FAMILY MEDICINE DEVELOPMENT IN THE ASIA-PACIFIC REGION

A/Prof Goh Lee Gan and Prof Wesley Earl Fabb

BACKGROUND

Worldwide interest in reviving the Family Physician/General Practitioner occurred in the early 1960's as a response to the fragmentation, depersonalisation, and high cost of care brought about by superspecialisation and increasing emphasis on modern technology. With the formation of the World Organisation of Family Doctors (Wonca) in 1972, the increasing interest in General Practice/Family Medicine as a discipline also spread to the Asia-Pacific countries.

The Royal Australian College of General Practitioners played a key role in sustaining interest in the principles and practice of Family Medicine in the Asia-Pacific Region.

It was in this role that in April, 1987, Dr Clarke Munro from the Royal Australian College of General Practitioners (RACGP) was assigned by his College to make a feasibility study on Common Training and a Conjoint Examination in General Practice/Family Medicine in South-east Asia. Seven member organisations were surveyed and it showed that there was a diversity of training and assessment programmes. His recommendation was for:

- a structured two stage programme made up of a basic training programme of 2 years would consist of the essential knowledge and skills of general practice common to all countries in the region, and an advanced training programme of 1-2 years with a common content, appropriately modified by each country for its individual needs
- an examination common to all participating countries was proposed. This was to be in 2 parts: Examination Part 1, to be taken at the end of basic training, which would be in written form, assessing essential cognitive skills; Examination Part 2, to be taken at the conclusion of advanced training, consisting of clinical and oral segments designed to determine whether training objectives had been reached
- the establishment of a Regional Center for Training, Education and Assessment by Wonca in South East Asia to advise on and assist with training and examination, and ensure uniform standards.

In May 1989, when representatives from Asia-Pacific met in Israel during the Wonca World Conference and discussed the Conjoint Examination, it was agreed that instead of a formal arrangement, it may be better to have an informal arrangement to facilitate exchange of information on examination content, methods of conducting them, and perhaps exchange of examiners.

At the Wonca Bali Regional Conference in May 1990, the Asia Pacific Working Party on Medical Education was formed with Dr Lindsey Knight as the convenor. It was agreed that a core curriculum would be prepared and the core content for examination identified. Dr Munro of Australia and Hong Kong, Dr Goh Lee Gan of Singapore and Dr Zorayda Leopando of the Philippines were assigned to draft the preliminary paper. In the same Regional Conference in Bali, the representatives from different member organisations met and approved the recommendation of the Working Party to organize post-conference workshops on Family Medicine Education. The target audiences were opinion leaders, practitioners and faculty members in General Practice/Family Medicine.

The first of these was held on February 4-5, 1993 at the Holiday Inn, Manila after the Wonca Manila

GOH LEE GAN, MBBS(Sing), MMed(IM), FCFPS, FRCGP
Past Censor-in-Chief, College of Family Physicians, Singapore (1991-1999)

WESLEY EARL FABB, AM, FRACGP, FCFPS, FFGP(SA), MCFPC, FRCGP, FHKCGP
Immediate Past CEO, Wonca

Regional Conference. It was hosted by the Philippine Society of Teachers of Family Medicine with Dr Zorayda E Leopando as Project Director. The workshop aimed to define the Core Curriculum in Family Medicine Residency/Vocational Training and the Core Content and Methods for Specialty Examination. Fifty family medicine educators from 12 Wonca member organizations participated. This workshop proved to be quite seminal as a forum for exchange of ideas and sharing of experiences on Family Medicine Residency/Vocational Training and Qualifying Examinations. Conference proceedings were produced.

Since then, post-conference workshops have been held in 1995 in Macau on clinical teaching, in 1997 in Seoul on assessment of clinical competence and performance, in 1999 in Taipei on quality improvement and, in 2000 in Christchurch on designing continuing professional development programmes for doctors in practice. In 1996 a workshop on primary care research was conducted in Genting Highlands, Kuala Lumpur, Malaysia.

