

L2-Family Physician Desirable Competency



Objectives:

- To be aware of the history of Family Medicine.
- To understand the concepts of Family Medicine, including it's definition.
- To be familiar with the desirable qualities of a Family Physician.

VISION 2030

- •7: PRIMARY CARE AND COMMUNITY CARE: DEVELOP QUALITY SERVICES
- •13: PUBLIC HEALTH: TACKLEOBESITY AND SMOKING

The history of family medicine

17th and 18th

few physicians were available.

19th Century

• Most physicians were "General Practitioners."

1920s and 1930s A growing shift towards specialization took place, the "General Practitioners" declined from 83% to 18.

1940s

 Generalist began to initiate steps to elevate general practice to "specialty" status.

• , WHO (1963) report:

• "Training of Physicians for Family Practice" which recommended a postgraduate study program specifically designed to meet the needs of the General Practitioner.

1960s

Definition of Family Medicine

- Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family.
- It is a specialty in breadth that integrates the biological, clinical and behavioral sciences.
- The scope of family medicine encompasses ALL ages, both sexes, each organ system and every disease entity. (1984) (2016 COD)

Principles of Family Medicine

- ✓ Continuity of care.
- ✓ Comprehensive care.
- ✓ Coordinated care.
- ✓ Community & family based care.
- ✓ Central Patient doctor relationship.
- ✓ Care as Evidence based.
- ✓ Care for ALL.

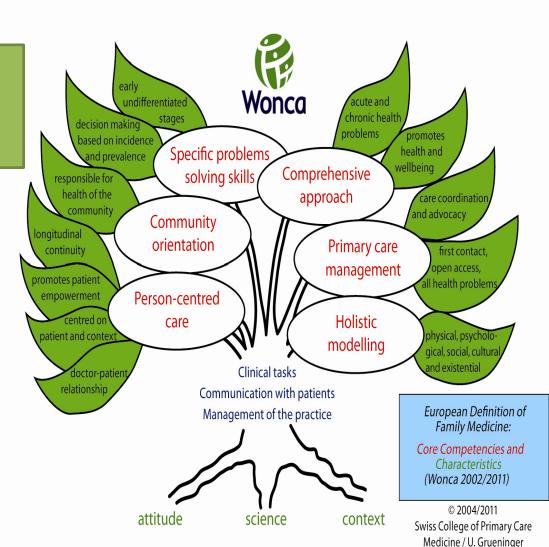
How does Family Physicians differ from other physicians

- The first contact and gate of health care system.
- Provide continuity of care.
- Provides comprehensive care.
- **Use holistic approach.**
- **Shared** care.
- Patient centred approach.

The core competencies of the family physician

Core means essential to the discipline, irrespective of the health care system in which they are applied.

- 1. Primary Care Management
- 2. Person-centred Care
- 3. Specific Problem Solving Skills
- 4. Comprehensive Approach
- 5. Community Orientation
- 6. Holistic Approach



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- Manage primary contact
- cover the full range of health conditions
- co-ordinatewith other specialists
- master effective care provision
- make available to the patient the appropriate services
- to act as advocate for the patient



2. Person-centred Care

- dealing with patients and problems in the context of patient's circumstances;
- To develop consultation to bring effective doctor-patient relationship, with patient's autonomy;
- To communicate
- To promote patient empowerment
- to provide continuity of care
- co-ordinated care management.



Specific Problem Solving Skills

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- decision making processes
- gather and interpret information and apply it to an appropriate management plan
- manage conditions which present early
- efficient use of diagnostic and therapeutic interventions.



- To manage simultaneously multiple complaints both acute and chronic
- applying health promotion and disease prevention strategies



 the ability: to reconcile the health needs of individual and community



- the ability:
- to use a biopsycho-social model taking into account cultural and existential dimensions.

6. Holistic Approach

ESSENTIAL APPLICATION FEATURES

1. Contextual Aspects

understanding the context of doctors themselves and the environment in which they work, including their working conditions, community, culture, financial and regulatory frameworks.

2. Attitudinal Aspects

Based on the doctor's professional capabilities, values, feelings and ethics.

3. Scientific Aspects

Adopting a critical and research based approach to practice and maintaining this through continuing learning and quality improvement.

4C:

- Community Orientation.
- Continuity of Care.
- Comprehensive Care.
- Coordination of Care.

4P:

- Primary at First Contact Care.
- Personalized Care.
- Preventive Care.
- Patient Oriented Care.

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