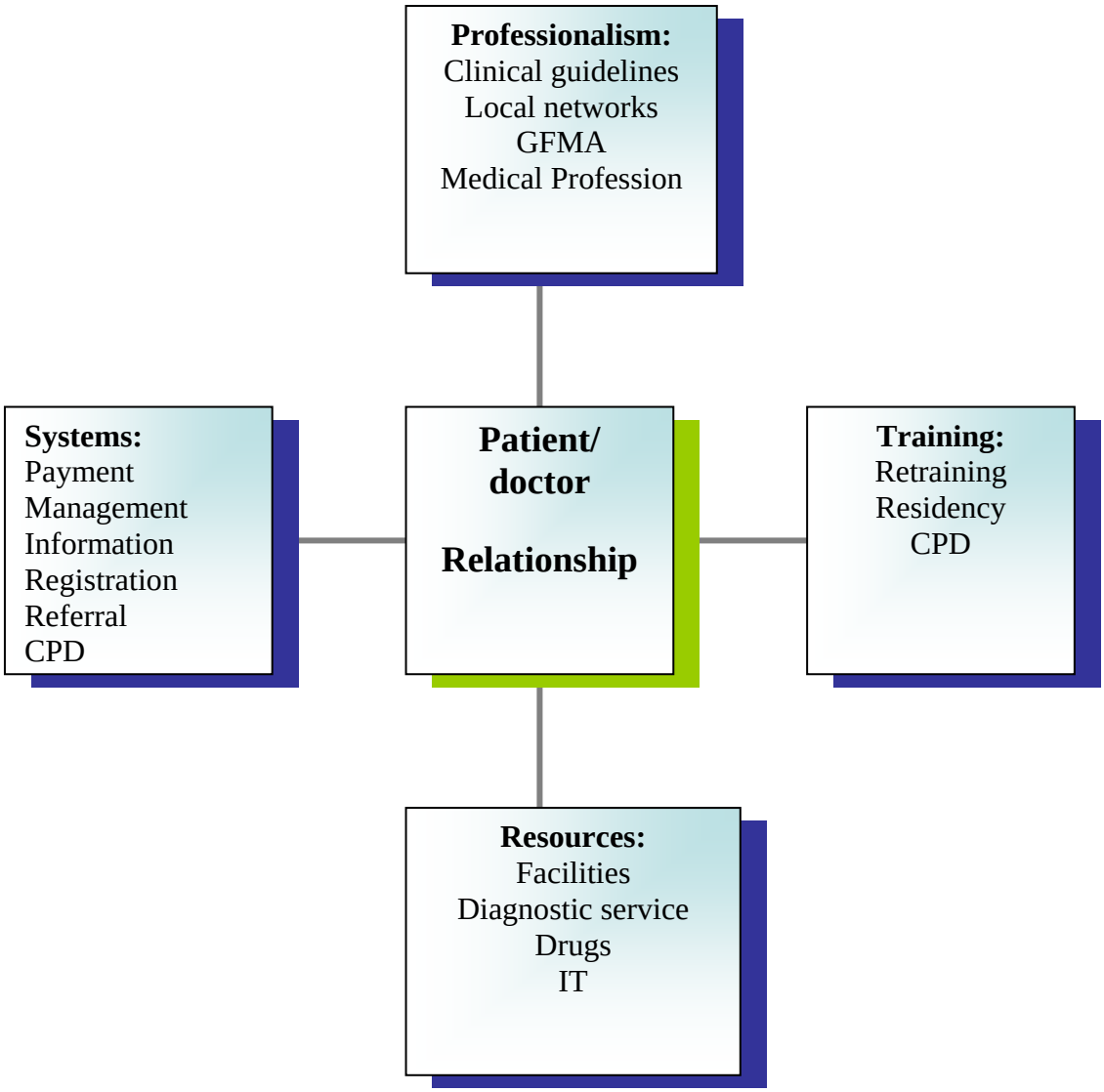
The Future of Family Medicine in Georgia

Family medicine in Georgia is at the start of its journey. In these early days we will face many challenges and pressures, but there are also opportunities for us to influence the direction and pace of change. We as a new profession must make our voice heard. We must be clear and show that we know what is required in the best interest of our patients.

The purpose of this article is to put forward some initial thoughts and questions to stimulate debate. Your comments and suggestions are not only welcomed but are essential if we are to develop a clear vision of how we want to influence how family medicine develops in Georgia. Your response can be sent either to the address below or to our web site on www.gfma.ge.

Family medicine must become the backbone of the health care system and we believe that its services will become ever more important as time passes and as patients value our services. For at the centre of our service is the patient.. We need to provide high quality and valued services that are safe and based on the needs of community. Most health problems in the community can be dealt within family medicine practices, with the hospital service providing back up for the more serious clinical problems and the need for specialist interventions.

A framework that identifies the key issues that affect our relationship with our patients follows:



Training

Many of us will have recently completed retraining in family medicine. Since then have we communicated with the community that we serve to explain how the new service is to work and how the retraining has provided us with more skills to enable us to provide a patient-centred service relative to their needs. We need to develop trust and confidence and encourage the population to utilise our services. They will only do this if they believe that we are skilled and offer them good diagnostic services and practical advice and guidance. At the centre of this is the doctor patient relationship and this is where communication must begin – at a one to one level. Outside that confidential relationship we must also communicate with community representatives to ensure that local politicians and representatives understand what our service can offer.

