

Family Physician Training in Israel

Tom Axelrod, MD, MPH

Department of Family Medicine at Clalit Health Services and the Hebrew University of Jerusalem

Adi Netser, MD

Department of Family Medicine, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva

Mitzpe Ramon Clinic, Southern District

Clalit Health Services



Family Medicine Training in Israel

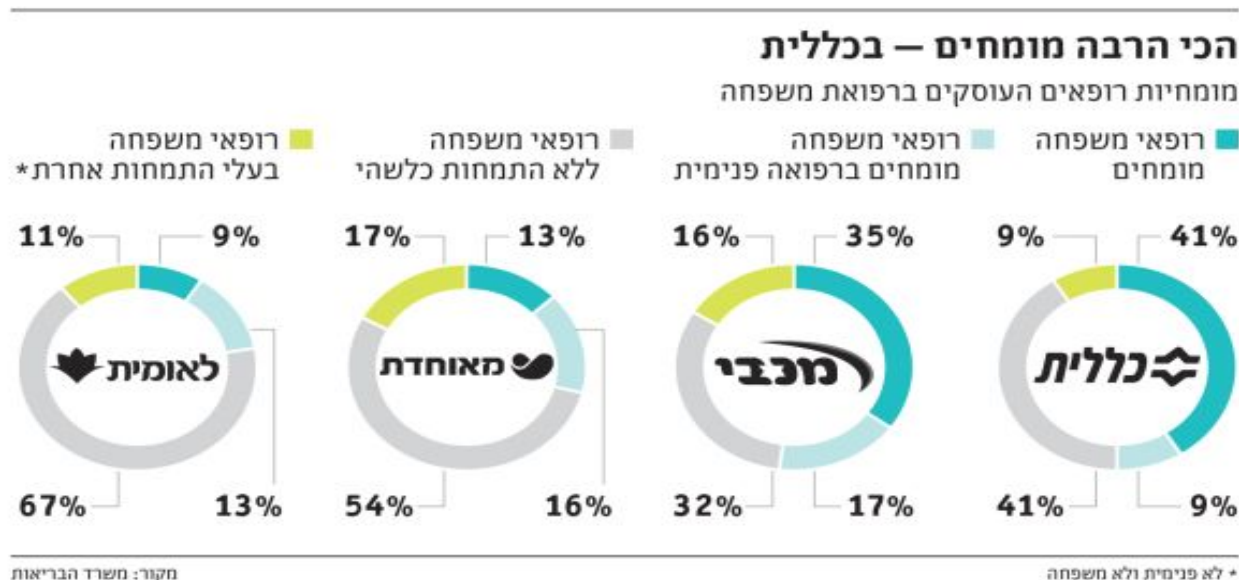
- A HMO based health system (with private aspects).
 - The entire Israeli population is ensured thru four public HMO's (=“Health Funds”).
 - All the HMO's offer a residency program for family physicians.
 - The residency program is governed by the scientific council in the Israeli Medical Association.
-

