# Family medicine as a specialty. Europe Educational agenda WONCA-EURACT

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# Objectives of the presentation

- Definitions of Family Medicine and PHC
- Characteristics of Family Medicine specialty
- Essential components of professional competencies in FM (WONCA - EURACT)
- Objectives and methodology of Family Medicine
- History of development of Family Medicine in the world and Republic of Moldova
- The role of international organizations in reforms of health care systems
- Normative regulations for organization of PHC according Family Medicine principles
- Models of Family Medicine Practices
- Development of training in FM in R. Moldova. Forms of training and clinical settings

# FAMILY MEDICINE

**Definition:** Family Medicine is a specialty which provides **primary** and **continuous health care**, through therapeutic, prophylactic, **educational** and rehabilitation actions and contribute to promotion of health state of the **person, family and community.**

# FAMILY MEDICINE

## Definition (WONCA EUROPE)

Family Medicine is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care.

# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (I)

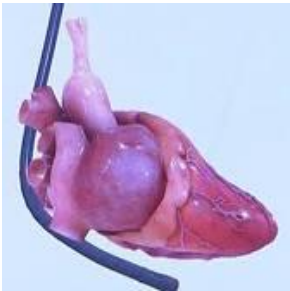
- Assures the point of first medical contact within the health care system, providing open and unlimited access to its users
- Facilitate the entrance and orientation of the patient into the health care system
- Makes efficient use of health care resources through co-ordinating care with other professionals in PHC and specialized care

# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (II)

- Based on disease and problems of the patient FP within team limits requests necessary investigations and consultation of the specialists, subsequently integrating the data in a holistic patient approach;
- Family Physician is a specialists which takes a comprehensive approach, while other specialists focus on study if separate organ or system of organs;
- Family physician is patient counselor, managing the interface with other specialties and taking an advocacy role for the patient when needed;

# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (III)

- FP develops a person-centred approach, orientated to the individual, his/her family, and their community
- FP has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient
- Family physician is the “adviser” and friend of the patient and hid/her family.



# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (IV)

- **FP takes care of a healthy individual and provides continuous health care**
- **FP discovers and traces over time endogenous and exogenous risk factors, establishes necessary measures to eliminate/diminish or control these.**

# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (V)

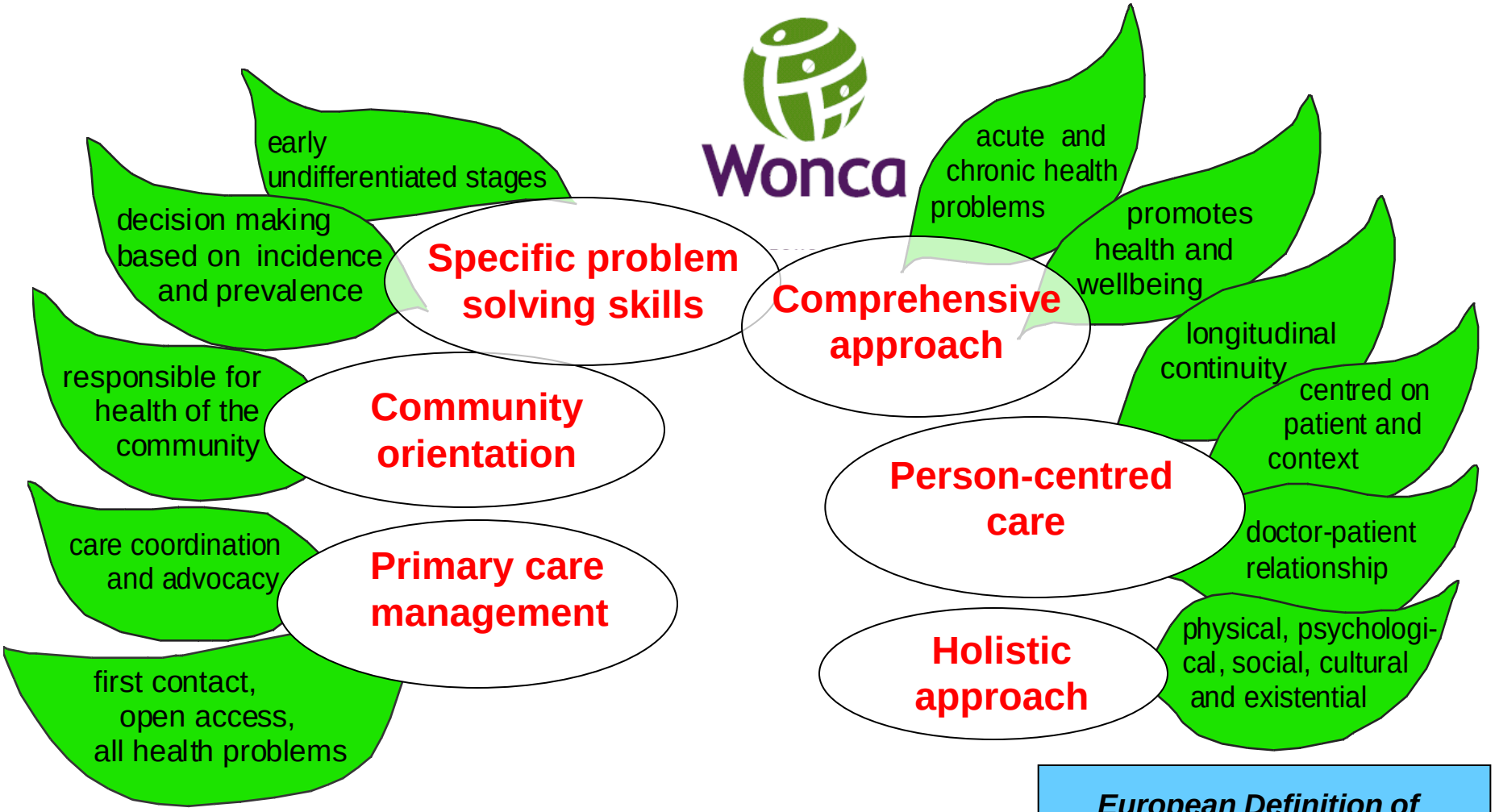
- FP has a specific decision making process determined by the prevalence and incidence of illness in the community;
- FP manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention;