A survey of the 14 member countries of Wonca in the Asia-Pacific conducted in 1992 showed that 10 countries had structured training programmes. Five of the programmes were called residency while the other five were called vocational training programmes. The average length of training was 2.8 years, with Japan having the longest at 6 years. The shortest was 1 year. A great portion of training was spent in the hospital in most of the programmes.

ASIA PACIFIC TODAY

Australia

In Australia, the health care system is based on a strong cadre of general practitioners, the majority of whom have been vocationally trained in the government funded training programme of the Royal Australian College of General Practitioners established in 1973. A system of registration of general practitioners is in place. Higher insurance rebates are paid to patients of registered general practitioners, and compulsory quality assurance mechanisms ensure continuing high standards. Newly qualified doctors become registered by successfully completing the three or four-year RACGP vocational training programme (four years for those training for rural practice) and passing its fellowship examination. It is no longer possible for untrained doctors to become registered as general practitioners. Recently the Federal Government has opened the way for educational groups outside of the RACGP, such as university departments of general practice, to tender to train groups of trainees, now termed "Registrars".

Referral by a general practitioner is mandatory for any specialist consultation in order to attract a rebate from the Medicare system of health insurance, which ensures universal access to comprehensive health services of high quality. A system of accreditation of general practices has been developed, and financial incentives offered to accredited practices.

There are active undergraduate departments of community medicine/general practice in all ten medical schools. In recent years "division of general practice", comprising general practitioners in a region, have been funded by the federal government to provide local education, research and health services planning.

The importance of Government support to family medicine development is vividly illustrated in Australia, which had made very slow progress until support was forthcoming in 1973.

New Zealand

In New Zealand, general practice is well established. A vocational training programme has

been operating for over 25 years. In recent years, government cutbacks on funding for vocational training have caused concern. The Royal New Zealand College of General Practitioners and the university departments of general practice there have fought strongly for more vocational training opportunities and a more congenial general practice environment, with some success. Vocational training and re-accreditation for general practitioners is enshrined in legislation.

SOUTH EAST ASIA

In South East Asia, family medicine is established in Singapore, Hong Kong, Taiwan and the Philippines. Family Medicine is beginning to be introduced into countries like China, Thailand, Vietnam and Japan. Wonca representatives from the Philippines and Singapore participated in the setting up of training programmes and the training of teachers in Thailand, China, Myanmar, Indonesia and Vietnam.

Singapore

Singapore was one of the early developers in the region, with a postgraduate examination in General Practice in 1972. Family Medicine was introduced as an academic discipline in 1987. A structured vocational programme in Family Medicine was started in 1990 leading to a Masters in Medicine (Family Medicine) degree. The government has now recognized general practice as the basis of its health care system, and is very supportive of its further development. The importance of government support, and what can be achieved when it is forthcoming, is well exemplified in Singapore.

Hong Kong

Seventy percent of the primary care in Hong Kong is delivered by the private sector, 15% by government outpatient clinics, and the rest by alternative practitioners. Although general practice has been well established for many years, and the Hong Kong College of Family Physicians has a long-standing Fellowship examination, the number of formally trained family physicians is low. To date there are less than 200 trained family physicians. There are now full-time professors of family medicine at both universities in Hong Kong providing undergraduate education in family medicine, and postgraduate training programmes for those who are academically inclined.

There is a private and a government vocational training programme, but the numbers that can be accommodated are still quite small, and inadequate for the community's needs. As the Government is now supportive, the outlook is promising.

Macau

In Macau, family medicine has been recognized as an official specialty since 1992 and the primary care physician has the same status as the hospital specialist. Although the local college is small, it is active in promoting family medicine education.

Taiwan

In Taiwan, the government made a decision some years ago to provide the community with family health care through health centres strategically placed in cities and rural areas across the island. The programme of health centre development was completed in 1984.

