

## Concept of Family Medicine in Saudi Arabia

**Khalid Farraj Alrefaie<sup>1\*</sup>, Abdulrahman Mohammed Almeahmedi<sup>2</sup>, Yasser Safar Alqahtani<sup>2</sup>, Bashayer Munif Alsulami<sup>3</sup>, Walla Sadiq Alhassan<sup>4</sup>, Abdullah Ahmad Daiel<sup>5</sup>, Hasan Abdulrahman Linjawi<sup>6</sup>, Ahmed Ali Asiri<sup>7</sup>, Hadi Ahmed Alshehri<sup>7</sup>, Atheer Meshal Aljuaid<sup>8</sup> and Metab Ali Alasmari<sup>9</sup>**

<sup>1</sup>Department of Family Medicine, Consultant of Family Medicine, Specialized Polyclinic, King Abdulaziz Medical City, National Guard, Jeddah, Saudi Arabia

<sup>2</sup>Department of Emergency Medicine, King Fahad General Hospital, Jeddah, Saudi Arabia

<sup>3</sup>General Physician, Ministry of Health, Jeddah, Saudi Arabia

<sup>4</sup>Department of Emergency Medicine, King Fahad Hospital, Hofuf, Saudi Arabia

<sup>5</sup>Collage of Medicine, Najran University, Najran, Saudi Arabia

<sup>6</sup>Medical Director, 4D Clinic, Jeddah, Saudi Arabia

<sup>7</sup>Collage of Medicine, King Khalid University, Abha, Saudi Arabia

<sup>8</sup>Collage of Medicine, Taif University, Taif, Saudi Arabia

<sup>9</sup>General Physician, Armed Forces Hospital Southern Region, Jazan, Saudi Arabia

**\*Corresponding Author:** Khalid Farraj Alrefaie, Department of Family Medicine, Consultant of Family Medicine, Specialized Polyclinic, King Abdulaziz Medical City, National Guard, Jeddah, Saudi Arabia.

**Received:** December 01, 2020; **Published:** January 16, 2021

### Abstract

**Background:** Family Medicine in Saudi is taken very seriously as it the solution to ensuring universal health coverage, health care for all people with different age groups. The complexities of primary care practice today, telemedicine and healthcare technologies imperatives, the increasing propensity to treat health care as a business rather than a clinical service and the need to sustain the line of medical students pursuing family medicine as a practice are all challenges that face family medicine these days.

**Aim:** The main objective of this study is to analyze the concept of family medicine in Saudi Arabia situation of training programs in Kingdom of Saudi Arabia.

**Conclusion:** Family medicine is an important medical specialty dealing with prevention, health promotion, detection and management of problems that affect all family members with different age groups. There is a notable increase in the workforce of family medicine in most of the Saudi regions. Moreover, most of the conducted reviews in the KSA have untended the primary healthcare services or the family medicine, which implies a lack of their data and statistics.

**Keywords:** Family Medicine in Saudi Arabia; Family Medicine; Family Medicine Principles; Rule of Family Physician

### Introduction

Family medicine (FM) is a specialty which focus on the physical, emotional and social health of all age groups dealing with prevention, health promotion, detection and management of problems that affect all family members with different age groups [1]. It is one of the most important health specialties in the world as it produces a wide variety of health services for all age groups with both genders.

Family practice is branch out specialty studies various issues with weak evidence base including clinical conditions, patient behavior, and healthcare organization. Family medicine relies on important values (comprehensiveness, continuity, coordination, and accessibility) [2].

Family physician is a physician who easily recruit patients and takes a large responsibility for a good care of unselected patients with different ages and wide medical undifferentiated health problems and manage it [4]. The clinical experience of family medicine is patient-centered, evidence-based, and problem-oriented with serious health policy issues appear to be intractable. Family physicians also conduct research in many contexts of primary care to improve practice and policy of methodology, clinical studies, health services, health systems, and educational [5]. Family doctors also have the ability to communicate effectively with patients easily because of the trusting relationships established between them over time; they also connect with families, and social service professionals to providing effective patient care [6].

