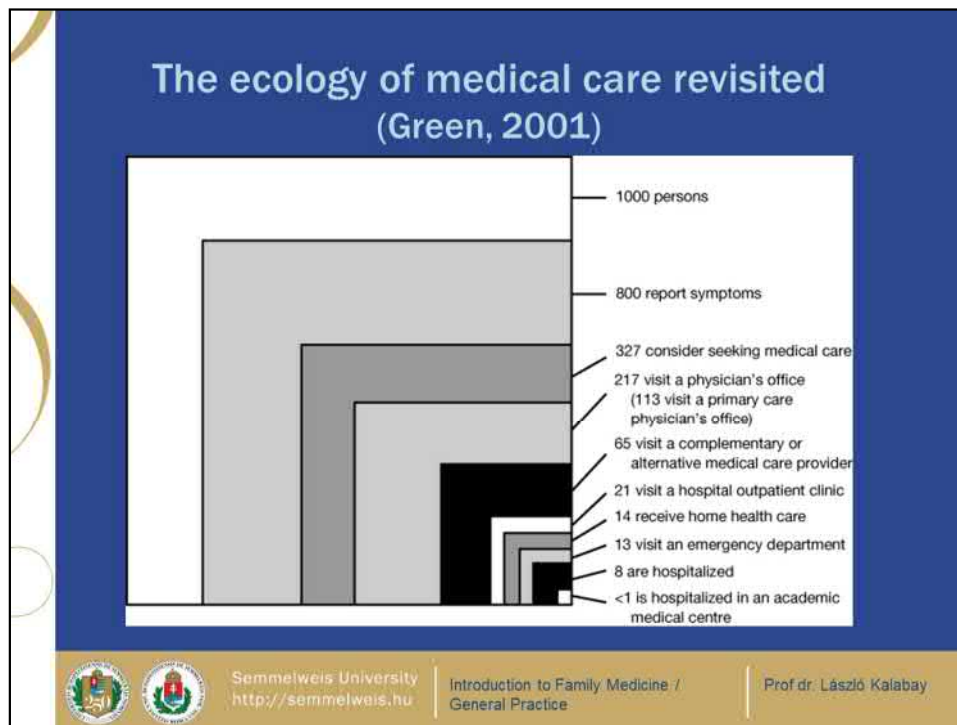


Warm welcome to students on the introductory lecture in Family Medicine! You have come from different countries with different historic, social, cultural and financial backgrounds. This lecture will show you

- the basic definition and characteristics of family medicine/primary care that are common in this discipline through the world,
- the importance and impact of family medicine,
- the history of family medicine,
- An outlook on different systems of primary care in the world,
- the European Definition and characteristics of family medicine/primary care.





If ask 1000 people in the street whether they are satisfied with their health status, 800 of them woul mention some – minor or major – complaints, however, much less of them even think of going to the doctor. Even less (cca. 21%) will do so. Depending on the system available they will turn to family doctors, outpatient services, take alternative medicine. Of course, much less of them (1%) will be hospitalized and even less be referred to university departments. Two things follow from this:

Firstly, the GP (General Practitioner/Family Doctor, well' use these two terms interchangeably) is the first contact point of the health care system.

Secondly, if you were the ministers of health in your countries, and wanted to set off a campaign against obesity, hypertension, smoking, alcoholism, depression, etc., or to promote screening for cancer, which doctor would you turn to? To the family physician. It is no point to preach against the deleterious effect of smoking to patients with COPD, asthma or lung cancer in a pulmonology ward. You have to find those who feel themselves healthy and are not aware of hazards. In other words: prevention can be done only at the level of the primary care.

Levels of Health Care

- Primary care physician**
 - ↪ A physician from whatever discipline working in a primary care setting.
- Secondary care physician**
 - ↪ A physician who has undergone a period of higher postgraduate training in an organ/disease based discipline, and who works predominantly in that discipline in a hospital setting
- Specialist**
 - ↪ A physician from whatever discipline who has undergone a higher postgraduate training

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

Health care has different levels, mainly primary and secondary (in some countries the secondary level has a subgroup with “specialists”). The statement on primary care is not exactly correct, because although one can start working in a GP’s office without a board certificate but he has to get it within a certain time period (usually within 3-4 years). The value of the board certificate of family medicine equals to those in other disciplines (e.g., internal medicine or surgery). This and the next slides show definitions of the WONCA. WONCA is the world organization of family doctors (www.globalfamilydoctor.com).



Basic definitions in general medicine

General Practitioner / Family Doctor

- ↳ Synonyms, used to describe those doctors who have undergone postgraduate training in general practice at least to the level defined in Title 4 of the Doctors' Directive.

General Practice / Family Medicine



- ↳ An academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical speciality oriented to primary care.

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof. dr. László Kalabay

Although we shall use terms “Primary Care” and “General Practice” interchangeably the former is broader. In many countries, including Hungary, primary care comprises family medicine, family pediatricians, school doctors, community nurses, occupational medicine, ambulance service, etc.

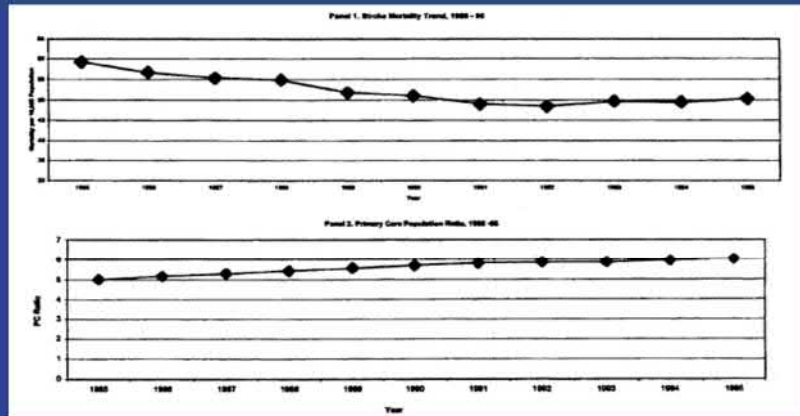
What is primary care good for?

