Streamlining the family medicine movement in Africa with general practitioners, medical officers, private general practices, faith-based (mission) hospitals and public and / or private partnerships

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BACKGROUND

The family medicine theories of the delivery of comprehensive, continuous, personalised, clinical and family-orientated care to the majority of peoples in Africa describes an ideal that is worth striving for. Family medicine could be positioned to take a leadership role in helping to define and organise the complexity of health systems that will deliver the care in a systematic, focused, coordinated and sustainable manner for the benefit of the individuals, families and communities in Africa.

Anecdotal evidence suggests that there are various models of the concept of family physician care that serve in a wide variety of African practice settings. There are the general practitioners in hospital or ambulatory care, the medical officer in general or church and /or mission hospitals, the family physician residents and /or registrars and the specialist family physician, to mention a few. Though all of these cadres function in some way as generalists, they do not always work in health systems that recognise their unique role or provide the enabling environment to maximise their full potential as expert practitioners, educators and leaders.

This discussion paper seeks to highlight the questions that are pertinent to strengthening the various health systems that deliver continuous, facility-based and community-orientated care to the populace. Each unique context of care delivery by these cadres of generalists should be able to inform and contribute to the development of the speciality of family medicine with respect to concept, context, training and standardised service delivery.

This workshop is intended to provide a forum for discussion of the following, broad themes that can highlight the potential collaboration of the various cadres of generalists that work in such diverse sectors of the health care systems of African countries. Each theme introduction is followed by a set of questions that have been put together to stimulate and guide this discussion.

The nomenclature of generalism

- Is there any *difference between* a general practitioner and a family physician in Africa?[1,2,3,4,6,7,8,9] If there is, what is the difference? If not, why are they referred to differently? Do different terms determine different roles? How culturally bound are the terms for the generalist doctor?
- In Africa, is general practice the same thing as private practice?[4,5,6,7,8,9] If not, why and how are they the same?
- Should we differentiate between the general practitioners in private practice from family physicians in private practice for the purposes of advancing the speciality of family medicine?[4,5,6,7,9]
- What universal nomenclature should we use that would be inclusive of all shades of functions? [1,2,3,4,5,6,7,9]
- Are medical officers, working in public general hospital out-patient departments, general practitioners too?[5,10,11] Do they function as family physicians?[5,7,10,11] Should they undergo training to become family physicians so we can bring them under the umbrella of the family medicine movement?[5,7,10,11]
- In which way are African family doctors potentially unique in their roles within various settings of their work?

The roles of academia and faith-based organisations in family medicine education

- What links should family medicine university academic departments have with practising private general practitioners?[7,8,12,13,15,23,27]
- Should practice-based research networks (PBRN) be encouraged?[13,22] Should the PBRN be university-linked?[13,23,28] Would a PBRN be beneficial to practising private, general practitioners?[13,15,23] In which other ways can academic university family medicine departments be useful to practising general practitioners?[12,13,15,22,27]
- What other synergies might there be between university family medicine departments and general practitioners and/or family physicians?[12,13,15,22,27]
- What range of roles can the largely public, not-for-profit, faith-based and/or mission institutions play in the education of family medicine doctors?[19,23] Do they have any unique strengths that complement the family medicine initiatives within education models?
- What is the character of the linkage with the academic centre? How should they be supported to continue the excellent work they are doing in training family physicians?[20,24]
- What about other private, not-for-profit non-governmental organisations (NGOs) involved in family medicine training and service?[14,17,23,19] What is their role as educational resource?
- What is the role of private, for-profit systems in education? How much contribution can be expected of them, if 'education takes time' and 'time is money',[16,17] (1) as individual private general practitioners[24] (2) as private general practice organisations,[18,20,21,24] or (3) as privately owned university departments of family medicine?[24]
- To what extent should and/or could private training institutions be involved in community-based family medicine training?[17] Should they be supported in carrying out such roles?

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Integration

- Is it possible for one doctor to integrate all the roles of the primary care consultant, 'specialist' family physician, the general practitioner and the medical officer?[26,27] Is it desirable? Is it possible to integrate these roles?
- In which ways can a group of family doctors complement one another to fulfill the various roles required for the breadth of family medicine in Africa?
- Are there roles within the medical fraternity of specialities that African-trained family physicians could fill uniquely?

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