

General practice reformative agenda 2024 (protocol)

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ABSTRACT

The healthcare system undergoes frequent reforms, including various services. General practice (GP), a longstanding specialty in Nepal, now requires further changes, due to changing and growing needs of the country. To facilitate this, it's essential to identify key areas for reform supported by evidence.

To gather evidence, we've designed a qualitative study based on grounded theory. The researcher aims to engage with a large number of GPs using virtual methods. Participants will be contacted through focused group discussions, key-person interviews, polls, and debates. In the first round, key issues will be identified, and in the second round, potential solutions will be explored.

Our goal is that these findings will assist stakeholders in pinpointing gaps in policies, educational strategies, research, and the overall development of GPs. With the implementation of these findings, we anticipate a well-defined role for GPs within the national health system.

Keywords: general practice, health policies, reformative agenda

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INTRODUCTION

Nepal faces a significant shortage of healthcare professionals, particularly in rural areas, and this study aims to shed light on how General Practitioners (GPs) can play a pivotal role in improving access to essential health services. Despite their potential, GPs are currently underrepresented at the district hospital level, prompting the need for a closer examination of the issues and solutions within GP.¹

Various perspectives exist regarding the potential roles of GPs, including the proposal that GPs can be further trained to perform common surgical procedures. This, in turn, could significantly enhance access to surgical care for rural communities. Additionally, incorporating GPs into obstetric services is seen as a means to enhance maternal healthcare in rural Nepal.²⁻⁴

GPs are already leading most of the district-level hospitals in Nepal, providing holistic primary health care. This primary health care model led by GPs is identified as an effective platform for addressing Non-Communicable Diseases (NCDs) through preventive and curative interventions.⁵ Moreover, the study suggests that including General Practice, or Family Medicine, in the undergraduate curriculum could increase the number of doctors aspiring to work as family doctors, enriching the education of all medical undergraduates.^{6,7}

The urgency for establishing a GP training program in Nepal is emphasized by the study's findings. This reflects an encouraging interest in developing and implementing programs to enhance the capabilities of GPs.^{8,9}

However, challenges exist, as highlighted by majority of GPs, who pointed out that poor health policy and lack of recognition of General Practice for primary health care by the government are significant barriers. These findings underscore the need for policy reforms and increased recognition to strengthen the role of GPs as first contact physicians in the healthcare system.¹⁰

GPs are identified as the cornerstone of peripheral hospitals in Nepal, providing essential basic health care and even life-saving surgeries. The study recognizes task shifting activities led by GPs to midwives, doctors, and paramedics at district-level hospitals, enhancing maternal and reproductive care. Despite improved access, several barriers were identified, including the need to raise the profile of generalists, change undergraduate

curricula, and provide incentives for post-graduate training and service.^{11,12}

General Practice and Emergency Medicine Association of Nepal (GPEMAN) is organizing an international conference in March 2023. The reformative agenda will be the part of conference, where data collection will be done prior to the conference and validation of the result will be done during the conference by Panel discussion and a workshop.

Reflecting on historical developments, the launch of the Medical Doctorate in General Practice (MDGP) program in 1982 played a crucial role in addressing the shortage of doctors capable of handling a wide range of health issues in rural areas. With the changing landscape of healthcare over the past 42 years, it is considered an opportune time to contemplate restructuring General Practice to better align with the current healthcare demands, focusing on the identified challenges and potential solutions.

This study aims to provide a comprehensive understanding of the issues within General Practice in Nepal and proposes solutions to better support GPs, enhance their capabilities, and contribute to a more effective and accessible healthcare system in the country. The findings contribute to the ongoing dialogue on healthcare reform and policy development, with the ultimate goal of addressing the pressing healthcare needs of Nepal's population.

METHOD

This is a qualitative study based on grounded theory where questionnaires are developed and validated as information is collected. The study will be done in Nepal as this study explores the necessity and way forward of General Practitioners (GPs) working in Nepal. As GPs are spread all over the remote including remote places, the virtual platforms like video conferencing, social media application and emails will be used for the communication. It will be done among GPs working in Nepal.

The modality of research demand the selected participants with expertise and experience for some of the tool and voluntary recruitment for other tools. Therefore, total number of participants is not applicable for this research.