- ↪ Barbara Starfield (Report)
- ↪ Each additional general practitioner per 10,000 population (a 15-20% increase) is associated with a decrease in mortality of about 6% (Gulliford 2002)
- ↪ The ratio of general practitioners to population was significantly associated with lower all-cause mortality, acute myocardial infarction mortality, avoidable mortality, hospital admissions (both chronic and acute), and teenage pregnancies (Gulliford 2004)

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

The following slides show you evidences of the usefulness of the primary care. Dr. Barbara Starfield was an American family physician who investigated the impact and importance of primary care. She and her followers performed studies in many countries in the world and have come to the same conclusion i.e., the introduction and development of the primary care system considerably improves the health status of the population. This was true, regardless of continents, socio-cultural and financial status of the country. Obviously, this trend will reverse with the drop in the number of GPs.

Association between stroke mortality and the number of GPs in the USA between 1985-1995



Shi L et al. Stroke 34:1958-1964. (2003)



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Association between infant mortality rate and the number of GPs in the USA between 1985-1995

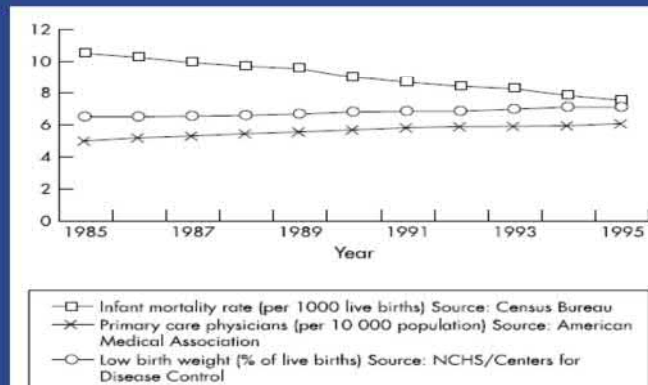


Figure 1 Infant mortality rate, low birth weight, and primary care physician supply trends, 1985–1995.

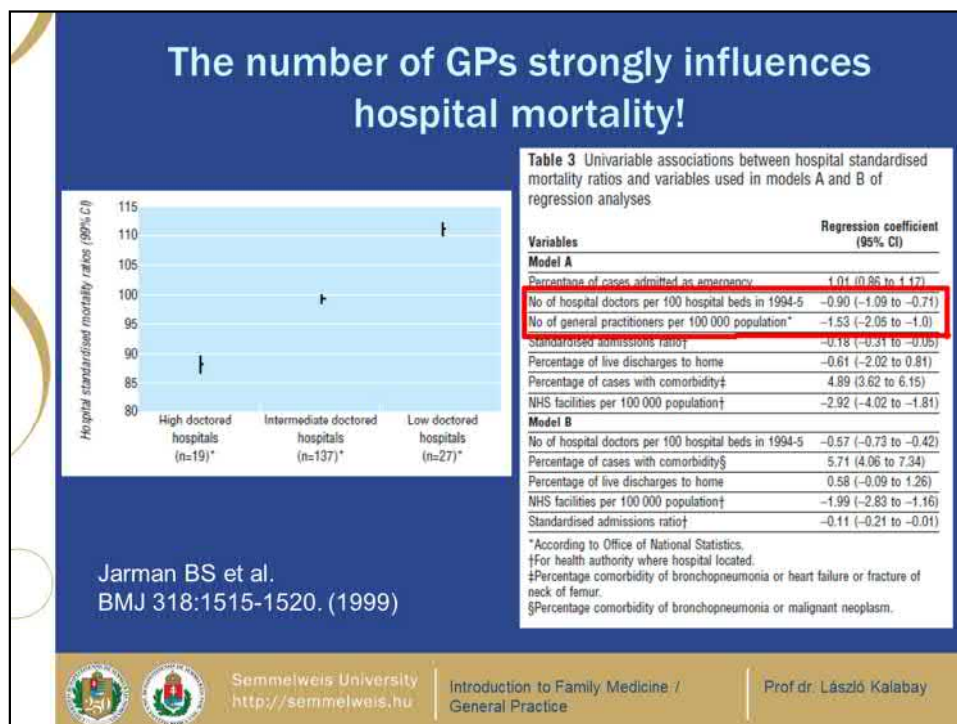
Shi L et al. J Epidemiol Community Health 58:374-380. (2004)



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay



This slide should be shown to each hospital doctor, who, for one reason or other, blames GPs.

Let's take three hospitals with different numbers of GPs in their designated referral area. The intermediate will be used as reference. Compared to the reference, the mortality will be less in the hospital with high number of GPs in its area, and the hospital mortality will be higher in low doctored areas. This is not surprising for the hospital will get not the moderate or severe hypertension but will get patients with stroke and myocardial infarction, will not get the moderate-severe diabetes but will get patients with end-stage renal disease, blindness or lower limb gangrene to amputate, it will get patients with stage III or IV cancer instead of less advanced (stages I or II), will not get patients with mild-severe depression but will get those who have committed suicide already. This is obvious. It is surprising, however that this relationship between the number of GPs and hospital mortality is stronger than that between hospital mortality and the number of doctors working in that hospital. These data underline the impact of the gate-keeper function of the GP/primary care.

In addition, malpractice occurs at each level of health care, and even those occurring at the primary care are not always made by family physicians.

↪ **The structural characteristics of primary care practices may have more of an impact on health outcomes than the mere presence of primary care physicians.**



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The organization of the primary care is even more important.