# THE CHARACTERISTICS OF THE DISCIPLINE OF FAMILY MEDICINE (VI)

- FP manages simultaneously both acute and chronic health problems of individual patients. FP retains at the PHC level what he can treat or refer timely to hierarchical medical institutions when needed;
- FP deals with health problems in their physical, psychological, social, cultural and existential dimension;

***These basic characteristics defining family medicine discipline correspond to major skills, which each specialist in family medicine should have.***

***According to EURACT requirements the skills are grouped in <u>basic six competencies</u>***
***which form the professional standards for Family Physician.***




***European Definition of Family Medicine:***

***Core Competencies and Characteristics***

***(Wonca 2005)***

***attitude*** ***science*** ***context***

# OBJECTIVES AND METHODOLOGY OF FAMILY MEDICINE (I)

Family medicine specific objective for activity is:

- **Entire Patient** within the context of life and work, with all his/her medical problems – the **sick person.**
- Medical problems of **healthy person**.
- Early diagnosis of diseases, continuous care, palliative care, medical problems of family and community.

# OBJECTIVES AND METHODOLOGY OF FAMILY MEDICINE (II)

- Social pathology (including unemployed people, poverty, disabled, disorganized families etc.).
- Coordinate care with other services:
  - Emergency
  - laboratory
  - Specialty care

# DIFFERENCES BETWEEN PRIMARY HEALTH CARE (PHC) AND SPECIALIZED HEALTH CARE (SHC)

| PHC | SHC |
| --- | --- |
| ➢ Oriented toward health<br>➢ oriented toward prevention<br>➢ Oriented toward holistic and comprehensive approach<br>➢ First contact services<br>➢ Continuous health care<br>➢ Lower costs | ➢ Oriented toward sick person<br>➢ Treatment oriented<br>➢ Oriented toward disease (organ)<br>➢ Provides secondary care<br>➢ Provides episodic care<br>➢ More expensive |

# Models of Family Practice

Solo practice (FMO)

Group practice (HC, CFM)

**2 family physicians**
(one – former internist
one - former pediatrician)

**3-4 family physicians**
Internists and pediatricians

Or specialists → Surgeons, OB/GYN

**7-11 family physicians**
Specialized in different domains
(3-4 internists, 2-3 pediatricians, others specialized in surgery, neurology, cardiology, nephrology etc. )

# SHORT HISTORY OF FAMILY MEDICINE (I)

- Is the oldest medical specialty
- During post-war time has been dominated of other specialties, which resulted in high costs, difficult to bear by society
- Divided and subdivided human organism could not be found as whole, which had a crucial importance for real evaluation of health state of an individ;

