

The academization of primary care

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Medical education takes place in a complex field where medicine schools and faculties of the National Health System (SNS – *Sistema Nacional de Salud*) converge. Physicians that look after patients at clinics and hospitals simultaneously act as teachers of undergraduate and postgraduate students, combining their healthcare-associated duties with academic activities, which creates an extra pressure that is more or less resolved in daily practice. This way, in some hospitals, teaching is prioritized and in others, healthcare activities. Medical trainees have to comply with a university-prescribed academic program that results in an operative program when compatibilized with the tasks and rhythms of hospital dynamics. Theoretical classes, rotations in different departments and general and specific sessions are planned, and the students get incorporated into the clinic's hierarchical order while developing on-site learning activities.

One of the widely identified problems is the disparity of site's clinical and teaching activities. Usually, secondary and tertiary care units, which correspond to hospital facilities, have the infrastructure and teachers of different medical specialties who convey their knowledge to undergraduate and postgraduate students. For undergraduate students, being present at hospitals is a valuable experience, although what they learn is more focused on specialty medicine than on family medicine. Their rotations in the primary care setting are restricted; in the fifth semester of third year they take preparation courses there for four months and very rarely they return later to these clinical spaces until their community service internship.

One of the arguments for continuing with this tradition is that hospitals have more developed educational structures that foster both teaching and learning at the different specialized departments they have available; in addition, they have a teaching head office that coordinates teachers and students' academic activities.

Most general practitioners who graduate each year, endorsed by any of the more than 100 medical schools or faculties of the country, will not have access to medical specializations at secondary and tertiary care hospitals. Approximately one fourth of the physicians that take the National Test for Aspirants to Medical Residency (ENARM – *Examen Nacional de Admisión a Residencias Médicas*) obtain a position to carry out a residency, which means that the majority will practice, or not, as general practitioners in their own offices, in drugstores, in private institutions, etc. The challenge is to train these practitioners who will serve as first contact physicians in order for them to develop adequate skills for primary care. This is currently not happening, since they are being trained in specialty hospitals, and it is there where they aspire to be trained and practice as physicians.

The SNS primary level of care is comprised by clinics where outpatient care is predominant. Eighty percent of the patients' medical conditions are managed there; only a very small percentage is referred to secondary and tertiary care hospitals. The reasons for medical consultation show a wide range of etiologies, which implies having to diagnose and treat unsuspected varieties of conditions on a daily basis. General practitioners and family doctors see patients at clinics

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with a saturated schedule; for example, it's not unusual for them having up to 30 daily appointments scheduled in an 8-hour shift. Their time is entirely dedicated to healthcare activities, which doesn't leave room for academic or research activities. Sometimes, educational opportunities to foster teaching and looking after students are also lacking. Primary care is limited by excessive bureaucratization resulting from efficiency administrative criteria imposed by the system authorities.

The fact is that, on one hand, thousands of general practitioners that graduate every year are not incorporated into the system due to the lack of a specialist degree and, on the other, the primary level of care lacks incentives for the development of academic and research activities that turn it into a propitious space for the training of general practitioners. In order to solve this tension, the authors' proposal considers two components:

- To regulate teaching spaces at the clinic in order to achieve that most of the time considered in medical degree studies (undergraduate education) during the clinical cycles, the students have their classes and practices in primary care, since most of them will practice as healthcare professionals in that setting and, therefore, they need to develop the reliable professional activities of a general practitioner. Hospital areas where medical specialties are practiced will be educational spaces for postgraduate students (medical residents), since what they learn there will be associated with their duties as specialists.
- To "academize" the primary level of care to be able to receive the thousands of undergraduate students and turn it into a propitious setting for the educational process, in order for students to train on healthcare activities, but also to broaden

their scientific knowledge by applying it and developing research projects. For this, the physicians/teachers will have to have time available for teaching activities and be committed with the students' learning process. Teacher training and educational infrastructure transformation are necessary premises for the achievement of this goal.

Primary care academic strengthening to answer to undergraduate students' educational needs is neither immediate nor possible to be achieved by decree; a transition period, probably from one or two years, is required for teacher training and planning that take into account the regulations of the system and those of each particular clinic, from top to bottom. Economic resources are also needed to redesign primary care clinics' organization, by reassigning healthcare personnel schedules and functions, in order to help foster learning clinical environments, where undergraduate students develop reliable activities for them to practice their profession as general practitioners. Planning is also required in order for not to saturate clinical fields with students, regardless of the school of origin and, therefore, the adequate number of students has to be calculated in order for all of them to find learning opportunities at practice. The challenge is huge and involves many systemic changes that will contribute to the academic improvement of those who study medicine. This proposal is intended to reappraise general medicine and to provide better professional training for the practice of medicine in the primary care setting. Additionally, it eliminates secondary and tertiary care hospitals saturation, which will become spaces to learn medical specialties. There is much to be done, and the responsibility of the medical community includes the training of competent professionals able to meet the challenge of granting excellent healthcare services to the population.