Concept of Family Medicine:

Global Perspective with focus in Bangladesh

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Message from President of BCPS

Family medicine is a medical specialty, devoted to the comprehensive health care for all members of the family, irrespective of age, gender and organ involved. The specialist is called as family doctor or physician which emphasizes the whole nature of its specialty, and acts as 'generalist', who accept every one seeking health care. Family doctors are more important than ever in the age of super specialty medicine. Majority of today's medical practitioners are not competent enough to deal and responsible for the entire person. For that reason, when patient's minor health-related questions are unanswered by the prescribing doctors, people often find it difficult, since they have to contact several health care facilities. This is worse for elderly people with multiple health conditions. People want remedies that can only be offered by family practice that are capable of general and whole person treatment.

The establishment of family practice trough Family Medicine specialists in our countries is at a relatively in a nascent stage. Despite that shortcoming a reasonable beginning should be made and this needs to be sustained over the next decade. The path to universal health coverage brings attention to various barriers in access to health services linked to significant shortage in resources, fragmentation of health care systems and lack of comprehensiveness and people-centeredness. WHO also is trying to develop an essential package of health services at the primary care level and explored different options for its implementation including family practice programmes. In developed countries like United Kingdom, Australia and United States family practice has been an independent and separate medical practice since long back as 1960s. In countries like Nepal, Srilanka, Pakistan and India family medicine is taught at graduation and post-graduation curriculums.

Bangladesh College of Physicians and Surgeons (BCPS) has been the pioneer in developing postgraduate medical education and training in our country since its inception in 1972. The Medical Education department has been continuously updating to keep at par with the development of medical education and training in developed countries. Accordingly, training and examination have been introduced in Membership and Fellowship examination in Family Medicine specialties since 1996. The goal of the curriculum is to produce Family Physicians of international standards who are equipped with the knowledge, skills and attitudes needed to practice, teach, and conduct research competently in the subject and play key leadership roles in providing comprehensive health services that meet the needs of the individuals and families within the context of the communities they serve. We're delighted to be able to offer this training experience to the next generation of family physicians. Our goal is to support you as best as we can to launch your exciting and rewarding careers in family medicine.

On behalf of BCPS, it gives me great pleasure to extend our wholehearted support to publish a booklet on Family Medicine training from our college. My appreciation and gratitude must also go to the Faculty of Family Medicine to compile this booklet to make the information easy to access and for their tireless efforts in promoting the subject at the national and international level.

Professor Mohammod Shahidullah

Message from Secretary of BCPS

Family Medicine is the natural evaluation of historical medical practice. The name emphasizes the historic nature of this specialty, as well as it's root in the family. The training of Family Medicine specialists was so planned that trainee should be competent to independently tackle most of the common health issues in primary care level and for the reminder uncommon issues they could arrange referrals to the concerned specialists. The core concept of the training is to develop an expertise in medical care givens at the primary level, in the first contact whenever seek any medical help.

Family medicine has not been developed as a fall-fledged discipline in our country and yet continued to be a missing ingredient in our medical education. After realizing the importance of the subject, BCPS introduced structured training program on MCPS and FCPS in Family Medicine since long. So far, almost 78 doctors qualified in MCPS and only one in FCPS degree in Family Medicine. But considering our large population and need of strengthening the primary medical care by competent family doctors, the number is alarmingly insufficient. Government of Bangladesh presently is emphasizing the strengthening the primary care through trained general physicians. So, BCPS has taken few steps to make the subject more attractive to the young doctors as well as to negotiate with the concern health authorities of government to make a policy road map for utilizing these specialists in existing health care delivery system. I want to appreciate the amazing work done by the core committee of the faculty of Family Medicine to update and upgrade the total course curriculum and take many initiatives to make the subject popular amongst the future family physicians.

Once again, my sincerest thanks to all the members of the team, who works relentlessly to prepare the documents for easy circulation and better understanding of the training procedure on the subject. I would like to congratulate all the members of the faculty of Family Medicine and look forward for the future success and positive achievements on their endeavor.

Professor Abul Bashar Md. Jamal

Message from Chairman, Faculty of Family Medicine, BCPS

It gives me great pleasure as we are finally going to publish a booklet on "Family Medicine: Importance and Role in Comprehensive Health Care". Prime aim of the publication is to compile all the related documents of BCPS on Family Medicine training to make those easy to get in one place. I'm very much grateful to the honorable president of BCPS for his all-out support and encouragement from the very beginning of this issue.

Modern healthcare system aims to deliver to patients, a comprehensive and holistic care and lead to better health for the community at large. Worldwide Family Medicine specialist is recognized to provide high quality primary care. In the public healthcare system in our country, there is also high expectation that primary care physicians will function as effective gatekeepers. We know, to improve the quality of health care in our country, it is necessary to improve the monitoring and management of patients in the primary health care services through Family Medicine specialist. Thus, creating a cadre of family physicians at the forefront could cater to these health needs efficiently.

Unfortunately, Family Medicine is very less known specialty in Bangladesh though this was recognized as a separate medical specialty by BMDC since BCPS started awarding MCPS/FCPS degrees. Family Medicine has not been developed as popular as other specialty and fails to attract young medical graduates because of nonexistence of strong policy formulation with definite job descriptions and position in the health care system.

Recently, from BCPS several steps were initiated to familiarize the subject to young medical graduates as well as to create appropriate working position in government health care delivery system for the Family Medicine specialists. To gain momentum, Faculty of Family Medicine has co-opted 15 members and made a core committee to expedite the overall activities of the faculty and increases the faculty meetings and formulated few proposals to restructure the Family Medicine training and curriculum. The curriculum of both the MCPS and FCPS have been totally reviewed and redesigned as per international standard and few incentives have been kept to make the curriculum more attractive to the trainees.

