The importance of family physicians and general practitioners, who provide primary care in institutional and community settings in health systems, is often underestimated. With an increasing demand for specialization by medical graduates, the tradition of the family physician/general practitioner is on the decline. The epidemiologic and demographic transition, and the consequences of globalization, urbanization and climate change on health, require an effective health system based on primary care. This system should focus more on health promotion, disease prevention, and continuity of care, to which family physicians/general practitioners can significantly contribute. As “gate-keepers” at primary care facilities, they can improve the cost-effectiveness of healthcare delivery and appropriate triaging for referral care.

To deliberate the various issues related to strengthening family/community physicians, the WHO Regional Office for South-East Asia organized a Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care in Jakarta, Indonesia, in October 2011. Thirty-five participants from 10 Member States of the Region attended the consultation. This publication contains an account of the deliberations and the recommendations made.
Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

Jakarta, Indonesia, 19–21 October 2011
## Contents

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary .................................................................................................................</td>
</tr>
<tr>
<td>For Member States ..................................................................................................................</td>
</tr>
<tr>
<td>For WHO South-East Asia Regional Office (WHO-SEARO) .......................................................</td>
</tr>
<tr>
<td>1. Introduction ........................................................................................................................</td>
</tr>
<tr>
<td>2. Objectives ..........................................................................................................................</td>
</tr>
<tr>
<td>2.1 General objective .............................................................................................................</td>
</tr>
<tr>
<td>2.2 Specific objectives ..........................................................................................................</td>
</tr>
<tr>
<td>3. Inaugural session ................................................................................................................</td>
</tr>
<tr>
<td>3.1 Message from the WHO Regional Director ......................................................................</td>
</tr>
<tr>
<td>3.2 Inaugural address by the Director-General of Health Care Effort and Management, Ministry of Health, Indonesia ..........................................................</td>
</tr>
<tr>
<td>4. Technical sessions ..............................................................................................................</td>
</tr>
<tr>
<td>4.1 Strengthening family medicine in the South-East Asia Region: issues and challenges .......................................................................................................................</td>
</tr>
<tr>
<td>4.2 Regional overview of family medicine: the WONCA perspective ....................................</td>
</tr>
<tr>
<td>4.3 Country presentations .....................................................................................................</td>
</tr>
<tr>
<td>5. Field visit .........................................................................................................................</td>
</tr>
<tr>
<td>6. Group work .......................................................................................................................</td>
</tr>
<tr>
<td>6.1 Group A: Policy issues ......................................................................................................</td>
</tr>
<tr>
<td>6.2 Group B: Roles and responsibilities ................................................................................</td>
</tr>
<tr>
<td>6.3 Group C: Capacity building/training ...............................................................................</td>
</tr>
</tbody>
</table>
7. Conclusions and recommendations ..............................................................21
   7.1 Conclusions .........................................................................................21
   7.2 Recommendations ...............................................................................23

8. Closing session .............................................................................................24

Annexes

1. Message from Dr Samlee Plianbangchang
   Regional Director, WHO South-East Asia Region ........................................25

2. Agenda ........................................................................................................29

3. List of participants ......................................................................................30
Executive summary

The importance of family physicians and general practitioners, who provide primary care in institutional and community settings in health systems, is often underestimated. With an increasing demand for specialization by medical graduates, the tradition of the family physician/general practitioner is on the decline. The epidemiologic and demographic transition, as well as the consequences of globalization, urbanization and climate change on health, require an effective health system based on primary care. This system should focus more on health promotion, disease prevention, and continuity of care, to which family physicians/general practitioners can significantly contribute. As “gatekeepers” at primary care facilities, they can improve the cost-effectiveness of health-care delivery and appropriate triaging for referral care.

Strengthening of family medicine in Member States of the South-East Asia Region of the World Health Organization (WHO) is very timely. However, it needs to be considered in the context of national and local health systems, universal coverage and health-care financing, private sector engagement in primary health care (PHC) and other health-care reforms currently under implementation.

This regional consultation aimed to provide a forum for Member States to share their experiences in family medicine, to identify issues and challenges, and to agree on a draft framework of action to strengthen the role of general practitioners and family/community physicians in PHC in the South-East Asia Region.

Thirty-five participants from 10 countries participated in the consultation, which made the following recommendations.

For Member States

Member States should:

(1) Strengthen national health policies to articulate clearly the roles and responsibilities of family physicians/general practitioners as providers and promoters of PHC. This includes recognizing this category of health personnel as an integral part of the national public health system.
(2) Include the education, placement, retention and career development of family physicians within appropriate strengthening of national human resources for health policies and strategies.

(3) Consider establishing departments of family medicine in medical colleges in consultation with medical councils, and work towards including family medicine as a subject in the undergraduate curriculum.

(4) Consider training courses/diplomas and degree programmes to develop or enhance the capacity of primary care physicians in family medicine both in the government and private sectors. These could be implemented by universities, professional bodies, national boards etc. as per country needs. Distance education can be a cost-effective means of training large numbers in a relatively short period of time.

(5) Standardize existing training programmes for family physicians and establish an accreditation system for the same.

(6) Implement and institutionalize continuing medical education programmes for family physicians/general practitioners.

(7) Conduct operational research to inform policy for expansion of numbers, roles and responsibilities of family physicians.

