



The Need to Reform the Health Care System in the Implementation of the Family Physician Curriculum in Iran

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Much of the efficiency and effectiveness, satisfaction with and justice in providing health services and the success in achievement of health-related outcomes in every society are closely dependent on the performance of the family physicians in that society.^{1,2}

In this regard, employing capable family physicians is very important for the health care system of any country. Family physicians are empowered to provide health care to all people, regardless of their age, sex and race, who are able to manage all diseases and illnesses in the first level of health care and focus on patients' families and communities.³

According to McGaghie and colleagues, capable physicians apply a wide range of knowledge, attitudes, skills and some observable behaviors to deliver certain professional services to the population.⁴ Hence, situational analysis of their competencies in performing their professional tasks and roles will play a pivotal role in addressing pitfalls and gaps in training and employing family physicians, as well as making some proper and tailored recommendations for improvement.

In Iran, at the present time, general practitioners (GPs) work as family physicians and their competencies in performing their professional roles are assessed based on 77 sub-competencies in 8 major categories,⁵ which are defined in a national document. In fact, that invaluable document is used to assess family physicians' skills and compare them with those pre-determined competencies. Several studies in Iran have used those pre-determined competencies in the national document to assess and compare GPs' and family physicians' skills and have reported major drawbacks in GPs' and family physicians'

performance. Moreover, according to those studies, there is not a direct and positive correlation between the number of years after GPs' graduation from medical school and their practical knowledge.⁶ Findings of those studies logically recommend revising medical education curriculum while taking into account the real needs of society.

For instance, in the 2013 systematic review by Changiz and colleagues at Isfahan University of Medical Sciences in which the educational systems of different medical universities in Iran were reviewed, GPs had desirable competencies in only 30 percent (41 out of 136 expected competencies) and their ability in showing the remaining 70 percent (95 competencies) was low to moderate.⁷ The results of that review indicated some noteworthy shortcomings in the training program of GPs in Iran and concluded with the need to review the undergraduate medical education curriculum and plan specialized courses or design family physician specialty curriculum.⁷

The findings of another study, which was conducted to assess competencies of GPs who were working in the health centers of Iran University of Medical Sciences, revealed a significant gap between the competencies which GPs had practiced in medical school and those they needed in their daily practice as a family physician. For example, they had not had any formal training about communication skills, management and coordination skills.⁸

A study at Shahid Beheshti University of Medical Sciences determined the priorities and major needs for developing undergraduate medical education curriculum in Iran. The findings of that study revealed that those priorities and needs were not adequately being addressed in the seven-

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year period of studying at medical schools.⁹

To sum up, training capable family physicians who are responsive to the needs of the public health system strongly needs paying attention to. Specifically, the following points should be addressed.

First, the current undergraduate medical education curriculum should be revised.

Second, a family physician specialty curriculum should be planned.

Third, some effective continuing medical education should be designed in order to update GPs' competencies while family physician specialists are trained and ready to work.

Fourth, and most importantly, the health care system should be reformed. Different levels of care should be clearly defined and an effective and efficient referral system should be introduced because a well-developed family physician specialty curriculum and a revised undergraduate medical education curriculum by themselves cannot lead to the provision of efficient, effective and satisfactory health services and justice in achievement of the health-related outcomes to all Iranian people.

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