

WHO events addressing public health priorities

Developing capacity-building of general practitioners in the Eastern Mediterranean Region¹

Introduction

Participants in a recently held regional consultation on development of the bridge programme for capacity-building in the Eastern Mediterranean Region (EMR) (1) agreed that Member States should advocate for establishing, strengthening and expanding sustained and effective refresher course(s) for general practitioners (GPs) working in public/ private sectors to develop further their knowledge and skills to improve the quality of healthcare provided at primary health care level.

In this regard, through a joint collaboration with the Department of Family Medicine at the American University of Beirut Medical Center (AUBMC), WHO has developed a short online course to orient GPs on principles and elements of primary care services, including clinical management of common diseases. The objectives of the joint collaboration were discussed in two-day regional consultations with representatives from health ministries, higher education ministries and GP syndicates/associations from Egypt, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Saudi Arabia, Sudan and Tunisia.

Objectives

- To share regional situation of family practice programmes: challenges and priorities.
- To present the contents and curriculum of the proposed online training course for GPs to the key focal points/ institutions responsible for continuing medical education programmes in selected EMR countries.
- To seek perceptions of key stakeholders who may intend to adapt/adopt the bridging programme in their respective countries.
- To agree on practical steps for rolling out the bridging programme, building local capacities and its institutionalization in countries of the Region.
- To build consensus on scaling up production of family medicine specialists and enhancing system capacity to attract family physicians in the Region.

Although physicians often work for many years serving the local community/patients who are happy with the health-care provided, they may not have had access to investment in their professional education or clinical services. These physicians may therefore need significant knowledge updating, and also a much broader awareness of how to be proactive (for example, for prevention and management of noncommunicable diseases) rather than giving reactive care. Another issue to address is modern orientation to appropriate primary care: many GPs received their training in medical schools, which is taught in hospital settings, and recommend tests and drugs that may not be relevant or useful in first-contact care. Finally, many physicians have had a partial case mix (only adults, children or women, etc.) and in order to give good general medical care in a primary care team they may need to revise some areas of clinical practice.

However, up-skilling GPs will not work unless all parts of the health care system understand why these broad, integrative, person-centred skills are needed. A clear timeline, resource plan and support for ongoing practice and skill retention are required. This investment will only be cost-effective if other parts of the system – financing models, hospital sector, other primary health care staff and patients – use the services appropriately. Existing and upcoming family medicine specialists need a clear role and interface with their GP colleagues who are learning new skills – perhaps mutual mentorship, supervision and even referrals. Both groups will need to develop as team leaders, data analysts, service developers and evidence-based practitioners. They will need to understand the application of culturally-sensitive values that work best with their individual patients and communities, to analyse and address health needs, empower and support, and manage risks and resources.

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, highlighted in his opening address that the shortage of family physicians is felt worldwide. However, the situation in the WHO EMR is acute and requires urgent action. Although Member States should do their best to strengthen family medicine departments in academic institutions, the huge shortage of family physicians will not

¹ This report is extracted from the Summary report on the Regional consultation on development of the bridge programme for capacity-building of general practitioners in the Eastern Mediterranean Region, Cairo, Egypt, 10–May 2016 (<http://apps.who.int/iris/handle/246160/10665>)

be overcome solely by the establishment of more academic departments. Other factors, including issues related to service delivery, must also be addressed based on local capacities and needs.

The Regional Director brought attention to the fact that the current annual output of trained family physicians in the Region is around 681, against identified needs of almost 21 000 family physicians (2). According to a situation analysis carried out in late 2014, in collaboration with the World Organization of Family Doctors (WONCA) and Aga Khan University in Karachi, Pakistan, only 20% of all medical schools in the Region have functional family medicine departments (2).

In this regard, the short online course developed by WHO and AUBMC includes training module that blend theoretical knowledge and practical skills based on global best practices. It has an online component along with elements of face-to-face training in which GPs can readily participate. The

training curriculum covers the main competencies that a GP/family physician has to master including: primary care management, person-centred care, specific problem-solving skills, comprehensive approach and community orientation.