For WHO South-East Asia Regional Office (WHO-SEARO)

WHO-SEARO should:

(1) Assist in advocacy for strengthening the role of family physicians in PHC in Member States.

(2) Provide technical support to Member States in developing and implementing training programmes for family physicians.

(3) Assist Member States in generating evidence about the effectiveness of family physicians.

(4) Facilitate the exchange of information, experiences and evidence regarding family physicians within and among countries.
1. Introduction

The importance of family physicians and general practitioners in health systems is often underestimated. In some scenarios the term “general practitioner” refers to physicians who provide primary care in institutional settings while the “family physician” provides services in community settings. In other settings the terms are used interchangeably as the same individual can play a role in the community as well as in an institution. Some countries refer to this category of health personnel as community physicians. Irrespective of the terminology used, these physicians are one of the main conduits through which the population accesses primary care.

Anecdotal experience suggests that with an increasing demand for specialization by medical graduates, the institution of the family physician/general practitioner is on the decline. It is also observed that medical graduates who enter general practice are ill-equipped to provide good quality primary care since their hospital-based training of medical graduates precludes dealing with people in community settings. As countries undertake measures to strengthen health systems based on PHC principles, it is important to examine the role of the family physician/general practitioner in the emerging epidemiological, political, social and economic context of our Member States.

A well-thought-out and effective strategy to strengthen this category of health providers as formally recognized providers of good quality primary care is critical to maintain the continuum of care. Further, sustained access to quality health care will contribute to national efforts for revitalizing PHC. Indeed, a solid strategy can also utilize this category of human resources as “gatekeepers” for improving the cost-effectiveness of health-care delivery and appropriate triaging for referral care.

Strengthening family medicine aims to provide continuing comprehensive health care to individuals and families through integration of biological, behavioural and clinical sciences to people of all ages, irrespective of gender or organizational system. However, family medicine has to be considered in the context of decentralization of health care,
universal coverage, private sector engagement in PHC and other health-care reforms currently under implementation.

This regional consultation provided an advocacy forum to deliberate issues related to strengthening the role of family/community physicians in PHC in the context of the health situation and health systems in South-East Asia, and led to a framework of action to address these issues.

2. Objectives

The objectives of the regional consultation were as follows.

2.1 General objective

To review, strengthen and promote the role of general practitioners and family/community physicians in PHC in the WHO South-East Asia Region.

2.2 Specific objectives

To achieve the above general objective, the specific objectives of the consultation were:

(1) To review and share experiences of general practitioners and family/community physicians in primary health care in the South-East Asia Region.

(2) To identify issues and challenges in strengthening the role of general practitioners and family/community physicians in the South-East Asia Region.

(3) To agree on a draft framework of action for strengthening the role of general practitioners and family/community physicians in PHC in the South-East Asia Region.
3. Inaugural session

3.1 Message from the WHO Regional Director

The message from Dr Samlee Plianbangchang, WHO Regional Director for South-East Asia, was read out by Dr Mohammad Shahjahan from the WHO Country Office, Indonesia. In his message Dr Samlee stated that the imperatives of ensuring universal coverage and equitable access to good quality and affordable health care in the Region had led to a resurgence of interest in health systems development based on PHC principles. One element of health systems strengthening that needed revisiting was the tangible role that family physicians can play in providing good quality primary care to all segments of the population – an important prerequisite to realizing the objectives enshrined in the Alma-Ata Declaration on Primary Health Care of 1978.¹

Dr Samlee underlined the critical role of family physicians and general practitioners within the health system; indeed they are invariably the first point of contact for the public with the health system. In addition, these community doctors have an important role to play in effecting a paradigm shift towards making medical care person-centred. A recent meeting organized by the WHO South-East Asia Regional Office on the “Doctor-Patient Relationship” recognized the value of family physicians in improving access to needed primary care. An assessment should identify how best to strengthen and make effective use of this health workforce towards achieving national and global health goals.

Dr Samlee acknowledged the collaboration of the World Organization of Family Doctors, popularly known as WONCA, which is proactively working in several Member States of the Region to rejuvenate the family medicine cadre.

He also thanked the Government of Indonesia for the excellent arrangements for hosting the consultation. The full text of the message is at Annex 1.

3.2 Inaugural address by the Director-General of Health Care Effort and Management, Ministry of Health, Indonesia

The inaugural address was delivered by Dr Supriyantoro, Director-General of Health Care Effort and Management, Ministry of Health, Indonesia, who expressed his gratitude to the World Health Organization for selecting Jakarta as the venue of this important meeting. Dr Supriyantoro reminded participants that the Alma-Ata Declaration of 1978 had reaffirmed health as a fundamental human right. He also stressed the vital role of family physicians and general practitioners in PHC, and reported that the Government of Indonesia was setting up a National Policy on Family Physicians. The policy, which should be operational by 2014, will provide a legal basis for sustaining the role of the family physician. Dr Supriyantoro looked forward to the recommendations of the regional consultation, which would assist Indonesia in formulating the policy.

4. Technical sessions

Participants fully endorsed the nominations of Professor Antoinette Perera as Chairperson; Dr Dhanasari Vidiawati Trisna Sanyoto as Co-chairperson; and Dr Paras K. Pokharel as Rapporteur.