We are honoured to have eminent international as well as local faculty of experts giving plenary talks, shares their knowledge, and experiences. This booklet is also enriched by the participation from all over the country, representing our primary care practitioners from the field, which will be an excellent source of information for primary care providers to exchange knowledge and to prepare an effective network.

We would like to thank BCPS authority, and our collaborators for their support. I would also like to give special thanks to all the members of Core Committee of the faculty and a heartfelt appreciation to the hard work for the completion of this job.

We look forward for the wide circulation of the booklet amongst the targeted physicians for their greater benefits.

Professor Md. Moniruzzaman Khan

Message from editor's table

Doctors are always considered next to God to ailing person and as a healer during the crisis period of health. The present pandemic situation shows the need of their constant support better than ever. A family doctor is a physician generalist who takes care of unselected persons with undifferentiated health problems. A family doctor is the one who is committed to a patient regardless of age, gender or illness. Although all family physicians share a core knowledge of patient care but the dimensions of knowledge and skill vary with the individual family physician, based on patient needs and the physician's skill. As patient's needs differ in various geographic areas, the content of a family physicians practice varies accordingly and also the scope of practice changes over time. So, family physicians practice continually evolves and new knowledge and skill are obtained through updated training curriculum. The curriculum committee of the Family Medicine faculty leaded by the chairman of the faculty, worked hard to formulate an updated, time worthy curriculum for the trainees of family medicine. We are really thankful to our respected president of the college for his positive attitude and allowing us to work independently and by giving his innovative ideas. Our gratitude to all the members of the college council for approving our all suggestions in favour of creating a student friendly new step to make the subject more attractive to our doctors. This souvenir is indeed an attempt to organize with all changes made recently about family medicine training to achieve the qualification to appear in the examinations for the specialty. I would like to take the opportunity to thank all the contributors as their contribution is the reason that makes this booklet endearing with our readers.

I heartily wish all the readers my best wishes and hope this will be a great help to know preciously about the training and other issues related to the subject, which will play a vital role in their future specialty choice.

Kabir

Dr. Lt. Col. (Retd.) Md. Kabir Ahmed Khan

2. Concept of Family Medicine: Global Perspective with focus in Bangladesh.

The Concept of Family Medicine

Family medicine is an independent academic discipline and specialty of medical science, which developed as a counterculture in response to fragmentation of medical care. The concept evolved as to cater to the growing demand of the people for personalized, continued and comprehensive care. Though, it started at the very beginning of the evolution of medical practice. The concept of the generalist was reborn after the rapid evolution of specialized medical care with the establishment of Family Medicine as a specialty in many countries. So, the very name of Family medicine is a relatively new area of specialization which evolved in the 1960s in the UK and USA as a felt need in personal health care. This name emphasizes the holistic nature of this specialty, as well as its roots in the family. The core concept is to develop an expertise in care giving at the primary level, the first door a patient knocks whenever he is in need of medical attention.

Definition of Family Medicine Specialty:

"Family medicine (FM), is a specialty devoted to comprehensive health care for people of all ages; the specialist is named a family physician or family doctor, a General Physician or GP. Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family.

According to the World Organization of Family Doctors (WONCA), the aim of family medicine is to provide personal, comprehensive, and continuing care for the individual in the context of the family and the community. Defining the discipline in terms of relationships sets it apart from most other disciplines

Family practice is the professional discipline that trains and sustains the doctors who practice the evolving arts and sciences of family medicine. Family practice is patient centered, evidence based, family focused, and problem oriented.

Family Physician/ Family Doctor: A physician who is educated and trained in family practice - a broadly encompassing medical specialty. Family physicians possess unique attitudes, skills, and knowledge which qualifies them to provide continuing and comprehensive medical care, health maintenance, and preventive services to each member of the family regardless of sex, age, or type of problem, be it physical, psychological, or social.

Evolution of the Concept of Specialization.

Historically doctors used to be generalist practitioners and before the advent of specialization and super specialization, a single doctor used to take care of all the different categories of diseases. As the medical knowledge gradually increased, it became difficult for a single doctor to be competent in all the fields of medicine and thus various specialties were born. With further growth of knowledge more and more specialties and sub specialties got included in the list. Patients encouraged this situation as they found competent doctors dealing with their illnesses and doctors became happy as they had to focus on their own particular fields.

With this trend the specialists and specializations gained popularity, who were concentrated in hospitals, with expertise in single organs, systems or diseases. Thus, the rising popularity and trend of specialization discouraged doctors to stay in the role of general physician and most of the doctors entered into a struggle to become specialist. Thus, the Era of super specialization undermined the vital institution of Family Physician. The main problem which patients faced was that no single doctor is competent enough to look after their different common illnesses of all the members of a family, to whom a family could consult in case of their common problems. This often leads to patient mismanagement and frustration that gave rise to a demand in the community for a physician, who was caring and accessible and who was also more expert and better trained than the general practitioner of those days, but who could act as the patient's guide, health care advocate, philosopher and friend. This led to the emergence of family practice as the natural inheritor of the ancient traditions of general medicine.

Birth of Family Medicine.

It was therefore decided to introduce the specialty of Family Medicine or GP Specialization. This specialty was meant to be properly tackling common problems of all the members of a family. These problems usually constitute about 80% of the health problems faced by people in everyday life. The training of Family Medicine specialists was so planned that they should be competent to independently tackle most of these common health issues and for the remainder uncommon issues they could arrange referrals to the concerned specialists.

