Trend of Family Medicine in Kirkuk-Iraq

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Abstract: Family medicine is the medical specialty which provides continuing and comprehensive health care for the individual and the family. To show the trend of family medicine in ideal primary Health care centers in Kirkuk City. A retrospective study was conducted in six PHCCS in two districts in Kirkuk city from first of June 2016 to first of September 2016. Data collection was done by team work from set up of the program in 2011 till 2015. Total population registered in 2015 has reached 121221 among 2122343 persons with rate of 57.11% in the included PHCC, while the total number of family registered were 36900 among 48629 with rate 75.88%. There was positive correlation between the number of population and family registration, the rate of registration was increased with years of registration. The total number of the personal registration was increased with years as the highest percentage was in 2015(57.11%), followed by 2014(42.01%), and the lowest was in 2011(29.11%). According to international average data in Kirkuk the average of family physician was 0.6/10.000 population. In Kirkuk PHCCS practice is relatively successful and the infrastructure of family medicine needs improvement.

Keywords: Family medicine, health care, Kirkuk city.

INTRODUCTION

Family medicine is the specialty concerned with providing training within one of the highly functional and advanced health care system in our nation, so that our residents graduate with the skills necessary to provide tomorrow’s primary care [1]. It is a division of primary care that provides continuing and comprehensive health care for the individuals and family across all ages, genders, diseases and parts of the body. It is based on knowledge of patient in the context of the family and the community, emphasizing disease prevention and health promotion [2].

Family medicine and family physicians play a very important role in the health care system of a country, as in U.S., nearly one in four of all office visits are made to family physicians. That is 208 million office visits each year nearly 83 million more than the next largest medical specialty. Today, family physicians provide more care for American’ s underserved and rural populations than any other medical specialty [3] following world war 11, two events shaped. The advent of family medicine, first medical specialist and subspecialists increased popularity, having an adverse effect on the number of physicians in general practice. At the same time many medical advances were being made and there was concern within the “general practioner” or “GP” population those four years of medical school plus a one-year internship was no longer adequate preparation for the breadth of medical knowledge required of the profession [4].

World Health Organization of Family Doctors (WONCA) at EMRO is committed to working with our WHO colleagues on continuing to strengthen health service provision in each of the nations of the Eastern Mediterranean Regions through a family practice approach. This is essential if we are to achieve universal health coverage for the people of this region. This region is unique with its range of low, middle and high income countries and countries in crisis [5].

The European definition 2011 of family medicine has presented the characteristics of the field by the twelve characteristics of the discipline including: being the first contact with the health care system; making efficient use of health care resources; developing a person-centered approach; promoting patients empowerment by a unique consultation.
process; taking the responsibility for the provision of continuity of care by a specific decision making process; managing of acute, chronic and other illnesses that present in an undifferentiated way. In addition to promoting health by dealing with community in physical, cultural, social and other dimension [4].

In Iraq, the first programs in family medicine started by the Tikrit University/ College of Medicine (TUCOM) which develop medical education, characterized by periodic revision and controversy about the best curriculum models to be applied. The college followed the innovative community-based learning program implemented to changing health priority needs. In TUCOM, community and family medicine department are involved in undergraduate and post-graduate education, with curricula consisting of topics such as introduction to family medicine, principle of clinical medicine, medical interview and history taking, a review of physical examination and communication skills [6].

The College of Medicine, Tikrit graduate physicians will have the following components such as care provider by considering the patient as integral part of family and community; decision making applying ethically cost-effectively new technologies for enhancement of care providing communication or by empowering individuals and groups toward enhancing their health; a community leader through initiation of health action on behalf of the commencing an successful manager with the ability to work in harmony and cooperation with those inside and outside health system.

The present study was planned to evaluate the trend of family medicine progress in ideal PHCCS in two districts in Kirkuk City

**MATERIALS AND METHODS**

**Setting:** Kirkuk governorates include six ideal primary health care centers in 2 distinct among the PHCC in city centers (Tissiin, Mansur, Tareek Baghdad, Hawkarii, Taakhi and Hajaj).

