History of Contemporary Medicine

Community and Family Medicine: A Prospective Review of the Shiraz Experience

Hossain A. Ronaghy MD MPH•[1]

Cite this article as: Ronaghy HA. Community and Family Medicine: A Prospective Review of the Shiraz Experience. *Arch Iran Med*. 2015; **18(2):** 137 – 138.

Community Medicine (CM), as a reformed discipline of public health and preventive medicine, was started for the first time in Iran in the early 1970s. The initiation of this department was based on the gross misdistribution of health care facilities in Iran, at a time when 70% of its population was residing in rural communities and almost 90% of all health facilities were concentrated in the capital, Tehran, and other large cities.[1] The main reason why Shiraz University was among the institutions which initiated this reform in Iran was the fact that at the time up to 90% of the Shiraz medical graduates, were migrating and deployed to the Western countries, particularly the United States.[2–3]

The demands of evolving communities necessitate this reform in medicine to not only concern itself with individual health, but to expand its mission to the entire community such as a neighborhood, city, region or an entire country. At the time, it was argued that Shiraz University Medical School, as an institution, had a medical curriculum that was irrelevant to the needs of the overwhelming majority of the Iranian communities and needed drastic revision of the curriculum as well as a fundamental revision of its "mission of institution."

In 1971, the Department of Community Medicine was established in Shiraz with the following objectives:

1) To train physicians who will be able to deal with the community as a whole, be able to measure the needs of the population, plan and administer the services, and take appropriate measures to meet the health needs of their respective community. 2) To be able to plan and administer a research plan to identify the health needs of the community, set priorities in allocating the resources to the most relevant needs of the majority and the vulnerable groups within the population. 3) To be able to teach and persuade medical students about the health needs of their respective communities as a whole. 4) To be able to change direction based on the evolving needs of the community. 5) To be able to plan, administer and perform research on the evolving needs of the community.

Based on the above objectives, a proposal was submitted to the university administrator, which was reviewed and approved. The university, in turn, sent the proposal to the Ministry of Higher Education, where it was finalized and approved for implementation.

In order to achieve the above objectives, three years of residency training in the Department of Community Medicine (CM) was proposed; two years of which was to do community work in villages and neighborhood clinics, in addition to one year of formal training at the School of Public Health. The department sponsored education for Masters of Public Health (MPH) program at John Hopkins University, Harvard University, as well as other universities.

With the help of resident graduates from the department and the establishment of Board Certification, the department's staff was academically strong enough to offer an MPH program for the entire university including the residents of community medicine.

In the early 1980s, Shiraz University decided to create a new School of Public Health. The university and medical school administrators moved epidemiologists, environmentalists, and statisticians from the department of CM to the newly established School of Public Health. This move drastically reduced the education and research capabilities of the department of CM as well as post-graduate training of MPH. The School of Public Health embarked on doctoral degree in public health. Neither the department of CM nor the School of Public Health had sufficient or qualified academic personnel. The community aspect of the Department of CM was somewhat undermined in Shiraz at that time. This situation created a dilemma for residents of the department of CM as well as academic staff of the department. They were still concentrating on satellite clinics, which were created in different small communities outside the city of Shiraz.

The difficulty of Shiraz graduates in CM started with their deployment into the health care system and the financial compensation of these graduates. The graduates who passed the board examination naturally considered themselves as specialists equal to internists or pediatricians.

Those who were employed by different universities had no problem and their rank was equal to all other branches of medicine.

The problem started in the early 2010s when some restrictions were imposed on the primary care vs. specialists. According to new regulations, the patients could not directly go to specialists and had to have a referral from primary care physicians or general practitioner (GPs).

The graduates of the department of CM at Shiraz Medical University mainly consider themselves as clinicians and university administrators have problems with such a distinction, and there is confusion in distinguishing between "Family Medicine specialists" vs. a GP who is a medical graduate, freshly out of medical school with no postgraduate training.

The original idea of CM was to train doctors, who would treat the community as a whole, identifying the needs of community, which was well spelled out and approved by the ministry of higher education.

Despite this separation, Shiraz struggled to continue to train residents capable of spreading the importance of the health of the

Author's affiliation: [1]Department of Community Medicine Shiraz University of Medical Science and the Department of Medicine University of California San Diego (UCSD). E-mail: ronaghy1@gmail.com
•Corresponding author and reprints: Department of Community Medicine Shiraz University of Medical Science and the Department of Medicine University of California San Diego (UCSD). E-mail: ronaghy1@gmail.com
Accepted for publication: 31 December 2014

entire population throughout the nation. Some of the graduates of the Shiraz CM program were utilized in other universities, as well.

The confusion arises when some of the big and reputable universities in the United States have a department of Family and Community Medicine, such as UCSD and UCSF. In these departments, multiple sections exist. The section of Family Medicine, train doctors for all ages along with minor surgeries and some Obstetrics and Gynecology training. These family physicians are well trained in different areas to be able to handle all the clinical health needs of a few thousand people, with access to a tertiary care system.

Family medicine (FM), formerly family practice (FP), is a medical specialty devoted to comprehensive health care for people of all ages; the specialist is named a family physician. In Europe, the discipline is often referred to as general practice and a practitioner as a General Practice Doctor or GP; this name emphasizes the holistic nature of this specialty, as well as its roots in the family. It is a division of primary care that provides continuing and comprehensive health care for the individual and family across all ages, genders, diseases, and parts of the body.[4]

They can practice in the community and do common and simple surgeries and do normal deliveries and depending on local policy, distance and facilities; perform C-sections, as well. These graduates of Family Medicine will be considered as specialists, not GPs commonly known as medical graduates who enter medical practice right after graduation without any further training.

Community Medicine specialists, on the other hand, are designated to handle research in health needs of communities, plan and administer research for changing the needs of their respective community, city, province and/or nation.

The major point of conflict remains in financial compensation for the different disciplines of CM vs. Family Medicine, which in many institutions is connected with the same department.

References

1. Ronaghy HA, Nasr K. Medical Problems of Developing Nations: An Attempt to Deliver Medical Care to Rural Areas in Iran. *Br Med J*. 1970; **1:** 295 – 296.
2. Ronaghy HA, Williams KN, Baker TD. Immigration of Iranian physicians to the United States. *J Med Ed*. 1972; 443 – 445.
3. Ronaghy HA, Cahill K Baker TD. Physician migration to the United States: one country's transfusion is another country's hemorrhage. *J Am Med Assoc*. 1974: **227:** 538 – 542.
4. Definitions and Policies. American Board of Family Medicine. Retrieved 30 June 2009.