



■ Editorial

Strengthening Primary Health Care through Medical Education

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In 1978, the World Health Organization proposed primary health care (PHC) as a way to address health inequalities between underdeveloped and developed countries and within a country through the 'Alma-Ata Declaration.'¹⁾ In 2012, the Organization for Economic Cooperation and Development recommended that Korea, which provides hospital-based healthcare services, establish a community-based primary healthcare system at the earliest due to the rapidly increasing medical expenses caused by the aging population.²⁾ However, the proper advancement of PHC in Korea has been hindered by the conflicting interests of various parties.

In many countries, primary care is often perceived as a sub-standard healthcare service provided by medical practitioners who lack postgraduate education in primary care. Nonetheless, primary care physicians with the necessary skills to deliver high-quality primary care services are crucial for strengthening the primary healthcare system. It has been suggested that medical education should be enhanced to reinforce PHC, which is recognized as a means to address health inequalities and reduce medical costs. Many medical schools include primary care and community medicine in their educational goals and processes.

In the present issue, a study by Ishisaka et al.³⁾ examined the association between medical students' general practice (GP) education and their subsequent choice of GP majors in a teaching hospital in Japan. In this study, lecture and training times for community-based medicine were not associated with increased residency program choices among residents. GP education in Japan comprises content related to community-based medicine, which is a major component of primary

care. Therefore, the findings of this study do not support an association between the amount of compulsory education in community-based medicine in medical schools and the subsequent increase in the number of residents choosing GP majors.

This study is similar to a longitudinal study conducted in New Zealand.⁴⁾ However, studies in Germany⁵⁾ and the United Kingdom⁶⁾ have yielded different results, which Ishisaka et al.³⁾ interpreted as possibly influenced by selection bias due to students engaging in elective clerkships or outliers. In Korea, a study examining the change in preference for family medicine before and after practicing family medicine reported an increase in preference.⁷⁾ However, this study had a limitation, as it merely focused on preference, not actual choice, and other related studies are lacking. Given the inconsistent findings of existing studies, careful consideration should be given to whether expanding primary care education in medical schools will lead to an increase in the number of primary care physicians and, consequently, promote primary care.

Discrepancies in the educational content and quality pertaining to primary care might have contributed to the conflicting results observed in previous studies. In addition to the duration of training, the content and quality of training are crucial factors. An appropriate level of education tailored to this purpose is necessary to encourage more doctors to choose primary care as their specialization through education. This requires a stronger emphasis on primary care in the medical school curriculum. However, of the 28 medical schools in Korea, only 14 (50%) emphasized primary care as an educational goal between 2006 and 2017.⁸⁾

Medical schools should prioritize the training of primary care physicians as their main educational objective and devel-

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op curricula that foster the competencies necessary for primary care. Curriculum, instructional strategies, and assessment methods should be carefully aligned. Family medicine and general practice, defined as medical specialties that manage common and long-term illnesses while focusing on overall health and well-being, should be integrated into undergraduate education.⁹⁾ This integration will allow students to experience undifferentiated diseases from a longitudinal perspective, engage in leadership and teamwork as part of a care team, and strengthen practical training.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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