



UNIVERSITY OF HEALTH SCIENCES LAHORE

# **Family Medicine in Pakistan Assessment and Recommendations**

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## Executive Summary

Pakistan is a developing country with a population of 188 million people, consisting of four provinces and federally administered areas. Each province is administratively subdivided in to 'Divisions' and 'Districts'. There are 27 divisions, 111 districts and 768 Tehsil. By population 'Punjab' is the largest province of Pakistan having 36 districts. The total population of Pakistan is estimated to be 188 million with 1.95 percent growth rate.

The healthcare system of Pakistan is multi tiered and fragmented with a substantial difference in urban and rural health care. The public primary healthcare infrastructure in Pakistan is fairly good, with 5527 basic health units, 722 rural health centres and over 100 000 lady health workers providing basic primary health care services across the country.

Despite of a wide health infrastructure, health system has not been able to deliver the quality care to its population. Economic under-development, political instability, low literacy, ignoring primary health care, lack of quality in education and minimal health budgets have all played their role in the poor delivery of health care especially to under privileged and rural inhabitants 80% of the population pays out of its pocket to get the healthcare through private health care providers.

Pakistan is one of the three remaining countries with endemic polio and the sixth highest with burden of tuberculosis. Major causes of the high neonatal, infant and under-5 mortality rates include malnutrition, diarrhoea, acute respiratory illness and other communicable and vaccine preventable diseases. Non-communicable diseases such as cardiovascular problems, diabetes, cancer and mental disorders are also on the rise, with more than 24.3% of people above 18 year being hypertensive, 25% of people over 40 years having coronary heart disease, 10% of adults suffering from diabetes, 34% from depressive disorders (with rates in women being twice as high as men) and 2.5% are disabled.

Our health system cannot be improved without improving primary health care which in turn cant not be made better without strengthening and modernizing Family Medicine that deals with the direct delivery of primary health care to the individuals, families and the community .There is an enormous and urgent need to focus on the education and training of not only the existing family practitioners but also to produce competent family physicians for our future generations to give them a better quality of health care.

## Overview of Health care infrastructure in Pakistan

The total number of health care facilities has increased twelve fold since Pakistan's inception but they have been unable to cope with the challenges of rising population and increasing burden of diseases. Following is a glimpse of the health care infrastructure in the country.

1, 67,759	Doctors
86,183	Nurses
13,716	Dentists
23,985	Midwives (2006)
12,645	Total health facilities (2006)
5527	BHU
5310	Dispensaries
1096	Hospitals
905	MCH centres (2006)
722	RHC
293	Tuberculosis Clinic
88	Tehsil Headquarters Hospitals THQs (Punjab)
34	District Headquarter Hospitals DHQs (Punjab)
23	Teaching/ tertiary Care Hospitals (Punjab)
92	medical colleges
40	Dental Colleges

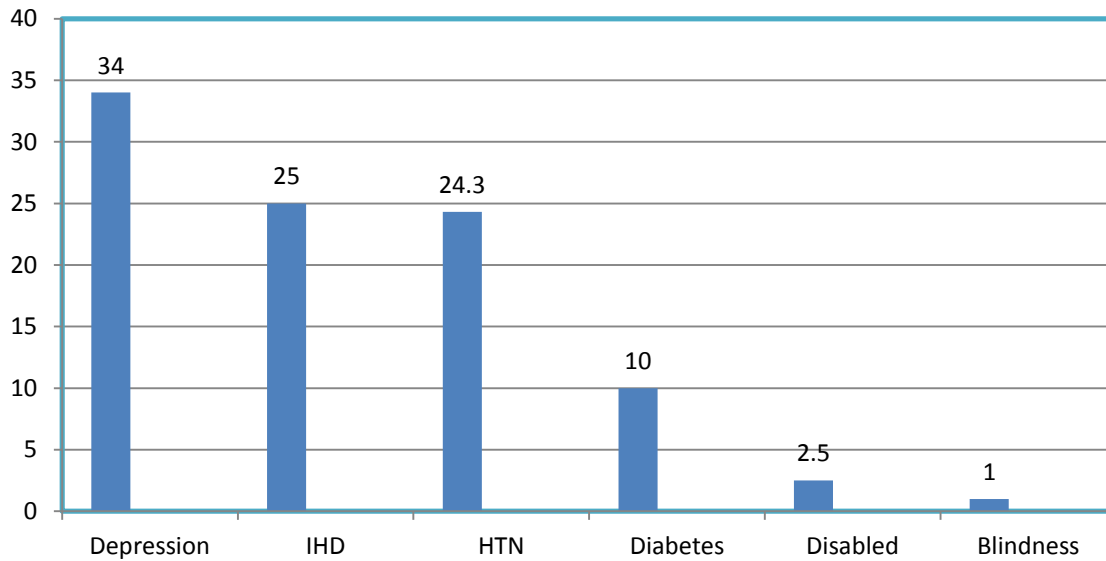
Three quarter of Pakistani population has to seek private health care providers for provision of health. Primary health care is mainly delivered through BHU and RHC in public sector and through private clinics/dispensaries in private sector. According to Pakistan social and living standards survey in 2006, below is the percentage distribution of health consultations in the private vs. public hospital and dispensaries.