The population of Saudi Arabia has expanded rapidly in the past few decades from approximately 7.3 million people in 1975 to approximately 24.6 million in 2005 and reached 27 million, 18 million of them are Saudis and will reach 39.8 million by 2025, 54.7 million by 2050 and 61.3 million by 2100 with nearly 30% of the population at younger age group with high growth rate [7,8]. The demographic of Saudi Arabia is unique as its land area is 2250000 square kilometers accounts for the largest country in the Middle East, consisting of mostly desert and huge subterranean reserves of oil [9].

Saudi Arabia was one of the first countries among Arabian Gulf countries to reform its healthcare system following the World Health Organization's (WHO 1978) Alma-Ata declaration, which established the goal of "Health for all" in 2000 [10]. The healthcare system in Saudi Arabia was ranked 26th by the World Health Organization (WHO) coming before most of neighboring Arabian Gulf countries, and many other healthcare systems in developed countries as UK and USA. The preliminary healthcare service infrastructure had started to develop only after 1925 and it gained momentum after the establishment of the MOH in 1950 [11]. The healthcare sector was one of the major beneficiaries of public spending during the oil boom of the 2003 - 2013. The total healthcare spending increased in this period by an average of 9.6% per year over the decade to reach around SAR 84.4 billion in 2013 [12]. There are two factors affecting healthcare services which are: foreign workers (6.1 million of general population considered foreign nationals) and the high percentage of young people (40% of the population is under the age of 15 years) [13].

The primary health services rendered by the Saudi Health ministry are offered through a comprehensive wide system of 2,500 primary care centers located in both urban and rural communities [14]. Other primary care services in Saudi Arabia include university hospitals, the military, the national guards and the private sector. A significant proportion of the population and shortage of family medicine physicians have estimated 636 family physicians around Saudi Arabia [15].

The main objective of this study is to analyze the concept of family medicine in Saudi Arabia situation of training programs in Kingdom of Saudi Arabia.

### Family medicine in Saudi Arabia

FM in KSA was started in the early 1980s in a military hospital in Riyadh The Family Medicine Science Council was introduced to the framework of the Arab League, which created the Arab Board of Health Specialties to begin the qualification of family medicine physicians [16]. In 1982, in cooperation with foreign institutions, two Saudi universities started postgraduate training in family medicine. Ten years later, Saudi Arabia established the Saudi Commission for Health Specialties with the Family Medicine Scientific Council as one of its essential disciplines that certifies family medicine physicians [17]. In 1991; Fellowship programs in FM were started in King Saud University and King Faisal University followed by Arab Board. This was followed by the Saudi Board under the umbrella of Saudi Commission for Health Specialties (SCFHS) in 1995 [18].

Family Medicine in Saudi is taken very seriously as it the solution to ensuring universal health coverage, health care for all people with different age groups. The complexities of primary care practice today, telemedicine and healthcare technologies imperatives, the increasing propensity to treat health care as a business rather than a clinical service, and the need to sustain the line of medical students pursuing family medicine as a practice are all challenges that face family medicine these days [19]. PHC centers also face many obstacles that affect the quality of services provided to the community. These include a deficiency of diagnostic tests, drugs, shortage of diagnostic facilities and staff, as well as lack of adequate resources and inability to access scientific journals through the internet or libraries [20]. These obstacles cause stress and dissatisfaction among family physicians and can consequently affect their creativity, commitment and the quality of care they provide to patients [21].

Family Medicine is the most needed specialty in Saudi Arabia for many reasons because of high demand of Saudi community to family physicians which is estimated to be 15,000 FPs [22]. FPs represent only less than 28% of the total physician power at the Primary Health-care Centre (PHCC) level in KSA. Studies in Saudi Arabia have shown that more emphasis is needed at all levels of FM in order to obtain an appropriate number of FPs and to enhance both the academic aspects and the services offered by FM in the region [21].

### Principles of family medicine

Approaching and caring for patients by family doctors requires a different focus on expertise and behaviors than those used in hospital-based medicine, since family physicians offer a wide variety of care, including anticipatory treatment, symptomatic care, clinical care and pain management for both ages, all sexes, at multiple places similar to their offices [23].