# SHORT HISTORY OF FAMILY MEDICINE (II)

- Emancipation of Family Medicine in Europe started with foundation of first FM departments in The Netherlands and Scotland (year 1966)
  - Establishment of European Academy of Teachers of General Practice (EURACT)
  - Establishment of European Society of General Practice/ Family Medicine (WONCA EUROPE)

# STAGES AND NORMATIVE REGULATIONS OF FAMILY MEDICINE IMPLEMENTATION IN RM (I)

1. International Conference of WHO and UNICEF experts (Alma Ata Declaration 1978)
2. Starting training of Family Physicians implementation of family medicine in RM (1988).
3. Order of MoH Nr.40 from 02.04.1993. Specialty of "General practitioner/ family physician" has been legalized in the classified list of medical specialties.
4. Year 1996. WHO endorsed The Ljubljana Charter on Reforming Health Care in Europe with focus on PHC

# STAGES AND NORMATIVE REGULATIONS OF FAMILY MEDICINE IMPLEMENTATION IN RM (II)

5. **Decision of the Government of RM nr.668 (17.07.1997) " With regard to approval of the Concept of Health Care System reform in RM in new economic conditions for 1997-2003"**

6. **Decision of the Government of RM nr.1134 (09.12.1997) " With regard to Development of PHC"**

7. **Order of MoH nr.200 (19.08.1997) "With regard reform of primary Health Care in Republic of Moldova"**

# ORDER OF MoH № 695 (13.10.2010) "WITH REGARD TO PHC IN R. MOLDOVA" (I)

1. This order approved the following:

- **Norms of regulation of PHC in Republic of Moldova**
- **Professional responsibilities of family physician**
- **Professional responsibilities of nurse in family physician**
- **Norms for staff/ personnel for MSPI (IMSP) in PHC**

# ORDER OF MoH № 695 (13.10.2010) "WITH REGARD TO PHC IN R. MOLDOVA"(II)

2) Established number of population for a Health Center (from 4500 inhabitants)

3) Determined that Center of Family Physicians carries out the function of methodological and organizational center for all MSPI of PHC in the territory, including private centers and autonomous HS (having the role of provider of additional PHC services and resources for population from teritory)

# Clasig=fication of FMC

***Centers of Family Physicians***

- **Category III – up to 40.000 population**
- **Category II - 40.001- 80.000 population**
- **category I - ≥ 80.001 population**

***Note:*** **population will include number of population registered with HC, OFP, HO (from the structure of CFP), including those from autonomous HC and private institutions.**

# CLASSIFICATION OF HEALTH CENTERS (I)

- **Category IV – 4500 – 6000 population**
- **Category III – 6001 – 9000 population**
- **Category II – 9001 –11500 population**
- **Category I – ≥ 11501**

# CLASSIFICATION OF HEALTH CENTERS (II)

**Note:**

1) **HC, including autonomous centers, can have less than 4500 population in cases when geographical location does not allow organization of access for the population to PHC in HS (MoH must be informed).**

2) **Office of FM is organized in rural places with population from 901 to 3000.**

3) **Health Office is organized in rural places with less than 900 population.**

# Order of MoH and NHIC nr. 617 / 163 – from (09.09.2001)

**“Regulation with regard to population registration at MSPI which provide PHC within mandatory health insurance” has been approved**

# STRUCTURE OF PHC SERVICES

- 35 Centers of Family Physicians (rayons)
- Center of Family Medicine Bălţi
- 5 TMA with 12 Centers of Family Physicinas
- University Clinic of PHC

***Including:***

- 392 Health Centers, including independent 14 Health Centers (mun. Chişinău)
- 541 Office of Family Physician