History: from apprenticeship to Academic Family Medicine

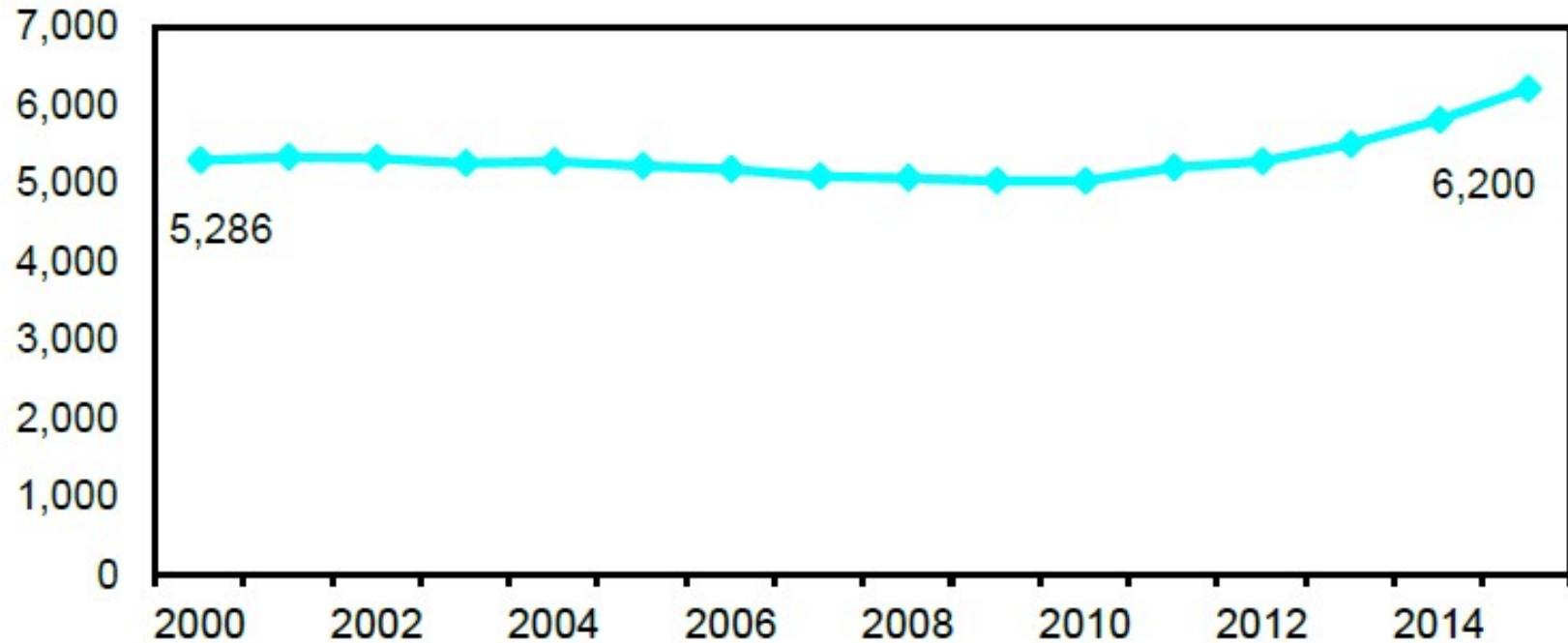
- Previously: General practitioner = no specialty training
 - Since 1964: compulsory rotation in Family Medicine in all medical schools
 - 1969 USA: Family Practice new specialty approved (the 20th specialty)
 - Since 1971: post graduate residency training (first at Clalit Health Services)
 - Now: 13 academic departments in Family Medicine (7 at Clalit Health Services)
-

A few numbers

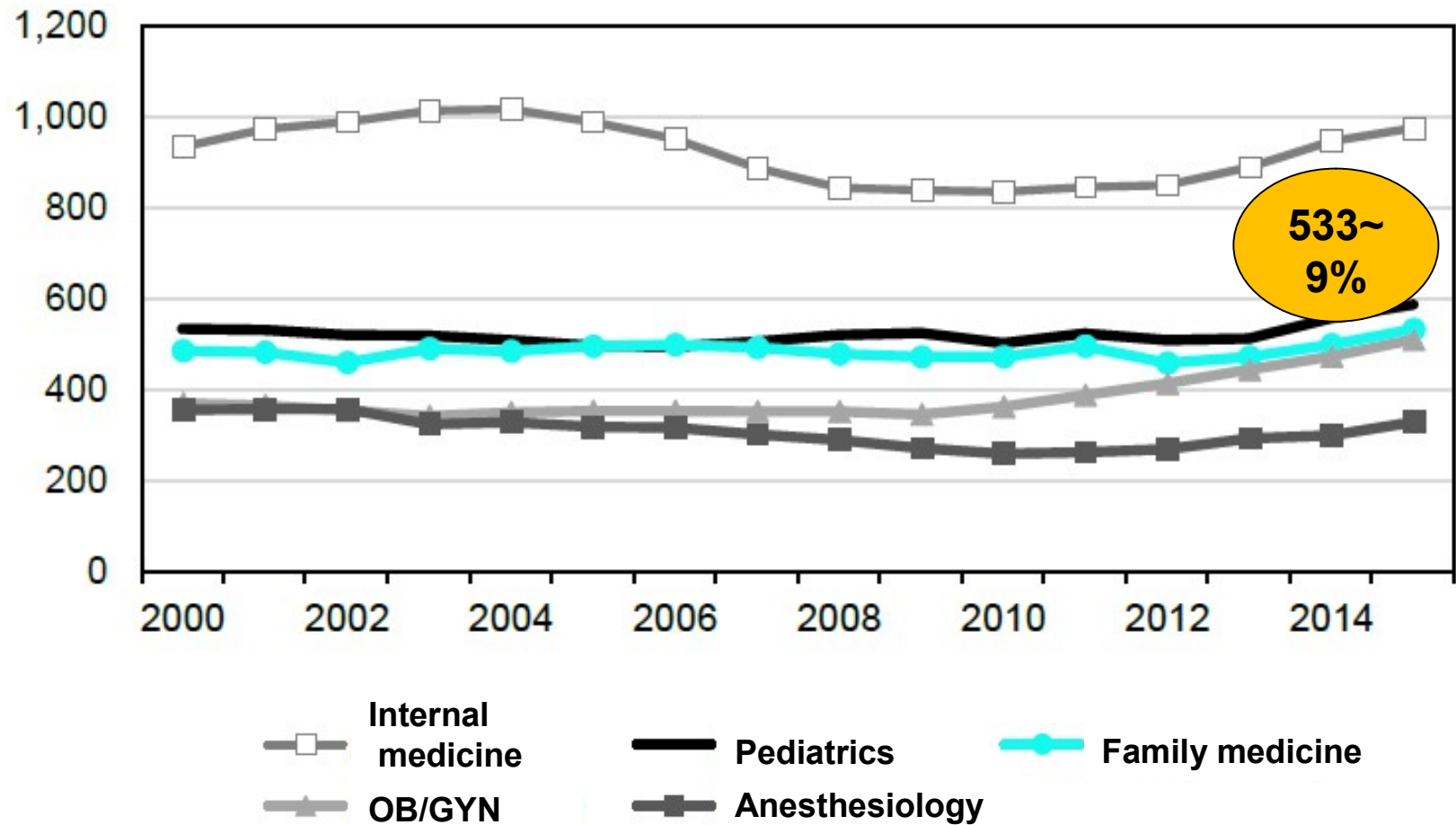
- Total Physicians in Israel ~ 36,000
(3.5 per 1000, like OECD average)
- 20-25% Primary care physicians (FM+pediatrics)
- 5% Family medicine specialists – 5%~1900



