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Strengthening Primary Health Care with Family and Community Medicine in Brazil

Fortalecendo a Atenção Primária à Saúde no Brasil com a Medicina de Família e Comunidade

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ABSTRACT

This paper reviews the development of the specialty of family medicine with attention to strategies that may be used to strengthen Brazilian health care with appropriately trained family doctors. These strategies include establishing academic departments of family and community medicine in all Brazilian medical schools, ensuring a common core curriculum in training programs, and defining standards for the evaluation and certification of family doctors. These strategies could enhance the quality, scope and effectiveness of the Brazilian Family Healthcare Program.

RESUMO

O presente artigo resgata o desenvolvimento da Medicina de Família e Comunidade como especialidade, com enfoque nas estratégias capazes de fortalecer o sistema de saúde brasileiro com médicos de família adequadamente capacitados. Tais estratégias envolvem o estabelecimento de departamentos de Medicina de Família e Comunidade em todas as escolas médicas brasileiras, a garantia de um currículo básico comum para os programas de treinamento e a definição de padrões para a avaliação e a certificação de médicos de família. A implementação destas estratégias pode contribuir para um aumento da qualidade, abrangência e eficácia do Programa Saúde Família Brasileiro.

Atenção Primária; Medicina de Família e Comunidade; Avaliação Profissional.

KEY WORDS:

- Family Practice;
- Employee Performance Appraisal;
- Primary Health Care;

PALAVRAS CHAVE:

- Medicina de Família e Comunidade;
- Avaliação de Desempenho;
- Atenção Primária à Saúde.

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I. The development of family medicine

Since the beginning of western medical science most physicians have been generalists who could provide care for patients of all ages and for most problems. The exponential rise of medical information and technology that began after WW II resulted in rapid developments in medical therapies and specialization among doctors. Specialists offered new therapies to improve the quality and duration of life for many patients. Yet, most people still desired personal relationships with health professionals who could provide comprehensive care for common problems, who could care for all members of the family and who could coordinate referrals to specialists as needed.

The growth of medical information and therapies in the last century resulted in the need for physicians to master a greater body of knowledge for providing high-quality comprehensive primary health care. Specialty training and certification after medical school can ensure that family doctors demonstrate required competencies. Family medicine training programs are a manifestation of the response of health systems and academic medical centers to provide comprehensive health services to meet the needs of individuals, families and communities¹.

As early as 1963, a World Health Organization Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel defined family physicians as “practicing physicians that have the essential characteristic of offering to all members of the families they serve direct and continuing access to their services... These doctors accept responsibility for total care either personally or by arranging for the use of specialized clinical or social resources.” The committee noted that “in every country of the world there appears to be a dearth of family physicians, this

applies to all countries irrespective of their stage of development”. It recommended that every medical school provide opportunities for students to train in family practice settings and that, in order to raise the standards of family medicine, all graduates choosing family practice should undergo a period of postgraduate training specifically designed to meet their needs in this field of medicine². This concern was again reflected in the 1995 World Health Assembly Resolution WHA 48.8 that urged all member countries to support reform of basic medical education “to take account of the contribution made by general practitioners to primary health care-oriented services”³.

While medical school training introduces students to the basics of primary health care, postgraduate training for family medicine was developed to provide opportunities for medical school graduates to become ‘specialists in primary health care’, to ensure delivery of comprehensive high-quality health care services across the life span. Family medicine postgraduate training evolved at different rates in different areas of the world. In 1966, the United Kingdom started a general practice vocational training program. During the same decade Canada, the United States and several other countries initiated programs specifically designed to train family doctors. By 1995, at least 56 countries had developed family medicine training programs⁴. Family medicine training programs have been established through a variety of mechanisms, most often in partnerships with medical schools, in community hospitals and/or with practicing community physicians^{5,6}.

Family medicine postgraduate or residency training programs engage students and faculty in providing comprehensive care for patients of all ages as well as orientation to the care of families and

communities. In this process, family doctors become familiar with the problems, resources and special needs of the people they serve, and are able to adapt education, research and service programs to respond to these needs. Numerous studies have confirmed that well-trained family physicians provide high-quality, cost-effective health care services to patients of all ages. Health outcomes of individuals and populations can be improved through access to family doctors and comprehensive primary health care services⁷.

Despite the demonstrated value of family doctors, family medicine is not yet recognized or established as a distinct medical specialty in many nations. However this situation is rapidly changing as many countries are working to establish formal programs to train and certify family doctors. Family medicine training programs have been established in most Latin American countries and are in various stages of development in many African and Asian nations.