**Period of study**

The retrospective study was conducted from first of June 2016 to first of September 2016.

**Sampling**

Data collection was done by team work from set up of the program in 2011 till 2015.

**Inclusion criteria**

All families and their members registered in the program were included from 2009 till 2016.

**Exclusion criteria**

The attendants to PHCCS who are not registered in the program who have no family document.

**Documents used**

- Includes field screening form, Family card, Personal file, Family file and Ideal health center.

The family medicine project in PHCCS was established in 2011 in six PHCC according to geographical distribution and population density. The estimated number of family medicine doctors according to Ministry of Health instruction was one physician per 750 families, with estimated family member being 5 i.e. one physician per 3750 person.

In Kirkuk City, the population number of two districts (Kirkuk 1&2) was 906920, while the number of family medicine doctors was 14 i.e. one family physician per 64780 persons which mean that only 6% of the estimated number of physicians was achieved in this project. According to international average data in Kirkuk the average of family physician was 0.6/ 10.000.

**Statistical analysis**

The collected data was represented as a percentage.

**RESULTS**

Among 45 main PHCCS, 6 new established ideal PHCCS were chosen according to geographical distribution in two districts in Kirkuk City. Cumulative population registered in 2015 has reached 121221 among 2122343 persons with rate of 57.11% in the included PHCCS, while the total number of family registered were 36900 among 48629 with rate 75.88%.

Table 1 shows a positive correlation between the number of population and family registration as the rate of registration was increased with years of registration.

Regarding the rate of family registration, the highest rate was among Hajaj PHCC 99% followed by Tissin 94%, Hawkarii 89%, Taakhi 84%, Mansur 59% and the lowest was Tareek Baghdad 44% respectively.

Table 2, shows the percentage of personal registration in relation to total population in the included PHCCS. It shows that the total number of the personal registration was increased with years as the highest percentage was in 2015(57.11%), followed by 2014(42.011%), and the lowest was in 2011(29.11%).

Regarding the personal registration in studied PHCCS, the highest was in Tissin (88.6%) followed by Taareek Baghdad (84.7%), Mansur (64.4%), Hawkarii (50%), Hajaj (43%) and the lowest in Taakhi (38%) respectively.

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Table-1: Field screen of family registration in Kirkuk City

<table>
<thead>
<tr>
<th>Name of Primary health care PHCC</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population family No.</td>
<td>Family registration Total No.</td>
<td>%</td>
<td>Population Family No.</td>
<td>Family registration Total No.</td>
</tr>
<tr>
<td>Tissiin</td>
<td>5403</td>
<td>4521</td>
<td>83.6</td>
<td>6067</td>
<td>5114</td>
</tr>
<tr>
<td>Mansur</td>
<td>3000</td>
<td>2454</td>
<td>81.8</td>
<td>5450</td>
<td>2911</td>
</tr>
<tr>
<td>Tareek Baghdad</td>
<td>4367</td>
<td>1413</td>
<td>32</td>
<td>4367</td>
<td>2302</td>
</tr>
<tr>
<td>Hawkarii</td>
<td>5613</td>
<td>4754</td>
<td>84.6</td>
<td>7143</td>
<td>5686</td>
</tr>
<tr>
<td>Taakhi</td>
<td>7103</td>
<td>4439</td>
<td>62</td>
<td>8118</td>
<td>4944</td>
</tr>
<tr>
<td>Hajaj</td>
<td>7757</td>
<td>5251</td>
<td>67</td>
<td>8355</td>
<td>6990</td>
</tr>
<tr>
<td>Total</td>
<td>33243</td>
<td>22832</td>
<td>68.69</td>
<td>39500</td>
<td>27947</td>
</tr>
</tbody>
</table>