Characteristics and attributes of Family Doctors

Family Medicine specialist has several key attributes.

- **General**. Family Medicine specialist addresses the unselected health problems of the whole population.
- **Continuous**. Family practice ensures continuing care of individuals and patients suffering from chronic diseases and ensures patients receive specialized and hospital care throughout their lives.
- **Comprehensive.** Family practice provides integrated health promotion, disease prevention, curative care, rehabilitation, and physical, psychological and social support to individuals.
- **Coordinated**. The family physician should ensure appropriate and timely referral of the patient to specialist services.
- **Collaborative**. A family practice team should be prepared to work with other medical, health and social care providers, delegating to them the care of their patients whenever appropriate, with due regard to the competence of other disciplines.
- **Community and Family oriented**. The patient's problems are seen in the context of his or her life in the context of their family circumstances, their social and cultural networks and the circumstances in which they live and work, and ensuring community engagement in decision-making about the health and well-being of its members.

Practice of Family Medicine in Different Countries

Primary health care is increasingly recognized as a keystone for improving health outcomes worldwide. Since 1978 when WHO began it's "Health for all" programme, it recognized that strong "primary health care is the key to attaining the target. WHO adopted the theme of 'changing medical education and medical practice for all', and emphasized the importance of the family physician in the delivery of primary care. Since then, FM is in a dynamic state of rapid development in many regions of the world, became well established and mainstreamed in western countries.
In developed countries like United Kingdom, Australia, United States and Canada family practice has been an independent and separate medical practice since long back as 1960s. Primary care physicians comprise almost half of all physicians in those countries. In the South-East Asian Region, Nepal, Sri Lanka and Thailand have introduced this discipline as a full-fledged specialty, while several others have expressed interest in developing it. Indian Parliament has approved recently the development of a comprehensive Family Medicine programmeas a key intervention required for the achieving of universal health coverage. Utilizing the concept of family medicine, many corporate houses in India have come up with integrated models of primary care over past few decades mainly in metropolitan cities. In countries like Nepal, Srilanka and Pakistan family medicine is taught at graduation and post-graduation curriculums.
Medical graduates in the USA and many other countries must complete 3 to 4 years of residency in family medicine to become a family physician (a specialist in family medicine) in order to practice as a GP.
In Japan, The Japan Primary Care Association (JPCA) provides 3 years of vocational training for family physicians following 2 years of internship. There is a register of family physicians in Singapore and a specialist register of family medicine in Taiwan and Hong Kong for those who have satisfied the requirements of certification.
GPs are by far the largest branch of British medicine. A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is central to any country's health system. As a recent British Medical Journal headline put it – "if general practice fails, the whole NHS fails".

Family medicine programs are now operating, in many African countries as in South Africa, Nigeria, Uganda, Ghana, Tanzania, Kenya, and Ethiopia. As in other regions, family medicine programs in the Middle East and North Africa were established after the adoption of the Declaration of Alma Ata. In 2010, the Chinese government issued a plan for building team-based primary care led by family physicians, prompting the creation of new models of family medicine training across the country.

Despite clear progress, the development of family medicine in low, and in many middle-income countries continues to face a wide range of challenges. One of the unique challenges faced of family medicine in emerging contexts is the need to convey the conceptual foundations and clinical methods unique to family medicine.

Health Care System in Bangladesh

Bangladesh Government is currently working towards achievement of the Millennium Development Goals. In last few decades, lots of improvement in IMR, MMR, sustainable progress in TB, Malaria, HIV control but neglected in strengthening primary care, tackling chronic diseases, mental health to ensure universal health coverage. Due to insufficient

resources and little to no regulations in health sectors, the public health facilities and hospitals fails to earn general populations' confidence. People have to depend on private health care, which is expensive and at time hard to access, not only because of affordability of the private sector, but also a culture where specialist care is sought for most of its medical needs.

A research report shows that the nation's over reliance on specialty care services, at the expense of primary care, leads to a health care system that is less efficient. At the same end, there is a lack of understanding in majority of our population regarding the existence as well as importance of the specialty of Family Medicine.

Family Medicine Education in BD

To improve the quality of health care in our country, it is necessary to improve the monitoring and management of patients in the primary health care services through Family Medicine specialist. Thus, creating a cadre of family physicians at the forefront could cater to these health needs efficiently. However, the nonexistence of Postgraduate Departments or Teaching Departments of Family Medicine in our medical colleges is a major impediment. Unless departments of academic family medicine exclusively are set up in medical colleges, medical students will have no exposure to the concept resulting into lower preference for family medicine career.

Unfortunately, Family Medicine is very less known specialty in Bangladesh though this was recognized as a separate medical specialty by BMDC since BCPS started awarding MCPS/FCPS degrees from1998. Family Medicine has not been developed as popular as other specialty and fails to attract young medical graduates because of nonexistence of strong policy formulation with definite job descriptions and position in the health care system.

There is also a pressing need to develop short-term on-the-job training programmes to improve general practitioners' technical skills in family medicine. Such programmes will help in providing a flow of family medicine–oriented physicians to many primary health care facilities.

Realizing the importance of primary care, few private organizations introduced the concept of FM as specialized general practice, in late eighties like Bangladesh College of General Practitioners (BCGP) started week-end FCGP course, Bangladesh Academy of Family Physician (BAFP), a week-end diploma course (DFM) and Bangladesh University of Health Science (BUHS), week-end certified course (PGCFM), with limited success, as these are not recognized by BMDC.