Basic elements of family medicine laid out by the College of Family Physicians of Canada (CFPC) to direct family medicine research, internship programs and continuing learning experiences for family physicians. Those main principles are as follows [23]:

- Family physician must be skilled clinician.
- Communication.
- The family physician is a resource to a defined practice population.
- The patient-physician relationship.

This is within the framework of contact where a clinical connection is established between the doctor and the patient. When contact with a patient is non-judgmental, compassionate and sincere, the scene is set for a fruitful clinical partnership. Health education is vitally important, but it is not adequate on its own to carry out the activities of medical care [24]. The ability of the doctor to translate medical knowledge for the patient and gain trust of the patient will ultimately lead to good health care for the patient. Effective contact has a variety of positive effects on the interaction between the practitioner and the patient improves patient satisfaction, compliance and wellness. It also increases the satisfaction of doctors with their jobs and the quality of the information they receive from patients and lowers the probability that physicians will be prosecuted for malpractice [25].

### Role of family physician

The family practitioner must be a trained clinician who has a solid understanding and a diverse capacity to identify and treat a wide variety of health conditions experienced in everyday practice [26]. Family physician required skills include: basic knowledge of community medicine, continuous medical education, clinical auditing, conducting epidemiological clinical studies, practicing evidence based medicine, practicing preventive medicine, dealing with occupational and environmental diseases and practicing screening in the office setting [27].

Family physicians are seeing their families during sickness and wellbeing. Family doctors are responsible for delivering medical services to all family members at all points of their lives. Family doctors approach their patients from a biological, psychological, moral and social viewpoint as they identify and treat multiple health conditions. They take care of their patients, regardless of their age, ethnicity, or body organs or systems involved [28].

Family doctors serve as coordinators and will direct patients to the proper consultant and organize the various clinical facilities in accordance with the needs of their patients [29]. Doctor-patient connection means giving preference to the patient agenda in order to discuss his/her experience of being patient by reflecting on his/her thoughts, interests and desires. This encompasses the principles of patients, the family and community. Family doctors have a strong opportunity to use family support to care for any person that suffers from any health issues [30].

### Family medicine training programs

Family Medicine Postgraduate Training in Saudi Arabia began in 1983 as a Master's Degree and Diploma in Universities under the supervision of Postgraduate Centers in a few Med Colleges. There are nine approved programs for family medicine residency [31]. Ten years since the establishment of the Saudi Family Medicine Board, a variety of training programs have been set up in the major cities of Saudi Arabia, including Riyadh, Jeddah, Al-Khobar, Abha and Madina [32]. Postgraduate training FM started in Riyadh and Jeddah in 2008, followed by Abha, Qassim and Madina. Family medicine teaching programs the trainee is required to devote a total of 44 or 14 months of training to fulfil the criteria of the Saudi Board or the Saudi Certification in Family Medicine. Soon after, several training centers were opened across most of the Saudi regions. Now, more than 70 postgraduate training centers of Family Medicine in Saudi Arabia with a total capacity of 300 trainees per year are present [19].

Previous WHO report on family medicine training and education in the field, presented at the opening session, found a shortage of family medicine departments in med colleges in many countries, causing a lack of exposure of med students to this specialization. Many reasons were reported for the lack of family physicians numbers as family medicine is less attractive compared to other specialties, not well known field, low salary, lack of support by health system, lack of positions for family physician at primary health care facilities and inadequate training capacity in all medical schools [33].

Postgraduate training programs availability is variable and lacking in several countries. The number of trainees and graduates of postgraduate programs is inadequate to fulfil the health needs of countries. Education system, evaluation and accreditation problems have been established and need care [34]. On-the-job experience ranges from three months to two years of training, with the goal of enhancing the expertise and abilities of general practitioners in the treatment of diseases on the basis of needs [35].

A Saudi study was carried between 2010 and 2013 to demonstrate the difficulties posed by the Family Medicine Training Programs in the Kingdom of Saudi Arabia, as well as to propose effective and realistic solutions, which have shown that family medicine education in the Kingdom of Saudi Arabia faces many complex barriers. Early recognition, alongside key solutions to these challenges, is highly significant in the efforts to establish a new generation of qualified Saudi Family Physicians who can increase the healthcare quality for the population of Saudi Arabia [36].