Type of health facility	Urban	Rural	Overall
Private hospital / Dispensary	79.80	75.9	71.2
Public Hospital/ Dispensaries	20.99	24.1	22.8

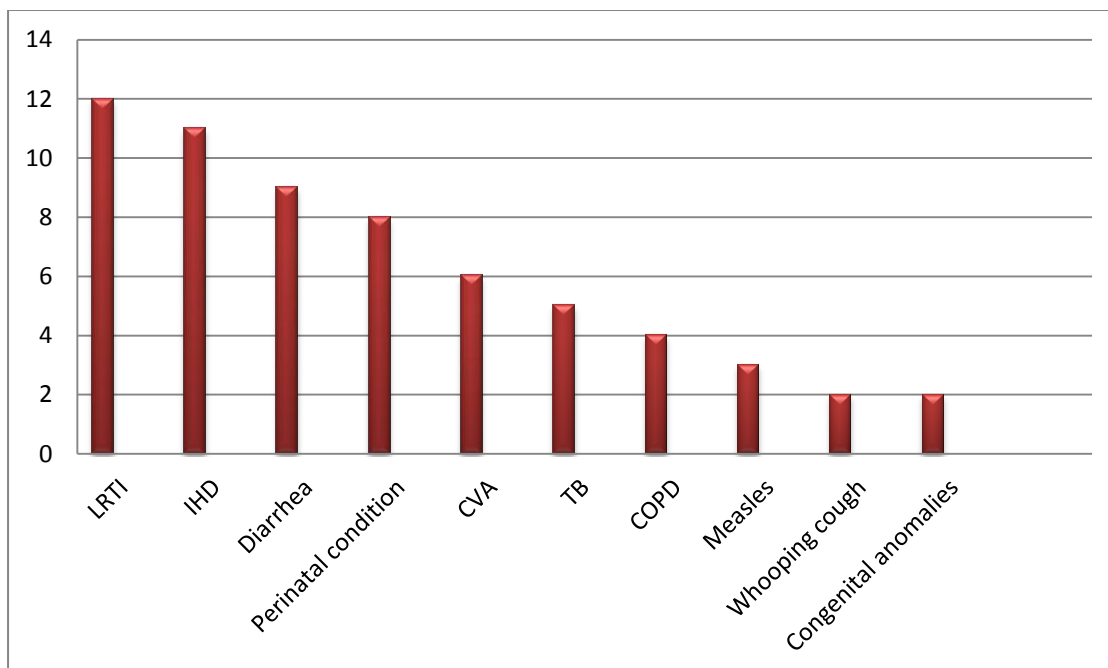
## Burden of Diseases in Pakistan

The first burden of disease report was published in year 2000. The data shows that non-communicable diseases have almost doubled in last two decades, though there is some improvement in control of communicable diseases apart from polio.

### Non-Communicable diseases in Pakistan (WHO statistics)



### Top Ten Causes of Deaths in Pakistan (WHO statistics)



## Family Medicine in Pakistan

### What is Family Medicine?

*Family Medicine is the heart of primary care.* It is the point of first contact which provides care in preventive, therapeutic, palliative and rehabilitative services. It is also called General Practice in Europe where it is one of the most competitive and highly paid specialities, providing 80% of the health care needs of the population. Family physicians are trained to care for the majority of common health problems in a holistic way, recognize their limitations and make referral to specialists or for hospitalization when indicated.

