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What is Family Medicine

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Some Of The Questions Being Asked Were:

1. Who is a family medicine (FM) specialist?

There were examples of people being called 'family doctors' within some countries who had not had speciality training, or were seen as not having had enough speciality training to merit the name. A survey presented in Quito from the Ibero-America member countries showed that almost half do not currently have an recognised accreditation of their training for FM.

2. What is needed for practising FM?

There has been a long running debate about the additional skills needed to make rural and remote practice safe and effective: looking across the world, the breadth of clinical practice does vary enormously. Some FM doctors do maternity work, some cover trauma and surgical or medical emergencies, some do other extended roles (working in substance misuse or palliative care services, for example). This diversity of practice needs us to be clear about what is and is not FM within the system.

3. Why is FM training important?

Some countries (not only in South America) are trying to provide medical access in all communities by:

(a) sending newly qualified young doctors to the most under-served areas,
(b) using doctors with no postgraduate qualifications for community service, or
(c) using doctors imported from other countries to increase medical capacity.

All these strategies may make sense if your main aim is 'a doctor for every community', but these doctors often do not do the job that an FM specialist would do. Similarly, some steps towards universal coverage are focusing on upskilling of 'non-doctor' health professionals. This approach again needs us to be clear about what FM would add to the health care system in a way that these other valuable colleagues cannot.

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So, how can you tell if FM is being practised in a clinic, or being designed into a new service?

Here are a few criteria you can use to discuss the extent to which a particular model is (or is not) reaching a minimum standard for FM to be present. These are broadly derived from the WONCA Guidebook, (The contribution of FM to improving health systems):

- What is the training of the doctors
  Do they have an FM qualification - and if so what did it involve (length of training, source of accreditation, etc)

- What is the scope of practice of the doctors?
  Do they focus on problem solving and diagnosis - or only symptom relief? Are they seeing patients on a reactive / walk - in / one off basis - or do the records show that there is some continuity? Can the doctor or patient book forward for follow up, and does the 'system' bring people back to a particular doctor most of the time?

- Do they see patients of all ages and conditions? Or is their case mix narrower?
  If the latter, how long have they been seeing this more limited group of patients, and do they have any other clinical work where they do the 'whole' FM role?

- Would their routine practice be objectively seen as person - centred? Do they relate to the patients as people, or to specific technical or disease-oriented activities?

- Is their clinic offering a non-communicable disease management service, with planned follow up for reviews of e.g. diabetics, hyper-tensives: and do they offer screening and preventive work (women's health checks, child development, vaccines etc) as PART of the routine service?

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- If they are working in hospital, or with access to hospital beds, what is the routine balance of their work?
  Offering emergency care or in-patient care as well as the comprehensive ambulatory services above denotes an added role, but a doctor who is spending most of their time covering surgical emergencies may not really be working as an FM doctor any more.

- Finally, are they the first point of access to medical contact for their patients, and do the hospital specialists need a referral to see their patients?
  This is the 'signpost and gatekeep' function, as used for example in the U.K. NHS, which makes FM cost effective in the system.

These questions can be posed for formative or political purposes, for discussion and for debate.

Amanda Howe

WONCA President Elect

Amanda's quick checklist

How can you tell if FM is being practised in a clinic, or being designed into a new service?

- What is the training of the doctors?
- Is there some continuity?
- What is the scope of practice of the doctors? Do they see patients of all ages and conditions?
- Is their clinic offering a non-communicable disease management service, and screening and preventive work?
- Would their routine practice be objectively seen as person - centred? Is it integrated?
- If they are working in hospital, or with access to hospital beds, what is the routine balance of their work?
- Finally, are they the first point of access to medical contact for their patients, and do the hospital specialists need a referral to see their patients?