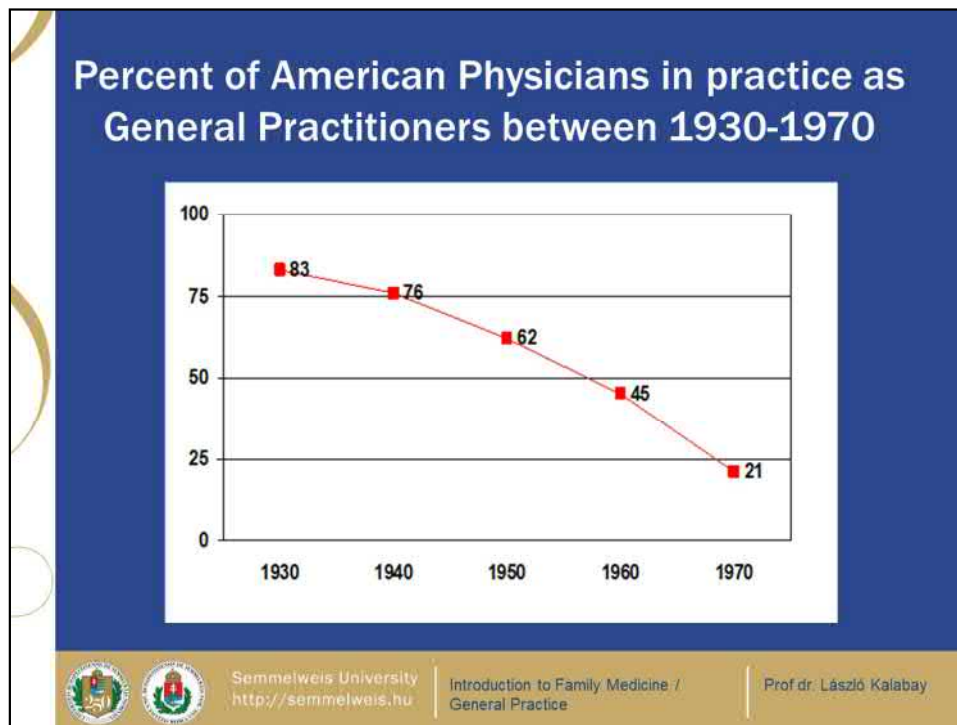
The History Family Medicine

- ↪ General Practitioner, Family Doctor, *medicus universalis*
- ↪ Should there be a doctor, who is readily available, knows and is responsible for everything
- ↪ In addition is a close friend
- ↪ The image of the „benevolent good old doctor”

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof. dr. László Kalabay

It has always been the desire of mankind to have a personal doctor to whom one can turn with any kind of complaints be asked, examined then to receive definitive treatment. We all know, however that this cannot be done in many cases because special consultations, acute referrals, ancillary laboratory or imaging tests are needed in several instances, yet this is the basic expectation. The patients do not expect the doctor to be familiar e.g., with the most recent guidelines of the treatment of the non-small cell lung cancer but they expect him to know when lung cancer is diagnosed – how to manage the patient.

Over a period of time a confidential relationship between the doctor and the patient develops.



Family medicine became a unique discipline in the USA first. The population of the New World increased at a high rate from the middle of the 19th century. America was the home of endless possibilities of enterprise establishing. A considerable portion of the doctors started to specialize and there were less and less, who worked as GPs and “did everything”. Beyond a certain degree (see 45% in the curve) this process led to the development of severe risks. Let’s take a small city where someone develops acute abdominal pain and diarrhea and goes to see dr. “A”, who is a gastroenterologist. Somebody else in the neighboring house has the same symptoms and sees dr. “B”, who is also a gastroenterologist. A third person with the same symptoms sees dr. “C” with the same specialization. And there is not a single doctor who recognizes that there is an epidemic going on! The decline of the number and ratio of primary care doctors confers severe public health hazards, as well.

The Birth of Family Practice

- ↪ 1930: Francis Peabody: fragmentation, specification ↔ GP's approach
- ↪ 1966: Family practice as a unique discipline in the USA
- ↪ 1969: American Board of Family Practice
- ↪ 2002: The definition of family practice: WHO, EURACT, WONCA/Europe



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The danger of overspecialization has been warned even in the thirties. Thus family practice was declared as a unique discipline in 1966 and one could specialize in it after three years. (In Hungary one can specialize in general medicine since 1975). The World Health Organization composed the European Definition of General Practice.

EURACT: European Academy of Teachers (in family medicine).

Extended General Practice



THE UNIVERSITY OF
WARWICK

Property of dr. J.Meads

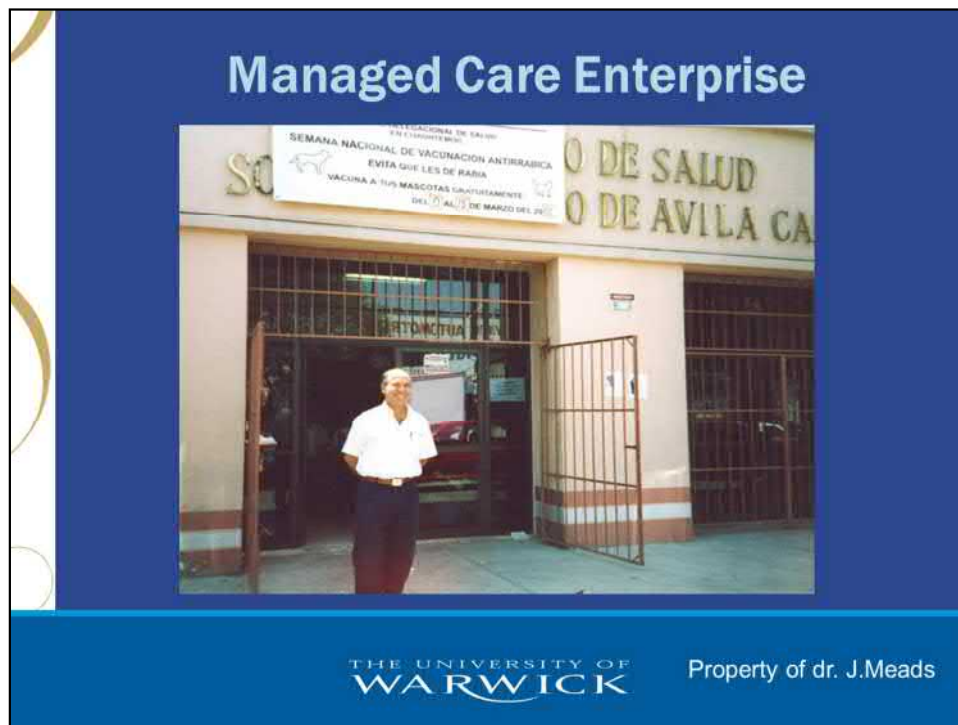
And now let's take a look on various models of primary care in the world.