Undergraduate and postgraduate training programmes in family medicine were established in its medical schools, and doctors trained in its health centres. The outcome is a well-developed effective system of community health care based on the family medicine model.

Taiwan is a brilliant example of what can be achieved when Government committed to the development of family medicine.

China

With its population of 1.2 billion, China has an enormous task to provide the 1 million trained family physicians it would need to provide primary care by vocationally trained doctors. Although the growth of cities there is proceeding rapidly, the greatest need for family doctors is in the rural areas where most of the people live. At present, although there are extensive community health facilities in cities, towns and villages, because they are staffed by lowly trained health care workers, the population does not regard them highly, and therefore people prefer to pay a little more to go to specialist clinics. Many community doctors are under-worked and bored, whilst specialist clinics are overcrowded and the care they provide is often inappropriate and expensive.

There are almost no departments of general practice in China, but the recent development of undergraduate education and vocational training at the Capital University of Medical Sciences has given great impetus by establishing a model for other places. There is intense interest in family medicine in China from the Ministry of Health, provincial directors of health and a number of influential universities.

In 1998 the Central Government took an official decision to develop a community based health care delivery system; a health insurance system, and general practice/family medicine oriented education and training programmes. A rapid expansion of family medicine is predicted, as health authorities realize that this is the best way of providing health care at a cost the community can afford.

The Chinese Society of General Practice is active in promoting family medicine and has held several workshops and conferences. The WHO/Wonca document Making Medical Education and Medical Practice More Relevant to People's Needs; the Contribution of the Family Doctor has been translated into the Chinese and is having a major impact.

Mongolia

In 1991 a new structure for the family doctor was started in Mongolia, initiated by the Mongolian government. The outcome is that now seventy percent of the population has access to primary health care through the family doctor system. A Faculty of Family Doctors has been established at the Medical University and short-term training of family doctors has commenced. Special specialist recognition has been given to trained family doctors.

The Mongolian Association of Family Doctors is actively promoting family medicine and providing education and training.

Thailand

In Thailand family medicine is growing, but slowly in a country dominated by specialists. Two of the thirteen medical schools in Thailand now have a department of family medicine. Vocational training has been established since 1971 and general practice has been recognized as a specialty. A 1998 Wonca workshop on family medicine education there attracted the interest of about 60 doctors, many internists and paediatricians.

Japan

In Japan, family medicine/general practice was almost unknown until a few years ago, all medical care being based on the specialist model. Only recently have family medicine clinics been established in a few places, and in 1998 the first centre for training family physicians opened in Hokkaido. Its first graduate emerged this year. Departments of primary care medicine have been established in 26 of the 80 medical schools, but undergraduate and postgraduate curricula are still under development.

Korea

Family medicine is well developed in South Korea. It gained impetus in 1984 after its Government

enshrined it in legislation as a specialty discipline. Development has been along the American model. Departments of family medicine and residency training programmes have been established in medical schools.

Indonesia

In Indonesia family medicine is developing slowly, but faces a particular problem: most specialists (the majority of whom are in public service) carry out private general practice-in-the-afternoons and evenings. As they are in direct competition with general practitioners, programmes to train general practitioners have not been well supported by specialist groups. With the setting up of a national programme of managed care, attention is being paid to the training of general practitioners/family physicians in the country.

Philippines

In the Philippines family medicine is based on the North American model, due to the long-standing American influence in that country. General practice is well established, and increasing numbers of doctors are taking the three-year vocational training programme and the certifying examination.

Vocational training has been established since 1974 and a specialty board of examiners for family medicine has been in place since 1979. In 1994 the role of the family physician was formalized in legislation.