RCGP-UK is conducting MRCGP(International) examination by South Asia board, which is recently recognized by BMDC as per set rules.

Challenges in the Future

In our country, Patients are free to "shop around", what is calling doctor shopping, as there is no effective referral system. Furthermore, lacks of concept of family medicine/family doctor amongst our general mass also a great hinder to popularize the concept. There is no definite role or regulations or policy guide-lines, so physicians can practice where they want, rather than where they are needed. For that reason, urban concentration of physicians is creating a

huge gap between urban and rural health care delivery. Gap is filled- up by quacks, alternative medical healers and with some ad-hoc GPs.

Steps to Way Out:

A strong policy directive with detailed road map should be the driving step in this regard. There should be a clear articulation of career pathways for family medicine trainees in health systems with the availability of transitional learning opportunities for primary care physicians interested to continue in general practice. Further, pertinent interventions to elevate status in the hierarchy of medical specialties should be thoughtfully designed so as to attract more medical students into this discipline. Steps to be taken as follows:

1. National commitment and policies to support family practice are prerequisites for effective country programme implementation.
2. Family practice must respond to peoples' needs and expectations. A successful family practice programme depends on the degree of awareness among households about the benefits and processes of family practice and their active engagement.
3. There is no standard or single "model" of family practice with predefined elements that can be used as a reference. We should develop different elements for family practice implementation based on specific needs.
4. There is urgent need to develop short-term on-the-job training programmes (MCPS in Family Medicine) to improve health professions' technical skills in performing as family practitioners.
5. Developing a qualified and well-trained workforce of Family Medicine specialists, supported by well-trained family practice teams is critical to the success of any family practice programme. This requires establishing and scaling up competency-based long-term as well as short- term training programmes, especially to convert the cadre of existing general practitioners into family physicians as short-term measure.
6. The implementation of the family practice model through private sector facilities, of which there is limited experience in our country, should be explored.
7. Reforming the entire health system in a manner to ensure access to quality health services, streamlining health care delivery through the family practice approach and access to medicines and technologies, are as important as reforming the financing system if universal health coverage is to be achieved.
8. Engagement with the private sector is critical for progressing towards universal health coverage. The family practice approach encourages public–private partnership.
9. Countries need to give more attention to the quality and safety of care in order for the population to have more trust in the health care delivery system. This can be done through accreditation programmes or improving clinical governance or both. Universal health coverage is unlikely to be achieved while service quality remains poor.
10. Piloting of family practice programmes may provide opportunities to adapt and refine a family practice model that best suits the context.

Conclusions:

Family doctors are more important than ever in the age of super specialty medicine. The need of the hour is to understand and incorporate in our health care system well trained family physicians who may form the backbone of our health care system. As “Gate keepers” at primary care facilities they can improve the cost effectiveness of health care delivery and appropriate triaging for referral care. We hope, in due course of time Family Medicine will grow, evolve and eventually develop its own identity in our country.

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3. Prospective Family Medicine Career Pathway in our County

Contrary to the current trend of postgraduate entrance examination preparation, family medicine residency and practice offer an early settlement in professional and personal life. Family medicine is considered a good option for work-life balance. A structured residency training in family medicine provides the opportunity to be employed as a PG trainee. The postgraduate training period provides the resident doctors unique experience of patient care and learning opportunities to achieve competencies in diagnosis, management, and treatment of health problems encountered across the lifespan of the individual. After completing training and award of a qualification, given the broad-spectrum exposure to the clinical setting, it enables them to work practice-wide variety practice settings and healthcare institutions. The career pathway may be defined as below:

SL no	Proposals	Remarks
a.	**Specialist in Family Medicine (Government Setting)** – Qualified FM postgraduate can be employed at Community Health Center (CHC), Upazila Health Complexes, and District Hospitals as - • ***Jr. consultant emergency Jr. consultant resident (EMO, RMO)—Sadar hospital & medical college hospital&*** • ***Sr. consultant emergency, —in medical college hospital*** • ***As Family doctor –(for MCPS/failed in FCPS/trained for FCPS and mid-term passed)—at community health clinics—as general physician***	a. Family medicine is the internationally recognized n medical specialty of primary care doctors, working in the community setting, providing care from primary care to secondary levels. b. In our health care delivery system, the Community Health Centers (CHC) are expected to deliver primary health care services. However, it is a stark reality that almost all the CHCs do not have any qualified doctor, which hinders the main goal of the project. Again, presently maximum of the specialist positions are vacant at Upazila Health Complex. The absence of one specialist can also impede the services as the patients who have to be treated by that specialist who is not available, have to be referred. This situation reduces the access to appropriate health care for the community and increases the workload in secondary and district hospitals. c. There is a need for an integrated generalist approach to diagnosis and treatment. The family physicians are best positioned to deliver this integrated approach to diagnosis, treatment, and complete healthcare management of an individual. d. A single postgraduate in Family Medicine can meet the community need of the relevant skills and competencies of a Surgeon, Obstetrician, and Gynecologist, and a Pediatrician in a CHC,