4.1 Strengthening family medicine in the South-East Asia Region: issues and challenges

The presentation was made by Dr Athula Kahandaliyanage, Director, Department of Health System Development, WHO-SEARO, New Delhi.

Dr Athula began his presentation with the following definition by the American Academy of Family Physicians:

Family physicians, through education and residency training, possess distinct attitudes, skills, and knowledge which qualify them to provide continuing and comprehensive medical care, health maintenance and
preventive services to each member of the family regardless of sex, age, or type of problem, be it biological, behavioural or social.\textsuperscript{2} 

The terms “general practitioner” and “family physician” are interchangeable except that the former is facility-based and the latter is community-based. Both provide primary care services.

Due to epidemiological, socioeconomic and demographic transitions, the Region is facing the double burden of diseases, accidents and injuries on the one hand, and climate changes and disasters on the other. This demands a reorientation of health service systems with increased focus on curative care, health promotion and disease prevention activities.

Family physicians play a significant role in strengthening health systems based on PHC. As the first contact point, they provide comprehensive care and support to individuals and families in the clinic as well as in the community. They can also function as public health officers who carry out epidemiological, surveillance, and health advocacy activities in their communities.

The challenges faced by the Region in promoting these physicians include an increasing demand for specialization; medical education that is hospital-based as opposed to being patient-centred; a focus on rare conditions/syndromes, which relies heavily on sophisticated diagnostics; and a lack of uniformity in postgraduate training and certification in family medicine. Other factors include insufficient emphasis on PHC and recognition of family physicians as primary care providers; a disproportionate emphasis on the development of secondary/tertiary facilities; and inadequate leadership and champions for family medicine.

To address these challenges, Dr Athula proposed the following strategies:

- develop/strengthen policies for family medicine;

strengthen undergraduate medical curricula to build capacity for family medicine and consider establishing family medicine as a postgraduate discipline;

- establish/strengthen independent bodies to standardize education and certification of family medicine;

- build the capacity of faculty members in family medicine;

- develop a research database;

- provide opportunities for career development and continuing education/training for family medicine practitioners, and

- develop a South-East Asia regional network of institutions related to family medicine.

4.2 Regional overview of family medicine: the WONCA perspective

The presentation was made by Dr Preethi Wijegoonewardene, President, WONCA South Asia. WONCA, or the World Organization of Family Doctors, works with other organizations as well as governments to support the development of family medicine. Its primary goal is to advocate a strong family physician force and bring them together to share knowledge and experiences to benefit the people in countries of this Region.

Dr Preethi stated that the Region was struggling to control major communicable diseases like HIV, tuberculosis and malaria, new and emerging diseases like avian influenza, the rapidly rising rates of noncommunicable diseases (NCDs), and to address the needs of an ageing population. However, this overshadowed the current urgent support needed for disease prevention, health promotion, and management of chronic diseases and co-morbidities. To this end, Dr Preethi recommended that each country in the Region develop a strong primary care medical team that includes the well-trained family physicians/general practitioners who have played a pivotal role in PHC.

The strong support of governments and communities to maintain this “generalist tradition” to deliver high-quality primary medical care is needed. Governments should seriously consider absorbing all family
physicians/general practitioners into a national health system with an insurance scheme in place.

Dr Preethi assured member organizations of WONCA’s support to the development of family medicine. He encouraged participants to read the guidebook “Improving Health Systems: the Contribution of Family Medicine”, a collaborative project between WONCA and WHO.

4.3 Country presentations

Challenges facing the family medicine programme development in Indonesia

Dr Bambang Sardjono, Director of Basic Health Care Effort, Ministry of Health, Indonesia, made a presentation on the above topic.

The improvement of primary, secondary and tertiary health care is one of the top priorities of health development during 2011–2014 in Indonesia. Family physicians will play a pivotal role in providing health-care services at primary and community levels. About 6000–7000 general practitioners are produced annually in the country.

The Ministry of Health has formulated a policy to accelerate the family physician programme and has developed guidelines for training and practice. A mechanism for monitoring and evaluation of family physicians has also been put in place.

A professional organization established in 1983 sets the standards for the educational programme and professional practice, and runs the family physician training programme. Today, all 72 medical schools in Indonesia include “the family physician” as a subject in their medical curriculum.

Family physician services at district health offices in some areas are covered by local insurance (Jamkesda). The Government Insurance Company covers family physician services for outpatients with a capitation of Indonesian Rupiahs (Rp) 6000/patient.

The challenges faced by the family physician programme include an inadequate number of medical doctors at primary level; their geographic disparity; the need for a well-adapted and constructive health policy; insurance-based payment that precludes family physicians; and the need
for standardized professional ethics, competency, licensing and certification.

Finally, Dr Bambang noted that a future strategy to strengthen family physicians needs systematic operationalization. This includes mapping of family physicians for policy formulation and human resource planning; innovations for medical services; and rectification of the health insurance mechanism.

The “refer less, resolve more” initiative: a five-year experience from the Christian Medical College, Vellore, India

The above presentation was made by Dr Jachin Danielraj, Department of Distance Education, Christian Medical College (CMC), Vellore, Tamil Nadu.

India produces about 30 000 medical graduates annually. Two thirds of these graduating doctors take up positions in general practice (individually or in corporate set-ups) or join the government primary health centres. However, of the current 250 000 such doctors in India, only 20% serve 73% of India’s rural population, while 80% are concentrated in cities where only 27% of the population live.