In 2017, Alyousefi carried out a study to evaluate knowledge and attitude of undergraduate Saudi medical students towards family medicine as a future career at King Saud University, Riyadh and reported that the family medicine clinical course has a significant influence on medical students' career decisions. After acquiring extensive knowledge on the students: many of them chose family medicine as a future career. The key reasons for choosing family medicine as a potential profession were impressions of physician-patient experiences in this field; behaviors, desires and sympathy of faculty staff; and enjoyment of family medicine rotation [37].

Cross sectional analytic study of residents and postgraduates conducted at Jeddah city conducted to determine the level of residents satisfaction about the training program in the JPFM and to predicts the factors that affecting their training found that; understanding of most teaching subjects was regarded as very critical by the trainees. adequacy of training was lower than the standards of trainees, especially in terms of skills in procedures. Lack of support structure for health care, consistency of hospital preparation, lack of job description and disruption of continuity of care, among other reasons, were the most significant factors influencing training. 48 per cent of trainees were usually pleased with the adequacy of preparation and 62 per cent were satisfied that they were a family physician [38].

Another cross-sectional study was conducted among trainees of Saudi Diploma Family Medicine (SDFM) to assess the satisfaction of trainees regarding training environment to implement SDFM program in Saudi Arabia found that SDFM programs were designed to have a satisfactory educational and logistical history. Certain problems with fewer satisfaction scores need increased consideration, notably during the re-accreditation process. Future assessments of the programed must discuss the degree to which the results of the study have affected the creation of the SDFM residency programed [39].

Another study conducted to evaluate Saudi family medicine training program indicated an overall satisfaction with the training objectives and the teaching methods used [40].

### Conclusion

Family medicine is an important medical specialty dealing with prevention, health promotion, detection and management of problems that affect all family members with different age groups. There is a notable increase in the workforce of family medicine in most of the Saudi regions. Moreover, most of the conducted reviews in the KSA have untended the primary healthcare services or the family medicine, which implies a lack of their data and statistics.

### Bibliography

1. Taylor RB. "Family: a systems approach". *American Family Physician* 20.5 (1979): 101-104.
2. Family medicine match rate increases for fifth consecutive year.
3. Brown DC. "Family Practice-What's the Difference?" *Canadian Family Physician* 25 (1979): 1487- 1521.
4. Starfield B., *et al.* "Contribution of primary care to health systems and health". *Milbank Q* 83 (2005): 457-502.
5. Starfield B. "Is patient-centered care the same as person-focused care?" *Perm Journal* 15.2 (2011): 63-69.
6. Levinson W., *et al.* "Developing physician communication skills for patient-centered care". *Health Affairs* 29.7 (2010): 1310-1318.
7. Al-Hanawi MK. "The healthcare system in Saudi Arabia: how can we best move forward with funding to protect equitable and accessible care for all?" *International Journal of Healthcare* 3.2 (2017): 78-94.
8. Al-Hanawi MK., *et al.* "Healthcare finance in the Kingdom of Saudi Arabia: a qualitative study of householders' attitudes". *Applied Health Economics and Health Policy* 16.1 (2018): 55-64.
9. World Health Organization [WHO] Country Cooperation Strategy for WHO and Saudi Arabia 2006-2011 (2005).
10. Walston S., *et al.* "The changing face of healthcare in Saudi Arabia". *Annals of Saudi Medicine* 28.4 (2008): 243-250.
11. Saudi Arabian Ministry of Economy and Planning. 8<sup>th</sup> Development Plan, 2005 - 2009 (2005).

