

BACKGROUND

South Asia is home to a quarter of the world's population yet the health outcome indicators for the region are in a poor state. A great majority of patients receive care in private community settings from GPs who have not received postgraduate training in family medicine. Quackery,¹ the practice of unqualified practitioners posing as qualified doctors and treating patients, is still prevalent in the poorer areas of cities and villages.

It has been long recognised that, for a great majority of GPs in the South Asia region (India, Pakistan, Bangladesh, Sri Lanka, and Nepal), there are limited opportunities to gain a postgraduate qualification in their chosen specialty of family medicine/general practice. This lack of progress in training GPs has persisted in these countries in spite of gaining independence from colonial rule almost 70 years ago. Many specialists work as GPs in the evening in the private sector without having any training as a generalist. As a result, many GPs, despite the desire to improve their competencies in general practice, start practising in the community after completion of their undergraduate education without any further enhancement of knowledge and skills.

A BRIEF HISTORY

Iona Heath, ex-President of the Royal College of General Practitioners (RCGP), visited the Aga Khan University (AKU), Karachi, in 1997. As a member of a delegation from the College she carried out a review of AKU's 3-year family medicine structured-training programme for recognition towards the MRCGP UK exam. While being impressed with the standard of the training programme, she agreed with the trainees that they should be examined in the summative assessment by family physicians only and not the specialists of other specialties, as was the practice at the time.

Following this visit, Dr Heath wrote in this publication — the *BJGP* — in support of an MRCGP International exam in which the examiners are themselves family physicians and the content of the exam also reflects local epidemiology and context.² The late John Howard and his colleagues at the RCGP were instrumental in driving this idea forward. Similar requests were also made by family physicians and medical institutions from other regions in South Asia.

"... challenging the lack of awareness among governments and the public on the importance of trained and qualified family physicians for the healthcare system requires continued efforts and commitment."

Aware of the lack of trained family medicine examiners in South Asia and the determination to provide better primary health care to the people of this region, family medicine academics at the AKU in Karachi and representatives of family medicine organisations from across South Asia joined hands and requested guidance from the RCGP in training local examiners to establish the MRCGP[INT] South Asia exam. Several training workshops for local examiners were held in the region and Valerie Wass, other colleagues from the RCGP, and the AKU Faculty of Family Medicine were the academic facilitators, while Garth Manning provided the administrative support for the workshops and exam logistics. Waseem Hameed, appointed by the South Asia Board, took over the administrative responsibilities very competently at a later stage. Initial capacity building took place over 4–5 years and the first exam was held towards the end of 2006.

WHERE ARE WE NOW?

In 2016 the programme completed its 10 years of inception. It has received an overwhelmingly positive response from the GPs as well as residency-trained family physicians from South Asia and the Middle East.

The total number of registered candidates of this programme up until March 2017 was 2994 with 1117 graduates (657 of South Asian origin). The exam is held twice a year and, among all the sites of the MRCGP[INT] exams, it attracts the largest number of candidates.

In the South Asia region, most of the examiners of family medicine postgraduate exams have been trained by the MRCGP[INT] South Asia Programme. Instead of being a competitor to the local family medicine exams, the MRCGP[INT] South Asia programme has helped to enhance the capacity and quality of other exams.

CHALLENGES

Some of the challenges faced by the MRCGP[INT] South Asia Board include:

- a lack of governmental support;
- a lack of recognition of the MRCGP[INT] qualification by most of the licensing bodies in the region;
- political conflicts among some of the member countries;
- sustainability and ensuring candidate numbers; and
- training of local examiners, simulated patients, and confidentiality including security of the exam. Auditing of the quality of performance of the examiners takes place on a regular basis and a conflict-of-interest document is strictly implemented to ensure the confidentiality and security of the exam.

MOVING FORWARD

Among such challenges, the main obstacles are the lack of recognition of the MRCGP[INT] qualification by the regional licensing bodies and the political issues resulting in visa problems, which restricts the free movement of examiners and candidates in two of the larger countries (India and Pakistan).

Challenging resistance from the specialists who have influence with the licensing bodies is a priority and, equally, challenging the lack of awareness among governments and the public on the importance of trained and qualified family physicians for the healthcare system requires continued efforts and commitment. What follows are a few examples of the impact of the exam felt by the candidates:

'I have always felt disadvantaged as I have had no formal training in general practice; going through this exam has increased my knowledge and skills and I feel more confident.'

Life & Times

Books

'As my general practice communication skills have improved, my popularity among my patients has increased and this has also led to a financial gain for me.'

'Previously I used to tell patients what to do. Now I share information.'