### Institutions and Organizations involved in delivery of Family Medicine in Pakistan

Following is the detail of institutions and organizations involved in the delivery of Family Medicine in Pakistan:

#### 1-Agha Khan University

In Pakistan, AKU is the pioneer institution in establishing a structured training programme in Family Medicine. The residency programme was established in 1989 and department has made enormous progress especially in the area of research in primary care but the number of trained family physicians through structured training programme have not crossed into three figures despite all the efforts in last 2 decades.

#### 2-College of Family Medicine Karachi

In 1969, the Executive committee of the Pakistan Medical Association appointed a steering committee with directive to establish a college of general practitioners. The college was officially established on 15<sup>th</sup> of February 1972 and was also recognized by WONCA in the same year. At present, the college chapters are at Peshawar, Lahore, Hyderabad, Matli and Islamabad. College offers courses for MRCGP (Int), MCPS, FCPS and also organizes CME programmes for GPs.

The college has played a limited role so far in the development of Family Medicine due to various reasons and has not been able to meet the challenges which are faced by primary health care system in the area of General Practice.

#### 3-Dow University of Health Sciences

The Dow University of Health Sciences (DUHS) has established a Family Medicine School by the name of Pakistan College of General Practitioners (PCGP) Karachi dedicated to Primary Care training, education and research in the country. It offers a 2 year post graduate residency training programme in Family Medicine which is recognized by PMDC and involves training at the community clinics and rotations through speciality clinics and Civil Hospital Karachi.

#### 4-College of physicians and Surgeons (CPSP)

CPSP is offering FCPS in Family Medicine which is a four years structured training programme and also MCPS which is equivalent to level 2 diplomas but the intake of students has been low especially in FCPS. Fatima Memorial Hospital is the only recognized institute of training of Family Medicine in Lahore but is under staffed and currently only one trainee enrolled for FCPS in Family Medicine.

#### 5-GP organizations

First Academy of Family Physicians was started in Lahore by late Dr. Bashir Malik more than 25 years ago. It has now been fragmented into 4 following groups:

1-Association of Pakistani Family Physicians

(Also known as Academy of Family Physicians- Chaired by Dr. Tariq Mian)

2-Pakistan Society of Family Physicians (Chaired by Dr. Tariq Aziz)

3-Family Medicine Education Centre (Chaired by Dr. Shahid Shahab in collaboration with Pakistan Medical Association)

4-Pakistan Academy of Family Physicians (Chaired by Dr. Aftab Cheema)

All these organizations are actively involved in organizing CME programmes especially in Lahore and conducting conferences with pharmaceutical support

#### 6-UHS

In 2007, HEC appointed an Australian medical educationist, Professor John Biggs, for review of status of Family Medicine in Pakistan. A steering committee of Family Medicine was formed at UHS under the guidance of Professor Biggs, consisting of 16 members with representatives from all the family medicine organizations. This committee developed two post graduation programmes for Family Physicians .i.e., 2 year diploma and 4 year MD programme. The department of Family Medicine was recently established at UHS on 18<sup>th</sup> of November, 2014, to play a role in primary care research, clinical education and training.

## What should be done for Family Medicine?

Primary health care system can't be improved without improving the status of Family Medicine in Pakistan which in turn needs to be addressed at following 6 levels in order to bring a change.

1. Undergraduates
2. Post graduates
3. CPD for rural and urban GPs
4. Private general practices
5. Standards of Care in General Practice
6. Integration of health care services

### 1-Undergraduates

PMDC has recently announced to incorporate Family Medicine as an essential subject for final year students and it has also made compulsory for the medical schools to establish departments of Family Medicine. To achieve the real potential of this decision, there is enormous need of faculty development at medical colleges who can teach and train medical students in the discipline of Family Medicine. Medical Students need to have regular attachments at BHU and RHC to see the essential role of family physicians in the delivery of primary health care.

### 2-Postgraduates

At present, the young doctors are not attracted to Family Medicine due to lack of paid training posts, decreased awareness, poor job perspective and training requirement in hard areas. The problem can only be solved through a holistic team approach by involving all the stakeholders to develop a working strategy to attract more fresh graduates to become primary care physicians and to provide them enough incentives, so that they can consider it worth doing. There needs to be one standard Family Medicine structured training programme similar to MRCGP in UK to bring a harmony in the existing post graduate training programmes offered by various institutions.

