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Specialisation Training for Family Practice Essential

And should take place in the primary care setting

The health of a population is promoted by health care operating in the community from the perspective of that community's specific needs, and relates to other nonhealth care sectors in society which have an impact on health. This is the concept of "primary health care" and, as stated by the WHO, it is the domain of nurses, midwives, family physicians and other allied health professionals [1]. Practising in the community requires specific knowledge, skills and abilities to deal with the wide variety of health problems that find their way into family practice. A substantial number of health problems will only be raised in the primary care setting and never find their way into hospital [2]. Most new health problems will present themselves at an early stage, with limited development of symptoms ("early diagnosis"), thus rendering clinical performance uncertain in terms of their underlying cause or prognosis. Coping with this uncertainty is crucial to the provision of safe, effective and efficient health care. Social, cultural and economic factors determine health and the use of health care facilities, rendering insight into and a working relationship with the local community indispensable. This is what characterises primary health care and the role of the family physician – a characteristic that is, in this form, *only* encountered in practice within the community. By implication, it can only be *studied, taught or trained* in the community. This characterises primary health care, but for society it is even more important to realise that it determines the health status of the individual and the population [3, 4]. The stronger the primary health care in a population, the better the population's health status [5]. Investment in the population's health therefore passes through primary health care and the family physician's practice.

The process of strengthening primary health care and family practice as an investment in the population's health follows a familiar pathway in medicine: development and testing of new knowledge, building models of successful care, and the teaching and training of (future) family physicians and other professionals [1]. As can be inferred from the above, this process is context-dependent and only feasible *in* the primary care / family practice setting. There new knowledge of health problems and how to deal with them can be gathered; there, current and future family physicians can acquire the knowledge, skills and attitudes that matter.

Although in my opinion this statement is self-evident, it is unfortunately often challenged by politicians, educators and medical (sub-specialist) leaders. The obvious question to ask is how confident they would be about undergoing surgery by a practitioner who never before handled a knife but received a sterling education from an internist. The answer is in all probability an emphatic "no". It is unacceptable arrogance to deny equal rights to family medicine and future family physicians. This is a snub to the largest group of medical practitioners, but, more importantly, it fails to secure the best health care for individuals and populations.

Around the world education and training in primary care has become a leading force in medical education, and family practice has become instrumental in upgrading medical teaching. Investment in family practice specialty training is therefore likely to boost medical education, and this may be a positive side effect from the introduction of such training. But the one and only reason to introduce it is to enhance the health of the population – now more than ever!

References

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