drawn that integrate and promote family medicine practices at point of care. We recommend interdisciplinary synergy across related disciplines through integration of teaching, training and practice of the profession as a whole.

Keywords: Family Medicine; Primary Care; Family Physician

Introduction

Family Medicine, a sub-specialty of modern medicine, aims to provide holistic primary and continuing care to families. Trained family physicians cater health needs of all individuals in the family regardless of age, sex or health problems. Moreover, family physicians influence family decisions in term of rationalizing further treatment and access to healthcare services [1-3]. In western countries, family medicine is well developed and integrated in primary health care service delivery. Evidence suggest family medicine as a tool for reducing unnecessary burden on health systems and resources at primary level thus maximizing benefits in terms of improved health outcomes [4-7].

Family medicine was acknowledged as a specialty in India in year 1983 by the amendment in Medical Council of India (MCI) Act 1956. Unlike developed countries, in India, a person is referred as General Physician (GP) just after passing their MBBS degree and can treat all ailments. These GPs take the role of family physicians and even practice family medicine throughout their career without any formal training.

Considering gap in training, various health committees and policy notes highlighted the importance of family medicine education in teaching, training and practice [8,9-12]. Also recent initiatives and creation of professional networks and courses at postgraduate level

seem to provide much needed impetus for family medicine revival in India [8,13]. Despite this, specialty lacks attention and integration in primary healthcare service delivery. Therefore, author aim to identify status, important gaps in training and practice of family medicine, and to recommend its future course of action in primary healthcare service delivery in India.

Methods

In order to map family medicine practice in primary healthcare service delivery, a detailed internet search was carried out. Author used PubMed and google scholar as two major search databases to find the relevant published literature. Family medicine practice, family physician, general physician, primary care doctor/physician were the key terms used for search. Studies related to implementation and practices were further reviewed. Literature other than in English was excluded.

Results & Discussion

Family medicine in academic sphere

Author note that annually over 50000 medical graduates are trained across 426 medical institutions in India [14] yet very few opt for family medicine in their postgraduate training. Primary reasons for academic disinterest include lesser employment opportunities, low remuneration and inclination toward clinical specialties. It is

observed that lack of comprehensive teaching, training and faculty eligibility guidelines make the specialty least sought discipline [15,16]. Existing courses in family medicine are usually 1-3 years duration and produced more than 500 graduates in past few years. Moreover, Diplomate National Board (DNB) course in family medicine initiated at postgraduate level received a jolt further as it was kept out of preview of first schedule of Medical Council of India Act 1956 [17].

Family medicine in private sector

Utilizing the concept of family medicine, many corporate houses have come up with integrated models of primary care over past few decades mainly in metropolitan cities [18]. These modern family medicine chains or clinics have group of doctors, nurses and support staff on their rolls as consultants. The infrastructure includes consulting rooms, diagnostic laboratories and pharmacies, and they offer basic health care services including vaccination, nursing, home and elderly care. These chains use Information Technology tools extensively, maintain electronic medical records (EMR) of their patients, and follow standardized protocols and processes. In addition to consultation, round-the-clock support is offered via telephone. These clinics or chains also play a significant role in referring their patients for specialized care and coordinate with specialist doctors for continued and holistic patient care. Some of these practices also offer annual membership plans for individuals, families and corporate clients depending on their need [19-22].

Key challenges for family medicine practice in primary healthcare service delivery

Author's review highlights shortage of qualified family physicians due to the limited number of seats and training institutes. For example, in recent years (2009-14) training institutes decreased from 200 to 50 and seats from 700 to 200 in same period [23]. One of the reasons for such decline could be delisting DNB (Family Medicine) out of preview of first schedule of MCI Act 1956 [17].

Besides, fewer training locations and seats, lack of awareness among recent graduates might lead to deprivation of community-based health experts [13]. It is worth to mention that these medical graduates are more inclined towards specializing in a specific area which may reap larger benefits than going in for a discipline which doesn't seem that profitable [24]. Another identified challenge is the emergence of insurance schemes, diluting the concept of family centered care as family medicine doesn't cater to secondary and tertiary care which patients are inclined to [25]. Finally, existing and trained family physician are in dilemma for a clear and long-term career trajectory [16].

Conclusion

Author's review highlights family medicine as a fast growing and profitable enterprise in metropolitan private sector. Lack of role models, robust guidelines for teaching, training and practice requires immediate attention from medical education regulators to uplift standards of family medicine and associated practice in India. A multifaceted design is required to mainstream teaching, training and practice in the current health professional education in India.

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