### 3-CPD and Training for Urban and Rural GPs

Short courses and workshops should be offered to urban and rural GPs in areas of:

- Immunization
- Contraception
- Research in General Practice
- Child health surveillance
- Minor surgery and dermatology in primary care
- Spirometry and Asthma / COPD management
- Cardiology in primary care
- Radiology (CXR, MRI and CT scan)



#### 4-Private General Practices

In order to develop and improve private general practice, the steps to be taken are:

- 1-Mapping of the practices by a survey
- 2-Designing and implementation of minimum Standards of Care in General Practice
- 3-Training and revalidation
- 4-Integration of services
- 5-Regulations for quackery
- 6-Incentives to meet the quality indicators which may include nominating teaching practices, faculty positions, consortia development, practice up gradation and capacity development.

#### 5-Standards of care in General Practice

Currently, the standards in General Practice in Pakistan are not up to the mark at all.90% prescriptions of GP doctors consist of branded expensive medicine and almost similar percentage of prescriptions is substandard. There are more than 13 injections that an adult receives in one year in Pakistan as compared to WHO standard which is not more than 3 injections per year. There are 3.32 medicines on average per prescription which should not be more than two per prescription.

Standards of care in General Practice can range from basic to advanced levels and practices can be given incentives on achieving the higher levels, similar to Quality and Outcome Framework (QOF) in United Kingdom. One example of step ladder approach in obtaining levels is given below:

Level 1	Level 2	Level 3	Level 4	Level 5
<b>Wheel chair access</b>	<b>Emergency facilities</b>	<b>Electronic prescription</b>	<b>Patient Data</b>	<b>Electronic referral</b>

#### 6-Integration of Health Care Services

In order to meet the challenges of 21<sup>st</sup> century, primary care needs to be modernized not only in terms of quantity of services but also by quality of health care which can only be produced through an honest and professional team work. Integration must not only be accomplished vertically at primary, secondary and tertiary health care levels but also horizontally to inter link various programmes such as Lady health worker programme, Malaria control programme, Tuberculosis and HIV /AIDS control programme ,National maternal and child health programme ,Expanded programme on immunization and Prime Minister programme for prevention and control of hepatitis.

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## Recommendations

Given the current situation, there is much that needs to be done, possibly in every domain of the primary healthcare. There is a dire need for aggressive interventions to strengthen and integrate the primary health care services. Following are the recommendations that can be adopted for the renaissance of Family Medicine and Primary Care in Pakistan.

- 1) To put the interest of patient in the centre of the health care system by giving them more autonomy, education and professional services
- 2) To shift the focus of health care strategy from tertiary care to preventive and primary care through increased budget allocation and better funding with an emphasis on self reliance.
- 3) To improve the standards of General Practice in public and private sector through education, training and clinical governance with a special focus on basic health units and rural health centres
- 4) To incorporate Family Medicine in undergraduate MBBS curriculum in its true spirit and to develop faculties at the medical colleges
- 5) To provide regular posts and incentives to the young graduates to pursue Family Medicine as a career
- 6) To develop and enhance public-private sector partnerships to achieve the desired goals for development of Family Medicine in Pakistan
- 7) To encourage and facilitate Pakistani expatriates, who are specialized in General Practice, to come and help in strengthening of primary health care in Pakistan
- 8) To enhance the integration between various components of primary health care and to promote the multidisciplinary team work.
- 9) To promote ethics and professionalism in General Practice with a focus on practicing evidence based medicine and addressing physician-pharma brotherhood

## Abbreviations:

BHU	Basic Health Unit
THQ	Tehsil Headquarter
RHC	Rural Health Centres
AKU	Agha Khan University
RCGP	Royal College of General Practitioners UK
WONCA	World organization of National Colleges and Academics of General Practitioners / Family Physicians
MCHC	Maternal and Child health centre
M.D	Doctor of Medicine
DFM	Diploma in Family Medicine
MRCGP (Int)	Membership of Royal College of General Practitioners (SE Asia)
MCPS	Membership of College of Physicians and Surgeons Pakistan
FCPS	Fellowship of College of Physicians and Surgeons Pakistan
CPD	Continuing Professional Development
CME	Continuous Medical Education

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