

Reimagining the Training and Licensing of General Practitioners in Pakistan: A Cross Sectional Study

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ABSTRACT

Background: The health care needs of the growing population of Pakistan necessitate the development of a trained workforce of general practitioners to provide effective, comprehensive and safe care in the community.

Aim: To examine the perceptions of general practitioners regarding the need of a structured training program leading to license to practice and their interest and perceived requirements to supervise PG trainees in Practice.

Study design: Cross Sectional Survey.

Settings: Family Medicine Conference, University of Health Sciences Lahore.

Methods: Using convenience sampling, data was collected through a self-administered, pre-structured questionnaire from general practitioners. Out of 300 only 106 returned the questionnaire with 35% response

Result: 78 (73%) respondents favored the idea of establishing a structured licensing training program for General Practice and 80 (75%) family physicians expressed the desire to supervise trainees in their clinics if they are supported in supervisory training and infrastructure development for becoming teaching practices.

Conclusion: The need of introducing a structured training licensing program in General Practice is essential for an effective and comprehensive system of primary care. This objective can be achieved through resource allocation, production of trainers, infrastructure development, structured training schemes and licensing examination under the umbrella of a national or provincial statutory body of GPs whose time has come.

Keywords: General practitioner, workforce, training programme

INTRODUCTION

The role of a modern GP, according to Royal College of General Practitioners UK, includes diagnosing a wide range of undifferentiated health problems, treating acute and chronic illnesses in community and home settings, promoting health, certifying illnesses, referring and coordinating care with a range of specialists and health care providers¹. This set of knowledge, skills and attributes is only possible by undergoing a high quality structured training in primary and secondary care in order to become a qualified and competent general practitioner. Although this structured training, ranging from 3-5 years, followed by a licensing examination is a norm in most of the developed health system, but Pakistan still lags far behind in this much needed development where a medical graduate is allowed to practice as a general practitioner upon completion of 5 year MBBS program and one year house job with no experience of working in primary care. This results in delivery of an unsafe and substandard system of care where GP learns through trial and error. The terms of General Practice and Family Medicine are used interchangeably around the world but in Pakistan, those general practitioners who obtain a post graduate degree in Family Medicine, are called family physicians. According to PMDC (now PMC) statistics 2018, the number of general practitioners exceed 0.1 million but there are only a handful of postgraduates in Family Medicine, mostly with only exam based qualifications. This study, therefore, aims to examine the interest and perceived requirements of general practitioners for a structured training scheme for fresh

medical graduates with a licensing examination to produce competent and well trained human resource for generalist led care in the community.

General Practice is the heart of the primary care². There is a well-established and expanding evidence base to demonstrate the importance of high-quality generalist care in improving health outcomes. County-level analyses confirmed the positive influence of an adequate supply of primary care physicians by showing that all-cause mortality, heart disease mortality, and cancer mortality were lower where the supply of primary care physicians was greater³.

Jeffe (2010) argues that developing strategies that would encourage medical graduates to opt for a career in primary care, rather than becoming sub-specialists, is a global challenge⁴. An experimental study (Iqbal, S.P., 2010) at Shifa College of Medicine Islamabad, offered a 2 week family medicine rotation to third year medical students and the results showed that by giving exposure to this specialty can foster the interest among graduates to opt for this as a specialty⁵. An appraisal of postgraduate training of Pakistan, under the aegis of the Higher Education Commission in 2006-2007, showed strong input of supervisors and enthusiasm of trainees, however the main problem identified was the virtual absence of training for family doctors⁶.

Majority of the medical graduates upon completion of MBBS and internship enter in the race of becoming specialists. Those who don't succeed in this race, become general practitioners by default, learning from trial and error. According to WHO safety curriculum, the main factors associated to adverse events in patient care are fitness of a doctor to practice and the competence of the clinicians. Safriet (1994) argues that the general public

Received on 13-06-2019

Accepted on 16-10-2019

does not have adequate information to judge provider qualifications or competence; thus professional licensure laws are enacted to assure the public that practitioners have met the qualifications and minimum competencies required for practice⁷.

According to Ferrel (2005), needed reforms for an effective generalist led care include enabling universal access to primary care and providing the leadership, training, and infrastructure support to improve its performance as a central hub in the network of patients, clinicians, and communities⁸.

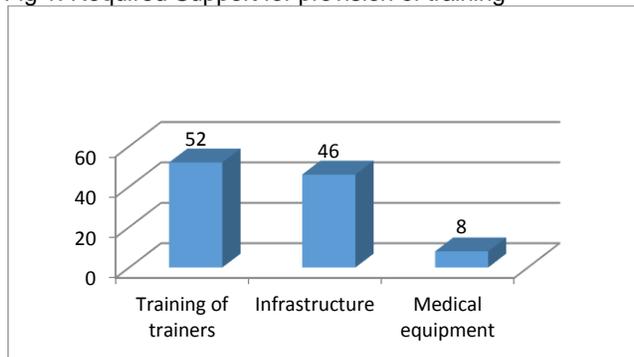
METHODS AND MATERIALS

This cross sectional study, under the post positivist paradigm, was conducted at University of Health Sciences (UHS) on the occasion of an international conference on Family Medicine in March, 2015. Using convenience sampling, a pre-structured and questionnaire was distributed amongst the general practitioners. Consent was obtained and the participants were briefed about the questionnaire. Out of 300 participants, 106 returned the questionnaire with response rate of 35%. The questionnaire gathered information on the demographic details including age, gender and place of work. The questionnaire was designed around three major areas which were perception of general practitioners regarding the need of a structured training and licensing exam, interest to supervise and perceived requirements to conduct supervision of training.

RESULTS

Out of 106 respondents, 56 (52%) were females and 50 (47%) were male family physicians. Amongst the respondents, 82 (77%) were working in private practice and rest were in public sector. 80 out of 106 (75%) respondents showed interest in supervising the post graduate trainees of Family Medicine whilst 78 (73%) favored the need of a structured training program for future family doctors (Table 1). When asked about the requirements for supervision, training of trainers was the key requirement for 52 (49%) followed by 46 (43 %) opting for infrastructure (building and space) and 8 (7%) respondents expressed the need of provision of medical equipment (Fig 1).

Fig 1: Required Support for provision of training



Question 3: What support do you require for training of family medicine trainees?

Table 1: Summary of Results (n= 106)

Questions	Answer	
1-Are you in favor of future family doctors undertaking a structured training programme in order to be licensed to practice	Yes	78 (73%)
	No	28 (27%)
2-Do you think a GP can supervise medical student in his / her practice?	Yes	80 (75%)
	No	26 (25%)

CONCLUSION

The concept of a generalist trained through a structured scheme with a licensing examination based on international standards is not only an essential requirement for delivery of a safe and comprehensive care to the public but also the only solution to meet the future challenges of the health system. The findings of the study reflect the inspiration of a vast majority of general practitioners to support and supervise a structured training licensing program for medical graduates aspiring to join primary care. This inspiration can be shaped into reality through resource allocation, infrastructure development of practices, production of trained supervisors, 3-4 year structured training scheme with 4-6 months rotations in primary and secondary care followed by a licensing exam under the umbrella of a national or provincial statutory body of General Practice whose time has come.

Acknowledgements and Declaration of Interest: Our special thanks to Prof. John Biggs of Australia for his help not only in designing of the questionnaire of the study but also for his outstanding contributions towards Family Medicine development in Pakistan. We also acknowledge the efforts of Dr. Umaira Ahsan for operational facilitation in conducting the survey. The survey is completed with self-funding and there is no conflict of interest whatsoever.

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