The Christian Medical College organizes a distance learning programme in family medicine. Course components include 75 problem-based modules written in self-learning format, assignments, logbooks, project work and three 10-day contact programmes (total 30 days) with optional electives in skills training.

Practical training is imparted at 10 secondary-level hospitals across the country where family medicine principles are practised. Learning at the workplace is facilitated by national and international family physicians and supplemented by video-lectures and live video-conferencing sessions. These contact programmes have become “platforms for change” in attitudes, practices and ethics through group discussions, demonstrations and role play.

The course was first offered in 2006. So far, 942 private practitioners and 182 government doctors have been trained, and the total enrolment has now reached 500 per year. Preparation is being made to accommodate international students from countries in Africa and the Middle East.
Other initiatives of CMC, Vellore to promote primary care include:

1. **Integrated Post-Graduate Diploma in Family Medicine** for young graduates – 70 students/year. This is on-the-job training, skill-based family practice.

2. **Distance Fellowship in Diabetes Management** for family physicians – 100 students/year.

3. **Supplementary education** for medical students to expose them to problem-based learning and family medicine principles – 200 students/year.

4. **Community Lay-leaders Health Training Certificate Programme** for health workers who will be linked to family physicians to give community-based care – 200 students/year.

**Improving rural health: the role of family physicians/general practitioners in Nepal**

Experiences in family medicine were recounted by Dr Pratap Narayan Prasad, Department of General Practice and Emergency Medicine, Tribhuvan University, Nepal.

General practitioners or family medicine physicians are multi-disciplinary medically qualified specialists providing first-line health care.

Nepal was the first country in the South-East Asia Region to start a Post-graduate Programme in Family Medicine at Tribhuvan University, Institute of Medicine, Kathmandu in 1982. Since then, 176 students have graduated and provide their professional services as specialists in government health services, nongovernmental organizations (NGOs), and private academic hospitals. Several are in private practice.

The Institute of Medicine, in collaboration with Calgary University, Canada, developed a competency-based curriculum. The goal of this programme is to provide comprehensive and effective management of common health problems encountered in Nepal; it also provides emergency and life-saving surgical and obstetric interventions.

The curriculum is a three-year academic (residency) programme structured as follows: first year – medical speciality; second year – surgical
speciality; and third year – general practice speciality. The programme is evaluated upon completion of each year using both formative and summative methods.

Dr Prasad informed participants that as per his observations, general practitioners working in rural and district hospitals provide effective, comprehensive health care, and deliver emergency and life-saving surgical and obstetrical interventions in limited resource settings.

**Strengthening the role of family/community physicians through learning and teaching family medicine in Thailand**

Dr Somjit Prueksaritanond shared her experience on the above initiative in Thailand.

The Medical Association of Thailand, founded in 1923, was the prime mover in the establishment of the Medical Council of Thailand in 1968. The Medical Council plays an important role in monitoring and regulating medical education in the country, both at undergraduate and postgraduate levels. This comprises all residency training programmes, including family medicine. To ensure the quality of education, all academic and training programmes are required to be accredited, and the accreditation must be redone every five years.

A national conference on medical education is organized every seven years resulting in continuous improvement of medical education and the roles of general practitioners/family physicians in Thailand. The medical education programme was reoriented as a people-centred curriculum, and all medical schools offer residency training in general practice. The Department of Family Medicine was founded in 1986.

Family Medicine was first called General Practice, which was recognized as a medical speciality in 1969. Residency training was first offered in 1973 and the speciality renamed “Family Medicine” in 1999. The programme is regulated and monitored by the Royal College of Family Physicians of Thailand, under the administration of the Medical Council.

Despite the availability of residency training programmes in family medicine, Thailand shares a common problem of the unpopularity of family medicine: fewer and fewer medical doctors are interested in this speciality. To effectively address emerging health problems and challenges, it is
important for the country to strengthen the education and roles of family physicians to respond to individual and community health needs. This requires intersectoral collaboration among different sectors concerned, such as policy-makers, professional bodies, academic institutions, the National Health Security Office, Education and Information Technology, the community and civil society.

**Family medicine in the context of health systems and primary health care in Sri Lanka**

This topic was presented by Dr I.K. Fernando, Director of Primary Care Services.

With the rising burden of NCDs and continuing emphasis on maternal and child health care and immunization programmes, the Sri Lankan government health policy strongly recommends PHC as a priority of the national health service system to address new health challenges and evolving health needs in the country. Strengthening of the PHC programme has been implemented in a phased manner. Sri Lanka has a wide distribution of primary care institutions manned with primary care doctors and general practitioners to provide good quality, first level of contact care, both in the public and private sectors.

Key strategies identified to achieve the expected outcome of reducing the NCD burden are improving access to first-contact care, ensuring continuum of care, and being responsive to individual and community needs.

Activities implemented under these key strategies are:

- human resource development;
- improving availability of essential services, e.g. basic emergency care and laboratory facilities;
- availability of clinical protocols for NCD management and basic emergency care;
- family practice approach in outpatient management;
- appropriate two-way referral;
Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

- link between primary care team and community health team in addressing individual and community needs:
  - lifestyle modification centre for necessary health guidance;
  - community awareness and referral;
  - community surveillance;
  - intersectoral coordination.