Vietnam

In Vietnam primary health care is to be the framework for health care delivery, through community health centres. Since the Ministry of Health declared that family medicine should become a first level specialist programme in 2001 at the Hanoi Medical University, the University of Medicine and Pharmacy in Ho Chi Minh City, and at Thai Nguyen Medical College near Hanoi, preparatory workshops have been held to develop a suitable curriculum, the most recent, in Hanoi and Ho Chi Minh City in November 2000, being sponsored by the Wonca Asia Pacific region and the Philippine Academy of Family Medicine. These were attended by specialist academic who are committed to the establishment of the family medicine programme. This is another example of what can be achieved with Government support.

Myanmar

In the last few years, both the Ministry of Health and the Myanmar Medical Association have worked together to develop postgraduate family medicine training. A one-year family medicine diploma course is now being conducted annually.

Pacific Islands

Although general practice is the main form of health care in these islands, academic development is in its infancy. The College of General Practitioners of Fiji is promoting family medicine but development has been curtailed by recent political events.

SOUTH ASIA TODAY

In South Asia, general practice is established in India, Pakistan, Bangladesh and Nepal. However, most general practitioners in these countries are not vocationally trained, often are not highly regarded by their patience, and practise in difficult conditions, and often are not highly regarded by their patients. However, recently introduced programmes are now producing small numbers of well-trained family doctors in these countries.

India

In India the IMA College of General Practitioners has promoted general practice and has provided CME for practising doctors. Vocational training is established in some centres but is by no means universal. The College conducts a certifying

examination in family medicine and now has several hundred graduates. Some medical schools are supportive of family medicine while others give it scant regard. Rural health care is in need of focused attention, as so many people in India live in rural areas.

Much needs to be done to develop family medicine in this country.

Bangladesh

In Bangladesh there is government support for family medicine training. A workshop for family medicine educators was held in the Dhaka in 1966, and a workshop on the introduction of family medicine into the undergraduate curriculum in 2000. External examiners from abroad are used to standardize teaching and the examination at the end of the one-year course on family medicine established by the Bangladesh College of General Practitioners. The College also provides CME for practising doctors.

Pakistan

In Pakistan, against a background of government apathy, the Pakistan Society of Family Physicians conducts CME programmes and supports the fellowship examination conducted by the College of Physicians and Surgeons of Pakistan. The Society is working hard to initiate rural health programmes, and is promoting the establishment of departments of family medicine in the medical colleges of Pakistan. The College of Family Medicine Pakistan is also active in promoting family medicine.

A 1998 Wonca workshop in Lahore gave impetus to family medicine in Pakistan.

Nepal

In Nepal a three-year postgraduate programme in general practice was established in 1982 with the help of the University of Calgary. A 1998 Wonca workshop in Kathmandu was attended by 60 general practitioners from Bangladesh, India, Pakistan, Nepal, Sri Lanka, Oman and United Arab Emirates, enthusiastic to promote family medicine training in their countries.

Sri Lanka

In Sri Lanka, interest in family medicine is high. Departments of family medicine or community medicine are established in most medical schools, and for many years the Postgraduate Institute of Medicine of the University of Colombo has conducted a comprehensive postgraduate training programme in family medicine and a Diploma in Family Medicine Examination, which is being undertaken by an increasing number of doctors in government outpatient clinics as well as practising general practitioners. There are now 2 professorships in family medicine in Sri Lanka, and as a result family medicine is developing steadily.

CONCLUSIONS

Family medicine has made steady, and at times spectacular progress in th Asia Pacific Region over the last 30 years. Throughout the Region, academic in the discipline are well equipped to institute family medicine education at undergraduate and post graduate levels, to provide continuing education and professional development, and to undertake community based research. However, experience in several countries has demonstrated clearly that what is needed for spectacular success is the support of Government both ideologically and financially. Once a government takes the decision that family medicine will be the base of which its health system will be built, and properly fund its development, progress will be both rapid and far-reaching.

REFERENCES

Fabb WE. Family Practice in the Globe. In: Proceedings of a Workshop on Follow Up on Making Medical Practice & Education More Relevant to People's Needs. Chennai, India: Sri Rama Chandra College & Research Centre, Oct 6-8, 1999:57-65.