Family Medicine in Bahrain

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Healthy living is defined as a life free from illness characterized by good social, mental, and physical well-being for everyone in every community. To achieve such a goal, health authorities must develop a comprehensive health service that provides sickness prevention, treatment, rehabilitation, and palliative care using a holistic approach. These elements form the main principles of Primary Health Care services (PHC). PHC is a healthcare service that focuses on maintaining and restoring people's general well-being via early identification of health problems and providing treatment at the earliest stages of illness development. Moreover, it emphasizes ongoing medical care that is person-centered and personalized, but within the family context. It is a cost-effective way of providing healthcare services while maintaining intersectoral cooperation, population equity, and community engagement that responds to community-based health needs initiatives.

With the worldwide attention on the importance of PHC especially after the 1978 Alma Ata Conference on PHC in Kazakhstan, 134 nations unanimously agreed on a resolution declaring the need for coordinated efforts to address the social, economic, and political causes of ill health. The concept of "health for all by the year 2000" was eventually agreed upon as the primary principle aiming to develop a healthy society in member countries [1].

PHC services have been available in the Kingdom of Bahrain for over 40 years in many health centers that were distributed across the island [2]. However, such services were provided by doctors who were non- specialized general practitioners. In 1979, the Ministry of Health decided to begin a structured training program for general practitioners and newly graduated doctors called the Family Practice Residency Program (FPRP). The

program aimed at graduating qualified family physicians (FPs) responsible for providing quality PHC services to the population [3]. Bahrain was one of the first countries in the Arab world to start a structured training in Family Medicine for healthcare professionals, especially physicians to equip them with the necessary skills enabling them to provide efficient primary healthcare services. Bahrain and the Republic of Lebanon launched the first FPRP in 1980. It was a three-year training program which was increased to four years after some time. Subsequently, many more Arab nations took that initiative.

The FPRP program became more academized after the foundation of the first medical school in the Kingdom in 1983, the College of Medicine and Medical Sciences (CMMS) of the Arabian Gulf University. Principles of problem-based learning and community orientation were emphasized in the program. The CMMS also played a major role in promoting a research-oriented training program within the FPRP [4-6].

Bahrain also had a major role in the foundation of the "Arab Board of Health Specializations (ABHS)" in 1978, which was started by a decree from the Council of the Arab Health Ministers of the Arab League. The main goal of ABHS was to work on raising the level of medical science and practice in the Arab world to upgrade the health services provided to the population. In addition, to assist and encourage the Arab nations in creating and establishing FM services and initiating FPRP programs, the Family Medicine Council within the Arab Board was founded in 1985. It assumed responsibility for helping Arab nations establish FM discipline, initiating and accrediting FPRP programs, and was accountable for graduating competent FP specialists by offering end-of-program standardized examinations [7,8].

PHC services supervised by qualified FPs have continuously proved to be able to offer a variety of high-quality, easily accessible healthcare services. Over the years FPs across the country have started gaining a good reputation for providing efficient and high-quality health services that have helped in promoting the standard of health of the population. However, many challenges are still hindering the fully-fledged implementation of PHC and

Family Medicine services. The most important remains the shortage in the number of FPs, and the lack of funding and supplies [9]. The inadequate understanding of the role of family medicine was also the reason why many policymakers remain unconvinced about PHC [7,10]. Moreover, the roles and responsibilities of the FP are still ambiguous, while the identity of the discipline is still unclear. For example, a major part of FPRP training occurs in hospitals (the secondary or tertiary care units) apart from PHC centers [7,11] because it is challenging for the training program to teach and train physicians in a range of subjects and on a variety of clinical cases while maintaining their level of proficiency when it takes place only in the primary healthcare facility [12].

Nevertheless, it is encouraging to know that most of the aforementioned problems started gradually and progressively being resolved because of a greater awareness of PHC's benefits.

In the long term, should the Family Medicine discipline be strengthened it is crucial to understand that each of the stated difficulties must be resolved to overcome the many health problems that the country is suffering from, such as hereditary blood diseases, non-communicable diseases and obesity.

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