

**Title:** Designing postgraduate family medicine training in India

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**What problem was addressed:** Family Medicine is an established discipline in the developed world and is slowly becoming so in the developing countries. In India, the highest accreditation body for postgraduate medical training – the Medical Council of India recognized this discipline as a separate academic one in the year 2000. India has a dual burden of communicable and non-communicable illnesses affecting an expanding population. Evidence from the rest of the world demonstrates that the most effective patient-centred primary care provider is the well-trained family physician. There is an emerging need for the well-trained family physician to meet the health needs across all ages in India.

The curriculum available in India for postgraduate training in Family Medicine did not encompass the needed principles of family medicine. A well-planned curriculum that embodied the heart of a family physician would be useful not only to the medical college planning to start the graduate training in family medicine but also to the nation by producing competent family physicians who met the primary care needs of the population.

**What was done:** We formed a core team of faculty from the institution who had been trained in the available curriculum and in medical education. The team also had to advise them, members of past and current residents, faculty from other government run institution and the National Board of Examination. We designed a curriculum document after multiple weekly meetings using the Kern's six step approach.

The curriculum consisted of the goals, roles, competencies, and sub-competencies of FM based on the vital principles of this discipline in the Indian context. We also described the educational setting, the content of clinical rotations and assessment. The curriculum document was presented to the MCI and the first draft has been approved.

**What was learned:** We found designing the curriculum document of a broad-based discipline like family medicine a challenging task. In the process, we learned the process of translating the FM principles into competencies that needed to be taught. We realized that as most faculties in India were trained in the previous curriculum, there was an urgent need for faculty development. As we await approval for the implementation of the curriculum, we need to plan evaluation and future improvement of the same.