Table-2: Field screen of personal registration in Kirkuk City

<table>
<thead>
<tr>
<th>Name of Primary Health care PHCC</th>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population Personal No.</td>
<td>personal registration Total No.</td>
<td>%</td>
<td>Population Personal No.</td>
<td>personal registration Total No.</td>
</tr>
<tr>
<td>Tissiin</td>
<td>27018</td>
<td>12379</td>
<td>45</td>
<td>30335</td>
<td>14549</td>
</tr>
<tr>
<td>Mansur</td>
<td>14998</td>
<td>6493</td>
<td>43.3</td>
<td>16839</td>
<td>8152</td>
</tr>
<tr>
<td>Tareek Baghdad</td>
<td>21835</td>
<td>1687</td>
<td>7</td>
<td>21835</td>
<td>2940</td>
</tr>
<tr>
<td>Hawkarii</td>
<td>28064</td>
<td>7194</td>
<td>25.6</td>
<td>32074</td>
<td>11330</td>
</tr>
<tr>
<td>Taakhi</td>
<td>35516</td>
<td>6929</td>
<td>19</td>
<td>40591</td>
<td>8390</td>
</tr>
<tr>
<td>Hajaj</td>
<td>54768</td>
<td>8026</td>
<td>14</td>
<td>62594</td>
<td>19513</td>
</tr>
<tr>
<td>Total</td>
<td>146683</td>
<td>42708</td>
<td>29.11</td>
<td>204277</td>
<td>64874</td>
</tr>
</tbody>
</table>
DISCUSSION

Family physicians play an important role in integrating and coordinating care provided to patients and their families. They are responsible for the implementation of the concept of primary Health Care through their work in general practice. Therefore, a well designed and effective training program in Family medicine is essential component of medical college’s curricula.

The estimate of current study was 0.06/1000 which is very in comparison with the report by Abyad et al. in Iraq, who reported 0.66/1000 population, this might be due new establishment of program in Iraq. It is also lower than that reported in Middle East countries such as in Kuwait 1.53, Lebanon 3.25, Jordan 2.03, United Arab Emirate, 2.02, and Turkey 1.35. It is also lower than that reported in Canada 1/1000 which is lower than U.S. 2.56/1000 and Western Europe [7-9].

The most important regional barrier to development of primary care system is insufficient physician and other primary care providers, lack of awareness of the importance of family medicine, inadequate financial support. In addition to lack of training in research, preference of medical undergraduate other clinical specialties to family medicine, the unavailability of healthcare that is supportive of research, insufficient financial resources and the unavailability of electronic health records were perceived as major barriers in conducting family medicine research [10,11].

In Iraq, there is no specified department for family medicine in any medical college. The curricula of Iraqi medical schools ignore the concept family medicine as a separate entity. In Tikrit College of Medicine although has a community based curricula, family medicine is included within community medicine department. Moreover the clinical teaching hospital-based; students are not taught for presentation of diseases outside of a hospital and often unprepared for the complexity of general practice [12].

As indicated in Table 1 that the percentage of families registered in the program was 68.69% in 2010 and estimated to increase in 2015 75.8. This may be related to the increase orientation of members to the importance of the new program in documenting the demographic characteristic of the included families and their myths in improving their perception the persistence of constant number of their family in the PHCCS.

The percentage of the members included in family documents. Also it is clear that the number of family members increased along the years of study period.

This is the first study that has attempted to systematically document information on the status of family medicine in Kirkuk City. The information obtained in this study is limited given the limited data available at the outset of the study. Although the finding of the present study provides a picture of the specialty in the city they also arise many questions that will need to answer. Further studies are required to investigate issues related to family medicine training and practice in the country.

In conclusion, the experience of Kirkuk in PHCCS practice is relatively successful but incomplete. The infrastructure of family medicine needs improvement There has been some success in the fields of immunization and childcare but more efforts is required in maternal health, health education, health maintenance, chronic disease management, medical screening and early detection of diseases as well as a better control for endemic health problems. In the curative services more authority and independence should be given to family doctors to enable them develop improve family practice.

REFERENCES
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