Up until this year retraining has been undertaken conjointly of teams of about six doctors and six nurses over a six or seven month period. Do we feel that that training was adequate and met our and our patients needs? Recently the retraining under the state programme has been based on retraining groups of twelve participants. Has quality been maintained? No matter how the retraining is structured, we as a profession must ensure that we are provided with the necessary skills and competencies to undertake our primary health care tasks. Developing quality driven services is essential. How are we going to assess this?

In the longer term family medicine training will be provided like any other medical profession through a residency training programme. This process has begun. But we need to ensure that the curricula of the residency programme and the retraining programmes are harmonised to ensure overall quality. And the residency programme will need to be scaled up to train sufficient doctors for the future.

Our skills and competencies will only be retained if we have the opportunity to use them. This means that we must have the opportunity to see and treat a wide range of patients. In addition each of us will need refresher training to ensure continuous professional development.. How are we going to identify our requirements and ensure that we are given the right opportunities to keep up to date?

Professionalism

The family medicine team will be the basic unit of care in the future. Strong clinical and professional leadership is required. We must adopt best clinical practice which will necessitate the further development of clinical guidelines and utilisation of best practice in all our activities. Some clinical guidelines have been developed and can be found on the Association's web site. But others still need to be developed; how are we going to contribute to their development and monitor their implementation?

Also we must become more united as a profession. As well as the Georgian Family Medicine Association which operates at a national level we should set up local networks and meet as professionals to exchange views, to share professional experiences and to support each other in our professional development. How can the process of developing local support networks be encouraged? How can the Georgian Family Medicine Association become more proactive and represent your views?

Family medicine as a medical profession is new in Georgia. We need to be part of and contribute to the development of the overall medical profession and work with the other medical

professions to ensure that the services provided to the population are of the highest standard. How can we work more closely with the other medical professions and how can we ensure that the voice of the medical profession is properly heard?

Systems

The health system in Georgia is going through a period of significant and basic reform. Not all issues are clear and many challenges remain to be worked out. There is an opportunity for the profession to influence this future and to develop systems that contribute to better care and better value for money. This will involve considering how best services should be paid for, how to influence the demand for services, how to provide the best range of services to reflect differing local requirements and how best to manage and regulate to ensure safety, quality equity and value for money.

Key to ensuring continual improvement is to provide appropriate incentives. Family medicine payment systems should ensure that money follows the patient with the best and most hard working being rewarded. This should be tempered with appropriate payments to ensure that prevention and immunisation programmes are properly financed. Flexibility should be allowed to enable different delivery patterns to be adopted by providers to reflect local requirements. The commissioning of services in the future is likely to be through the Health and Social Protection Agency and private health insurance organisations. Good contracting requires two parties of relevantly equal power to the contract. This will be the purchasing agents [the Health and Social Protection Agency and private insurance organisations] and us as providers. Are we strong enough to participate in that negotiating regime? If not what can we do to strengthen our position? How are we going to ensure that our interests and needs are reflected in the contracts?

To enable us to demonstrate our worth will require us to gather information on what we do and achieve. Costing information needs to be gathered as well information on the population we serve and the services that we provide. Do we have the appropriate tools to record this information which we will need to justify our arguments?

Referral systems are an essential mechanism to help control costs and ensure that patients get appropriate care relevant to their needs. These systems are not in place and may be not welcomed by other specialists. How can we overcome this resistance and how can we play a stronger part in determining what services are provided in family medicine practices?

The quality of the patients experience is critically dependant on our continued professional development. This will require appropriate training and methods of exchanging views and experiences with colleagues. But also it is in our interests that there are relevant systems to record our continued professional development which can be used for re-licensing purposes. Whilst some work nationally has been done to develop re-licensing system these are currently not in operation. How can we ensure that there is a fair and proper re-licensing system?

Resources

Our ability to provide a quality service to our patients as well as being dependant on our sills, knowledge, professionalism and systems is of course dependant on the resources at our disposal. These resources include facilities and equipment at our disposal, what diagnostic tools and services are available to us and what access our patients have to affordable drugs. Some of us are fortunate enough to be working in refurbished facilities with new equipment. However others of us are still working in old premises with old and dilapidated equipment. How can we

ensure that all family medicine practices have a good standard of equipment and that the working environment is conducive to developing confidential and providing privacy for patients?

At the centre of family medicine is the patient doctor relationship and the consultation process. Patients need to be provided with information involving their care and we need access through appropriate information technology to the most recent developments so that we can remain up to date and provide the best services to our patients. How can we ensure that patients get the right level of information and are satisfied with the services that we provide? And how can we ensure that our clinical practices are the best and that our management of the resources at our disposal are properly accounted for?

Conclusion

Whilst family medicine has proved its worth throughout Europe, further efforts are required here in Georgia to bring about similar benefits in quality and cost effectiveness.. This will require changes in the organsiational structures, development of systems, the provision of more resources and the development of professionalism in family medicine. However none of these will have the required effect unless the relationship between the family medicine practitioners and their patients is valued by patients and that this is reflected in the wider regional and national environment.

The new curriculum for retraining doctors in family medicine brings our approach into line European best practice and is in line with EORACT/WONCA guidance. Our training now follows that guidance but we have to ensure that the skills and knowledge acquired are to improve how we treat and deal with the patients who come to us for help.

It is incumbent on each and everyone of us to develop a patient centred service and good relationships. We must communicate the benefits of family medicine widely. We need to be our own ambassadors for no one else will act on our behalf.

The Georgian Family Medicine Association is working to build partnerships with all the key stakeholders and training organisations. However, the Association is only as strong as its membership and your active involvement and support is essential if it is to develop into a strong professional body. Therefore, I ask you to let us know how you envisage the future of the professions in family medicine in Georgia.

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