This picture was taken in Portugal but it could have been taken in Finland, as well. The Finns are probably the best in the world providing extended primary care. This model far beyond the solo (one doctor, one nurse) practices. They do a lot of other things, e.g., melanoma screening, Pap smears, minor surgery, dietary consultation, physiotherapy, rehabilitation and health promotion. They also have diagnostic ultrasound, laboratory and X-ray facilities. This model ensures that only the severe and justified cases are referred to the hospital, where the diagnosis and treatment is much more expensive.

The Role of the Health Visitor in

1. An Extended General Practice

Specialist Nurse responsible for
Occupational Health, Prevention and
Environmental / Community
Development - population wide.

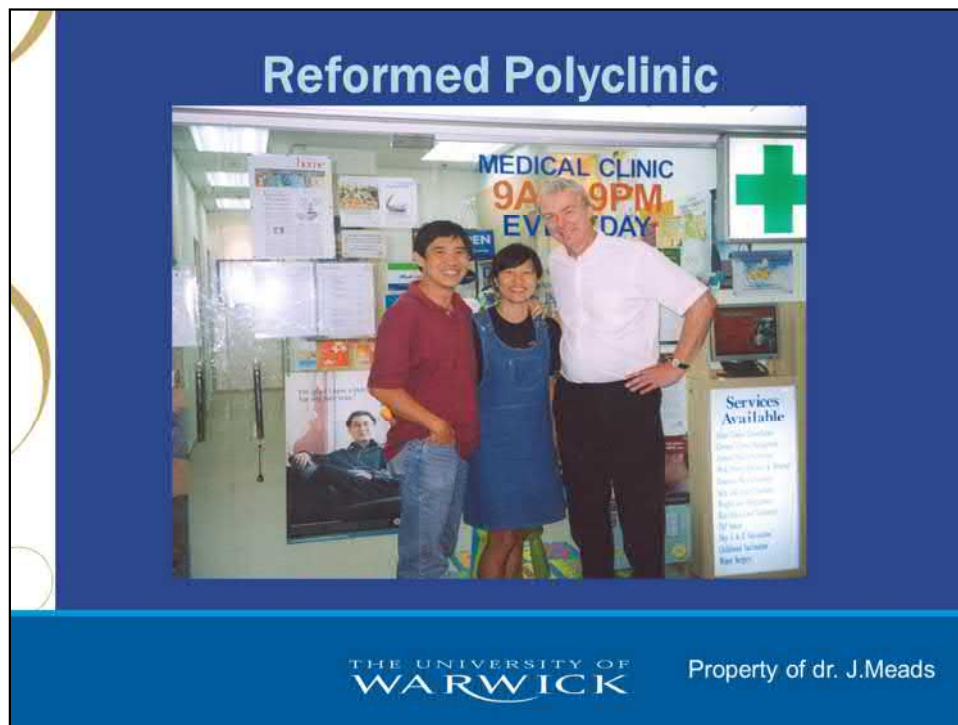


This picture was made in Mexico. There is an enterprise that vaccinates dogs and cats against rabies (for money) and provides primary care for the friable patients in order to avoid readmission to hospital. (Rabies is also spread by bats in this area.)

The Role of the Health Visitor in

2. A Managed Care Enterprise

A Sessional Worker targeting High Score DALYS Index Patients with high referral / readmission rates and administering cost-effective screening programmes.

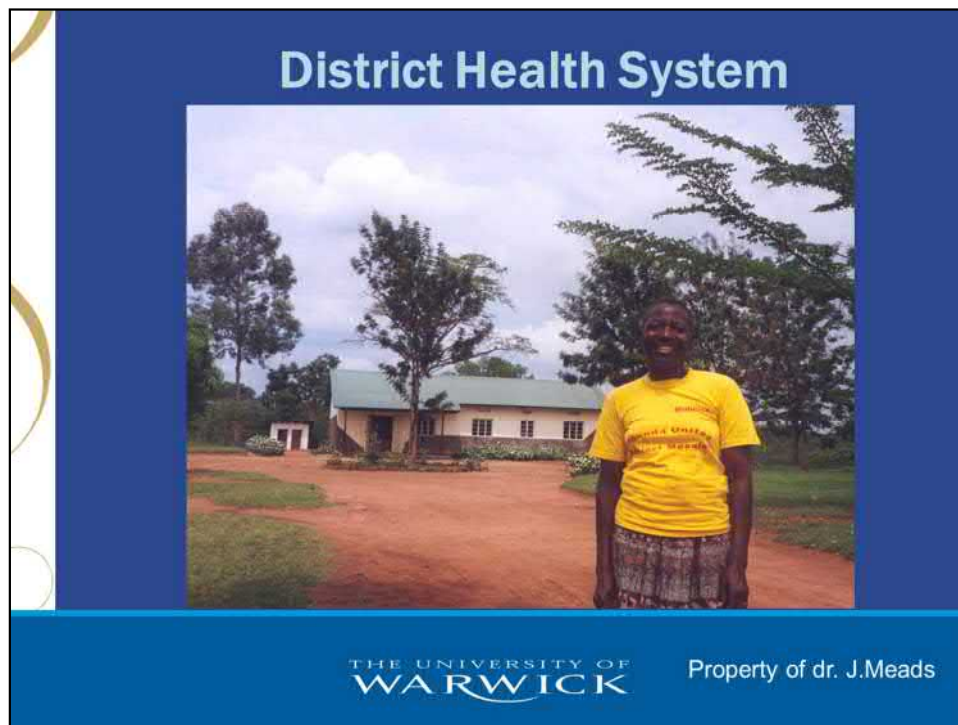


This picture was made in Vietnam but could have been made even in Hungary. This model is characteristic for the post-socialist countries. The Semaskho model, bearing the name of a minister of health in the Soviet Union forced to build huge hospitals with many beds. It turned out, however, that it was not necessary and many hospitals were changed to outpatient services including GP offices. Services were completely free in the socialist era, whereas today one has to pay for some of them (e.g., driving license extension).