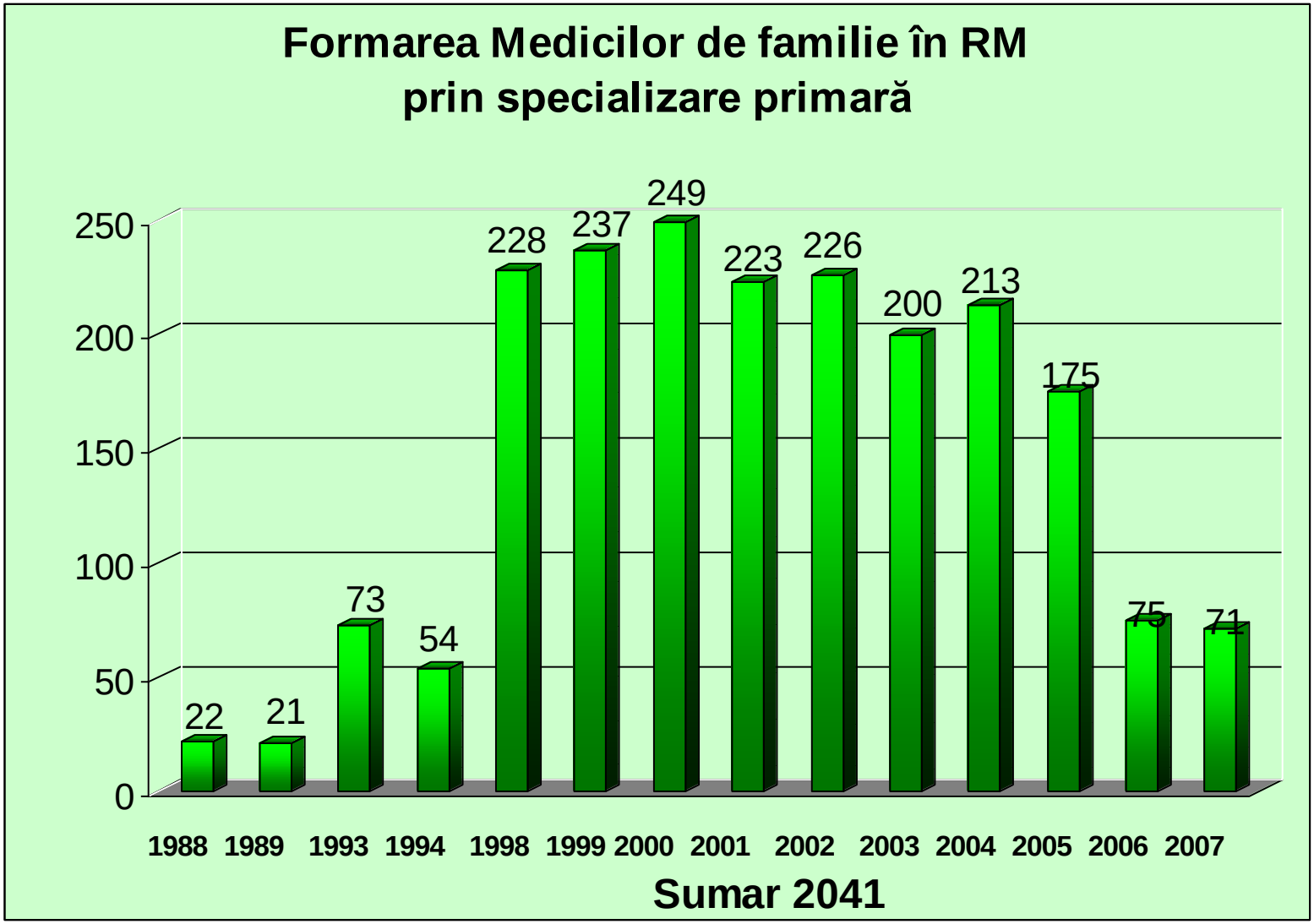
# EDUCATION IN FAMILY MEDICINE (I)

| YEAR | FORMS, CLINICAL SETTINGS |
|---|---|
| 1988 | Beginning of family medicine training in RM through faculty of continuous medical education SUMP "Nicolae Testemiţanu" |
| 1993 | Post-graduation training through internship (1 year) |
| 1997 | Post-graduation training through residency (3 years) |
| 1998 | Establishing of Family Medicine Department |
| 1998 | Establishing of FM Certification Committee |
| 2000 | Foundation of Family Physicians Association |
| 2000 | First Congress of Family Physicians from RM |
| 2001 | Inauguration of first Family Medicine Model Center "Pro-San" for training of family physicians and PHC |

