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Authors' reply to Dawn of family medicine in Ethiopia.

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LETTERS
TO THE EDITOR

The Dawn of Family Medicine in Ethiopia

TO THE EDITOR:

We read with great interest the article "The Dawn of Family Medicine in Ethiopia" by Philpott et al.[1] We think there are three important points the article raises that merit further discussion.

First, the roles family medicine can take in Ethiopia need further definition. Possible roles the authors mentioned include consultants to other health care workers, health system leaders, and scholars. For family medicine to assume these roles, their training should include working with these constituencies. Additionally, more specification is needed on clinical services that family medicine will provide. For example, normal birth and operative care should be routinely included in the family medicine scope of practice given the limited numbers of obstetricians and current coverage of only 10% of births by skilled health workers and tragic maternal mortality of 420 per 100,000 live births.[2] Family medicine training and practice should also include public health since 80% of disease burden in Ethiopia is considered preventable.[3]

Second, the future career paths of Ethiopian family physicians remain unclear. Adding special tracks to family medicine training could provide more opportunities for trainees, help marketability of the specialty, and set family physicians apart from general practitioners. About 85% of Ethiopians live in rural areas,[4] and the majority of Ethiopian family physicians will need to work in rural areas to serve the population in greatest need. It is unclear whether there are strategies in place to expose students and family medicine residents to rural medicine and encourage their future practice in rural areas. It remains unclear if there are any incentives for family physicians to practice in rural areas. More specific plans including medical student and resident training in rural areas are needed.

Third, future success of family medicine in Ethiopia will depend on its marketability and acceptability to young trainees. We agree with introducing family medicine to undergraduate medical students. Early exposure in medical school will help recruit students into family medicine. However, more time is needed than the 1-week block currently devoted to family medicine if the hope is to have a significant proportion of the upcoming graduating medical students become family physicians. Continuity rotations in the community over the course of the 6 years of medical school and required service in rural areas by medical students are additional options. Mentorship programs will be crucial for giving students exposure and support to those showing interest in family medicine. Given the dearth of family medicine role models now, established family medicine academicians could help by reaching out and supporting emerging Ethiopian faculty.

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Authors' Reply to Dawn of Family Medicine in Ethiopia

TO THE EDITOR:

We appreciate Drs Gossa, Fetters, and Zazove's perceptive comments. In response to their first point, we agree that the role of family medicine in Ethiopia requires further definition. Fortunately, a roadmap for the establishment of family medicine has been developed and will be discussed at the second annual Family Medicine meeting in Addis Ababa in early 2015 with leading academics and regional and federal health authorities. Family medicine is also being promoted through the Federal Ministry of Health's draft document, Visioning

the Future of Primary Care within the wider health system in Ethiopia.

It may not be appropriate for family physicians to be involved with normal deliveries where overall human resources for health are extremely scarce. Ethiopian midwives can manage most normal deliveries, reserving family physicians to manage high-risk and operative deliveries.

The current family medicine curriculum includes training in research methods and health services management by faculty in the School of Public Health. Discussions are underway to develop a combined postgraduate program in family medicine and public health for interested physicians.

In response to the second point, career pathways for Ethiopian family physicians will be described in the roadmap, as mentioned above. The Federal Ministry of Health has already agreed that family physician graduates will be treated and paid the same as other medical specialists. Fine-tuning the training of family physicians for specific locations will be an important long-term goal.

In response to the third point, exposure of undergraduate students to family medicine is essential but not yet feasible. The only family medicine faculty currently working at AAU is one expatriate family physician. Ethiopia opened 12 new medical schools in 2012 based on an innovative community-based curriculum. We expect that many students of these new schools will be interested in pursuing family medicine. The first graduates of these new medical schools will enter the Ethiopian health care system shortly after the first cohort of AAU family medicine residents will graduate. The new Ethiopian family physicians will be well prepared to serve as role models, assume leadership roles, and teach the next generation of students.

In summary, we agree with Dr Gossa and colleagues. A popular Ethiopian proverb says "Slowly, slowly the egg will (hatch and) learn to walk." Family medicine has hatched. We are learning to walk. We are not yet ready to run, but we are planning for it!

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