		UZHC,and even district hospitals besides taking care of Public Health need of the community. They will also be involved in coordinating the wellness centers at the sub-centers and the district hospitals. c. Research (Barbara Starfield) showed that well-trained family physicians could resolve 90% of the illnesses and morbidities outside hospitals and in the OPDs and Emergencies of the hospitals, thereby preventing overcrowding at tertiary care hospitals and saving individuals/families from catastrophic out of pocket expenses. d. Given the multidisciplinary knowledge base and training in leadership and managerial roles, they can efficiently manage CHC as team leaders and other health care delivery positions in Government hospitals. They can also be employed in specialist cadre in Government Health Care delivery system.
b.	**Academics** – Qualified family medicine postgraduate will be eligible to become faculty at both medical colleges as well as other training centers, if FM recognized in undergrad medical curriculum.	a. As our need for primary and secondary levels of health care is enormous, medical educators have called for systemic changes to include family medicine in the undergraduate medical curriculum. b. They will have equivalent career progression at par with other specialties while working accredited training centers. c. As part of their academic work, they may also get involved with primary care research, health policy development, and other professional leadership roles.
c.	**Independent Practice** (i) Qualified family physicians will also have the option to be self-employed in the private sector as independent practitioners, both in rural and urban settings.	a. Family physicians are experts at managing common complaints, recognizing important diseases, uncovering hidden conditions, and managing most acute and chronic illnesses. b. They may decide to start or engage in any form of practice such as solo practice, group practice, polyclinic, nursing home, community

		hospital. c. The practice of family medicine allows the medical graduate to gain professional and financial independence and autonomy with little investment compared to other specializations.
d.	**Private Clinics/ hospitals**:	a. Being generalist physicians, they may also be utilized by private clinics/ hospitals for services such as academics, general family medicine OPD, generalist clinicians, acute and urgent care, executive health, screening programs, community outreach programs, schools/adolescent health, occupational health, geriatrics, palliative care, emergency and ambulance services.
e.	**Rural and remote practice**	a. Empowered with a unique skill set and competencies' having a more comprehensive community need', Family medicine specialists are most suitable experts to establish practices such as clinics and hospitals in the rural, remote, and isolated locations.
f.	**Innovators and social entrepreneurs**	a. As experts of primary care domain, they will have immense opportunity to establish themselves as innovators and entrepreneurs.

4. Role of BCPS on Post-Graduate degrees in Family Medicine

Bangladesh College of Physicians and Surgeons (BCPS) a major professional membership body dedicated to improving the practice of medicine in the country, chiefly through the accreditation of doctors by examination to post-graduate education in medicine. The college was established in 1962, and in 1972 a Presidential Order established the present Bangladesh College of Physicians and Surgeons with all the existing Fellows as Founder Fellows of the college. The college arranges examinations for Fellowship (FCPS) and Membership (MCPS) twice a year.

The Medical Education department of BCPS has been continuously updating the new curriculum to keep the standard with the development of medical education and training with the developed countries. Accordingly, training and examination have been introduced in Membership and Fellowship examination in Family Medicine specialties in1996, which was the start of acceptance of FM in Bangladesh as an entity, not only as a discipline but also as a specialty on its own right. The goal of the curriculum is to produce Family Physicians of international standards who will be equipped with the knowledge, skills and attitudes needed to practice, teach, and conduct research competently in the subject and play key leadership roles in providing comprehensive health services that will meet the needs of the individuals and families in the first contact of care. But the BCPS also fails to attract young med graduates as nonexistence of strong policy formulation with definite job descriptions and position in the health care system of BD government.

Recently, from BCPS several steps were initiated by present dynamic and foresighted leaders to familiarize the subject to fresh doctors as well as to create appropriate position in government health care delivery system for the Family Medicine specialists. To gain momentum, Faculty of Family Medicine has co-opted 15 members and made a core committee to expedite the overall activities of the faculty and increases the faculty meetings and formulated few proposals to restructure the Family Medicine training and curriculum. The curriculum of both the MCPS and FCPS have been totally reviewed and redesigned as per international standard and few incentives have been kept to make the curriculum more attractive to the trainees. which has already been approved by the College Executive Committee.

Following steps are going to be taken by BCPS to make the subject more attractive:

1) To arrange regular Symposium for Trainers and Trainees at college auditorium/periphery medical colleges to give orientation on the PG training pattern of the subject.

2) MCPS training curriculum has been restructured and made more practical by including 6 months Emergency Medicine or 6 months training in General Surgery, or 6 months training in Child, Gyne and Obs (each 2 months) with compulsory 6 months Internal Medicine training. In addition, with these specialized training 1 year GP training is mandatory from any BCPS recognized GP centers to make the total training of 2 years.

3) FCPS curriculum has been made total 4 years (for other subjects’ duration of training is 5 years). Part-1 in FM will be exempted, if trainees qualify P-1 from any other clinical

subjects. Mid-term examination will be exempted if any trainee appeared in FCPS Part 2 exam in Medicine/Surgery/Gyne & Obs/ Pediatrics and passed in MRCGP or MRCGP (Int), MCPS in Family Medicine examination.

4) Proposal of creating appropriate post/positions in health care services for MCPS and FCPS qualified specialists as Junior/Senior Consultant in Emergency Departments/Residents in Government Hospitals as well as other appropriate non-government health care institutions are under active consideration of DGHS.

ANNEX-a: FCPS in Family Medicine: Summary of Training

FCPS Part-I-Contents

The examination consists of three papers, each consisting of 50 multiple-choice questions (MCQs), (Minimum 20% will be of SBA type) which are designed to test the knowledge of wide range of topics including the scientific basis of clinical practice. The topics are arbitrarily distributed among the three papers in following manner.

Paper-I
Anatomy (30-35), Histology (4-5), embryology (2-3), Genetics (2-3), Biophysics (2-3), Biostatistics (2-3), Epidemiology (2-3)

Paper-II
Physiology (25-28), Biochemistry (10-15), Pharmacology (10-15), Endocrinology (5-7)

Paper-III

Pathology (30-35), Microbiology (10-15), Immunology (4-5)

N.B. Approximate question numbers are inside the bracket.