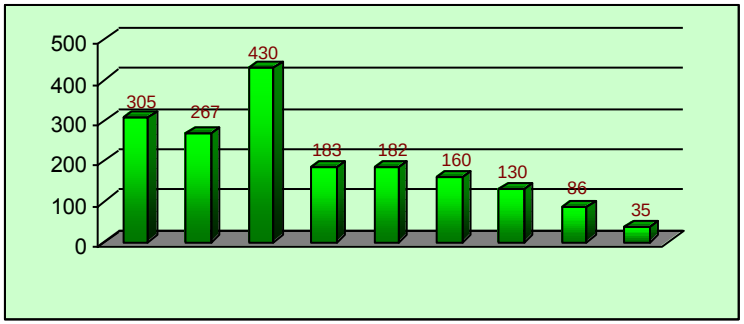
# EDUCATION IN FAMILY MEDICINE (II)

| YEAR | FORMS, CLINICAL SETTINGS |
|---|---|
| 2003 | Inauguration of University Clinic of PHC and Center for training and testing of clinical skills. |
| 2003 | Publication of practical guide for Family Physician |
| 2003 | Implementation of Continuous Medical Education (CME) |
| 2006 | Congress II of Family Physicians from R. Moldova |
| 2007 | Implementation of undergraduate training of Family Medicine |

# Training of family physicians in RM through primary specialization



# Training of family physicians in RM through internship




1994 1995 1996 1997 1998 1999 2000 2001 2002

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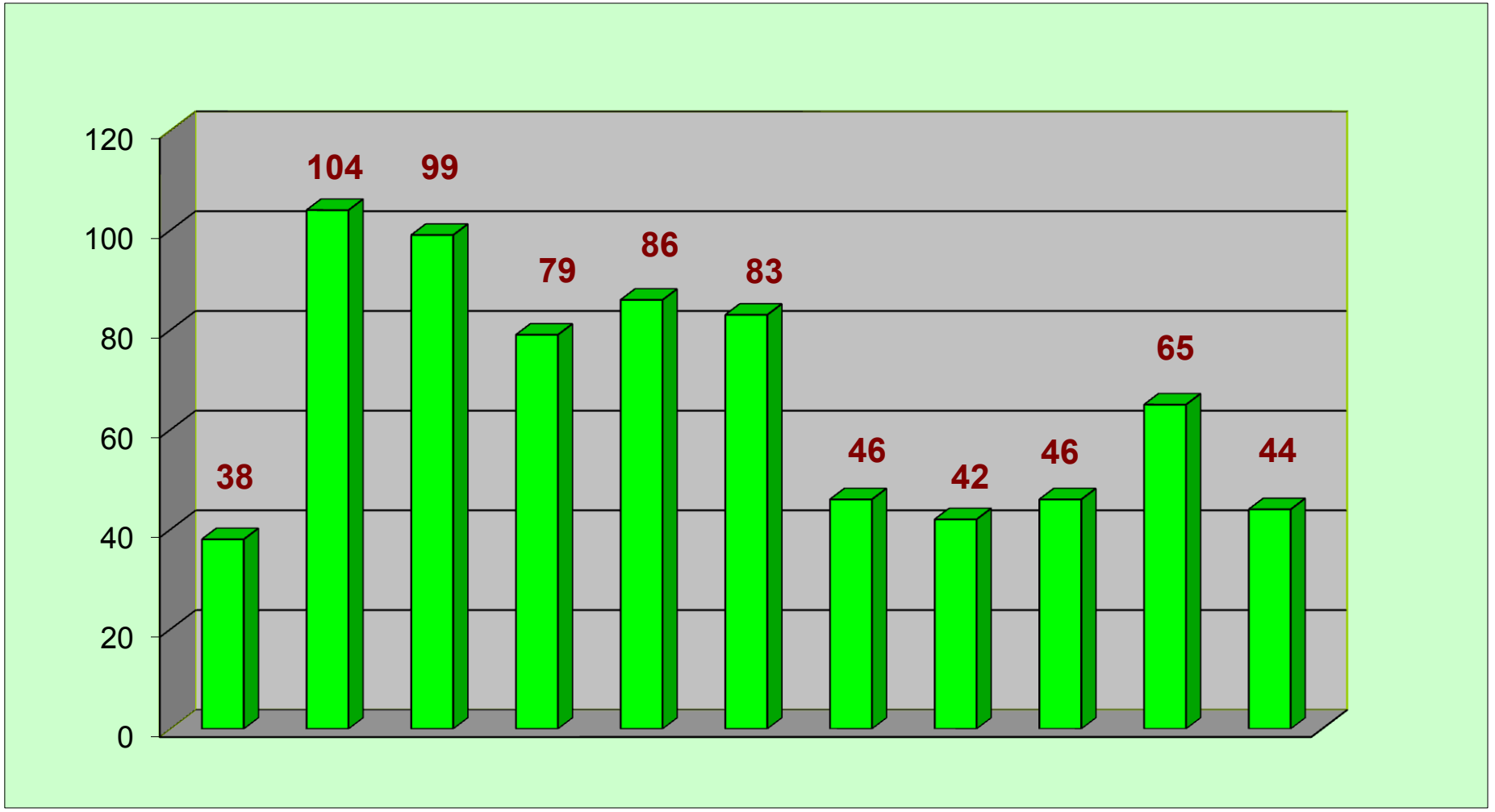
# Training of family physicians in RM through residency