The training course is to be delivered in a blended format which covers 48 topics, including the management of common medical problems in primary care and family medicine core concepts. It runs over 24 weeks and is divided into four main blocks, starting with an orientation session and ending with final examinations. Each block spans a 5-week period, whereby the first 4 weeks are delivered online and the fifth week includes a 6-hour face-to-face session or live review.

In conclusion, the consultation recommended a set of actions to enhance the bridge programme for capacity-building of general practitioners (Box 1), as well as actions for countries to enhance health system capacity to implement family practice (Box 2).

Box 1 Actions to enhance the bridge programme for capacity-building of general practitioners

- Committees to be established at the country level to review the training course contents and oversee adaptation/revision of curriculum and implementation of the programme, based on local needs and capacities.
- AUB and WHO to work on programme evaluation, to identify measurable outcome indicators and incorporate an evaluation kit (pre- and post-test) into the course curriculum.
- Country training activities to be mentored/coached by the national trainers.
- AUB to elaborate on course methodology and develop mentorship/trainers' guide/manual to facilitate organizing the course at country level.
- Countries to consider incentives for candidates entering the family medicine specialty or enrolling in the bridge programme, such as career path incentives or entering the postgraduate course on family medicine in local universities/fellowships with the 6-month online course as credit.
- WHO to work on advocacy, networking and marketing of the bridge programme.
- Online course to be usability tested in Lebanon in a small cohort and results shared with countries of the Region.
- WHO to work with AUB to ensure the online course is user-friendly and easy to operate. An information technology specialist from each country may attend the last day of the training of trainers to be back-up support for trainers at the country level.

Box 2 Actions for countries to enhance health system capacity to implement family practice

- Linkage of the family practice approach with national health policies, Sustainable Development Goals and other development plans.
- Allocation of funds to enhance the family practice programme at national level.
- Update the essential package of health services based on community needs and ensure its implementation at all primary health care facilities on gradual basis (based on countries' capacities and availability of health workforce).
- Review laws/regulations and standards of service delivery based on family practice approach.
- Strengthen partnerships (with other service providers, private sector, nongovernmental organizations) through contracting out of services, covering family practice by insurance organizations, etc.
- Establish/strengthen family medicine departments; capacity of intake of residency programmes to be increased.
- Organize transitional period training activities for countries to move from GPs to family physicians.
- Strengthen family medicine departments and incentives to ensure a certain percentage of medical doctors enter a family practitioner residency.
- Involve/train other health workforce cadres (paramedics, nurses, midwives) on family practice approach.
- Medical and nursing school curriculum to be amended to be more community-oriented, problem-based and in line with family practice approach in order that undergraduate students become more familiar with the concept of primary care and family medicine after graduation.
- Incorporate family medicine in medical, nursing and other health professional education and curriculum (undergraduate courses) along with appropriate clinical training in primary care settings.
- Sustainable funding for expansion of the family practice programme.
- Strategic purchasing, costing of essential package of health services and capacity for contracting out.
- Collaborate with health insurance organizations for family practice implementation.
- Introduce appropriate incentives for family practice teams to enable them to perform as expected.
- Measure service delivery performance and improvement.
- Define catchment population per primary health care facility, identify patient rostering, family/individual folders and registration of individuals with primary health care facilities.
- Integrate noncommunicable diseases as a priority in primary health care; strengthen referral channels; improve logistics; monitoring and evaluation; home health care; team work; and ensure equity in access to services for rural, urban and poor population.
- Encourage a team approach in family practice, involving multidisciplinary teams including nurses, midwives and other health professionals as needed, and ensure an enabling working environment for them to practice as a family practice team.
- Countries to be encouraged to strengthen and engage private practitioners in service delivery through family practice approach.
- Implement WHO quality standards/indicators framework.
- Enforce accreditation programme.
- Establish community health boards, engage in awareness building on benefits of family practice and engage in local planning.
- Strengthen staff communication skills with the community.

References

1. Regional consultation on development of the bridge programme for capacity-building of general practitioners in the Eastern Mediterranean Region. World Health Organization Regional Office for the Eastern Mediterranean, 10–11 May 2016, Cairo, Egypt.
2. Global Health Workforce Alliance / World Health Organization. The Global Health Workforce Alliance 2014 Annual Report. Geneva: World Health Organization, 2015 (http://www.who.int/workforcealliance/knowledge/resources/annual_report2014/en/).