

THE SPECIALTY OF GENERAL MEDICAL PRACTICE/FAMILY MEDICINE: THE NEED FOR DEVELOPMENT IN NIGERIA

E Monjok, A Smesny, EJ Essien

Institute of Community Health, University of Houston, Texas Medical Center, Houston, Texas, 77030, USA

INTRODUCTION

The health care system in Nigeria needs new direction and management in order to bring the country's health care system into alignment with its current level of development. Since 1999, there has been significant progress made within the tertiary and specialist hospital health care services. However, it is the primary and secondary health care services that are in total collapse and therefore the subject of this article.

The primary and secondary levels of care are represented by the Primary Health Care (PHC) systems and the general hospitals respectively. The PHC systems themselves consist of comprehensive health centers, primary health centers and health centers. These two levels of care are supported by the local government and state government respectively. For the PHC and secondary health care systems to be strengthened and function adequately, the health personnel at these levels need to be further developed and the Local and State Governments need to provide better and more efficient management of the two systems. The development of family medicine/general practice specialty in the framework of PHC will contribute to greater quality, equity, cost-effectiveness and sustainability of the health systems¹.

Unfortunately, many people in Nigeria, including many doctors in other specialties, still think General Practitioners (GPs) are "second rate" doctors and that a specialty in General medical practice is reserved for those that cannot get into other specialties. This general misconception may have been the reason why a teaching hospital management in the South-South region of the country transferred such doctors to the general medical practice program of that hospital as a compensatory gesture. Therefore there is a need for the Nigerian public to be educated on who the General Practitioner (UK) or Family physician (USA/Canada) really is and what beneficial services they can provide to the public.

General Practice specialist/family physician, General Practitioners and Community Health

A Family physician is a medical doctor that has undergone postgraduate specialist training in family medicine. Family medicine is the medical specialty

which provides continuity, comprehensive health care for the individual and family. It is a specialty in breath that integrates the biological, clinical and behavioral sciences and the scope encompasses all ages, both sexes, each organ system and every disease entity². This terminology is used in the USA/Canada. In the United Kingdom (UK) and some commonwealth nations, this field is referred to as General Practice³. His/her specialization is in the common diseases, and common community medical and surgical procedures as well as disease prevention. The minimum training period is four years in Nigeria, three years in the USA and Canada and three to five years in the UK. The specialty general practice training programs can vary from country to country and even within the same country can vary with urban and rural training, as in Australia. Dr Charles Pearson from the United Kingdom, working in Nigeria with the vision of specialist general medical practice training, was appointed the first director of training in 1980 by the postgraduate medical college of Nigeria. The late Dr Pearson advocated a rural training because more than 65% of Nigerians reside in rural areas, with many remote and hard to reach communities. This development of this postgraduate training program gave birth to the Nigerian model of specialist general medical practice training which was unique. One of the intentions was for such specialist in Nigeria to have a well defined attractive career pathway (like in UK or USA/Canada) with significant government input which would result in a longitudinal and comprehensive medical care for the vast population of Nigeria. Unfortunately, it has been almost 28 years since the introduction of the GP specialty in Nigeria, and this has not happened. But, this is what had occurred in other developed countries, like UK, USA, Canada and developing countries like Cuba, Brazil, China and Oman. In these countries mentioned, General Practitioners/Family Physicians are respected because of the defined career path laid out by governments, medical councils and politicians.

In Nigeria, General Practice as a specialty is still looked upon by the public, not as a specialty but as a transition to other specialization. This misconception as well as the lack of a defined career pathway explains why many young medical doctors are not

Correspondence: Dr E Monjok
E-mail: emonjok@uh.edu

interested in taking up positions in the comprehensive health centers managed by the local government or the general hospitals (secondary health care systems). In so many State Ministries of Health (SMOH) hospitals and particularly in the PHC systems all across Nigeria, there are very few medical doctors in their employment. Even more significant is the fact that almost 90% of all medical doctors in Nigeria work in the urban cities and state capitals, leaving the periphery and rural areas almost devoid of health care services. The specialist in GP in Nigeria after training see themselves as suited for employment in specialist and university teaching hospitals. That is why the few medical doctors sent by the SMOH to the teaching hospitals for postgraduate training in general practice never returned to serve the MOH hospitals.

Most of the 774 local government areas that constitute Nigeria and its various communities have not developed their health care system to provide adequate health care services. Therefore, Nigeria should be investing more financial resources into the development of PHC and secondary health system and facilities and the country has enough financial and human resources to strengthen these two sectors of health care system. Adequate financial and human resources will not only strengthen the PHC and secondary health system, it will also create significant re-direction of the health care system and change the Nigerian public concepts of specialist general practice, community medicine and public health. Political will and commitment is therefore required to achieve this significant re-direction in the health system.