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# 1. MANAGEMENT OF PHC (I)

*Includes the ability:*

- **to manage first contact with patients, dealing with complex situations, unselected problems**
- **to cover the full range of health conditions**
- **to co-ordination of care with other professionals in primary care and with other specialists**

# MANAGEMENT PHC (II)

*Includes the ability:*

- **to master effective and appropriate care provision and health service utilization**
- **To monitor, assess and improve quality and safety of care**
- **to make available to the patient the appropriate services within the health care system**
- **To act as advocate for the patient solving his/her health care problems**

# 2. Patient centered care

*Includes the ability:*

- to adopt a person-centred approach in dealing with patients and problems in the context of patient's circumstances;
- to develop and apply the general practice consultation to bring about an effective doctor-patient relationship, with respect for the patient's autonomy
- to communicate, set priorities and act in partnership
- to promote patient empowerment;
- to provide longitudinal continuity of care as determined by the needs of the patient
- referring to continuing and co-ordinated care management

# 3. Specific Problem Solving Skills (I)

*Includes the ability:*

- to relate specific decision making processes to the prevalence and incidence of illness in the community;
- to selectively gather and interpret information from history-taking, physical examination, and investigations and apply it to an appropriate management plan in collaboration with the patient;
- to adopt appropriate working principles. e.g. incremental investigation, using time as a tool and to tolerate uncertainty;

# 3. Specific Problem Solving Skills (II)

*Includes the ability:*

- **to intervene urgently when necessary;**
- **to manage conditions which may present early and in an undifferentiated way;**
- **to make effective and efficient use of diagnostic and therapeutic interventions**

# 4. COMPREHENSIVE APPROACH (COPMLEX)

*Includes the ability:*

- **to manage simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual;**
- **to promote health and well being by applying health promotion and disease prevention strategies appropriately;**
- **to manage and co-ordinate health promotion, prevention, cure, care and palliation and rehabilitation**

# 5. COMMUNITY ORIENTATION

*Includes the ability:*

- **to reconcile the health needs of individual patients and the health needs of the community in which they live in balance with available resources.**

# 6. Holistic Approach

*Includes the ability:*

- **to use a bio-psycho-social model taking into account cultural and existential dimensions.**

# NORMATIVE REGULATIONS FOR PERSONNEL IN PHC (I)

1. 1,0 function of head of Health Center (HC), for each HC part of CFP, with full time load 100% as family physician.

2. 1,0 function of physician coordinator of subdivision of FM, free of full time load as FP if more than 10 physicians employed CFP.

3. 1,0 function of physician coordinator of subdivision of FM with part time (50%) load as family physician for each 5 – 10 employed family physicians

4. 1,0 function of FP for 1500 population

# NORMATIVE REGULATIONS FOR PERSONNEL IN PHC (II)

5. 1,0 function FP can be instituted in rural places with population more than 901 inhabitants
6. 1,0 function of consultant pediatrician is established for 5700 children between 0 and 18 years old
7. 1,0 function of physicians OB/GYN in office for reproductive health for CFP
8. 1,0 function of OB/GYN is established in the office for prophylactic examinations in CFP

# Clinical settings
# DEPARTMENT OF FAMILY MEDICINE

1. PMSI, MCH nr.1
2. University Clinic of PHC (31 august, 137)
3. FMMC „Pro-san” (53-24-02)
4. CFP nr. 2
5. CFP nr. 3

} TMA Botanica

6. CFP nr. 6 (TMA Buiucani)
7. CFP nr. 7 (TMA Center)
8. CDC Buiucani

10. CFP - Bălţi
11. CFP – Orhei
12. CFP - Cahul

# Thanks for your attention!