Family Medicine in Jordan

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Background

Jordan is an upper-middle-income country located in the Middle East with an estimated population of 11.4 million in 2023, which is projected to increase to about 12.9 million by mid-2030. Jordan's healthcare system is made up of a combination of the public, private, international, and charity sectors, as well as councils and institutions. The Jordan Ministry of Health (MoH) provides health services to 60% of Jordanians. Primary healthcare (PHC) is provided through a network of facilities managed by the MoH, including comprehensive health centers providing the broadest range of services and primary health centers and village health centers providing limited services.

Jordan Medical Council (JMC), which is the umbrella that covers all medical specialties, created the postgraduate curriculum for family medicine residency program in the early 1980s. In the year 1994 the family medicine program was established as one of the activities of the department of community medicine at Jordan university. Currently, four family medicine residency programs exist. Family physicians are trained to provide continuous, comprehensive care for individuals and families.

Family doctors often work in polyclinics alongside nurses, midwives, and general practitioners. Ultimately, their role is much like that of a general practitioner. They manage patients' care, promote healthy living and perform routine assessments to ensure early detection and management of diseases. They provide continuous, comprehensive care for individuals and families; patients benefit from consistent and coordinated care, ensuring that their healthcare needs are addressed comprehensively over time. Prevention is a cornerstone of family medicine, and they are dedicated to promoting health and wellness through preventive screenings, vaccinations, and lifestyle counseling.

The factors advocating for family medicine education and training in Jordan:

In Jordan the family medicine residents are well trained through structured curricula; the JMC approved the training programs in different entities such as MOH, RMS and universities. The residents spend 4 years in this program, three years in hospitals and one year in a Primary Health Care setting. They should pass 2 part board exams, the first one at the end of year 2 and the second part at the end of fourth year of residency program. MOH policy to accommodate more family medicine residents in its program is good approach, however there are still many challenges such as insufficient number of training centers and insufficient number of trainers. The graduates from all programs are not sufficient to cover the needs. The Family doctor to patient's ratio is 1 physician:12,138 patients. To address the gap the WHO in close collaboration with the MOH are giving practicing general physicians a convenient route to become family practitioners through providing Professional Diploma in Family Medicine. Diploma takes two years (24 months). It is divided into eight terms with two six-week blocks per term. It is designed to give participants the knowledge, skills and attitudes they need to provide comprehensive, continuous and appropriate health care to individuals and families. The content has been developed by family physicians affiliated with renowned academic institutions in the Region, and the curriculum is based on the competencies of Family Medicine/General Practitioner doctor as defined by the World Organization of Family Doctors (WONCA), the Accreditation Council for Graduate Medical Education (ACGME) and the College of Family Physicians of Canada for the specialty of Family Medicine.

Although the number of family medicine training programs is increasing, the number of graduates remains inadequate to meet population needs.

Impact assessment of family medicine on populations served

Overall satisfaction at MOH comprehensive health centers that have been conducted through accreditation process, who depend on the family physicians to provide essential services is very good, however in Jordan there are no accurate statistics to measure the impact of family medicine on the population served. The primary health care services are provided mainly by MOH and the private sector. The catchment areas for PHC centers are not well defined.

Barriers to family medicine training and evidence-based solutions to navigating those barriers

Barriers to FM training; short period of FM training in the undergraduate firstly, most postgraduates prefer other specialties with medical procedures because of their better income as follows:

- Lack of exposure of the specialty in the undergraduate curriculum for medical students; some medical schools have 2 weeks period of training others have 4 weeks.
- Universities do not have Departments of Family Medicine; the exception is Jordan University and JUST
- Insufficient awareness of public on family medicine roles.
- Insufficient knowledge among decision makers of the importance and cost effectiveness of FM.
- Insufficient amount of allocated budget for PHC overall, and family medicine training.

In the last few years, successful efforts have been taken to update the FM training curricula to fit the progress of the specialty in the country, as well health decision makers configure the impact of family physicians as an important health provider and a unique gate keeper into the health system through PHC, where the health authority planned to augment the candidate numbers in the FMRP to fulfill the quota of 3 family doctors to 10,000 population. In the MOH the integration of Non-Communicable Diseases, psychiatry and maternity as examples showed the urgent need for family doctor services to tackle most of the above-mentioned diseases.

Creative partnership approaches to strengthen training between education programs located across international borders

Exchange training with other intra or international partnership helps to update and to strengthen family medicine knowledge such as scholarships to western countries. As an example the Royal Medical Services used to send 2-3 family doctors to receive further education either in Europe or USA and Australia, so other medical schools in JU and JUST send abroad family doctors to receive more knowledge and education for more specific branches such as geriatrics, family planning, etc. The World Organization of family doctors (WONCA) is providing opportunities to accredit training programs and exchange experiences through regional and international conferences too.