

Family Medicine Practice in Oman

Present and future

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ممارسة طب الأسرة في عُمان الآن وفي المستقبل

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THE EUROPEAN DEFINITION OF THE discipline and speciality of general practice/ family medicine, as defined in 2005 states: "General practice/family medicine is an academic and scientific discipline and a clinical specialty with its own educational content, research and evidence base and clinical activity, orientated to primary care". According to this definition general practitioners/ family doctors are "specialist physicians trained in the principles of the discipline".¹ The two terms "general practice" and "family medicine" were synonymous in this context.

Family Medicine has accomplished a great deal and grown significantly since its birth worldwide. The strongest proof of its importance and contribution to health care is demonstrated by looking at how strongly Western countries depend on family physicians. International evidence indicates that health systems based on effective primary care, with highly trained generalist physicians (family doctors) practising in the community, provide better clinical and more cost-effective care than those with a low primary care orientation.² Therefore, family physicians are a fundamental force and as such, they are in a unique position to influence much-needed changes in health care. Other countries and systems have already taught us that societies fare better when they have a strong, structured, accessible and affordable primary care system, to provide at least some minimum level of care. In her extensive studies of primary care around the world over many years, Barbara Starfield has found that countries with strong primary care have lower overall health care costs, improved health outcomes, and healthier populations.³ Studies have shown also that the higher the family physician-to-population

ratio in an area, the lower the hospitalisation rates for both adults and children.⁴

In Oman, the Department of Family and Community Medicine (FAMCO) was established in 1987 at the College of Medicine, Sultan Qaboos University to teach undergraduates. Family medicine was considered a major discipline like medicine, paediatrics, surgery and obstetrics and gynecology. In 1994, a formal structured four-year postgraduate training programme was started in family medicine. In 2001, this programme was recognised by the Royal College of General Practitioners (UK) and Oman was the first country in the world to conduct the MRCGP (INT) Examination.

Up to 2009, about 110 Omanis have graduated as family physicians; most of them are employed by the Ministry of Health in various capacities ranging from medical officers to directors of medical services in various *wilayats* (districts). These specialists are also providing useful input in defining teaching, training and evaluation so that the postgraduate programme becomes increasingly indigenous, precisely targeting the needs of the country.

Since 2007, this postgraduate programme has been run under the auspices of the Oman Medical Specialty Board which has not only involved local experts, but also collaborated with other training programmes in the region and in North America, Europe, India and Australia. The family physicians emerging from a residency programme of this type possess the credentials of adequate preparation and the capacity for professional action. These are keys to status, self-esteem and public trust.

So far primary health care in Oman has been managed mostly by a variety of graduate and postgraduate doctors from various parts of the

world, specially the subcontinent, who do not have formal training in general practice/family medicine. This has led to wide variations in the quality of patient care and the status of general practice in the country. We need to provide high quality and valued services that are safe, evidenced-based and grounded in the needs of the community. There is a need to standardise the care being provided not only by the residency training program, but also through continuous professional development activities. Given the current intake of about 10 residents per year and the existing 110, in the next 5 years there could be a family physician for each of the 159 health centres. To have an average of four family physicians for each health centre will take many years. To monitor and ensure the standards of knowledge, skills and attitudes, regular audits and peer review are required. These should be non-punitive exercises.

Resources

The complexity of caring for patients with acute and chronic problems over time and managing preventive services for populations of patients requires the involvement of many health care professionals working in well-organized systems and supported by information technology.⁵

The ability of family physicians to provide quality service is also dependant on their skills, knowledge, professionalism and the resources available. The resources include appropriate facilities, equipments, diagnostic tools, medications and accessibility to secondary care.

Currently there is a global problem of matching resources to the needs. There is a continuous increase in costs due to newer diagnostic and therapeutic options. One of the current challenges in Oman, faced by the doctors in primary care, is the availability of the range of medications needed to treat common conditions like diabetes. To overcome this problem we need to develop guidelines with the active involvement of family physicians and there should be regular audits to see that the guidelines are implemented and there is optimal utilisation of resources.

Oman is on a par with the rest of the world in the availability of information technology, but family physicians do not have internet and electronic databases available at the point of primary care,

which becomes one of the barriers for continuing professional development.

Training

The residency training should focus on the following five competency areas as the foundation of education and training: 1) patient-centered care, 2) interdisciplinary team work, 3) evidenced-based practice, 4) quality improvement, and 5) medical informatics. These attributes are central to the new vision of family medicine education globally. Furthermore, training should emphasize the biopsychosocial model, cultural proficiency and practice-based research.⁶

The best way to ensure that family physicians are able to deliver the core attributes of the specialty throughout their careers is to develop a comprehensive lifelong learning programme. This will be based on continuous personal, professional, and clinical practice assessment and improvement.

Professionalism

Family medicine as a medical profession is a recent discipline in Oman. We need to be part of and contribute to the development of the overall medical profession and work with the other medical disciplines to ensure that the services provided to the population are of the highest standard.

The professionalism expected from family physicians includes certain skills, attitudes and behaviours during the practice of their profession. Concepts such as maintenance of competence, ethical behavior, integrity, honesty, service to others, adherence to professional codes, justice, respect for others, self regulation will have to be emphasised and developed.⁷ This will be achieved not only by individual efforts, but also by professional bodies like the Omani Society of Family Medicine. These values can not be imported from anywhere in the world, but have to be developed indigenously taking into consideration the unique circumstances in Oman including religious, social and cultural values. Family physicians have to set high standards of professionalism to gain the confidence and trust not only of their patients, but also of society in general and peers in particular.

The family medicine team which includes nurses, pharmacists, health educators, and administrators

working in primary care need to take a more active role in delivering health care. This will help the doctors to concentrate more on addressing activities such as assessment and management of poorly differentiated symptoms.

Conclusion

Family medicine is a new specialty in Oman; it needs to be nurtured well so that not only the individuals, but also the specialty achieves global standards. This requires constant evaluation and updating of the undergraduate and postgraduate teaching and training programmes. The needs of trained family physicians also need to be identified and addressed by constant monitoring including audits and peer reviews. There should be a constant review of resource allocation so that quality primary care is provided in the most cost effective manner.

References

1. European definition of the Discipline and Speciality of General Practice/Family Medicine. From <http://www.woncaeurope.org/Definition%20GP-FM.htm>
2. Starfield B. Primary care: balancing health needs, services and technology. Oxford: Oxford University press, 1998.
3. Starfield B. New paradigms for quality in primary care. *Br J Gen Pract* 2001; 51:303-9.
4. Parchman M, Culter S. Primary care physicians and avoidable hospitalization. *J Fam Pract* 1994; 39:123-6.
5. Bates DW, Ebell M, Gotlieb E, Zapp J, Mullins HC. A proposal for electronic medical records in U.S. primary care. *J Am Med Inform Assoc* 2003; 10:110.
6. Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community. *Ann Fam Med* 2004; 2:S1-S32.
7. CanMEDS 2000: Professional Role Document. Ottawa: Royal College of Physicians and Surgeons of Canada, 2000. Available from http://rcpsc.medical.org/english/publications/roles_e.html. Accessed May 2009.