Political will and Commitment to Health Care

The importance of having political will to make a change can be best illustrated in the sultanate of Oman. Oman is a small Arab nation, where significant improvement in the health care services has been made since 1970 as a result of the combination of the country's financial resources and the political will and commitment from the Head of State, the Sultan of Oman. Today, Oman has a well designed and powerful network of health services from PHC and secondary systems to state of the art teaching and specialist hospitals, made possible through the effective management of the country's oil wealth. What was done in Oman was simple. As a government policy, 75% of the newly qualified medical graduates go into the specialty of general practice/family practice while 25% go into other specialties of surgery, internal medicine, pediatrics, radiology, oncology, psychiatry etc.,. The Arab medical board training in general practice is three years and when these young Omanis complete their training as family practitioners, they set up primary care practices in the communities (with the aid of the

government) or are employed at the government community health centers. The government continues to employ other specialists and super-specialists from abroad (including Nigeria) to run the super-specialist regional and national hospitals. The Oman Government is concentrating its manpower development at the primary care level. So, in effect Oman is strengthening the base (PHC) and as time goes on, will eventually strengthen the apex i.e. super-specialization. Many countries in Africa like South Africa, Kenya and Mozambique are paying more attention to their district health systems⁴. Even the industrialized nations like the USA are championing primary care even with their super-specialization. In addition, the international health organizations are championing this concept and this can be seen in the World Health Organization (WHO) health report of 2008 which further highlighted this issue with the theme "PHC more now than ever"⁵.

The way forward

In no way do we mean to indicate that super-specialization should not be developed in Nigeria. What we are trying to emphasize to the Nigerian government and politicians is that at this time more emphasis should be placed on the improvement of PHC systems and secondary health care, with the recognition and respect for the category of doctors and other health personnel trained for this level. There is still enough time to develop short purposeful training programs and incorporate the many general practitioners in Nigeria (i.e. those yet to undergo formal training) with the few specialist GPs (i.e. Family physicians) into a common association. The Association of General and Private Medical Practitioners of Nigeria include mainly general practitioners without formal postgraduate training while the Society of Family Physicians of Nigeria is the professional association for family physicians. It will be more appropriate to fight a common cause (career prospects) within one professional association.. The late Dr Pearson's hope was that after a long time the informal training process would be replaced by the formal one, as it occurred in Europe and North America. Unfortunately, there is no noticeable replacement occurring in Nigeria at this time.

With many General practice specialists serving at both the PHC and general hospitals in every nook and corner of this vast and populous nation of approximately 140 million people, and with good and attractive careers, then sub-specialization in general practice will emerge over a long period of time. This is already happening in the UK, USA and Australia. There is now GP sub-specialization in obstetrics, sports medicine, geriatric medicine, sleep medicine, primary health care, psychiatry and public health etc,

In the UK, these sub-specialist GPs are referred to as General Practitioner with Special Interest (GPwSI) e.g. in ear, nose and throat, psychiatry, obstetrics etc. In the USA and Canada, there are family practitioners with Certificate of Added Qualifications (CAQ) e.g. in Obstetrics, who do all the operative procedures in child birth in rural and remote America and Canada (20% of the population in USA live in rural areas). In Australia, GPs sub-specialize in rural and remote medicine which is now a recognized specialty of GP in this vast country. In addition to the emergence of sub-specialization, academic GP and research in GP and primary care will also become attractive to some GPs. Nigeria has only one medical school with undergraduate training in GP and has recently produced her first professor of GP.

Nigeria is a vast nation, like the USA, Canada and Australia. These advanced nations with super specialization and high technology medicine with 20% of their population living in rural areas, are still showing more political will and commitment to GP/Family Medicine than Nigeria with more than 65% of the people living in rural and remote villages with poor network of roads and poor health services. If Nigeria invests more in primary and secondary health care services, there is no reason why a Nigerian woman should die in pregnancy or child birth from preventable causes. Nigeria has one of the highest maternal mortality rates in the world (greater than 1000 deaths per 100,000 live births), in the same category with Sierra Leone, Niger, Chad, Somalia, Angola, Rwanda, Liberia, Burundi and the Democratic Republic of Congo⁶. These African countries are ravaged by war and conflict, but Nigeria is not. By contrast, Oman, a developing country, had 64 maternal deaths per 100,000 live births and Ireland, a developed country had 1 maternal death per 100,000 live births⁶.

CONCLUSION

We are seriously advocating that the Nigerian government should resurrect the PHC structures that were championed by the late Professor Ransome Kuti, former health minister and champion of PHC in Nigeria. According to the late Professor Ransome Kuti, "Nigeria is trying to run before she learns how to sit properly".

It is therefore imperative that the current minister of health, the state commissioners for health, and the 774 local government chairmen as well as the National Postgraduate Medical College of Nigeria, should consider the development of PHC, secondary health facilities and short postgraduate training programs in GP, to enable the country to "sit properly" (PHC) so that she can then "run" (super-specialization and high technology medicine).

REFERENCES

1. The Kampala Commitment 2008: Conference on "Improving the Quality of Family Medicine in sub-Saharan Africa" from 17th to 21st November 2008, at Cassia Lodge, Kampala, Uganda. See <http://www.phcfm.org/index.php/phcfm/announcement/view/2>.
2. American Academy of Family Physicians. Definition of Family Medicine. Available at: <http://www.aafp.org/online/en/home/policy/policies/f/fammeddef.printerview.htm>.
3. The European definition of General Practice/Family Medicine. WONCA Europe 2005. Available at: www.woncaeurope.org/Definition.
4. Levers, LL, Magweva, FI, Mpofu, E. A literature review of district health systems in East and Southern Africa: Facilitators and barriers to participation in health. Regional Network for Equity in Health in East and Southern Africa (EQUINET). Discussion paper # 40. See www.equinet africa.org/bibl/docs/DIS40ehsLOPEZ.pdf.
5. The World Health Report 2008. See www.who.int/whr/2008/en/index.html.
6. World Health Organization 2007: Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and World Bank. See www.who.int/reproductivehealth.