The Role of the Health Visitor in

3. A Reformed Polyclinic

A clinical specialist site-based receiving direct patient referrals in relation to Clinic / Commissioning prescribed protocols and programmes for Fee for Service (e.g. inoculations).



This picture was taken somewhere in Africa. The District Nurse has been trained to recognize diseases that are common in that area (e.g., malaria) and has drugs for treating patients. She calls the doctor in case her competence is not enough for the management of patient. The doctor may either arrive by on a helicopter or airplane or the patient is sent to the hospital (charity or military). This model is exists in large, remote, scarcely inhabited areas – not only in the poor countries of Africa, but also in Australia (in the “bush”) and in the rich Canada, high up in the North, where the Eskimos live.

The Role of the Health Visitor in

4. A District Health System

Frontline Health Station Practitioner combining health promotion with acute and primary care under remote supervision of District Public Health / Medical Officer, with important local support from charities and churches.

Community Development Agency



THE UNIVERSITY OF
WARWICK

Property of dr. J.Meads

At the first glance you would not think that you see a medical team. But they are. These people can reach to and be accepted among people with very low socio-cultural state (e.g., slums). These volunteers do health education and promotion. They can also identify people at risk (alcoholism, drug abuse, sexually transmitted diseases, HIV infection, etc.) and refer them to the local doctor.

The Role of the Health Visitor in

5. Community Development Agency
Expenses only Health Care Technician undertaking 6 monthly Household Health Assessment visits with targeted 'Health Impact' follow ups by local Family Doctor and Nurse. Leader of 5 person Health Promoter Volunteer Team each responsible for one local health priority.

Franchised Outreach



THE UNIVERSITY OF
WARWICK

Property of dr. J.Meads

This is the way the patient is brought to the doctor, in countries where primary care does not exist. Social welfare and health care are not separated from each other. (I have been told that the text is South Chinese).

The Role of the Health Visitor in

6. Franchised Outreach

Outside Health Service employed on Municipal Public Health campaigns and accountable to elected Councillors. Part of Social Welfare Services.

General Practice – An Initial Approach

- ↪ Essential part of medical care in all countries.
- ↪ The GP is the first point of contact for most medical services.
- ↪ Wide range of consultations and home visits.
- ↪ GPs provide a complete spectrum of care within the local community – education, prevention, treatment.
- ↪ No other specialty offers such a wide remit of treating everything from babies and from mental illnesses to sports medicine.
- ↪ The opportunity of prevention is given only at the level of the GP.
- ↪ Most GPs are independent contractors of the national health system.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The main characteristics of primary care.

The reform of national health systems

- ↪ Changes in: demography; medical advances; health economics; patient needs and expectations
- ↪ International evidences indicate: health systems based on effective primary care with highly trained generalist physicians provide both more cost and clinically effective care
- ↪ Ever increasing importance of FM/GP



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

No money is enough for health care. Health care systems are under continuous change in order to find the way how the limited amount of money for health care can be spent as effectively as possible. Obviously, primary care is the most effective way to spend money for the health of the population.



New ways of providing and delivering health care.

It is vital that the complex and essential role of Family Doctors within health systems is fully understood within the medical profession, but also professions allied to medicine, health care planners, economists, politicians and the public.

Within Europe increased investment in FM is required to enable health systems to fulfil their potential on behalf of patients.

Investment not just in relation to human resources and infrastructure but with regard to education, research and quality assurance.

The European Definition

- ↪ Differences in the way of FM/GP organised and provided in Europe
- ↪ Medical education is governed by EU Directive 93/16 - free movement of doctors
- ↪ Training should equip with skills necessary to practice in any member state
- ↪ WONCA Europe definition of the discipline; professional tasks; core competencies




Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

This consensus statement (2002) redefines the discipline of GP/FM, the professional tasks, the core competencies required of GPs.

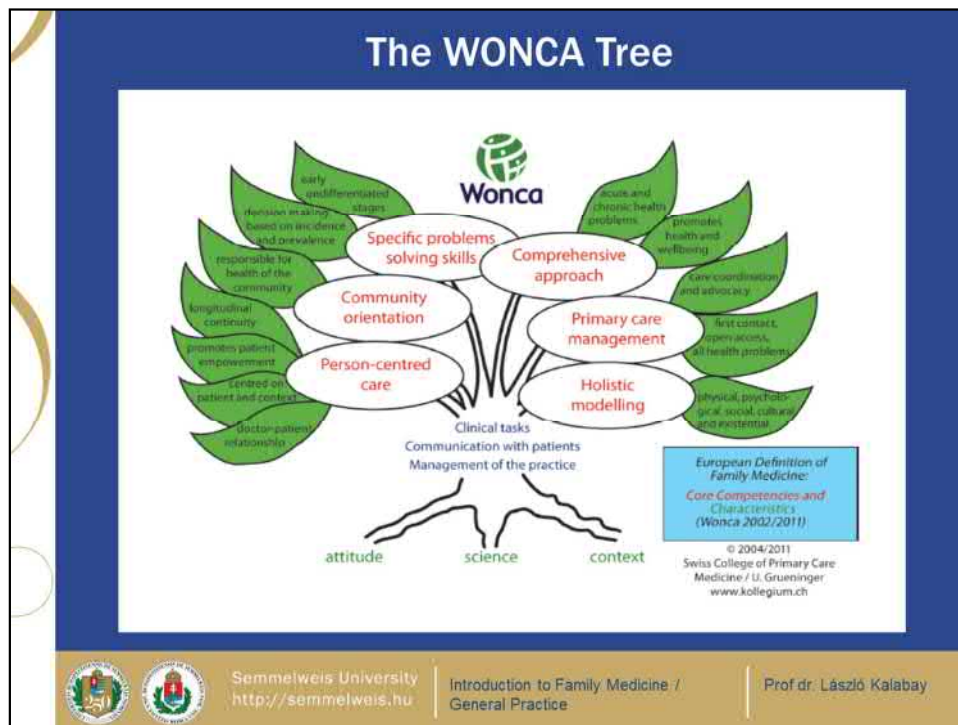
Delineates the essential elements of the academic discipline and provide an authoritative view on what family doctors in Europe should be providing in the way of services to patients, in order that patient care is of the highest quality and also cost effective.