**The scope of undergraduate and postgraduate education with regard to family medicine, Sri Lanka**

The presentation was made by Dr Sarath R. Paranavitane, Consultant, Family Physician, Central Medical Centre, Sri Lanka.

All medical postgraduate training, including family medicine, is conducted by the Post Graduate Institute of Medicine (PGIM), University of Colombo, which is the only postgraduate medical degree-awarding institute in Sri Lanka. There are different Boards of Study (BoS) for different disciplines. The education, practice, research and certification of family medicine are regulated by the Board of Study in Family Medicine. Courses conducted by the Board are:

1. **Postgraduate Diploma in Family Medicine**: this is a one-year, face-to-face programme. The online programme takes two to three years, with 30 credit hours. The practical training is given at designated general practices and university practices. The assessment for the face-to-face programme is summative, and for the online programme, it is both formative and summative.

2. **Family medicine through training and examination**, a 90 credit hour programme, includes nine months’ training at approved family practices and university practices, and 15 months’ training at specialized hospitals. Trainees are required to submit a research dissertation and a learning portfolio.

3. **Family medicine by thesis** requires candidates to do a research thesis under two appointed supervisors. The Board of Examiners for family medicine theses consists of one external, one foreign and one local examiner, nominated by the BoS and appointed by the PGIM. Candidates must undertake two years of post medical degree training, both locally and overseas. Thereafter
they must pass a pre-board certification examination to be certified as a specialist in family medicine.

(4) **Family medicine in undergraduate education**: teaching family medicine at the undergraduate level in Sri Lanka is not yet standardized. A few universities have established a Department of Family Medicine within their medical college; others offer family medicine as a course.

Dr Sarath recommended that coordination between the trainer (Ministry of Higher Education) and the main employer (Ministry of Health) should be strengthened. In addition, undergraduate and postgraduate programmes in family medicine should be standardized and accredited.

5. **Field visit**

A field visit was arranged to the Kayu Putih Family Medicine Clinic run by the Department of Family Medicine, University of Indonesia. The objective of the visit was to allow participants to observe the organization and management of the Family Medicine Clinic and interact with the faculty of the Family Medicine Department, as well as students and family physicians. A brief overview was presented of the family medicine programme implemented by the university, including issues related to curriculum, practical training, and hands-on training in community settings. Over 90 medical colleges in Indonesia have adopted training in family medicine. The subject is taught from the second through to the final semesters, with focus on: effective communication; clinical skills; basic medical sciences; health problem management; information management; self-awareness and development; and ethics, medico-legal issues, professionalism and patient safety.

The hallmark of the training in family medicine is that students are required to work with family physicians. A “pass” in family medicine is also an essential requirement for completion of graduate studies.
6. **Group work**

Participants were divided into three groups to discuss:

- Group A: Policy issues
- Group B: Roles and responsibilities of family physicians/general practitioners
- Group C: Capacity building/training.

6.1 **Group A: Policy issues**

The main objective of this group was to deliberate on how policy support can strengthen family physicians and general practitioners in order that they can play an effective role in PHC and the continuum of care. The group was also tasked to identify health systems issues to be addressed in support of this category of the health workforce.

The following summarizes the deliberations on issues related to policy.

**Issue:** What should be done to advocate national health policies to recognize and specify family physicians and general practitioners as a separate cadre of the health workforce?

- Countries should conduct a needs assessment to define objectively the roles of general practitioners and family physicians in the health system, in consultation with relevant stakeholders (colleges and associations).
- National policies should mandate suitable general practitioner/family physician training for all medical graduates, both in public and private sectors, before they are allowed to function independently as PHC providers.
- Existing doctors in government and private sectors should be rapidly trained in courses in general practice/family medicine.
Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

**Issue:** What public health responsibilities/duties should they assume?

- Policy-makers should indicate to public health providers which public health responsibilities/duties a general practitioner/family physician should undertake.
- The programme should be defined, facilitated and implemented as an integral part of PHC.

**Issue:** What steps should countries take to regulate family physicians/general practitioners to ensure quality of care, and should private sector physicians be involved?

- In order to provide universal health coverage, government policies should consider involving the participation of general practitioners/family physicians.
- In the provision of PHC, links to insurance systems should be considered.
- Accreditation, re-certification and continued medical education are the ways to maintain the required standards.

**Issue:** What other supporting systems are needed to strengthen the role of, and to retain family physicians/general practitioners in primary health care?

- Legal support
- Professional (CME), emotional, mental and spiritual development
- Supportive systems such as supervision, career path, infrastructures
- Clear job descriptions
- Quality assurance tools for assessment of PHC programmes in different countries.

**Issue:** Other policy issues to strengthen family physicians/general practitioners

- Develop evidence-based health policies
Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

- Institute a proper referral system
- Create opportunities for countries where medical colleges/teaching hospitals are not available
- Ensure provision for inter-institution/country field experience for a fixed timeframe
- Promote the interregional exchange of resource persons
- Establish a curriculum of general practice/family medicine in the undergraduate course of all medical schools in the Region
- Recognize general practice/family medicine as a speciality (GP/FP specialists).

