

Building the Foundation for Universal Health Care: Academic Family Medicine's Ability to Train Family Medicine Practitioners

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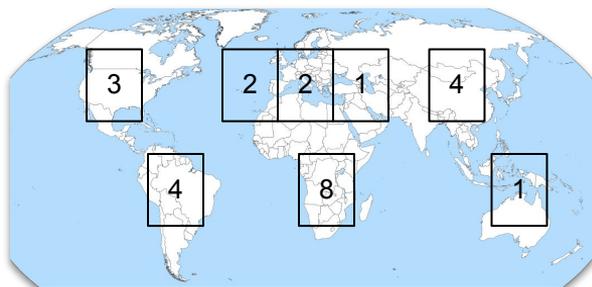
Statement of problem

What are overarching strengths and challenges experienced by academic training programs for family medicine clinicians?

- The Declaration of Astana marked a revived global interest in achieving universal health care by investing in primary health care, a service family medicine clinicians are uniquely trained to offer.
- Little focus has been placed on understanding resources and challenges faced by family medicine training programs in producing skilled clinicians for their communities.
- This study explores the resources at hand and barriers to overcome for such training programs

Materials and methods

- Anonymous survey of family medicine faculty internationally via WONCA Working Party on Education and WONCA Africa listservs.
- Team-designed virtual survey tool, reviewed by 5 key informants from 4 countries.
- Survey Active Period: 1st June, 2021 - 17th August, 2021.
- Reviewed & approached under Human Research Protections Program of University of Minnesota IRB.



Results

- Respondents from every global geographic region: n = 29 (see world map above).
- *Factors considered to be greatest resources or greatest limitations:* funding for the program and/or individual trainees.
- *Frequently available resources:*
 - Quality and quantity of faculty
 - Reliable clinical training sites,
- *Most cited limitations:* recruitment capacity and social capital.
- *Disruption/gap to recruit or train residents:* over half of survey respondents noted that their program had at some point during its life cycle faced a disruption/gap. Most frequent cause noted was loss of government recognition for the training program.
- *In considering what types of partnerships with other academic institutions might be beneficial:* respondents most frequently cited partnerships focusing on faculty development and research collaboration as likely to be beneficial.

Program Training Disruption

% Respondents reporting their program had ever faced a disruption/gap in its ability to recruit or train residents (n = 29)

Yes	15 (51.7%)
No	14 (48.3%)

Source cited for the reported disruption (n = 15) - multiple responses allowed

Loss of National / Specialty Accreditation	1 (6.7%)
Loss of Funding for Student Stipends	1 (6.7%)
Loss of Funding for Faculty	2 (13.3%)
Loss of Training Facilities	1 (6.7%)
Loss of Government Recognition	6 (40%)
N/A or No response	8 (53.3%)

Conclusion & take home message

It remains critical for policy makers and global partners to consider how best to support family medicine training programs that produce highly skilled clinical leaders at the community level.

This survey provides an opportunity to gain a better understanding of what challenges are faced and how best to contribute to the sustainability and growth of these programs, particularly in terms of:

1. *Areas for investment;*
2. *Opportunities for government policy and action;*
3. *Areas of collaboration.*



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