WONCA Europe

The European Society of GP/FM, the Regional Organisation of the World Organisation of Family Doctors (WONCA).

Provides the academic and scientific leadership and representation for the discipline of Family Medicine throughout the continent.

Its main role to promote and develop the discipline.



The main elements and characteristics and their relationship are likened to the roots, trunk, branches and leaves of a tree, the WONCA tree. Parts of it, along with the European Definition of Primary Care are discussed on the oncoming slides.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The Three Components of the European Definition

- I. A description of the characteristics of the discipline (11)
- II. Description of the role of the GP
- III. List of core competencies (6), implementation areas (3) and fundamental features (3)

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

The three components of the European Definition of Primary Care.

I/1. The Characteristics of the Discipline

- a) *Is normally the point of first medical contact within the health care system, providing open and unlimited access to its users, dealing with all health problems regardless of age, sex, or any other characteristic of the person concerned.*



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Except for some circumstances, e.g. major trauma. There should be no barriers to access, doctors should deal with all types of patients.

I/2. The Characteristics of the Discipline

- b) Makes efficient use of health care resources through co-ordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialities taking an advocacy role for the patients when needed.***



Semmelweis University
<http://semmelweis.hu>



Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The key feature of the cost-effectiveness of good quality primary care is to ensure that patients see the most appropriate health care professional for their particular problem.

I/3. The Characteristics of the Discipline

c) Develops a person-centered approach, oriented to the individual, his/her family, and their community.

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof. dr. László Kalabay

The key feature of the cost-effectiveness of good quality primary care is to ensure that patients see the most appropriate health care professional for their particular problem.

I/4. The Characteristics of the Discipline

- d) *Has a unique consultation process, which establishes a relationship over time, through the effective communication between doctor and patient.***



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Each contact contributes to an evolving story, and each individual consultation can draw on this prior shared experience.

I/5. The Characteristics of the Discipline

- e) *Is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient.*



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The approach must be constant from birth (and sometimes before) and death (and sometimes afterwards). Health care is provided throughout the 24 hour, commissioning and coordinating such care when they are unable to provide it personally.

I/6. The Characteristics of the Discipline

- f) *Has a specific decision-making process determined by the prevalence and incidence of illness in the community.*



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Problems are presented to family doctors in the community in a very different way from the presentations in secondary care. The prevalence and incidence of serious diseases presents less frequently. Reassurance is a common task, following exclusion of such illness.

I/7. The Characteristics of the Discipline

g) Manages simultaneously both acute and chronic health problems of individual patients.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Family Medicine must deal with all of the health problems of the individual patient. A hierarchical management of the problems should be set up, which takes account of both the patient's and the doctor's priorities.

1/8. The Characteristics of the Discipline

h) Manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention.



Semmelweis University
<http://semmelweis.hu>



Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

It is difficult to make the Dx at early stage. Important decisions have to be made on basis of limited information. Early signs are often non-specific. Thus risk management is a key feature of the discipline.

I/9. The Characteristics of the Discipline

i) Promotes health and well being both by appropriate and effective intervention.

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

Intervention must be based on sound evidence whenever possible. When none is required it may cause harm and wastes valuable health care resources.

I/10. The Characteristics of the Discipline

j) Has a specific responsibility for the health of the community.

Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

On occasions this will produce a tension and can lead to conflicts of interest, which must be appropriately managed.

I/11. The Characteristics of the Discipline

k) Deals with health problems in their physical, social, cultural and existential dimensions.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The discipline has to recognise all these dimensions simultaneously, and to give appropriate weight to each. Illness behaviour and patterns of disease are varied by many of these issues and much unhappiness is caused by interventions which do not address the root cause of the problem of the patient.

II. The Speciality of General Practice / Family Medicine 1

General Practitioners:

- ↪ Are specialist physicians trained in the principles of the discipline.
- ↪ Are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness.
- ↪ Care for individuals in the context of their family, their community and their culture, always respecting the autonomy of their patients.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

A definition of the discipline and of the specialist family doctor must lead directly to the core competencies of GP/FD. Core means essential to the discipline, irrespective of the health care system in which they are applied. The 11 central characteristics that define the discipline relate to 11 abilities that every specialist family doctor should master. They can be clustered into six core competencies.

II. The Speciality of General Practice / Family Medicine 2

General Practitioners:

- ↪ Recognise they also have a professional responsibility to their community.
- ↪ In negotiating management plans with their patients they integrate physical, psychological, social, cultural, and existential factors, utilising the knowledge and trust engendered by repeated contacts.
- ↪ Exercise their professional role by promoting health, preventing disease and providing cure, care or palliation.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

A definition of the discipline and of the specialist family doctor must lead directly to the core competencies of GP/FD. Core means essential to the discipline, irrespective of the health care system in which they are applied. The 11 central characteristics that define the discipline relate to 11 abilities that every specialist family doctor should master. They can be clustered into six core competencies.

This should guide and be reflected in the development of related agendas for teaching, research and quality improvement.

II. The Speciality of General Practice / Family Medicine 3

General Practitioners:

- ↪ This is done either directly or through the services of others according to their health needs and resources available within the community they serve, assisting patients where necessary in accessing these services.
- ↪ Must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

A definition of the discipline and of the specialist family doctor must lead directly to the core competencies of GP/FD. Core means essential to the discipline, irrespective of the health care system in which they are applied. The 11 central characteristics that define the discipline relate to 11 abilities that every specialist family doctor should master. They can be clustered into six core competencies. This should guide and be reflected in the development of related agendas for teaching, research and quality improvement.

