

FAMILY PHYSICIAN: TEMPORARY STATUTE

**Developed within the DFID “Georgia Primary Care
Development Project”**

FAMILY PHYSICIAN: TEMPORARY STATUTE

I. General provisions

- 1.1. Family Physician (FP) is a specialist with higher medical education who is legally authorized to provide multiprofile primary medical care of persons of all ages and both genders;
- 1.2. In order to obtain the title of FP a person with higher medical education needs to go through the special training program in given profile and pass the State Certification Examination in the specialty "General Medical Practice, Family Physician";
- 1.3. Training of FP is conducted according to the programs developed on the basis of State professional standards at the health facilities accredited by the State, which have obtained the license on training the specialists in given field;
- 1.4. In his/her activities the FP acts within the frames of the following legal regulatory documents:
 - a) Constitution of Georgia;
 - b) Law of Georgia on "Health Care";
 - c) Law of Georgia on "Patient's Rights to Health care";
 - d) Law of Georgia on "Medical Activities";
 - e) Other legal documents of Georgia and international agreements and contracts
 - f) Given Statute.
- 1.5. FPs conduct their professional activities
 - Individually or in collaboration with representatives of medical, social and other related fields based on team-working principles;
 - At the State or Non-State institutions of medical profile accredited by the State, as well as in the form of individual and group practices;
 - On the basis of contracts with the Ministry of Labour, Health and Social Affairs and its sub departmental institutions, Tbilisi (and/or other municipality) Health and Social Care services, insurance companies, governmental and non-governmental medical institutions, different departments, as well as with individual patients and families;
- 1.6. Payment of FPs for provided services is conducted on the basis of conditions of the contracts with the Ministry of Labour, Health and Social Affairs and its sub departmental institutions, Tbilisi (and/or other municipality) Health and Social Care Services, insurance companies, governmental and non-governmental medical institutions, different departments, as well as with individual patients and families;
- 1.7. Each member of the society has the right to choose his or her personal FP. In this case it is preferable to follow the principle of territorial accessibility;
- 1.8. The volume, form, and nature of medical services offered to the patient by the FP and the accomplishment of which the FP takes the responsibility, must be in compliance with standards of FP professional activities, approved in Georgia;
- 1.9. The number and composition of the population attached to the FP is determined by the contract conditions;
- 1.10. The central and local health authorities according to the approved regulations conduct control over the FP activities.

II. Rights and responsibilities of FP

- 2.1. Main responsibility of the FP is provision of primary health care the community, families and individuals in accordance with the State Standards of medical practice and contract conditions;
- 2.2. At the primary health care level the FP provides services to improve the health state and disablement of the patient and on this basis issues the health certificate on the health state, appropriateness of different activities (medical examination at all levels), or temporary disablement. Taking into consideration the FP competencies he/she can provide above mention services independently, without involvement of other specialists
- 2.3. FP is obliged to keep the appropriate patient documentation on the regular basis according to the established regulations;
- 2.4. According to the established regulations FP may draw up contracts of voluntary or obligatory medical insurance with any governmental or non-governmental organisations on providing medical services;
- 2.5. FP may receive payment for provided medical services in accordance to the contract conditions;
- 2.6. FP must participate in discussions with key stakeholders at central and local levels at medical and non-medical bodies regarding regulation of quality improvement;
- 2.7. FP must protect the patient's interests related to his/her health or social status;
- 2.8. FP must care about self- and colleagues' professional growth and development;
- 2.9. Within the competencies FP is responsible for independently made decisions. In case of illegal actions, or inactivity which led to the deterioration or death of the patient the FP bears the responsibility according to the existing legislation.

III. Functions of FP

- 3.1. Within their personal competence provide comprehensive medical services to adults, children and pregnant women (in out-patient and at home) including preventive, curative, diagnostic and rehabilitative services;
- 3.2. The list of main activities of FP is as follows:
 - Health education and health promotion for all age groups and gender;
 - Primary (incl. immunization), secondary (incl. screening) and tertiary prevention;
 - Early detection of disease;
 - Management of complications conditions encountered in primary care;
 - Diagnosis of conditions encountered in primary care on the basis of clinical history, examination and necessary appropriate laboratory/instrumental examinations;
 - Management of chronic conditions;
 - Management of referral and counter-referral of patients to specialist, hospital, community and social services;
 - Physical and psychological rehabilitation of the patients;
 - Targeted services for specific groups including:
 - Developmental follow up of infants and children – evaluation of physical and psycho-social development;
 - Timely identification and management of medical problems among children;
 - Medical follow-up of adolescents, timely identification and management of existing problems;

- Health promotion of elderly, as well as evaluation of health status, timely identification and management of health needs;
 - Health promotion of women;
 - Timely identification and management of health problems among women;
 - Antenatal and post natal care;
 - Care of the terminally ill (palliative care);
 - Counseling and psychological support during bereavement;
- Provision of urgent medical care.
- 3.3. Actively support and participate in the process of training and education of FPs, nurses, managers and other primary care team members. In this case the principles of in-service and multidisciplinary training must be followed;
- 3.4. Actively participate in research, promoting the formation of family medicine as academic discipline, development of evidence-based practice and improvement of the quality of care;
- 3.5. Actively participate in public health programs, as well as in implementing the health system reforms in the country.