12. Saudi Arabian Ministry of Health. Health statistic book for the year of (2005).
13. Al-Faris E., *et al.* "Patient's satisfaction with accessibility and services offered in Riyadh health centers". *Saudi Medical Journal* 17.1 (1996): 11-17.
14. Al Asmri M., *et al.* "The public health care system and primary care services in Saudi Arabia: a system in transition". *Eastern Mediterranean Health Journal* 26.4 (2020).
15. Almalki MJ., *et al.* "The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia". *BMC Health Services Research* 12.1 (2012): 314.
16. Albar AA. "Twenty years of family medicine education in Saudi Arabia". *Eastern Mediterranean Health Journal* 5 (1999): 589-596.
17. Rakel RE. "Essential Family Medicine Fundamentals and Case Studies". 3<sup>rd</sup> edition. Philadelphia, USA: Saunder Publisher (2006): 19-27.
18. Osman H., *et al.* "Family medicine in Arab countries". *Family Medicine* 43 (2011): 37-42.
19. Albar AA. "Twenty years of family medicine education in Saudi Arabia". *Eastern Mediterranean Health Journal* 5 (1999): 589-596.
20. Saudi Commission for Health Specialties. "Saudi board of family medicine. Scientific committee". Saudi Board Family Medicine Curriculum". Saudi Commission for Health Specialties (2016): 16.
21. Birrer RB., *et al.* "Family medicine in Saudi Arabia - Next step". *Journal of Community Medicine and Health Education* S2 (2014): 2-5.
22. Al-Shehri Ali. "Family and community medicine in Saudi Arabia. Development and future". *Saudi Medical Journal* 25 (2004): 1328-1330.
23. Ramanayake Janaka., *et al.* "Palliative care; role of family physicians". *Journal of Family Medicine and Primary Care* 5 (2016): 234.
24. Haslam DA. "Who cares? The James Mackenzie Lecture 2006". *British Journal of General Practice* 57.545 (2007): 987-993.
25. Mead N., *et al.* "The impact of general practitioners' patient-centeredness on patients' post-consultation satisfaction and enablement". *Social Science and Medicine* 55.2 (2002): 283-299.
26. Meryn S. "Improving communication skills: To carry coals to... Medical Teacher 20.4 (1998): 331-337.
27. National Institutes of Health. "National Institute of Health". Web site (2002).
28. MacDonald K., *et al.* "E-Encounters". Oakland, CA: California Health Foundation (2001).
29. Lorig KR., *et al.* "Effect of a self-management program on patients with chronic disease". *Effective Clinical Practice* 4.6 (2001): 256-262.
30. Kaplan SH., *et al.* "Assessing the effects of physician-patient interactions on the outcomes of chronic disease". *Medical Care* 27.3 (1989): S110-S127.
31. Saudi commission for health specialties, Saudi diploma of family medicine". Training Manual 2<sup>nd</sup> edition (2011): 10.
32. Saudi commission for health specialties, Saudi board of family medicine". Training Manual 2<sup>nd</sup> edition (2011): 15.
33. Arya N., *et al.* "Family medicine around the world: overview by region: The Besrouer Papers: a series on the state of family medicine in the world". *Canadian Family Physician* 63.6 (2017): 436-441.

34. Robert Graham Center [website] Maps, data, and tools. Washington, DC: Robert Graham Center (2013).
35. Edwards N., *et al.* "The primary care paradox. New designs and models. Amsterdam, Netherlands: KPMG International Cooperative (2014).
36. Al-Khaldi YM., *et al.* "Challenges facing postgraduate training in family medicine in Saudi Arabia: Patterns and solutions". *Journal of Health Sciences 2* (2014): 61-67.
37. Alyousefi NA. "Knowledge and attitude of Saudi medical students towards the family medicine specialty during their family medicine course and its effect on their career plans: A comparative study". *Biomedical Research 28* (2017): 2256-2261.
38. Maram Hashim AlShareef. "Satisfaction of family physicians during their training program, Jeddah, Saudi Arabia". *International Journal of Medical Science and Public Health 3.6* (2014): 649-659.
39. Al-Khaldi YM., *et al.* "Residents Satisfaction with Training Environment of Saudi Diploma of Family Medicine, Saudi Arabia". *International Journal of Community and Family Medicine 2* (2017): 128.
40. Abdullah Dukhail Al-Khathami. "Evaluation of Saudi family medicine training program: The application of CIPP evaluation format". *Medical Teacher 34.1* (2012): S81-S89.

**Volume 17 Issue 2 February 2021**

**© All rights reserved by Khalid Farraj Alrefaie., *et al.***