III. The Core Competencies of the GP/FM

1. Primary care management
2. Person-centred care
3. Specific problem solving skills
4. Comprehensive approach
5. Community orientation
6. Holistic modelling

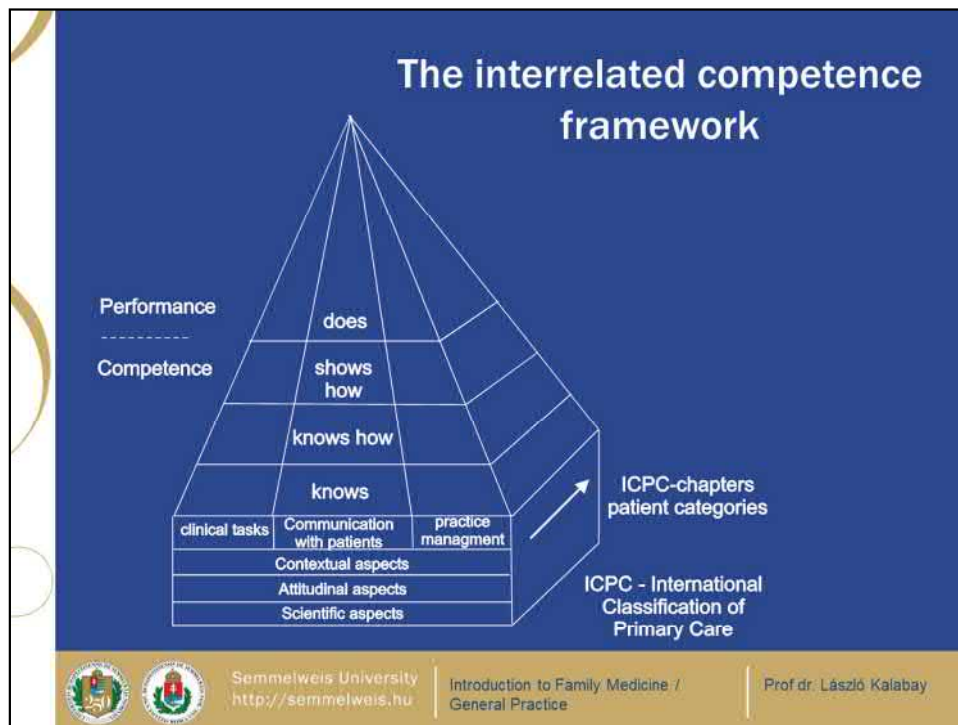


Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The core competencies of the GP/FM.



There should be a clear border of the GP's competencies: what he is supposed to do, to know or know about.

III/1. Primary Care Management Abilities

- ↪ to manage primary contact with patients, dealing with unselected problems
- ↪ to cover the full range of health conditions
- ↪ to co-ordinate care with other professionals
- ↪ to master effective and appropriate care provision and health service utilisation
- ↪ to make available to the patient the appropriate services within the health care system
- ↪ to act as advocate for the patient

Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
 General Practice

Prof dr. László Kalabay

Point of first medical contact except major trauma. Essential and the first resource.

Providing open and unlimited access to its users - should be no barriers to access.

Dealing with all type of health problems regardless of the age, sex, or any other characteristics of the person concerned

GP should deal with all types of patients.

Makes efficient use of health care resources through co-ordinating care, working with other professionals in the primary care setting. This co-ordinating role is a key feature of the cost-effectiveness of good quality of primary care - ensuring that pt. see the most appropriate health care professional for their particular problem. Developing team work around the patient if the structural conditions allow.

Managing the interface with other specialities taking an advocacy role for the patient when needed protecting pt. from the harm of unnecessary screening, testing, and treatment, and also guiding them through the complexities of the health care system.

III/2. Abilities of Providing Person-Centred Care

- ↙ to adopt a person-centred approach in dealing with patients and problems in the context of patient's circumstances
- ↙ to apply the GP 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 provide longitudinal continuity of care as determined by the needs of the patient, referring to continuing and co-ordinated care management



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

The abilities of providing person-centred care

III/3. Specific Problem Solving Skills 1

- ↳ 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



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Problems are presented to GPs in the community in a very different way from the presentations in secondary care. The prevalence and incidence of illnesses is different from that which appears in a hospital setting and serious disease presents less frequently, because there is no prior selection.

This requires a specific probability-based decision making process which is informed by a knowledge of patients and the community.

Frequently the GP has to reassure those with anxieties about illness having first determined that such illness is not present.

Many of the problems presented to the GP have no basis in pathology, no biomedical cause for the distress that is presented by the patient, and it is important to know when to stop investigating whilst continuing to care.

III/3. Specific Problem Solving Skills 2

- ↪ to adopt appropriate working principles e.g. incremental investigation, using time as a tool, and to tolerate uncertainty
- ↪ to intervene urgently when necessary
- ↪ to manage conditions which may present early and undifferentiated way
- ↪ to make effective and efficient use of diagnostic and therapeutic interventions



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GP manages illness which presents in an undifferentiated way at an early stage in its development, which may require urgent intervention.

The patient often comes at the onset of symptoms, and it is difficult to make a diagnosis at this early stage. That means that important decisions have to be taken on the basis of limited information, and the predictive value of clinical examination and tests is less certain.

Early signs are often non-specific and common to a lot of diseases.

Having excluded an immediately serious outcome, the decision may well be to await further developments and review later.

The result of a single consultation often stays on the level of one or several symptoms, sometimes an idea of a disease, rarely a full diagnosis.

III/4. Comprehensive Approach Abilities

- ↪ 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

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

GP manages simultaneously both acute and chronic health problems of individual patients. He cannot limit to the management of the presenting illness alone, often have to manage multiple problems.

The patient often consults for several complaints, the number increasing with age. The simultaneous response to several demands renders necessary a hierarchical management of the problems which takes account of both the patients' and the doctor's priorities.

Interventions must be appropriate, effective and based on sound evidence whenever possible.

Intervention when none is required may cause harm, and wastes valuable health care resources.



