

Out of Hours

Palestine:

a week in November

The Occupied Palestinian Territories (population 4.5 million) has no system of postgraduate training for family practice. Primary care is provided by GPs without specific training and specialists based in the community. The hero of this story, Dr Samar Musmar, is a Palestinian who was trained and licensed as a family practitioner in Florida, and has returned to her first home to build specialist family medicine there. An invitation for her to speak at a Society of Academic Primary Care meeting in 2011 and then at a 'dangerous ideas' session at the Royal College of General Practitioners conference in Glasgow in 2012 sparked off a commitment from some UK doctors to support her efforts. With Samar having set up a training programme for 19 primary care doctors, the first step was to plan an intensive 1-week residential course taking place at An-Najah National University, Nablus. The teaching faculty included UK doctors and one intrepid (and much younger) GP from Bologna.

Background work comprised exploring the needs of trainees and matching them up with the expertise of the teachers. It produced a crowded week's programme with a mixture of didactic lectures, role-play, and collaborative small group work. The content would be familiar to anyone involved in postgraduate education here, including the role of generalist practice, community-based practice, vertical versus horizontal organisation of care, doctor-patient

relationships, professional development, and assessment. Everything that we had to offer was taken in with great enthusiasm. It was especially heart-warming to watch qualified doctors embracing role-play for the first time in their lives. One theme ran throughout the course: asking the doctors in four groups to brainstorm and refine their ideas for the future development of family medicine in Palestine, then write them as manifestos to present in role-play to their colleagues and teachers on the final day. It was inspiring to watch them gain confidence in their ability to work in these groups over the week. Responses from the trainees in their evaluation were overwhelmingly positive, so much so that we as teachers didn't feel that we could place too much reliance on it. But we came away feeling that we had at the very least achieved our overall aims in supporting Samar's vision: strengthening morale and reducing isolation among Palestinian doctors, and in laying the foundations for future international development. And all done through quite difficult language barriers.

For us it was exciting to be involved at the start of a new enterprise. Given how easy it is to moan about the problems we have to contend with in the UK, it was humbling to be reminded how far we have developed in the past 50 years. The Palestinian experience is of 3-minute consultations, frequent interruptions,

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problems with security of medicine supply, and working arrangements apparently designed to prevent any continuity of care, in addition to the expected institutional relationship where GPs are subordinate to hospital doctors. Beyond all of that we learned just a little of the difficulties of living and working in Palestine. Our travel and accommodation was such that we noticed almost no restrictions (no stopping at border crossings), but our hosts gave us some inkling of how difficult life is for them living with military occupation and settler hostility, most obviously in our having to curtail the course because of the difficulties participants would face driving home at the end of the week.

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A longer, illustrated account of the week can be viewed at <https://storify.com/lygidakis/idfmp>

The course participants have set up a Facebook page titled *The Mothers and Fathers of Family Medicine in Palestine*, at <https://www.facebook.com/groups/455982711116698/>

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Teachers and learners at An-Najah university, Nablus, Palestine 2013.

