

**EDITORIAL****Future Physicians of Pakistan: Towards National Health Priorities**

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With the dawning of 2011, Pakistan medical education direction continues towards preparing graduates for functioning in tertiary care settings. Medical educators and institutions take greater pride in producing specialists and sub-specialists who achieve laurels in developed countries. While Pakistan's failure to meet the Millennium Development Goals (MDGs) by 2015<sup>1</sup> suggest reorientation of physicians' education and research towards improvement of health of individuals and population. A mismatch of medical education with health priorities extends to developed countries including emerging economies such as India. In USA, primary health care is the core of the recent health care reform, and American medical schools now face criticisms for the present dearth of primary care providers.<sup>2</sup> In the context of Pakistan, a paradigm shift is critical towards producing family physicians to respond to the rising expectations of populations from health care, reduce inequities in health, and improve health outcomes.

Most pressing is fostering a favourable image of family physicians among all stakeholders of Pakistan. Over the years, family physicians have gained a reputation of 'jack of all trades' (master of none) with know how to manage only common ailments or advocate prevention.

Overall, medical educators' perception on training in primary health care and community-based settings is that of household surveys, polio immunization campaigns or health awareness talks for which the community medicine department is considered responsible. For medical graduates too, family medicine is not the popular career choice due to low prestige, low pay, and inadequate postgraduate opportunities.<sup>3-4</sup> Crucial is to propagate recognition of family medicine as a specialization with family physicians training focus on local needs of individuals and communities in facilities beyond hospitals including community-based settings.

The challenge to produce family physicians is enormous particularly in view of Pakistan's complex health system, ineffective government policies, growing national insecurity, combined with

institutional legacy, and rapid growth of medical colleges. Not forgetting training in tertiary hospitals, out-dated discipline-based curriculum dependence on lectures, and students' rote learning approach to pass examinations based on simple factual information. Interestingly, the Pakistan Medical and Dental Council (PMDC), the regulatory body responsible for curriculum guidelines does not recommend family medicine department for undergraduate institutions.<sup>5</sup> Consequently, very few medical colleges have invested in establishing the department of family medicine. Only two private medical colleges of Karachi are fully accredited for the College of the Physicians and Surgeons Pakistan (CPSP) fellowship training in family medicine.<sup>6</sup> Another major crisis looming over Pakistan which has far reaching consequences is that its trained health workforce including educators, practitioners (including family physicians) are either seeking jobs in the Middle East or migrating to developed countries. In view of the challenges, the task is daunting not only to change the mindset of policy makers, but also of physicians who have achieved fame as specialists, and remain unsure of what primary health care settings have to offer in terms of education and research.

For setting directions towards family medicine, educators can wait endlessly for the right government or "messiah" to initiate the wheel of change without acceding to donor agencies vertical programs. On the other hand, educators forge partnership with like-minded groups including professional associations, non-governmental organisations, students, other professionals for a positive image of family physicians, and create models of primary health care for family physicians to contribute to health of communities with other members of the health team. Lessons can be learnt from the two natural disasters that affected Pakistan, the earthquake of 2005, and 2010 flood which demonstrated the commitment of doctors as individuals and small groups to serve the underserved and disadvantaged populations. The same spirit and leadership is necessary for physicians to assume the role of advocates of family physicians through major reforms in both undergraduate and postgraduate education. The Lancet Commission recent report<sup>7</sup> emphasizes the significant role of health professionals in aligning education to national health priorities.

If health professionals forge unity for high standards of care for all segments of its population, then only pressure can be exerted on the government to invest in the development of primary health care networks, and integrate donor agencies disease specific

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programs to strengthening horizontal primary care system<sup>8</sup>.

On taking the initiative, Pakistani physicians will find global models, partners for pursuing the mission of primary health care. For example, the success story of Brazil Society of family physicians (SOBRAMFA) which since 1992 has concentrated on undergraduate medical students to promote the philosophy of family medicine.<sup>9</sup> Moreover, the Network: Towards Unity for Health (TUFH) conference of 2010<sup>10</sup> demonstrated global efforts in overcoming the challenge of poverty, poor investment in health through partnership of health professions education and health services institutions. For Pakistani physicians, this is an opportune time to align medical education with population health care needs aimed at quality lifestyle and comprehensive health care for its population.

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