Family Medicine in Syria: Entry Points and Priorities for Support and Way Forward

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In Syria, the Family Medicine program started in 1992. The specialty of family medicine was established in the mid-1990s in partnership with the Ministry of Health and the World Health Organization (WHO). Residents receive integrated training in six medical areas: pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, surgery, and community medicine. The FM doctor trained for three years, spending 29 months in hospitals and 7 months in Primary Health Care Centers. Starting in 1996, FM doctors must complete a four-year training in Ministry of Health hospitals and centers to obtain a specialization certificate in Family Medicine. The program admitted 40-50 doctors annually and produced 400 family doctors by 2008, with 60% practicing abroad. The Master's Degree in Family Medicine was added to the University of Damascus in 1998, offering a 3-year training program in educational university hospitals. In 2001, the Higher Education Council mandated that master's programs at Syrian universities last 4 years. However, since the opening of the Master's Degree in Family Medicine until 2023, there have been only around 50 graduates. The Scientific Council of Family Medicine was formed in 2004, and both certificates are now awarded by the Syrian Board. A four-year Ph.D. The Family Medicine program opened in 2017 with only two Ph.D. students(1).
Family medicine clinics have been established in medical centers across the country. This project has been successfully implemented in areas such as Damascus, Hama, Latakia, Daraa and As-Suwayda. The Family Medicine program at Damascus University consists of nine accredited health training centers. These centers train students and residents in specialized Family Medicine. A committee is responsible for overseeing curriculum standardization, training, and center equipment. Two family medicine training centers were accredited in Aleppo in 2007 for Family Physicians at the eastern and northern regions. These centers offer comprehensive care, diagnose and manage around 80% of common diseases, and provide individual and family-centered healthcare as the first point of contact with the family doctor. Families are registered in the file system and individuals have medical records. Referrals for specialists are made by the family doctor and recorded. Most graduates worked in less than 5% of primary care centers, but the number of residents decreased in the eastern governorates. In 2007, there were 178 residents. By 2009, this number decreased to 99 residents. Due to the crisis in Syria and limited access to certain areas, the family medicine project has been negatively affected. Graduates are currently working in medical centers or have traveled to Gulf countries(1).

The Syrian Association of Family Medicine, established in 2007, is connected to the Syrian Medical Syndicate and operates throughout all Syrian governorates, with its headquarters in Damascus. The association collaborates with the Ministry of Health's Department of Rehabilitation and Training, as well as the Syrian Medical Specialties Commission, to ensure that doctors earn educational points for participating in scientific events and receive certification(1).

The number of family doctors currently affiliated with the Association is about 160 doctors from different governorates: 60 doctors in the southern region; 33 doctors in the central region (Homs - Hama); 70 doctors in the coast (Latakia and Tartous); 25 doctors in Aleppo. It was assessed that Syria needs 7,000 family doctors, with one family doctor for every 1,500 - 2,500 members to activate the program(1).

Analysis of the current situation of family medicine in Syria (2)
The structure of the health system in Syria is not consistent with the requirements of family practice. There is a lack of Technical Skills to apply family practices, and ignorance of the benefits of family medicine for doctors, citizens and those who will benefit from this specialty; also there is the weak financial income of family medicine compared to some other specialties.

Main Challenges and Gaps in Family Medicine Practice in Syria (2)

There is a **lack of a supportive political decision**, as the specialty of family medicine was adopted as a new specialty, but the interest and desire of decision-makers clearly diminished, as well as instability imposed new priorities on the ground; also the **economic negligence** of family doctors by the **Ministry of Health** and the failure to make a decision found them not working with a full quorum. **Misunderstanding** with the failure to define the importance of specialization. There were problems with how to deal with family medicine residents, such as a **lack of a clear reference or curriculum** for study. Failure to adopt the **subspecialty of family medicine** (geriatrics, nutrition, sports medicine). **Lack of sufficient motivation** for experienced skilled family doctors and the need to work in private clinics and health care centers. **Lack of public or private initiatives** to encourage family doctors and empower family medicine, and to prioritize recruitment of family doctors in health insurance companies.

Therefore, family doctors prefer to work abroad to achieve satisfaction at all levels, and the conditions of war led to the emigration of many doctors, including family doctors.

There are few studies on the specialty of family medicine in Syria due to the limited adoption of the family medicine program by decision makers; **some studies have been conducted by the Center for Strategic Health Studies** in Damascus, such as the *survey of beneficiaries' satisfaction with the centers that provide family medicine services*. There was higher satisfaction in those centers compared to lower satisfaction in centers that do not provide family medicine program services.

Also, there is a **cross-sectional study** conducted in the **Department of Family and Community Medicine at the Faculty of Medicine at Damascus University** on a selective sample of 102 patients visiting family medicine clinics in 2009 covering aspects of accessibility and nursing care, communication with the doctor, empathy, respect for patient privacy, doctor's technical skills, information provision, family inclusion and overall satisfaction. **A Survey was carried out by the Aga Khan Foundation in cooperation with the Syrian Medical Syndicate and Syrian Family Medicine Association in July 2022**[3]. Out of 160 registered doctors in SAFM, 131 family doctors participated in the study. Most were female (77%) and aged 46-60 years old, from Damascus and Latakia. The majority received training in Damascus and specialized in the Ministry of Health for 4 years. Doctors considered the curriculum as a significant strength for specialization, while learning methods and teaching staff were identified as the weakest areas. Most participants chose to study this discipline because of its comprehensiveness(3).

Regarding the adequacy and quality of the training modules for the family medicine curriculum, 75% of participants found it acceptable to good in women's health and sexual health promotion. 65% found common internal diseases, mental health, ophthalmic and neurological diseases, emergency care, geriatric care, and surgical care acceptable to good. 50% found training in palliative care, nutrition, risk management, critical care, adolescent health, men's health, and health systems management acceptable to poor. Over 70% lacked training in sonography, laboratory, sports medicine, disaster medicine, and physician welfare. 80% enjoyed practicing the specialty and most agreed on the absence of supportive health policies or family medicine protocols(3).

The capacities of family medicine(2)

There is a lack of scientific research methods and research capabilities among doctors, as a result of not receiving adequate training in this field during the residency period. Family medicine is sometimes considered a less favored and respected medicine by the other medical community. Doctors in this specialty may face challenges in building their professional identity and dealing with professional challenges. Family medicine faces tension and conflict with other specialties, as some think that family medicine will take their place. Physicians in this specialty need to make additional efforts to advocate and promote their role and importance in the healthcare system. Economic and physical conditions can be challenging for physicians in family medicine in Syria. They may have difficulty providing resources for professional development and continuing training. Some family medicine doctors suffer from fear of participating in scientific seminars as lecturers, due to the feeling of lack of necessary knowledge and skills. They may have to work on developing their scientific and professional confidence to participate confidently in these events. Some doctors in family medicine may lack adequate training in the field of scientific research during the period of specialized training. They may need to support and enhance their skills in conducting research and publishing scientific findings. Some family medicine physicians may have poor English language skills and their ability to access scholarly resources and updated information. It may require them to enhance their capabilities in this regard. In addition, they face financial constraints in subscribing to paid sites that provide reliable medical information.

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