

# Training specialists in family medicine in the Philippines

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**Abstract:** This article describes the 3-year residency training program for Family Medicine specialists in the Philippines. Although the training is hospital based, 50% of the time is spent in ambulatory care, mainly in the clinic run by the Family Medicine department at the base hospital outpatient section and in the community. Contents of the program have been clarified with the review of the definitive competencies of family physicians. Learning strategies adhere to the principles of adult learning – supervised, experiential and participatory. Assessment is both formative, with feedback mechanisms, and summative, for determination of promotion to the next level and graduation.

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**Key words:** Family Medicine, residency training, specialization, teaching and learning strategies.

‘Medical education is a reflection of medical practice; it is not education that will change the practitioners, but reformed practice that will redesign medical education’.  
George Silver

## Historical background

The recognition of specialists is the task of a specialty organization. In the Philippines, the Philippine Academy of Family Physicians (PAFP) first granted the title of ‘Fellow’ to 18 qualified members in 1967. They gained recognition for this title through unstructured Continuing Medical Education (CME) credits.<sup>1</sup>

Initially called the Philippine Academy of General Practitioners, the PAGP was recognized as a specialty society by the Philippine Medical Association (PMA) and changed its name to the Philippine Academy of Family Physicians in 1972.<sup>2</sup>

Formal training for specialization in Family Medicine began in 1972 at the Philippine General Hospital (PGH) of the University of the Philippines, Manila. It is a 3-year training program that is broadbased and interdisciplinary (multispecialty). It is designed to produce primary care physicians responsible for the complete

care of the family, including referrals of patients to specialists whenever necessary.<sup>3</sup> Formal recognition of the residency program was granted in 1975 when its first graduates were awarded the title of Fellows.<sup>4</sup> One of the most important features of the residency program was the assignment of families for whom residents provide continuing, comprehensive and holistic care.<sup>5</sup> Review of the PGH Family Medicine residency in 1985 resulted in the strengthening of Family Medicine training by the addition of Counseling and Behavioral Science Lecture Series.<sup>6</sup>

In 1986, the Residency Training Committee of the PAFP formulated standards for accreditation of residency training programs. The requirements for accreditation included learning experience through a family health care program, community based health care program, 24-hour duty in emergency medicine, actual conduct of research in addition to clinical rotations in internal medicine, pediatrics, surgery, obstetrics/gynecology and psychiatry.<sup>7</sup> Training is mainly in the outpatient section, drawing from the characteristics of care in Family Medicine – primary, personalized, continuing, and comprehensive – taking into consideration the perspectives of the family and the community.

## The training programs

Newly applied programs are evaluated on an annual basis until they reach full accreditation, after which

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evaluation is done on a 3-year period. From 1975 onwards, a total of 42 programs have undergone the accreditation process from the PAFP, and 38 are currently accredited.

At present, there are:

- nine programs run by medical schools' attached to training hospitals,
- six programs run by regional hospitals and medical centers of the Department of Health,
- four organized by hospitals owned by local government units,
- nine by hospitals run by religious groups,
- nine in privately owned hospitals,
- one run by a government agency.

Five of these programs belong to hospitals where the only training offered is Family Medicine. More are being organized as such. The PAFP is now developing training programs that are largely clinic or practice-based.

## Five-star family physician, Filipino version

The practice of Family Medicine and the training of family physicians will be greatly affected by the full implementation of the National Health Insurance Law (NHIL) in 2010. It mandates universal health care coverage for all Filipinos, for both inpatient and outpatient care, with all healthcare providers participating in quality assurance activities. The possibility of patient registration and gatekeeping (where a physician will serve as an entry point in healthcare) is an issue being addressed. In conjunction with the Philippine Health Insurance Corporation (Philhealth, the government's implementing agency for the National Health Insurance Law), the PAFP has conducted workshops on Competencies of Gatekeepers (1996) and Quality Assurance in Family Medicine (2001). The PMA, through the Commission on Professional Specialization, conducted a workshop with Philhealth on the Referral Process (2001). The University of the Philippines, Manila, through the Department of Family and Community Medicine, conducted a workshop with Philhealth on 'Health Care Delivery and Effective Implementation of the outpatient component of the NHIL' (2002). All workshops were initiated by one of the authors (Dr Leopando) with the hope of formulating clear policy on the important role of family physicians in the health care systems.

In 1998, the PAFP held a nationwide consultative workshop that reviewed the 1982 formulated competencies of family physicians. Inspired by the concept of a five star doctor, the roles and responsibilities of the family physician were stipulated for the trainees. These were:

- health care provider
- educator/teacher
- counsellor
- researcher/lifelong learner
- social mobilizer/manager.<sup>8</sup>

## Learning objectives

At the end of training, the family medicine resident graduates are expected to apply continuing, comprehensive, and holistic care to patients and their families, taking into consideration issues important to them and the community.

