

# Advocacy for Undergraduate Training in Family Medicine.



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## Introduction.

□ The discipline of Family Medicine is not clearly understood by most people in Uganda. We face the pressures of low medical student interest **(1)**.

□ The theme of the 2008 World Health Report "**Primary Health Care (PHC) – now, more than ever before**" **(2)** draws attention to the work load at the PHC level. Family Physicians, as physicians of first contact, are needed in large numbers now more than ever, especially in Africa.

□ Medical education at the undergraduate level is the primordial stem from which all specialist courses derive legitimacy **(3)**.

□ Academic departments of FM are critical for undergraduate medical training and for recognition of the specialty within the health care system, **(4)** but they are not well established in many countries in Africa.

□ Introduction of Family medicine to undergraduate students earlier in their career has been found to contribute to choice of Family Medicine as a career path by them **(5)**.

□ Introduction of family medicine at the undergraduate level will lead to curricula reforms. This will lead to more family/community and problem-oriented education.

□ World Organisation of Family Physicians (WONCA) has worked to promote university departments of Family Medicine that have substantial tasks in undergraduate and postgraduate teaching and research **(7)**, but more needs to be done.

## The Need For Undergraduate Training in Family Medicine.

□ Population-based studies show that care provided by family physicians results in lower health care costs and improvements in quality and health outcomes **(1)**.

□ Many medical students have little or no exposure to Family Medicine because most medical schools offer Family Medicine only at the postgraduate level. Thus, only few of them consider Family Medicine as a career path post graduation.

□ Having more practicing Family Physicians in the health sector will lead to a reduction in global healthcare burden financially. To achieve this goal, there is urgent need to introduce Family Medicine to medical students early in school to stimulate their interest in Family Medicine.

□ The American Academy of Family Physicians (AAFP) recommends that the curriculum of every medical school should have adequate preclinical and clinical student exposure to family medicine. They are committed to ensuring that medical students are given appropriate exposure to role models in Family Medicine in all medical schools.

□ At the annual Congressional Conference in April 2005, members of The Academic Family Medicine Advocacy Alliance (AFMAA) met with legislators and government officials. **Senator Barak Obama** expressed a clear understanding of the discipline and said "**Family physicians are the doctors who always put the interest of their patients ahead of their own**" **(1)**.

## Definitions.

□ **A family physician** is the physician generalist who takes professional responsibility for the comprehensive care of unselected patients with undifferentiated problems, committed to the person regardless of age, gender, illness, organ system affected, or methods used.

□ **Family practice** is the professional discipline that trains and sustains the doctors who practice the evolving arts and sciences of family medicine.

□ **Family medicine** is the academic discipline that both serves and leads the specialty of family practice. Family medicine organizes curiosity, systematizes observation, advances understanding, communicates knowledge, and challenges convention.

## Recommendations.

We hereby advocate that:

□ Family Medicine should be made a key academic discipline in all medical schools.

□ Family Medicine should be made mandatory for all universities with medical schools as one of the core departments.

□ Family Medicine should be introduced into the undergraduate curricula at an early level and continued up to the final or penultimate year.

□ Each region in Africa that does not have a family medicine examination and accreditation body should form one to enable it have a uniform body that will provide strong advocacy for the discipline among member countries.

□ Each region should form strong Family Medicine Advocacy Groups at various levels made up of elected members who should mainly be Family Physicians and Associate Members.

□ There should be a network of Family Medicine Advocacy Groups from each Family Medicine Department, Country, Region, and the World Body of Family Physicians (WONCA) that will lobby with political leaders and communicate the importance of Family Medicine, and emphasize the need to give the specialty the necessary recognition it deserves at all levels - undergraduate, postgraduate and practice levels.

□ Finally, Family Medicine training in Africa should have the same core curricula at both undergraduate and post-graduate levels with few differences that will suite peculiar needs of training communities or regions.