III/5-6. Community Orientation and Holistic Modelling Abilities

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

Holistic modelling includes the ability:

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

  Semmelweis University
<http://semmelweis.hu> Introduction to Family Medicine /
General Practice Prof dr. László Kalabay

The GP has a specific responsibility both to the individual patient and to the health of the wider community in dealing with health care issues. On occasions this will produce a tension and can lead to conflicts of interest, which must be appropriately managed.

Maximise equitable distribution of services to all members of society.

The GP deals with health problems in their physical, psychological, social, cultural and existential dimensions.

Recognise all these dimensions simultaneously, and give appropriate weight to each. Illness behaviour and patterns of disease are varied by many of these issues and much unhappiness is caused by interventions which do not address the root cause of the problem for the patient.

As a person-centred scientific discipline, three background features should be considered as fundamental:

- a) **Contextual:** using the context of the person, the family, the community and their culture
- b) **Attitudinal:** based on the doctor's professional capabilities, values and ethics
- c) **Scientific:** adopting a critical and research based on approach to practice and maintaining this through continuing learning and quality improvement.



Semmelweis University
<http://semmelweis.hu>



Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

This is the root of the WONCA tree

To practice the speciality, the competent practitioner implements these competencies in three important areas:

- a) Clinical tasks**
- b) Communication with patients and**
- c) Management of practice**

  Semmelweis University
<http://semmelweis.hu> | Introduction to Family Medicine /
General Practice | Prof dr. László Kalabay

This is the trunk of the WONCA tree.

GMC for GPs - Good clinical care 1

| | |
|--------------------------------|---|
| <i>The excellent GP</i> | <i>The unacceptable GP</i> <ul style="list-style-type: none">•Has limited competence, and is unaware of where his or her competence lie•Consistently ignores, interrupts or contradicts his or her patients•Fails to elicit important parts of the history•Is unable to discuss sensitive and personal matters with patients•Fails to use the medical records as a source of information about past events•Fails to examine patients when needed•Undertakes inappropriate, cursory, or inadequate examinations |
|--------------------------------|---|

  Semmelweis University <http://semmelweis.hu> | Introduction to Family Medicine / General Practice | Prof dr. László Kalabay

This and the next slides summarize the negative characteristics, attitudes and practices of the GP. These should be avoided.

GMP for GPs - Good clinical care 2

The excellent GP

The unacceptable GP

- Does not possess or fails to use appropriate diagnostic and treatment equipment
- Consistently undertakes inappropriate investigations
- Show little evidence of a coherent or rational approach to diagnosis
- Draws illogical conclusions from the information available
- Gives treatments that are inconsistent with best practice or evidence
- Has no way of organising care for long-term problems or for prevention



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Keeping records and keeping colleagues informed

The excellent GP

The unacceptable GP

- Keeps records which are incomplete or illegible, and contain inaccurate details or gratuitously derogatory remarks
- Does not keep records confidential
- Does not take account of colleagues' legitimate need for information
- Keeps records that cannot readily be followed by another doctor
- Consistently consults without records
- Omits important information from a report which he or she has agreed to provide, or includes untruthful information in such a report.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Access, availability and providing care out of hours

The excellent GP

The unacceptable GP

- Has very restricted opening hours
- Does not have adequate arrangements for patients to contact the practice by phone
- Provides no opportunity for patients to talk to a doctor or a nurse on the phone
- Cannot be contacted when on duty, takes a long time to respond to calls, or does not take rapid action in an emergency situation
- Has no system for transferring information about out-of-hours consultations to the patient's usual doctor
- Does not follow up relevant information about his or her patients that has been provided by another health professional.



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Relationship with patients, avoiding discrimination 1

The excellent GP

The unacceptable GP

- Ignores the patient's best interests when deciding about treatment or referral
- Consistently ignores, interrupts, or contradicts his or her patients
- Is careless of the patient's dignity, and assumes his or her willingness to submit to examination without seeking permission
- Makes little effort to ensure that patient has understood his or her condition, its treatment, and prognosis
- Is careless with confidential information
- Fails to obtain patients' consent to treatment



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Relationship with patients, avoiding discrimination 2

The excellent GP

The unacceptable GP

- Has inappropriate financial or personal relationships with patients
- Provides better care to some patients than others as a result of his or her own prejudice
- Pressurises patients to act in line with his or her own beliefs and values
- Refuses to register certain categories of patients, such as the homeless, the severely mentally ill, or those with problems or substance or alcohol misuse



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Working with colleagues, with practice team and referrals 1

The excellent GP

The unacceptable GP

- Does not attempt to meet members of the primary care team (e.g. district nurses, health visitors), or even know who they are
- Does not know how to contact primary care team members
- Does not know what skills team members have
- Delegates tasks to other members of the team for which they do not have appropriate skills
- Does not encourage staff to develop new skills and responsibilities



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

GMC for GPs – Working with colleagues, with practice team and referrals 2

The excellent GP

The unacceptable GP

- Does not refer patients when specialist care is necessary
- Consistently dismisses patients' request for a second opinion
- Consistently refers patients for care which would normally be regarded as part of general practice
- Does not provide information in a referral that enables the specialist to give appropriate care



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Give me a doctor ... 1

*Give me a doctor, partridge plump
Short in the leg and broad in the rump
An endomorph with gentle hands
Who'll never make absurd demands
That I abandon all my vices,
Nor pull a long face in a crisis,
But with a twinkle in his eye
Will tell me that I have to die.*

WH Auden



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Will you chose this doctor as yours?

Give me a doctor (?) ... 2

*Give me a doctor, underweight,
Computerised and up-to-date,
A businessman who understands
Accountancy and target bands,
Who demonstrates sincere devotion
To audit and health promotion -
But when my outlook's for the worse
Refers me to the Practice Nurse.*

Marie Campkin



Semmelweis University
<http://semmelweis.hu>

Introduction to Family Medicine /
General Practice

Prof dr. László Kalabay

Or will you register to him as a patient?



Thank you for your attention.

Finally please watch a short video: Norvég videó.mp4.