FCPS Part-ll Contents

After passing part-1 examination (can join from other specialty also) the training for fellowship in specialty has been designed to develop human resources in the field of specialty in Family Medicine with satisfactory knowledge, skill and expertise for offering optimum patient care. Total 4 years training will be required to complete before appearing the final examination.

Total training has been divided into two parts.

a. Core Family Medicine training: can be performed in Community Clinics/ Union Sub Centers/Upazila Health Complex/ Family Medicine Clinic of any BCPS accredited medical centers and General Practitioners/ concern departments of District Hospitals or Medical College Hospitals.

i. **Foundation of Family Medicine**: Principle of Family Medicine, Communication Skills, Consultation models, Behavioral attitude, Medical Ethics etc. (From any Family Medicine Clinic of BCPS accredited medical centers/ General Practitioners/UHC/Sadar Hospital under any Fellow or equivalent clinical Specialist and supervised by UHFPO/Civil Surgeons. (6 months Training).

ii. **Community and Rural Health:** Rural Health, Community Medicine, Family Planning. ((From any Family Medicine Clinic of BCPS accredited medical centers/ General Practitioners/UHC/Sadar Hospital and with placement in any community health clinic, union sub centers and UZ health complex) under any Fellow or equivalent clinical Specialist and supervised by UHFPO/Civil Surgeons. (6 months Training).

iii. Emergency and Casualty: Medical/Surgical emergency, (From any Govt /Non-Govt/Medical College Hospital/District Hospitals). Consultant in Medicine /Surgery /Orthopedics /Gynae-Obs/Pediatrics and supervised by—UHFPO/Civil Surgeon/ Director Hospital. (6 months Training).

iv. **Adult Health-**1: Internal Medicine, General Medicine/Surgery OPDs (from UHC, District Hospitals) - Under any Consultant in Medicine /Surgery /Orthopedics /Gynae-Obs/Pediatrics and supervised by—UHFPO/Civil Surgeon/ Director Hospital. (6 months Training).

b. After completion of core training programme, trainee has to qualify in **Midterm examination** before entering into advanced training programme.

<u>Eligibility to attend Mid - term examination:</u>

- FCPS part -1in Family medicine or any clinical subject passed Certificate
- 2 years completed core medical training Certificates. duly signed by the appropriate authority
- Completed log book duly signed by the appropriate authority

➢ *Students who passed FCPS part 1 in medicine/surgery/gynae or any clinical subject—in these cases; FCPS part -1, Family medicine examination WILL BE EXEMTED.*

➢ *Who appeared in FCPS Part 2 exam in Medicine/Surgery/Gyne&Obs/ Pedeiatrics will be EXEMTED from midterm examination in FAMILY MEDICINE, and* their training will be decided on individual training already completed.

Assessment:
The assessment method is comprehensive, integrated attempting to identify attributes expected of trainees and lifelong learning and covers cognitive, psychomotor and affective domains. It keeps strict reference to the components, the contents, the competencies and the criteria laid down in the curriculum. Assessment includes both Formative Assessment and Summative (Mid - term exam).

Formative Assessment:
Formative assessment will be conducted throughout the training phases. It will be carried out for tracking the progress of trainees, providing feedback, and preparing them for final assessment.
There will be continuous (day - to - day) and periodic type of formative assessment.

- Continuous (day - to - day) formative assessment in classroom and workplace settings provides guide to a trainee's learning and a faculty's teaching / learning strategies to ensure formative lesson / training outcomes.
- Periodic formative assessment is quasi - formal and is directed to assessing the outcome at the end of 6 months. The supervisors have to submit 6– monthly progress report of the trainee under him to the RTMD or Institutional Training Monitoring Cell(ITMC) as per requirement of RTMD.

Summative Assessment:

Mid-term examination: The Mid-term examination consists of

- Written examination: paper I & paper II
- Clinical examination: OSCE+OSPE –(5+10) = 15stations

(A) Written examination:

Paper	Type of Questions	Quantity of Questions	Marks	Duration	Pass Mark
Paper-I (Day-1)	Single Best Answer Question (SBAQ)	50	50×2 =100	100 minutes	60%
Paper-II (Day-2)	Short Answer Question (SAQ)	50	50×2 =100	100 minutes	

(B) Objective Structured Clinical Examination (OSCE):

Name of the Stations	Number of Stations	Marks	Duration	Total Marks	Pass Marks	Remarks
Clinical	5	5×10=50 marks (Each station 10 Marks	10×5=50 minutes	100	60%	Clinical and Practical part of OSCE will be held on the same day
Practical	10	10×5=50 marks (Each station 5 Marks	10×5=50 minutes			

- **Competences of the Clinical part of OSCE:**
  - History taking with clinical reasoning skills
  - Physical examinations with clinical reasoning skills
  - Diagnostic workup with formulation of the differential diagnosis
  - Communication skills

- **Competences of the Practical part of OSCE:**
  - Imaging (X-ray, CT, MRI, ECG, EEG, photograph etc.)
  - Data interpretations
  - Prescription Writing

- Procedural skills

Information to all:

- All stations will be structured & observed
- Two papers (Paper-I & Paper-II) in written test will be calculated together
- Clinical and Practical part of the examinations of OSCE will be calculated together
- Candidates those who will pass the written examinations, he/she will be eligible for appearing in OSCE.

b. Advanced Training Rotation Schedule:

After passing Mid-Term examination, the **advanced training rotation** schedule attempts to provide trainees with experience in advanced areas of specific subjects with knowledge, attitude and skill. It will provide opportunities to apply skill to special areas and also provides an opportunity to use acquired skill in wide spectrum of Family Medicine practice setting. The Advanced Training can be performed on various subjects in concern department of any BCPS accredited medical college hospital.

i. Adult Health -2: Internal medicine, cardiology, mental and skin health, geriatric medicine, forensic medicine- at any District/Sadr/Medical College Hospital under Consultant of medicine and supervised by Civil Surgeon/ Director Hospital. (6 months)

ii. **Women Health-** at any District/Sadar/Medical College Hospital under any Consultant of Gyne-Obs/ Surgery and supervised by Civil Surgeon/ Director Hospital. (6 Months)

iii. Neonatal health, child health, adolescent health, physiotherapy – at any District/Sadar/Medical College Hospital under any Consultant of medicine/ Paediatrics and supervised by Civil Surgeon/ Director Hospital (6 Months)

iv. General Surgery, Orthopaedics, Eye, ENT, Dentistry, Anesthesia -at any District/Sadar/Medical College Hospital under any Consultant of Surgery/Orthopedics/Eye/ENT and supervised by Civil Surgeon/ Director Hospital. (6 Months).

Rotation of Training Period:

	Topics	Guide –Consultant, Supervisor- UHFPO/civil surgeon	Duration	Place
1 st Six months	Communication Skills, Behavioral attitude, Medical Ethics etc.	Consultant any subject (Fellow/other equivalent degree), Supervisor—UHFPO/Civil Surgeon/hospital director	Six months	Upazilla Health Complex/Sadar/district hospital
2nd 06 months	Internal medicine	Consultant medicine (Fellow/other equivalent degree), Supervisor—UHFPO/Civil Surgeon/hospital director	Six months	Upazilla Health Complex/Sadar/district hospital
2 nd year	Emergency and Casualty medicine, surgical emergency, orthopedics General practice, rural health, community medicine, family planning.	Consultant, medicine/surgery/orthopedics/gynae/pediatrics Supervisor—UHFPO/Civil Surgeon/ Director Hospital	One year	Upazilla health complex/Sadar/ District Hospital
		Midterm examination		
3rd year (6 months)	Medicine including, cardiology, mental health, skin health, geriatric medicine, forensic medicine	Consultant medicine… Supervisor-civil surgeon/director	Six months	Sadar hospital, /District hospital
3rd year (6 months)	Neonatal health, child health, adolescent health, physiotherapy	Consultant, paediatrics/ Asstt prof./Assoc.prof./prof	Six months	Sadar hospital,/District hospital Medical college hospital/institutes
4th year (6 months)	Surgery, orthopaedics, eye, ENT, dentistry, anesthesia	Consultant, / Asstt prof./Assoc.prof./prof surgery/orthopaedics/eye/ENT	Six months	do
4th year (6 months)	Women's health	Consultant,/ Asstt prof./Assoc.prof./prof gynae, and obs	Six months	Do

Additional Notes:

i) Those who will appear FCPS examination from other Subjects (e.g., Medicine, Surgery, Pediatrics, Gynea & Obst and so on passed in FCPS Part – I exam): Training requirement will be decided based on individual's training already completed. They will get exemption of Family medicine part-I examination and Mid-Term examination. However, they have to prepare and submit a dissertation as other candidates of Family Medicine and duly approved by college authority.

ii) Training of any subject can be taken in any time during the period.

iii) Training in eye, ENT, psychiatry, dermatology, orthopedics, physiotherapy, dentistry, and anesthesia. Forensic medicine will be counted for a maximum of one month each. If

consultant in eye, ENT, psychiatry, dermatology, cardiology, orthopedics or any other subject is unavailable training should be completed in parent subjects e.g., surgery/medicine.

iv) Before passing FCPS part 1, maximum one-year training will be counted. In each six months of Advanced Training one month must be at outpatient department.

Eligibility to attend FCPS part-II Family Medicine Examination

- Midterm examination passed, submitted a dissertation & duly approved by college authority.
- Completed log book duly signed by the appropriate authority

*** •Students who passed FCPS part 1 in medicine/surgery/gynae—in these cases FCPS part -1, Family medicine examination WILL BE EXEMTED and who appeared in FCPS Part 2 exam in Medicine/Surgery/Gyne & Obs/ Pediatrics and passed in MRCGP or MRCGP(Int), MCPS in Family Medicine examination. Will_be EXEMTED from midterm examination in FM.*

Examination

The FCPS part-II Family Medicine Examination will consist of

1. Written Examination
2. Clinical Examination
3. OSCE / OSPE Sections.

Written Examination

The FCPS Part II Family Medicine Examination will consist of two written papers as follows:

Paper I : Internal Medicine, Geriatrics, Paediatrics, Neonatology, Dermatology, Psychiatry, Forensic Medicine, and Principles of Family Medicine.

Paper II: General Surgery, Orthopaedics, Obstetrics &Gynaecology, Family Planning, Ophthalmology, ENT, Anaesthesiology and Dentistry.

Each written paper will consist of two traditional long questions, one short answer questions and one short note questions based on theory and practice in Family Medicine. For long questions, answer should be in essay form descriptive and/or analytical. The candidate is expected to communicate clearly, present arguments coherently, evaluate evidence and make balanced judgments. The group of short question will consist of 5 questions and all to be answered. Some questions will relate either theory or clinical themes. All the question may be in integrated form to assess a single topic. The group of short note questions will consist of short notes and all to be answered.

The Clinical Examination

At the clinical Examination, Candidates will be expected to examine

A long case 30minutes for each candidate to examine the case and 20minutes for the examiners (10minutes for each) to examine the candidate.