'Although I failed in my OSCE exam several times, the preparation for the OSCE changed my approach to my patients tremendously.'

'Before appearing in this exam I did not ask patients their ideas, concerns, and expectations about their problems.'

'I never asked about the impact of the patient's problem on his life (physically and psychologically).'

'After attempting this exam I feel the positive impact on my life as a physician, because my attitude towards the patients has changed completely.'

The MRCGP[INT] South Asia Board, the examiners, management, and all the individuals involved in this programme have created a sense of community. They are selflessly motivated by a restless desire to see the improvement of family practice in the South Asia region and look forward to continuing this work in the future.

Riaz Qureshi,

Adviser MRCGP[INT], South Asia Board, Professor of Family Medicine, Aga Khan University, Karachi, Pakistan; Visiting Professor, Imperial College London, UK.

Email: riaz.qureshi9@gmail.com

Preethi Wijegoonewardene,

Chair MRCGP[INT], South Asia Board, College of General Practitioners of Sri Lanka, Sri Lanka.

Maria Andrades,

Vice Chair MRCGP[INT], South Asia Board, Associate Professor of Family Medicine, Aga Khan University, Karachi, Pakistan.

DOI: <https://doi.org/10.3399/bjgp18X697769>

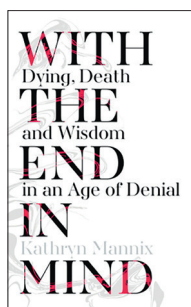
REFERENCES

1. Priyanka P. Are India's quacks the answer to its shortage of doctors? *BMJ* 2016; **352**: i291.
2. Heath I. The MRCGP International — imperialistic tosh, or blow for freedom? *Br J Gen Pract* 1997; **47(424)**: 761.

With the End in Mind: Dying, Death and Wisdom in an Age of Denial

Kathryn Mannix

William Collins, 2017, HB, 352pp, £16.99, 978-0008210885



THE VALUE OF PALLIATIVE CARE

Dr Mannix is on a 'mission to reclaim public understanding of dying' through the medium of stories. As patients, families, and the professionals involved in their care undertake their own voyages of exploration, no journey is more apparent than that of the author, who gently infuses the lessons learnt from a lifetime of palliative care into her accounts of those with whom she has travelled.

Fundamentally, *With the End in Mind* is an ode to the value of palliative care and its ability to ease physical and mental suffering, framed by the author's eloquent descriptions of peaceful deaths. However, she does not shy away from describing distressing or difficult situations, including her personal experiences of bereavement and the contentious topic of euthanasia.

As medics, and as humans, we all practise and live through the prism of our own experiences, both personal and professional.

This collection of stories and reflections explores this in the context of death and dying. It is an emotive topic and the question is not whether the carefully wrought subjects will reach out and touch you, but which ones. At the end of each section is a 'Pause for thought', designed to aid reflection, though their overtly didactic tone sometimes feels disruptive. However, the narrative within each story is gripping and the depth of the author's compassion and warmth shine through.

From Gallic Sabine who wears her Resistance medal to remind her that she can be brave in the face of cancer, to young mother Holly whose daughters snuggle up to her as she goes to sleep for the last time, you will share the honour of learning from the people at the heart of these stories.

Throughout, Mannix refers to the privilege of her role. The privilege is now ours — to be guided by her gentle hand through this most difficult of topics. I for one will be using the 'D-words' more confidently from now on ...

Sarah Moore,

GP and Academic Clinical Fellow in Primary Care, University of Exeter Medical School, Exeter.

Email: smoore15@nhs.net

DOI: <https://doi.org/10.3399/bjgp18X697781>

Measuring Research: What Everyone Needs to Know

Cassidy R Sugimoto and Vincent Larivière

Oxford University Press USA, 2018, PB, 160pp, £10.99, 978-0190640125



ANYONE FOR DONUTS?

Every summer, journal editors and publishers anxiously await the publication of the Journal Impact Factors, hoping that their journal's IF will have gone up and that their competitors' will have gone down. This used to be the only game in town but, in our heart of hearts, we know that Impact Factors are merely one, unsatisfactory, measure of the impact that publications in the biomedical sciences have on practice, policy, and society, and that better metrics are needed. An IF of 3, for example, means that on average each of the peer-reviewed research articles published in a journal has been cited in the mainstream, peer-reviewed literature three times during a specified 2-year window. At the same time, however, there will probably have been hundreds of thousands, if not millions, of website visits and full-page downloads of articles published in that journal. The IF is an aggregate measure of 'journal impact' and tells us nothing about the impact of an individual paper. It is also extremely