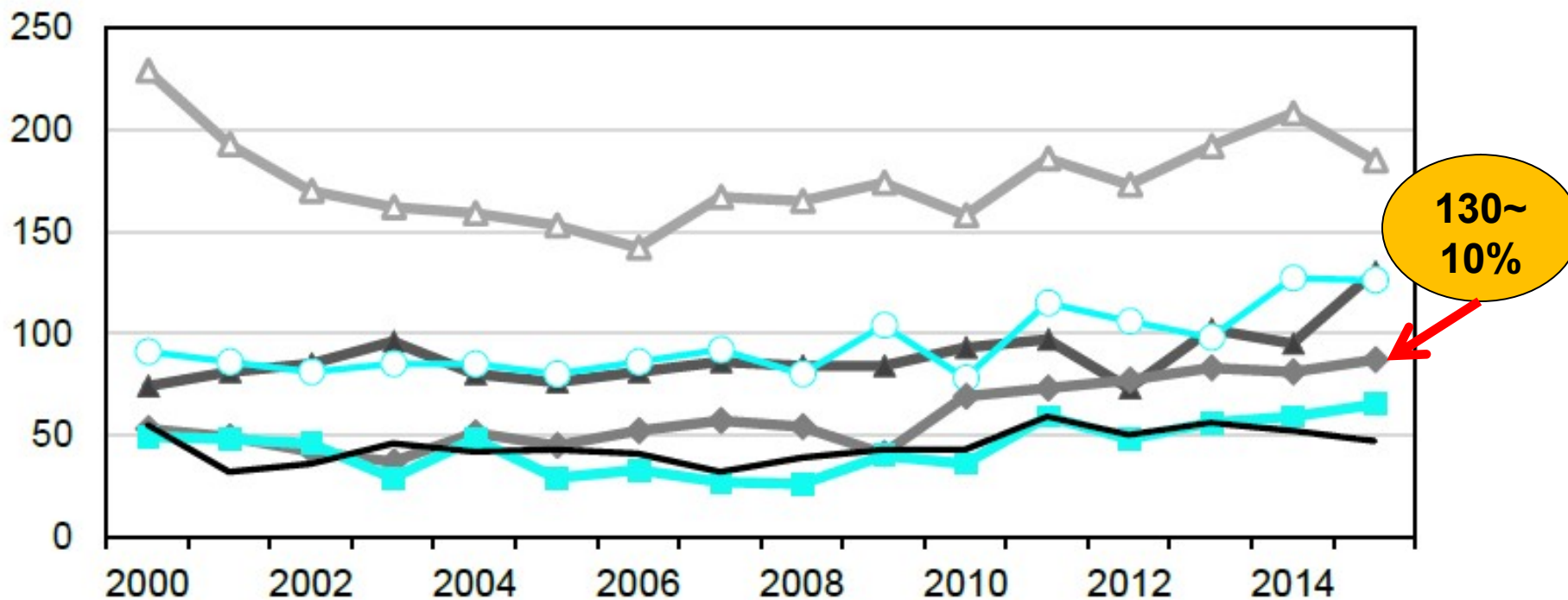
Total residents at the end of the year 2000-2015