The type of care provided is continuing, personalized, cost-effective, optimum quality and comprehensive. The educator aspect involves empowerment of patients and families through health education and lifestyle modification, and includes health promotion, disease prevention, early diagnosis and treatment, disability limitation, rehabilitation and palliative factors. As counselor, the family physician is expected to analyze family psychodynamics and take this into consideration when providing advice. The researcher and lifelong learner aspect involves acquired enthusiasm in gaining new knowledge, critically appraising the medical literature, evaluating evidence from such appraisals, appropriately applying clinical practice guidelines and standards and making use of all these in decision making. As social mobilizer and manager, the family physician is expected to refer appropriately to and coordinate patient care, establish linkages and networks whenever necessary, and efficiently manage their own private practice.<sup>9</sup> The concept diagram (Fig. 1) below best captures the essence of the roles and responsibilities of family medicine specialists.<sup>10</sup>

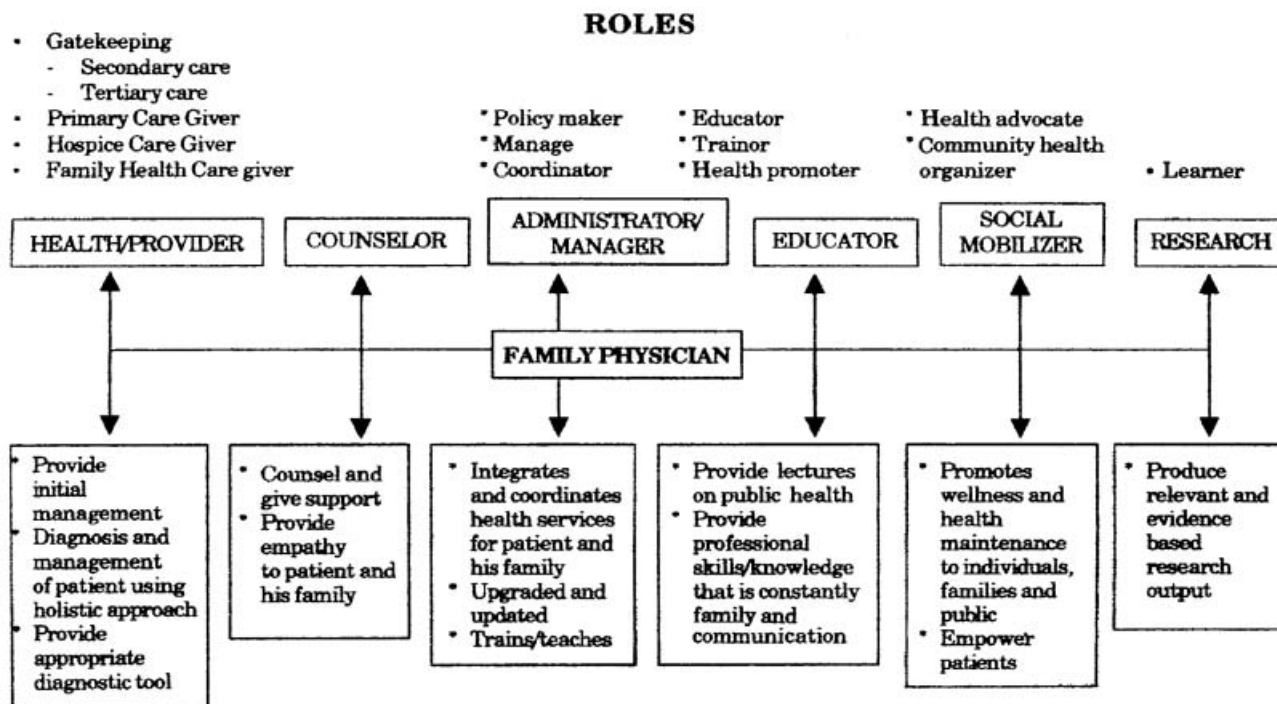
## Contents of training

This is best exemplified by the areas of rotations during the 3 years of training as shown in Table 1. Family physicians are expected to independently carry out all phases of diagnosis, including diagnostic procedures, and treatment in all cases listed under the definitive competencies as well as recognizing and managing complications which arise from the procedures.<sup>12</sup> It is also noteworthy to mention that evidence-based medicine and quality assurance have been a required part of training since 2000.<sup>13</sup>

## Locus of learning

Family Medicine training in the Philippines is primarily hospital based, mostly in the ambulatory care service of the Family Medicine/Outpatient Department and in the Community Health Outreach Programs. Multispecialty rotations are done in the hospital's clin-

**CONCEPT/DIAGRAM**



**Figure 1** The concept diagram showing the roles and responsibilities of family medicine specialists. Reprinted with permission from Philippines Academy of Family Physicians.

ical departments. The development of hospital based training started in 1972 when there were no trained Family Medicine trainers yet. At present while there are trained teachers in Family Medicine in both hospital and community settings, hospital based training is still maintained because of the advantages evident. These include:

- 1 giving Family Medicine specialty training the same prestige and image as other specialties
- 2 family physicians in the Philippines handling inpatients in hospitals
- 3 participation of other specialists in the training of residents in Family Medicine creating the necessary interspecialty interaction in the family physician's referral network – a must in the practice of Family Medicine
- 4 Family Medicine forming the linkage between the hospital and the community.

