A family medicine is the branch of medicine which has a low awareness, and this leads to a smaller number of young doctors pursuing this branch as their preferred post-graduation. A family practitioner is different from a general physician as they are trained in an integrated curriculum which comprises of medicine, surgery with allied sciences, maternal and child health and basic sciences and community health.

The National Board of Examinations conducts family medicine residency programmes at the teaching hospitals that it accredits. On successful completion of a three-year residency, candidates are awarded Diplomat of National Board. The government hospital at Calicut started their MD in family medicine in the year 2011, after which many of the national and private hospitals have stated their courses in the field of family medicine.

The government of India has declared Family Medicine as focus area of human resource development in health sector in the National Health Policy 2002. There is discussion ongoing to employ multi skilled doctors with DNB family medicine qualification against specialty posts in many of the rural health set up of India. There are visible barriers that hinder the growth of family medicine in India. These barriers require immediate attention from medical education regulators. Not taking into account for these barriers would hinder the growth of the branch of Family medicine in India.

Keywords: Family Medicine, Future Directions, Post-Graduation Courses

There is a severe shortage of post graduate training seats, causing lot of struggle, hardship and a career bottleneck for newly qualified doctors, just passing out of medical school. The Family medicine training seats should ideally fill this gap and allow more doctors to pursue Family Medicine careers. However, the uptake, awareness and development of this specialty are low.

Although family medicine is sometimes called general practice, they are not identical in India. A medical graduate who has successfully completed the Bachelor of Medicine, Bachelor of Surgery (MBBS) course and has been registered with Indian Medical Council or any State Medical Council is considered a general practitioner. A family physician, however, is a primary care physician who has completed specialist training in the discipline of family medicine.

The Medical Council of India requires three-year residency for family medicine residency specialty, leading to the award of Doctor of Medicine (MD) in Family Medicine or Diplomat of National Board (DNB) in Family Medicine.

The Medical Council of India permits accredited medical colleges (medical schools) to conduct a similar residency programme in family medicine at the teaching hospitals that it accredits. On successful completion of a three-year residency, candidates are awarded Diplomat of National Board (Family Medicine). The curriculum of DNB (FM) comprises: (1) medicine and allied sciences; (2) surgery and allied sciences; (3) maternal and child health; (4) basic sciences and community health. During their three-year sciences, candidates receive integrated inpatient and outpatient learning. They also receive field training at community health centers and clinics.1

The Medical Council of India permits accredited medical colleges (medical schools) to conduct a similar residency programme in family medicine. On success-
ful completion of three year residency, candidates are awarded Doctor of Medicine (Family Medicine). Govt. medical college, Calicut had started this MD (FM) course in 2011. A few of the AIIMS institutes have also started a course called MD in community and family medicine in recent years. Even though there is an acute shortage of qualified family physicians in India, further progress has been slow.

The Indian Medical Association's College of General Practitioners, offers a one year Diploma in family medicine, a distance education programme of the Postgraduate Institute of Medicine, University of Colombo, Sri Lanka, for doctors with minimum five years of experience in general practice. Since the Medical council of India requires three year residency for family medicine specialty, these diplomas are not recognized qualification in India.

As India’s need for primary and secondary levels of health care is enormous, medical educators have called for systemic changes to include family medicine in the undergraduate medical curriculum.

Recently, the residency-trained family physicians have formed the Academy of Family Physicians of India (AFPI). AFPI is the academic association of family physicians with formal full time residency training (DNB family medicine). Currently there are about 200 hundred family medicine training sites accredited by the National Board of Examination, India, providing around 700 training posts annually. However, there are various issues like academic acceptance, accreditation, curriculum development, uniform training standards, faculty development, research in primary care, etc, in need of urgent attention for family medicine to flourish as an academic specialty in India. The government of India has declared Family Medicine as focus area of human resource development in health sector in the National Health Policy 2002. There is discussion ongoing to employ multi skilled doctors with DNB family medicine qualification against specialty posts in NRHM (National Rural Health Mission).

Three possible models of how family physicians will practice their specialty in India might evolve, namely (1) private practice, (2) practicing at primary care clinics/hospitals, (3) practicing as consultants at secondary/tertiary care hospitals.

### Family Medicine in India – Future Challenges

There are two visible barriers that hinders the growth of family medicine in India, training location and faculty eligibility. These two barriers require immediate attention from medical education regulators. Family medicine requires flexibility in operation and organization based on the local need of the community which has been currently authorized under National regulatory mechanisms. Tertiary care-based medical education and eligibility criteria toward faculty positions have deprived primary care physicians academically and professionally. Considering the prevailing situation in India, the beneficiaries are likely to be offended and would block the gate-keeping on incoming unrestricted patients from undeserved, rural, and remote areas. Not taking care of these barriers would exterminate family medicine.²

### End Note

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**Conflict of Interest:** None declared

**References**