Number of Residents at the end of the year



Number of NEW Residents



Each year > 100 new FP residents



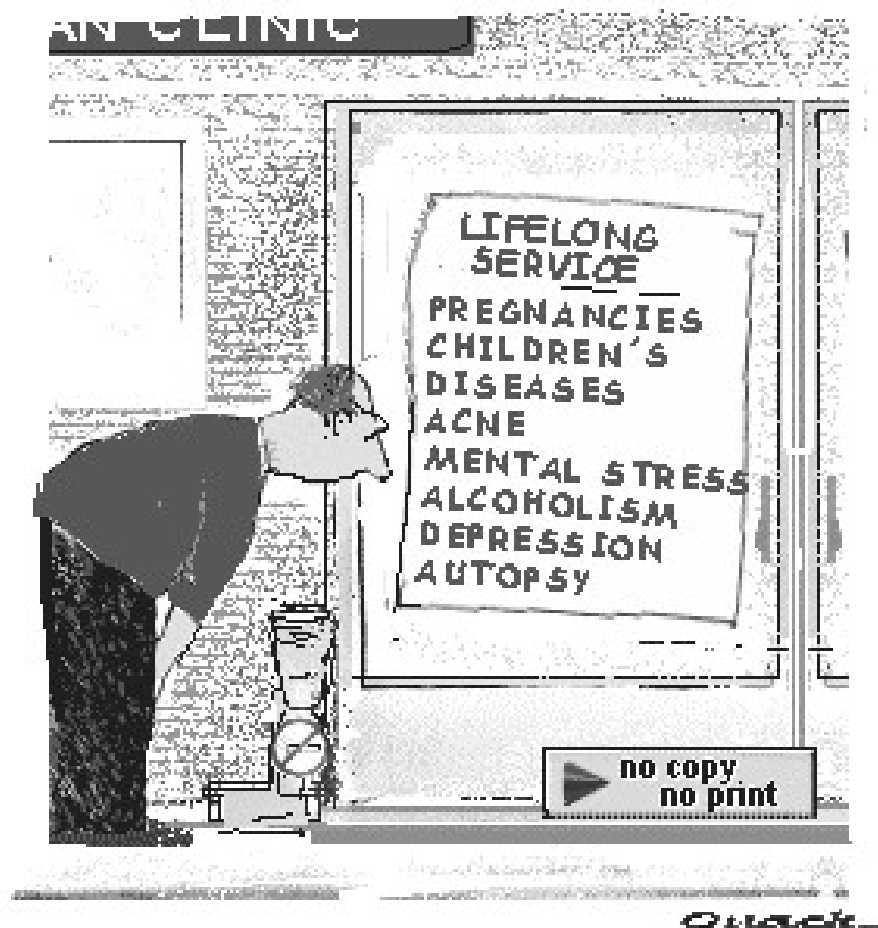
Residency training in Family Medicine

Community Practice – step A	15	Working under/with a mentor supervision in the clinic
Internal Medicine	10	} Working in the same capacity as a resident in the relevant department.
Pediatrics	5	
Emergency Medicine	2	
Elective 1	2	
Elective 2	2	
Community Practice - step B	12	Independent work with guidance of an instructor
TOTAL = 4 years	27 C + 17 H + 4 E	Community : Hospital ratio = 29C / 17H = 1.7

In addition - A six semester post graduate academic program

Community Practice –Main clinical issues

- Common acute problems
- Management of chronic illnesses
- Coordination of care of patients with multiple problems
- Preventive care
- Palliative care
- Communication skills



Variety of Settings

- Urban vs. Rural
 - Adjacent vs. Distant (to a tertiary medical center)
 - High vs. Low socioeconomic communities
-

Variety of Settings

The basic unit:

- 1-5 Family Doctor(s)
- ? Pediatrician(s)
- Nurse(s)
- Office Clerk(s)

Optional , in larger clinics:

- Part time or visiting consultants :
Orthopedics, ENT,
Ophthalmology,
Dermatology ,
Gynecology, Psychiatry,
Geriatry...
 - Part time social worker,
dietician, speech
therapist, ...
-

Variety of Communities

- **Immigrant based society** (European, Fmr. Soviet Union, North African, Near East, Ethiopian)
 - **Multiple health beliefs**
 - **Multiple economic approaches** (liberal, capitalistic, socialist)
-

In Conclusion

- Always challenging
 - Constantly evolving
 - Every day holds a new experience
-