II. The Development of Family and Community Medicine in Brazil

In Brazil, although programs to train generalist physicians started in the 1980s, family medicine is still not considered an attractive specialty and the field has not been able to attract a sufficient number of trainees to meet the needs of the population.

The Brazilian National Committee of Medical Residency recognized the specialty of General Community Medicine in 1981. For many years this discipline was restricted to a few places and educational institutions such as UERJ in Rio de Janeiro, Murialdo and GHC in Porto Alegre among others. Some family doctors worked in the private sector in locations such as Fundação Rubem Berta (RS), Cassi (diverse states) and Firjan (RJ). One reason why these

programs were not popular was that there weren't places to work as "General Community Doctors". Health centers were organized based on policlinic model: one internist, one pediatrician and one gynecologist. But other reasons could be appointed as well like the current distrust in the specialty by medical students because of lack of contact during medical school. In 2001, the name of General Community Medicine was changed to Family and Community Medicine but the program reminded the same. Today, Family and Community Medicine is one of the 52 specialties recognized by the Brazilian Medical Association, the Federal Medical Council and the National Committee of Medical Residency (Comissão Nacional de Residência Médica-CNRM), a committee of the Ministry of Education, which regulates all Medical Residency programs in Brazil.

In 1994 the Brazilian government launched the Family Health Program (FHP) and in 1998 the FHP was adopted as a strategy for reorganizing primary care (Brazil, Ministry of Health 1994 and 1998). The FHP provided employment opportunities for family doctors in the public sector so the specialty could expand to other cities and institutions.

Despite the advent of the FHP and incentives provided by the Federal Government (National Directives for the Curriculum of the Graduate Course in Medicine - Diretrizes Nacionais do Curso de Graduação em Medicina - RESOLUÇÃO CNE/CES N° 4, de 7 de novembro de 2001) to teach undergraduate medical students primary health care (PHC), few students choose the specialty of Family and Community Medicine. Factors that discourage student selection include unattractive work places, insufficient information about the specialty and shortage of teachers. There are only few departments and teachers of family

medicine in the medical schools. Many students and faculty do not understand that family medicine is a comprehensive discipline nor do they realize that postgraduate training is required. Many young physicians opt for established specialties such as pediatrics or internal medicine and then seek employment in the FHP.

III. Establishing Departments of Family and Community Medicine

Many actions are needed for promoting family and community medicine among medical students. The first priority is to develop academic departments in order to recruit and prepare highly qualified family physicians. Universities are in urgent need of family and community medicine faculty. Family and community medicine faculty who understand and can demonstrate comprehensive primary health care will be able to show that this specialty is much more than an amalgam of internal medicine, gynecology, pediatrics and surgery. Family and community medicine includes a defined body of knowledge. Family and community medicine faculty are able to practice and teach more effectively when supported in academic environments.

Departments or units of family and community medicine provide leadership for establishing the discipline in academic settings and for organizing resources to conduct teaching, patient care, and research programs that address the health needs of the community. Departments of family and community medicine require participation of leaders who understand and support the important principles, functions and roles of family medicine. These leaders may include government authorities, medical association representatives, practicing family doctors in the community, staff from medical schools and teaching

hospitals, public health officials and private insurers.

Departments of family and community medicine require human and physical resources to deliver the full spectrum of family medicine education, services and research programs. Human resources include faculty, physicians and staff with time available to teach and adequately supervise trainees, develop curricula, and conduct research. Practicing community family doctors may be recruited as part-time clinical supervisors or tutors. Physical resources include centers that integrate teaching and clinical services. In these centers, patient care may be provided by teams that include practicing physicians, residents or students in training, nurses, social workers, and other health professionals. Family medicine teaching centers, which may be incorporated into community physicians' practices or community health centers, may also serve as important sites for primary care research.

Departments of family and community medicine often require governmental and institutional financial support. Once established, clinical revenues, research grants and hospitals often finance a substantial proportion of services. Departments usually begin with a small number of faculty and staff members. As teaching, clinical and research programs grow and resources increase, additional members may be recruited. Specialists in other fields and those with PhD degrees can be valuable teachers of family medicine, however community-based family physicians that understand the practice and who have interest in teaching are essential. Community or district hospitals are often important partners in the development and support of departments of family and community medicine. Faculty physicians and residents in training provide important clinical services for these institutions. A partnership approach ensures mutual benefits for

the community, the hospital and the department.

In some countries, departments of family and community medicine are well established and enjoy a reputation similar to that of any other department in their respective academic institutions. In other countries, where family medicine is not fully recognized as a discipline and a specialty, the establishment of a department may contribute to creating the momentum that will lead to full recognition and development of the profession.

