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Original Research Article

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(42.011%), 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 intership 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 reprented 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 include 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 Tareek Baghdad (84.7%), Mansur (64.4%), Hawkarii (50%), Hajaj (43%) and the lowest in Taakhi (38%) respectively.

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

Name of Primary health care PHCC	2011			2012			2013			2014			2015		
	Population family No.	Family registration Total No.	%	Population Family No.	Family registration Total No	%	Population Family No.	Family registration Total No.	%	Population Family No.	Family registration Total No.	%	Population Family No.	Family registration Total No.	%
Tissiin	5403	4521	83.6	6067	5114	84	6067	5301	87	6067	5526	91	6067	5738	94
Mansur	3000	2454	81.8	5450	2911	53.4	5608	3175	56.6	5818	3385	58.1	5937	3504	59
Tareek Baghdad	4367	1413	32	4367	2302	52.7	6558	2716	41.4	6558	2810	42.8	11802	5198	44
Hawkarii	5613	4754	84.6	7143	5686	79.6	7366	6523	88.5	8224	7325	89	8497	7571	89
Taakhi	7103	4439	62	8118	4944	60.9	8716	5662	65	7872	6008	76	7872	6587	84
Hajaj	7757	5251	67	8355	6990	83	8454	7543	89	8454	8217	97	8454	8310	99
Total	33243	22832	68.69	39500	27947	70.76	42769	30920	72.30	42993	33271	77.38	48629	36900	75.8

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

Name of Primary Health care PHCC	2011			2012			2013			2014			2015		
	Population Personal No.	personal registration Total No.	%	Population Personal No.	personal registration Total No	%	Population Personal No.	personal registration Total No.	%	Population Personal No.	personal registration Total No.	%	Population Personal No.	personal registration Total No.	%
Tissiin	27018	12379	45	30335	14549	48	30335	15326	51	30535	16703	53	30535	27084	88.6
Mansur	14998	6493	43.3	16839	8152	48.4	17223	9306	54	16903	10359	61.2	17081	11009	64.4
Tareek Baghdad	21835	1687	7	21835	2940	14	28266	4633	61	25758	4803	16.9	25822	21873	84.7
Hawkarii	28064	7194	25.6	32074	11330	35.3	32074	14274	44.5	37488	17864	48	38396	19380	50
Taakhi	35516	6929	19	40591	8390	20.6	40591	1174	28	39360	13452	34	39360	15043	38
Hajaj	54768	8026	14	62594	19513	30.8	62594	22585	36	61049	25599	41	61049	26832	43
Total	146683	42708	29.11	204277	64874	31.83	211083	67298	31.88	211093	88780	42.05	212243	121221	27.11

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 inKuwait 1.53, Lebanan 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.

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