6.2 Group B: Roles and responsibilities

Traditionally, family physicians/general practitioners are primarily responsible for providing comprehensive primary medical care to every individual seeking it, and arranging for other medical personnel to provide specialized services when necessary. However, their roles may differ according to the setting in which they are placed. For instance, in the government PHC system they have additional managerial responsibilities. The changing epidemiological, demographic and socio-political context necessitates a fresh look at the roles and responsibilities of these health workers in order to maximize efficiency and achieve equitable universal coverage.

The following summarizes the deliberations on issues related to roles and responsibilities.

Issue: What needs to be done to ensure that general practitioners are effective in the continuum of care?

- Role of general practitioner needs to be defined beyond the clinician role through a policy enunciation, i.e. preventive, promotive, clinical and rehabilitative roles.
- Basic training (undergraduate level), skill upgradation and sufficient resources need to be provided.
➢ Essential infrastructure and funding need to be provided by the health system.
➢ Staff retention policy in unserved and underserved areas should be elaborated.
➢ Continuing medical education needs to be made available.
➢ Holistic and wellness approach should be adopted.
➢ Health workers should be updated with referral network and rehabilitative procedures.
➢ They should be reasonably accessible.

**Issue:** Beyond a clinical role, what public health responsibilities should general practitioners/family physicians take?

➢ Administrative and management training should also be included in the curriculum.
➢ Preventive and promotive role needs to be encouraged.
➢ Effective communication for behavioural change should be promoted.
➢ Dissemination of information about diseases and emerging diseases to the community should be included in the roles.
➢ Epidemiological surveillance for quick response is also important.

**Issue:** How can general practitioners be effective change agents for empowerment of individuals and communities for health?

➢ Health system should provide a space for community mobilization.
➢ Good links should be established with community groups (e.g. self-help groups, village health and sanitation committees, NGOs).
➢ A rapport should be created with community leaders who can act as change agents.
➢ Efforts should focus on individual empowerment.
Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

- General practitioners should be a role model for individuals and the community.
- Records should be continuously updated and followed up post referral.

**Issue:** Roles in national health programmes, disease surveillance and emergencies

- Policy should facilitate the participation of general practitioners in national programmes and disease surveillance.
- National health information network systems should be established.
- General practitioners should receive training and updated knowledge continuously.
- Roles of family physicians/general practitioners in emergencies/disasters should be clearly defined.
- Psychosocial support should be provided to the community during disasters.

**Issue:** How can general practitioners from the private sector be involved in public health programmes?

- Health system should issue guidelines and indicate the role of, and expectations from private practitioners.
- Training and updating of information, and logistic support should be provided by the health system.
- General practitioners should follow the guidelines and report back periodically.

**6.3 Group C: Capacity building/training**

It is generally observed that the current training of medical graduates in the South-East Asia Region is oriented towards clinical specialization. Since most of the training is conducted in tertiary, or at best in secondary-level health facilities, fresh graduates do not develop an appreciation of day-to-day health issues. The syllabus is disease-oriented with insufficient emphasis
on health promotion, disease prevention and public health. As a result, fresh medical graduates are not fully competent to play the role of family physician/general practitioner effectively.

The following summarizes the deliberations on issues related to capacity building/training.

**Issue:** What gaps in the current training of medical graduates need to be fixed to ensure that fresh graduates can function effectively as family physicians/general practitioners?

Gaps identified by the group included inadequate skills to work independently in communities; the limitation of clinical training carried out mainly in large hospitals; and poor knowledge-based curricula with insufficient emphasis on skills building. Suggestions to address these gaps included:

1. Identify the competency required for various clinical skills
2. Skill training in smaller hospitals and in emergency management
3. Induction training in family medicine for those who join government services
4. Sensitize clinical faculty on family medicine aspects so that they include a problem-based approach in clinical training
5. Log book/portfolio for records on skills provided, including those in family medicine
6. Examinations should include family medicine skills assessment
7. Attitude to work in family medicine should be included in the selection of students
8. Pursue the recommendations of the WHO expert group meeting held in July 2003 in Sri Lanka.

**Issue:** The desired attributes of faculty members to prepare trainees to perform their roles effectively as family physicians/general practitioners

- Skills in training technology
- Attitude towards family/community
Good role models for family medicine

Having experience in family medicine.

**Issue:** Models for strengthening family medicine training among in-service/practising doctors

- Provide opportunities by relaxation of entry criteria, giving them information on family medicine courses, credit-based mechanisms
- Newer and innovative methodologies for training
- New methods of examination
- Periodic updates – online, text, newspapers, WHO publications
- Provide new concepts, higher levels of competency, problem-solving skills, legal and ethical issues, national programmes
- Technical support – “all rounder”.

**Issue:** Promote family medicine as a separate speciality at undergraduate/postgraduate levels or only focus on strengthening undergraduate medical education?

To strengthen family medicine in medical schools, the group recommended step-by-step actions as follows:

- Introduce family medicine within current community medicine departments by sensitizing the faculty
- Interact with clinical specialists through the Dean to include family medicine principles in teaching clinical subjects
- Once critical mass of family medicine experts is created, develop independent department
- Have research inputs for advocacy in family medicine
- Sensitize community, students, professional bodies and policy-makers with evidence
- Develop research protocols and topics, and courses for current practitioners.
**Issue:** Ensuring the quality of services provided by family practitioners

- Standard operating procedures/protocols
- Referral mechanisms
- Logistic support models for family/general practitioners
- Continuing education models
- Emergency support models for family/general practice
- Online access to doctors practising family medicine on various forms of learning materials
- Career development: offering special tailor-made courses for further specializations.