Short cases (30 minutes). Each candidate will be examined for this period during which the candidate should be able to examine the cases as many as possible (at least 4 cases)

Cases may be drowning from any aspect of clinical Family Medicine. General medical, surgical or obstetric & gynecological, paediatrics cases having substantial medical aspect may be included.

The interview with the examiners for a long case will generally cover each of the following topics-
Assessment of the candidates' overall view of the case deriving from salient features in the history, the findings on examination: the diagnosis and differential diagnosis, the supposed etiological factors.
The interview with the Examiners for the short cases will cover the examination procedure and techniques of the candidate on particular assignment of the clinical examination findings.
The Examiners may raise questions or may ask to carry out any examinations of the cases.

OSPE --10 stations -- 10x10=100 marks

OSCE -- 5 stations -- 5x10= 50 marks

N.B. Patterns and marks distribution of OSPE and OSCE examinations will be as Mid-Term Examination in Family Medicine.

ANNEX –b: MCPS in Family Medicine: SUMMARY of Training

Rotational posting: One year (Module 1 and 2) can be done in Family Practice/Upazila Health Complex/Sadar hospital, and another one year should be done in sadar hospital/district hospital/ medical college hospital/institutes recognized by BCPS. Training of any module can be taken in any time during this two years' period, each as

Segments	Topics	Guide–Consultant, Supervisor.	Duration	Places
Module-1	a. Family Medicine, Objectives and Principles of Family Medicine b. Communication Skills, Behavioral attitude, c. Medical Ethics etc.	a. BCPS recognized Family Practitioners/Family doctors b. Consultant any subject (Fellow/other equivalent degree), Supervisor—UHFPO/Civil Surgeon	Six months	a. BCPS recognized Family Practice. Or, b. Upazilla Health Complex.
Module-2	a. General practice, b. Rural health and community medicine, c. Family planning	a. BCPS recognized Family Practitioners/Family doctors b. Consultant any subject (Fellow/other equivalent degree), Supervisor—UHFPO/Civil Surgeon	Six months	a. BCPS recognized Family Practice. Or, b. Upazilla Health Complex
Module-3	Emergency and Casualty (medicine, surgical and orthopedics emergencies) or General Surgery/Gynae &Obs/ Pediatrics- 2 months each subject.	a. Consultant, medicine/surgery/orthopedics/gynae/pediatrics Supervisor—Civil Surgeon/ Director Hospital	Six months	Sadar/ District Hospital/Medical Colleges Hospital.
Module-4	Internal medicine including skin and mental health.	a. Consultant medicine (Fellow/other equivalent degree), Supervisor—Civil Surgeon/hospital director	Six months	Sadar/district hospital/Medical Colleges

FINAL EXAMINATION: AT THE END OF THE TWO YEARS TRAINING:

1. LOG BOOK and portfolio must be submitted. It must be satisfactory in order for the student to sit for the final examination

2. THEORY TEST

Paper 1: Basic sciences and Foundation of Family Medicine: as relevant for Family Practice with Principles of Family Medicine and Medical Ethics. 10 x 10 = 100 marks

Paper 2: General medicine, pediatrics, dermatology, psychiatry, palliative care, anesthesia, medical and pediatric emergencies. 10x 10 = 100 marks

Paper 3: General surgery, obstetrics, and gynecology, orthopedics, ENT, Ophthalmology, surgical emergencies, including trauma 10 x 10 = 100 marks

Total = 300 marks

CLINICAL:

1.One long cases: 40 marks

(Medicine, Surgery, Pediatrics, OBGYN)

2. Short cases: 4 - 60 marks

(Medicine, Surgery, Child, Gyne and Obs, Dermatology, Ophthalmology, ENT, Ortho)

Total: 100 marks

TOTAL MARKS (theory + clinical) 400 marks

(Candidate must get at least 50% of marks in written and 60 % marks in clinical to pass)

Faculty Members:

Chairman : Professor Md. Moniruzzaman Khan
Co-Chairman : Professor Md. Mustafizur Rahman
Member Secretary : Dr. Lt Col (Retd.) Md. Kabir Ahmed Khan
Joint Secretary : Professor S.M. Quamrul Akther

Member

Professor Md. Moniruzzaman Khan
Professor Md. Mustafizur Rahman
Dr. Lt Col (Retd.) Md. Kabir Ahmed Khan
Professor S.M. Quamrul Akther
Professor Abdul Bayes Bhuiyan
Professor Shamsuddin Ahmed
Professor Tofayel Ahmed
Professor Nazmun Nahar
Professor Md. Sanawar Hossain
Professor Kohinoor Begum
Professor Md. Abul Faiz
Professor Md. Abdul Jalil Chowdhury
Professor Sayeba Akhter
Professor Abdul Kader Khan
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Professor Md. Rajibul Alam
Professor Iffat Ara
Professor Nooruddin Ahmed
Professor Md. Abul Hasnat Joarder
Professor Khan Abul Kalam Azad
Professor Chowdhury Yakub Jamal
Professor Md. Mujibur Rahman
Professor Md. Abid Hossain Mollah
Professor A.B.M. Muksudul Alam
Professor Md. Titu Miah
Professor Fahmida Zabin
Professor Md. Abu Rayhan Khandakar
Professor Major Gen. Md. Abdul Ali Mia
Dr. Nasrin Akhter
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Professor Mohammod Shahidullah
Professor Abul Bashar Md. Jamal

Core Committee Member

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Professor S.M. Quamrul Akther
Professor Md. Abid Hossain Mollah