IV. How to attract students to family and community medicine careers

Academic departments of family and community medicine can provide opportunities for students to interact with family physicians during medical school. When interacting with family physicians in classroom and clinical settings and perceiving family doctors as valued members of health teams, students are more likely to consider family practice careers⁸. Enthusiastic family doctors who demonstrate humanistic values, provide high-quality patient care and excellent teaching can serve as positive role models that many students will wish to emulate. On the other hand, if students are not put in contact with family medicine during their education they may be unaware of the content and challenges associated with family practice and will be less likely to select this as a career.

In some countries, government policies regulate the number of specialty training positions for family medicine and other medical disciplines through financial incentives or legislation. If these policies are based on sound information regarding projected health workforce needs, incentives can be provided for attracting students to select careers that match the care needed

by the population. Strategies to attract students to careers in family medicine are summarized below:

- Recruit and admit students interested in primary care and community service.
- Emphasize primary care in the required curriculum.
- Offer high-quality rotations in health centers with family doctors.
- Provide opportunities for students to work one on one with family doctors.
- Ensure sufficient family and community medicine specialty training programs.
- Provide incentives to encourage selection of careers in family practice.
- Offer a variety of career opportunities in family medicine.
- Support family medicine graduates with competitive salaries and career paths.

V. Establishing associations, standards for training, quality and certification

Family practice associations provide a rich array of expertise and resources to assist in the development of the specialty. They provide opportunities to locate colleagues with shared interests and to collaborate on joint projects. Providing appropriate continuing medical education for family doctors is an important service of national associations. This includes conducting educational programs, sponsoring educational journals, and certifying that educational activities are well designed and appropriate for improving the skills of family doctors. Family medicine networks at the local, regional, national and international levels allow colleagues to develop specific aspects of the specialty such as teaching, research or quality improvement in greater depth.

Another important activity of professional

organizations is training new doctors in their chosen discipline and certifying that they are properly trained. Currently, in Brazil, there are wide variations in the curriculum and qualifications of those identifying themselves as family doctors. Until standards are established, disseminated and enforced, there will be wide variations in the skills and confusion as to the identity and even the value of family doctors. National organizations can exert considerable influence on training programs by establishing minimum training requirements and core competencies for certification⁹.

The process of certification can be supervised by professional family medicine associations or certifying bodies can be organized independently. There are a variety of approaches to certification¹⁰. Certification can be obtained through two separate pathways in Brazil: 1) studying in a residency training program recognized by the ministry of education; or 2) meeting defined standards of professional performance in the setting of the practice and passing an examination. The Certification of Family and Community Medicine (TEMFC) examination given by the Brazilian Society of Family and Community Medicine is the only exam authorized by the Brazilian Medical Association. This certification includes two stages: 1) analysis of the curriculum, which requires at least 3 years of medical practice; and 2) passing an exam. Completion of a medical residency recognized by the Ministry of Education and the TEMFC have the same legal value in Brazil. Legally, only a residency recognized by the National Committee of Medical Residency can be called "medical residency" (Art 1° § 2.º It is forbidden to use the term "Medical Residency" for any medical training program that has not been approved by the National Committee of Medical Residency, Law Nr. 6.932, of July 7, 1981). Those activities not recognized

as legal residency must be called Continuing Medical Education.

Another option for family and community medicine physicians to achieve standards is through Continuing Medical Education. The Royal New Zealand College of General Practitioners, for example, provides options for candidates to qualify for specialty certification through clinical training and examinations or through practice eligibility routes. In some countries, the standards for training and re-certification of family doctors are more stringent than for other specialties. The certification process for family doctors may include assessments of consultation and communication skills, practice management skills, ethical standards, patient satisfaction and medical chart audits. In many countries, family doctors are required to complete a minimum number of hours of continuing medical education annually in order to maintain their certification. In the United States, the American Board of Family Practice was the first specialty society to require members to pass a re-certification examination every seven years. In Brazil, this process started in 2006; from this year forward all specialists must achieve 100 points every 5 years through distance education courses, attending meetings or engaging in other activities approved by the Brazilian Medical Association.

VI. Summary:

During the last 12 years, the Brazilian Ministry of Health has been developing the "Programa de Saúde da Família" (Family Health Program) to provide high-quality health care for the Brazilian population. Today there are more than 27,000 physicians engaged with this program although less than 2,000 are family physicians. Family and community medicine is already strengthening primary health care and improving the quality of the Brazilian Family Health Program.

However, many more family and community medicine physicians need to be trained, certified and recruited to fully address the primary health care needs of the country. Family and community medicine faculty, departments, certification and continuing medical education programs are essential to enhance the growth and quality of this specialty.

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