### 7. Conclusions and recommendations

Dr Paras K. Pokharel, Rapporteur, presented the conclusions and recommendations of the consultation.

#### 7.1 Conclusions

1. There is wide acceptance that family physicians/community physicians/general practitioners can play an important role in revitalizing PHC in the South-East Asia Region.

2. Family physicians play an important role in providing comprehensive primary care and can contribute to national efforts for ensuring universal health coverage.

3. There is a need to standardize the nomenclature, definition and minimum competency for this category of health workers.

4. A strong role of family physicians in the provision of medical care has the potential to improve the efficiency of health systems.

5. National health policies and health systems strengthening efforts in the Region should focus attention on including recognition of family physicians as an important component of the referral chain.
(6) In several countries, programmes for training in family medicine at the postgraduate level have been initiated. However, in some countries these training programmes are being implemented by professional bodies with little or no linkage with national programmes.

(7) There is a need to standardize and customize this training to the country context as well as to ensure quality practice with a view to involving family physicians/general practitioners in national health programmes.

(8) Teaching and training in family medicine at the undergraduate level needs to be strengthened to ensure required skills and capacities.

(9) Training of undergraduates in family medicine should focus on building attitudes and capacity for physicians to operate at the community level.

(10) In addition to building clinical capacity for management and referral of clinical conditions, family physicians should be trained to play public health roles.

(11) In some countries, it is observed that patients – even with minor medical problems – prefer to seek specialist care since the credibility of family physicians is low. This is because of competency gaps and lack of systems support for family physicians.

(12) There is a strong need to advocate with politicians and policy-makers for strengthening family physicians. For this, a strong evidence base is necessary.

(13) Issues related to family physicians are generally not included in human resources for health planning. This should be included for strengthening PHC in countries.

(14) Training programmes for family physicians need to be accredited.

(15) There is a severe paucity in research on issues related to family physicians.
7.2 Recommendations

For Member States

Member States should:

1. Strengthen national health policies to articulate clearly the roles and responsibilities of family physicians/general practitioners as providers and promoters of PHC. This includes recognizing this category of health personnel as an integral part of the national public health system.

2. Include the education, placement, retention and career development of family physicians within appropriate strengthening of national human resources for health policies and strategies.

3. Consider establishing departments of family medicine in medical colleges in consultation with medical councils, and work towards including family medicine as a subject in the undergraduate curriculum.

4. Consider training courses/diplomas and degree programmes to develop or enhance the capacity of primary care physicians in family medicine both in the government and private sectors. These could be implemented by universities, professional bodies, national boards etc. as per country needs. Distance education can be a cost-effective means of training large numbers in a relatively short period of time.

5. Standardize existing training programmes for family physicians and establish an accreditation system for the same.

6. Implement and institutionalize continuing medical education programmes for family physicians/general practitioners.

7. Conduct operational research to inform policy for expansion of numbers, roles and responsibilities of family physicians.
For WHO South-East Asia Regional Office (WHO-SEARO)

WHO-SEARO should:

1. Assist in advocacy for strengthening the role of family physicians in PHC in Member States.
2. Provide technical support to Member States in developing and implementing training programmes for family physicians.
3. Assist Member States in generating evidence about the effectiveness of family physicians.
4. Facilitate the exchange of information, experiences and evidence regarding family physicians within and among countries.

8. Closing session

In her closing remarks, Professor Antoinette Perera, Chairperson, congratulated all participants for the successful and fruitful consultation and expressed her confidence that their recommendations would be energetically pursued by Member States to strengthen the role of family physicians/general practitioners in their respective countries. She hoped that WHO-SEARO would continue to provide support and opportunities for Member States to make health equitable, accessible and affordable to all people by promoting family physicians/general practitioners as a separate health workforce cadre. She also thanked her Co-chairperson, Dr Dhanasari Vidiawati Trisna Sanyoto, and Rapporteur, Dr Paras K. Pokharel, for their excellent support.

Dr Athula Kahandaliyanage, Director, Department of Health Systems and Development, WHO-SEARO assured the audience that the Organization would continue to support country activities to strengthen the role of family physicians/general practitioners in the South-East Asia Region.
Distinguished participants, dear colleagues, ladies and gentlemen,

The imperatives of ensuring universal coverage and equitable access to good quality and affordable health care has led to a resurgence in interest in health systems development based on the principles of primary health care. One of the elements of health systems strengthening that needs revisiting is the tangible role of family physicians in providing primary care to all segments of the population, which is an important and inalienable input towards realizing the objectives enshrined in the Alma-Ata Declaration on Primary Health Care of 1978.

The importance of family physicians and general practitioners in health systems is often underestimated. In some scenarios the term “general practitioners” refers to those physicians who provide primary care in institutional settings and “family physicians” refer to those who provide services in community settings. In other settings the terms are used interchangeably as the same individual can play a role in the community as well as in the institutional setting. Irrespective of the terminology used, family physicians and general practitioners are the chief conduit through which the population accesses primary care. In many scenarios the family physician or general practitioner is the first point of contact for the public with the health system.

