INTRODUCTION TO FAMILY MEDICINE / GENERAL PRACTICE

László Kalabay MD PhD

Department of Family Medicine
Faculty of Medicine
Semmelweis University

Levels of Health Care

Primary care physician

- A physician from whatever discipline working in a primary care setting

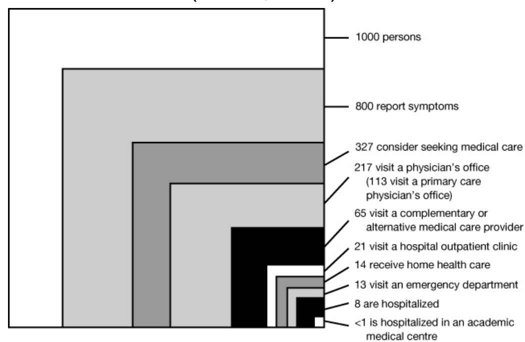
Secondary care physician

- 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

The ecology of medical care revisited
(Green, 2001)



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.

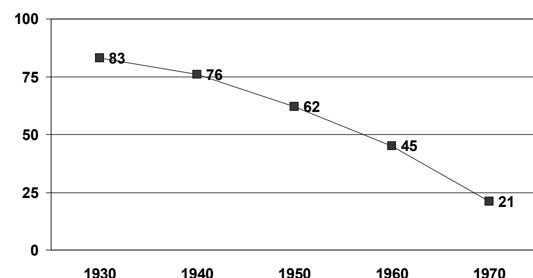
General Practice / Family Medicine

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

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
- I addition is a close friend
- The image of the „benevolent good old doctor"

Percent of American Physicians in practice as General Practitioners, 1930-1970



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

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 speciality 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 GP.
- Most GPs are independent contractors of the national health system.

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

„Old" and „new" models of general practice

Old		New
Personal & continuity of care	→	Rapid access to care
The GP is the main provider	→	GP as a member of a multi-disciplinary team
National contract	→	Local contract
Practice providing all care	→	Some „non-care" services provided elsewhere

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

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)

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.*

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.*

I/3. The Characteristics of the Discipline

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

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.*

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.*

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.*

I/7. The Characteristics of the Discipline

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

I/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.*

I/9. The Characteristics of the Discipline

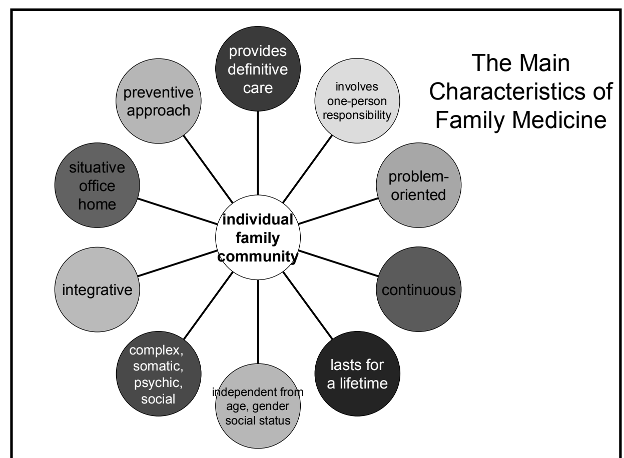
i) *Promotes health and well being both by appropriate and effective intervention.*

I/10. The Characteristics of the Discipline

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

I/11. The Characteristics of the Discipline

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



II. The Speciality of General Practice / Family Medicine 1

General Practitioners are:

- 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.

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.

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.

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

The interrelated competence framework

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

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

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

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

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

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

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

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.

Something about learning new skills, acquiring and applying knowledge!

Working in teams 1

Describe your home country's primary care provision

- Participants – GPs and other specialists working in primary care
- Curriculum duration and settings for GP trainees
- Primary care team members (e.g. midwife, health visitor, practice nurse, district nurse, social worker, psychiatry nurse, practice manager, receptionist staff) group practice or solo GP
- Employed GP or independent contractor to the insurance company, or private doctor (?%), how many patients on list
- Daily activity of GPs: consulting, home visits, out of hours duty

Working in teams 2

Create the GP job description/ Good Medical Practice for GPs

- Standpoints:
  - Components of clinical care provided by GPs
  - Access, availability and providing care out of hours, dealing with emergencies
  - Keeping records, keeping colleagues informed, referring patients
  - Working with colleagues and in teams
  - Relationships with patients - maintaining trust
  - Avoiding discrimination and prejudice

GMC for GPs - Good Clinical Care 1

The excellent GP	*The unacceptable GP*
	•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

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

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.

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.

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

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

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

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

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

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