Family medicine practices across the globe: Nepal focus

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ABSTRACT

Family medicine attributes accessible, comprehensive and quality health care and represents combination of high values in national health care system. Family medicine practice is different around the globe in primary care upliftment. Nepal has exceptionally established General Practice (also known as family medicine) program in 1982 to serve for rural communities treating medical to specialty based emergency surgical problems providing high quality care with cost effective strategy. Recognition of family medicine to improve primary care is a major challenge.

Keywords: Family medicine, general practice, globe, Nepal

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INTRODUCTION

Family medicine was established in Canada and Britain in the 1960s however it started as a specialty requiring postgraduate training in US in 1969.[1]The term general practitioner refers to the one who has completed postgraduate training in family medicine in Nepal, UK, Denmark and Netherlands where as in other parts of the world it refers to medical graduates who works without further postgraduate training.[1]

The family medicine post graduate training varies among countries, ranging from 2 years in Canada to more than 5 years in Denmark. The role of family medicine and its acceptance as a specialty differs considerably throughout the globe and the practices varies from primary care in most of the countries to medical and complicated specialty based surgical care in Nepal.

This article is written to demonstrate how the family medicine practice exists around the globe focusing Nepal's context.

Table 1. Family medicine practices variations around the globe

SN	Parts of the world	Main countries	Family Medicine practice features
1.	North America and western Europe, Oceana[4,8]	Canada, UK, Denmark, Netherlands, Australia, France, US	-FM established in Canada in 1960's, 1969 in US. -UK health care system cooperates as NHS. -Canada has PG training period of 2 years, US are 3 years long, US and UK- 3 years, >5 years in Denmark. -Canada has distributed learning model of FM, Australia promotes new rural, and remote specialty. -Tendency to specialization in the US has put GP's in a lower rank and has led conflicts between GPs and specialists however there is not conflict of interests between GPs and other specialists as they have clear gate keeping role.
2.	Latin America[5]	Cuba, Peru, Argentina, Brazil, Spain, Columbia, Uruguay, Chile	-All these countries have residency program of 3 years of average except 4 years in Argentina, Costa Rica and Dominican Republican. -Cuba's PHC is not well recognized as FM but mainly as medicina general integral. -Argentina has little in perusing FM. -Brazil and Venezuela have team based FM practices. -Brazil hosted 2016 WONCA conference and prioritized FM throughout the health system. -Chile has moved to an integrated health system.
3.	Sub-Saharan Africa[6]	Kenya, Nigeria, Ghana, Ethiopia, Sudan, Uganda	-FM programs established in 1968 in South Africa. Nigeria initially provided FM training in church hospitals, averaging 3 years of residency and 4 years in Uganda. -Health systems struggle to provide services with scarce human resources, internal migrations of health workers to more urban setting and more lucrative private practices. -Comprehensive care is their priority but preventive medicine is not the first care.
4.	Middle east and North Africa[1]	Lebanon, Bahrain, Israel, UAE, Oman, Saudi Arabia, Turkey, Jordan, Iran	-FM training started in 1978, more recently in Tunisia (2011) and Palestine (2010). -Challenges in more comprehensive FM training, poor health indicators exist. -3 years of FM training in average. -Focus on PHC.
5.	Russia and Central and Eastern Europe[7]	Estonia, Russia, Slovenia, Czech Republic, Slovakia	-Struggle for acceptance and recognition of FM program. -In Czech Republic, Slovakia and Slovenia, pediatricians and gynecologists are considered as primary care physicians. -Training program varies from 3-5 years, Estonia and Slovenia have the most advanced programs under governmental system. -General recognition needs to be centered on quality improvement.
6.	Asia[1]	India, China, Singapore, Vietnam, Nepal, Malaysia, Myanmar, Sri Lanka, Pakistan, Thailand.	-Singapore established FM training in 1970s, 1982 in Nepal and 1983 in India. -3-year residency in average, 4 years in Malaysia. -Nepal established FM residency program with substantial Canadian support initially. -Ministry of health of China has considered FM to be the core of health care delivery.

Family medicine practices across the globe

Family Medicine (FM) focuses contextualized primary health care (PHC) for individuals, families and communities not limited by age, gender, organ system or disease.[2] Countries with strong PHC led by family medicine have more effective healthcare systems, reduced health inequalities and healthier populations.[3]

Family medicine practice in Nepal

Nepal has exceptionally established General Practice (also known as family medicine) program, a 3-year structured curriculum based residency program in 1982 at Tribhuvan University Teaching Hospital (TUTH) and later established in (BP Koirala Institute of Health Sciences (BPKIHS) and National Academy of Health Sciences (NAMS).[9]

Phase 1 was started from 1982-1987 when 18 months of training done in Canada, where as phase 2 was from 1987-1988 with 3 months of training in Malaysia and lastly phase 3 was started in 1991 which continues the current system of MDGP program.[10]

MDGP program in Nepal has focused to manage emergency care, lifesaving surgeries, and obstetric interventions in district level hospitals and manage overall hospital care with management and leadership strategies, which is a unique model of care in the globe. Nepal government has considered MDGPs as a major human resource to uplift overall rural health care of Nepal.

Establishment of General Practitioners Association of Nepal (GPAN) in 1990s was necessary to work with vision to uplift primary care of the country and it got updated to General Practice and Emergency Medicine Association of Nepal (GPEMAN) in 2022. GPEMAN has started working with broader horizon to expand academic activities with Continue Medical Education (CME), collaboration and coordination of other organizations to support primary care delivery in the country and encourage scientific writing via Journal of GPEMAN (JGPEMAN).

Few organizations have exceptionally worked to support and train MDGPs to uplift rural health care. Nick Simons Institute (NSI) started supporting Nepal since 2006 keeping MDGPs as captain of the team of the district hospital[9], Nyaya Health Nepal (NHN)/Possible started supporting Bayalpata Hospital since 2009[11] and later expanded to Charikot Hospital in 2016[12] prioritizing rural health care with the leadership of MDGPs.

Almost 550 plus MDGPs are graduated in Nepal (till 2023 July) with productions of 20-30 MDGPs every year from major institutions of Nepal, more than half graduates leading district hospitals in rural setting and remaining working in urban set up focusing emergencies, running general practice clinics, some working as public health experts, some working with government system making policies, few dedications have been noticed with WHO and few NGOs and some running private clinics to uplift overall health care system. The family medicine practice in Nepal involves management of emergency lifesaving surgeries like caesarian section, appendectomy, etc. which is very different from other parts of the world.

Family medicine practice in remote Nepal is rewarding in provision of holistic primary care however recognition of MDGP as family medicine expert and conflicts among other specialists for ultrasound and some emergency lifesaving surgeries are major challenge to overcome.

CONCLUSION

The scope and family medicine practice varies differently worldwide. Nepal has exceptionally different surgical practices in family medicine. Conflicts with other specialty and recognition of family medicine as holistic care practice remains major challenge in a globe.

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