**Learning activities**

Learning activities are experiential in which the principles and values in family medicine are given strong emphasis.

In all clinical rotations, there is direct patient care and supervision. Learning activities include bedside

rounds, chart reviews, mortality/morbidity reviews and medical audit. Critical appraisal of literature is done in relation to clinical decision making. Lectures are given especially at the start of training. Small group discussions and peer sessions are part of the learning strategy. For self-directed educational processes, a learning portfolio is encouraged, with learning points and issues highlighted.

Family and clinical case presentations, actual researches and action projects in the community are required during training. Recently, quality assurance projects were added.

**Assessment of trainees**

Built within the program is the independent assessment of the performance of trainees. Formative assessment includes use of observation rating tools by supervisors and peers, with a feedback mechanism. Processing of the audiotapes of consultations are done by some programs. The PGH program has pioneered the use of the learning portfolio and mentoring for formative assessment.

Summative assessments are important tools for promotion and graduation. Written examinations, graded case reports, research and practical examinations form

**Table 1** Areas of rotation during 3 years of training

Areas of rotation	Number of months			Total months per rotation
	First year	Second year	Third year	
Obstetrics and gynecology	2 inpatient	2 outpatient		3
Pediatrics	2 inpatient	2 outpatient		4
Internal medicine	2 inpatient	2 outpatient		4
Surgery			2	2
Psychiatry		2		2
Ophthalmology	1			1
Otorhinolaryngology		1		1
Pathology			1	1
Radiology	1			1
Anesthesia			1	1
Emergency medicine	24 hour duty every 3–5 days	24 hour duty every 3–5 days	24 hour duty every 3–5 days	24 hour duty every 3–5 days
Community medicine			3	3
Family medicine	4	4	2	10
Elective			2	2
Total per year	12	12	12	36

part of the assessment. Objective Structured Clinical Examinations are also used. The PAFP, through the Specialty Board, gives a qualifying examination for specialty recognition to graduates of the programs.

## Results and conclusion

After 30 years, 1320 trainees have graduated from the 42 residency training programs. A study was done in 1985 among graduates of PGH that showed 85.3% are family medicine practitioners.<sup>14</sup> It can be said however,

that family medicine graduates are practicing primary care in an outpatient basis either in a public or private setting. Family Medicine clinics are situated in the community, in industrial locations, in schools, in ambulatory sections of hospitals, in managed care facilities and in non-governmental programs. Family physicians also enjoy admitting privileges to hospitals. Family physicians in the Philippines can admit and take charge of patients in the hospital. Referrals, networking and definitive competencies are at the core of the practice.

## References

- Candidates for Fellows. Philippine Academy of Family Physicians. *Sixth Anniversary and Convention Souvenir Program. February 16–18, 1967*. Manila: Philippine Academy of Family Physicians, 1967; 28.
- Angeles R. Brief History of the PAFP. *Souvenir Program of the Philippine Academy of Family Physicians 12th Anniversary and Convention. February 15–17, 1973*; Manila: Philippine Academy of Family Physicians, 1973; 39–41.
- Gutierrez M. The extent of medical training in the PGH. *Filipino Fam. Phys.* 1975; **13**: 17–19.
- Candidates for Fellows. Philippine Academy of Family Physicians. *15th Anniversary and Convention Souvenir Program February 5–7, 1976*; Manila: Philippine Academy of Family Physicians, 1976; 30–31.
- Arcadio R. Family medicine: an emerging academic discipline. *Filipino Fam. Phys.* 1976; **14**: 23–6.
- Leopando ZE. A review of the Family Medicine Residency Training Program in PGH. *Filipino Fam. Phys.* 1986; **24**: 24–33.
- PAFP Committee on Residency Training Special (Suppl.) A Family Medicine Residency Program. *Filipino Fam. Phys.* 1985; **23**: 1–8.
- Leopando Z, Olazo R (eds). *Proceedings of the Workshop on Competencies of Family Physicians*. Makati: Philippine Academy of Family Physicians, February 2001, 2.
- Leopando Z, Olazo R (eds). *Proceedings of the Workshop on Competencies of Family Physicians*. Makati: Philippine Academy of Family Physicians, February 2001, 22.
- Philippine Society of Teachers of Family Medicine 1999. *Proceedings of the Annual Conference and Teachers Training Workshop May 2001*. Makati: Philippine Society of Teachers in Family Medicine, 2001.
- Leopando Z, Olazo R (eds). *Proceedings of the Workshop on Competencies of Family Physicians*. Philippine Academy of Family Physicians, February 2001, 4.
- Philippine Academy of Family Physicians. Amended Constitution and Bylaws. *Filipino Family Physicians*. October – December 2000, **Vol. 38** no. 4, pp. 116–37.
- Leopando ZE. A Renew of the Family Medicine Residency Training Program in Philippine General Hospital. *Filipino Fam. Phys.* 1986; **24**: 24–40.