Anecdotal experience suggests that with an increasing demand for specialization by medical graduates, the institution of the family physician is on the decline. It is also observed that medical graduates who enter general practice are insufficiently trained to provide good quality primary care. One of the reasons for this is that hospital-based training of medical graduates with a heavy emphasis on clinical conditions precludes dealing with people in community settings. This training has a heavy bias towards medical speciality-based training. There is often little or no emphasis on the very important role of social and cultural determinants in the causation of ill health. Preventive and promotive health care is often neglected.
Ladies and gentlemen,

A family physician or a general practitioner is a physician who is primarily responsible for providing comprehensive health care to every individual seeking medical care, and arranging for other medical personnel to provide specialized services when necessary.

They provide continuing and comprehensive health care for the individual and the family. Ideally, the training of this category of health-care providers should integrate the biological, clinical and behavioural sciences. This is because the scope of work of a family physician encompasses all ages, sexes, and each organ system and every disease entity.

Further, family physicians have an important role to play in effecting a paradigm shift towards making medical care person-centred. A recent meeting organized by the WHO South-East Asia Regional Office on “Doctor-Patient Relationship” recognized the importance of family physicians in improving access to good quality and affordable primary care. We need to examine how best we can strengthen and make effective use of this health workforce towards achieving national and global health goals.

As countries undertake measures to strengthen health systems, it is important to examine the role of the family physician or the general practitioner in the emerging epidemiological, political, social and economic context of our Member States. In fact, there is a need to formally recognize and articulate the role these individuals should play in the health systems of Member States of the Region.

A well thought out and effective strategy to strengthen and re-position this category of health providers as formally recognized providers of good quality primary care is a necessity to maintain the continuum of care. Moreover, it can impact the quality and access to health care and thereby contribute to national efforts for revitalizing primary health care. Indeed, a well thought out strategy can utilize this category of human resource as “gate-keepers” for cost containment and triaging access to appropriate referral care. In addition to providing good quality primary care, this category of physicians has an important role to play in the referral system. Prompt recognition, stabilization of the patient and referral to an appropriate level are essential prerequisites for maintaining continuity of care.
Distinguished participants,

Family physicians and general practitioners, in addition to their clinical roles, must also contribute to public health. For instance, they can play an effective role in national disease control programmes. They can be eminently positioned to recognize outbreaks and alert local and national public health authorities about suspected epidemics and unusual health events. The challenge before the health system is how to bring the family physicians and general practitioners into the stream of national health programmes and disease surveillance.

It is a common observation that secondary- and tertiary-level hospitals are over-crowded. A significant proportion of patients seeking care from these facilities can be managed at the primary level. Services of family physicians could be utilized in screening “OPDs” to take care of people with common health problems. This will allow more opportunity and time to specialist care-providers to cater to people with serious conditions.

Depend upon the country context and nature of the health services organization, family physicians and general practitioners can also be given additional roles – for example, manning the trauma centres and accident/emergency departments in community hospitals.

Ladies and gentlemen,

This consultation is a good opportunity for us to share experiences and identify barriers and opportunities for strengthening the role of family physicians in our primary health care-based health systems. I am happy to note that over the next three days you will deliberate on health policy issues related to strengthening family physicians as an integral part of the health system, and discuss issues related to bolstering their education and training, along with other important issues such as the role of family physicians and general practitioners in public health, both in the private as well as the government sector.

I am confident that your collective experience and wisdom will help develop a practical roadmap for our Region to institutionalize and strengthen the role of family physicians and general practitioners as an important workforce for revitalizing PHC. I believe this would be a major contribution to the efforts of Member States in health systems strengthening.
I would like to acknowledge the collaboration of the World Organization of Family Doctors, popularly known as WONCA, which is proactively working in several Member States of the WHO South-East Asia Region to rejuvenate the family medicine cadre in our Region. We look forward to working very closely with them and to assist Member States in this important area of health systems strengthening.

I take this opportunity to thank the Government of Indonesia for the excellent arrangements for hosting this consultation. I also extend my best wishes to you all for a fruitful outcome and wish you a pleasant stay in Jakarta.

Thank you.
Annex 2

Agenda

(1) Inaugural session.

(2) Country experiences in promoting education and deployment of family doctors.

(3) Framework to strengthen family medicine in the South-East Asia Region.

(4) Conclusions and recommendations for a roadmap to strengthen family medicine to improve access to good-quality and affordable primary health care.
### Annex 3

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Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care

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The importance of family physicians and general practitioners, who provide primary care in institutional and community settings in health systems, is often underestimated. With an increasing demand for specialization by medical graduates, the tradition of the family physician/general practitioner is on the decline. The epidemiologic and demographic transition, and the consequences of globalization, urbanization and climate change on health, require an effective health system based on primary care. This system should focus more on health promotion, disease prevention, and continuity of care, to which family physicians/general practitioners can significantly contribute. As “gate-keepers” at primary care facilities, they can improve the cost-effectiveness of healthcare delivery and appropriate triaging for referral care.

To deliberate the various issues related to strengthening family/community physicians, the WHO Regional Office for South-East Asia organized a Regional Consultation on Strengthening the Role of Family/Community Physicians in Primary Health Care in Jakarta, Indonesia, in October 2011. Thirty-five participants from 10 Member States of the Region attended the consultation. This publication contains an account of the deliberations and the recommendations made.