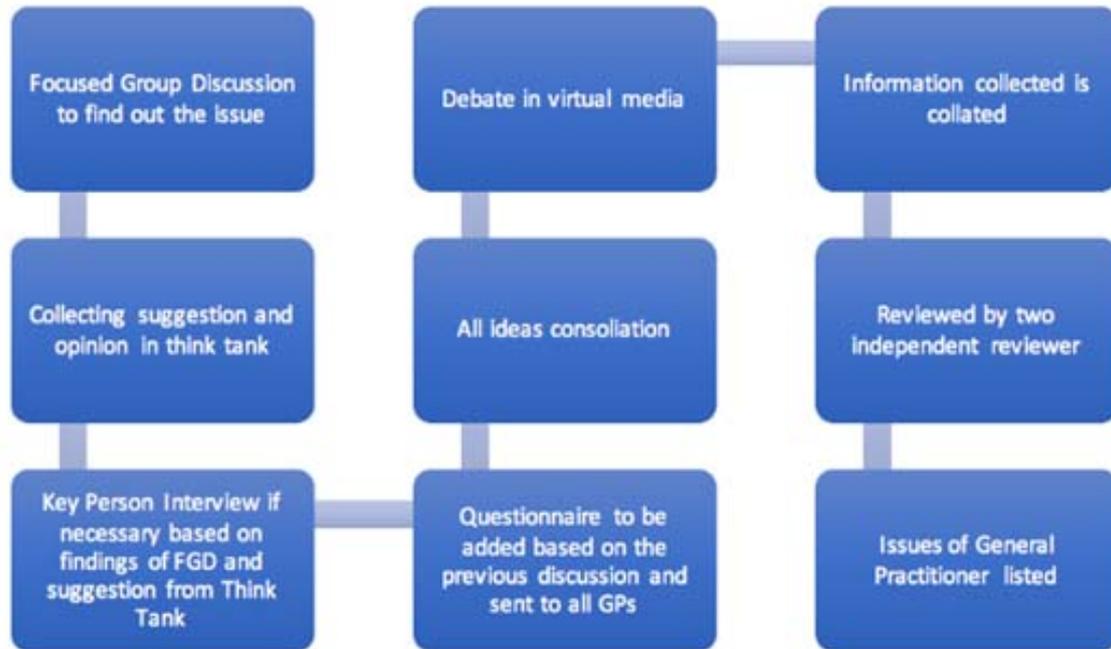
Criteria for Sample Selection:

Focused Group Discussion will be selected based on the expertise and experience in the related

focused group while key person interview will be selected based on the issue that has arisen requiring expert opinion. In both cases participants will be selected by the General Practice Reformative Agenda 2024 committee based on participants expertise and experience and this selection will be validated by the executive committee of GPEMAN. Think Tank, Questionnaire and Debate are voluntary participation.

For data collection we will be using focused group discussion, discussion in think tank group, key person interview, questionnaire and poll, debate. All the process will be divided in two phases. In phase I we will identify the issues related to General practice reformation and in phase II we will again go through above process to find out the solution for the issues identified in phase I (Figure 1).

Phase I



Phase II

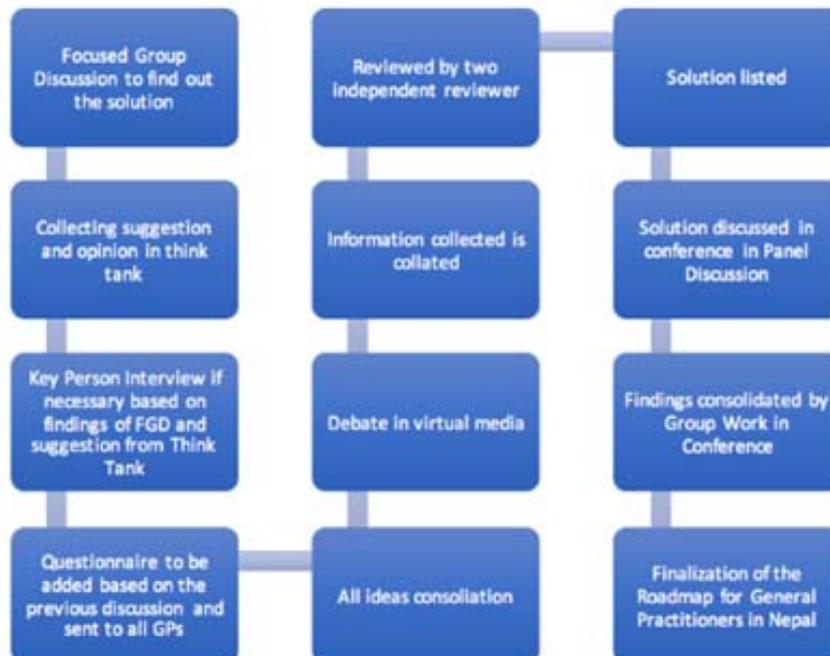


Figure 1. Conceptual framework for data collection and analysis

Focused Group Discussion

The following groups has been defined by expert consultation and validated with the executive committee of General Practice and Emergency Medicine Association of Nepal

1. Policy and Strategies
2. Primary Care
3. Medical Education and Research
4. Emergency Care

Therefore, the sampling is based on the selection by expert consultation which will be validated by the executive committee of General Practice and Emergency Medicine Association of Nepal.

Think Tank

This is a small closed social media group of General Practitioners interested in contributing their ideas to the General Practice Reformative Agenda 2024. The participant sampling is based on voluntary enrollment of those GPs who are not involved in Focused Group Discussion.

Key Person Interview

This interview will be conducted with the expert, if the issue from the Focused Group or Think Tank is thought to be required an expert consultation. The expert will be selected by consultation and validated will be done with the executive committee of General Practice and Emergency Medicine Association of Nepal. The expert may or may not be General practitioner based on the issue.

Questionnaire and poll

The discussion from the Focused group discussion, Think Tank and Key Person Interview will be consolidated to phrase questionnaires and polls for opinions. The sample unit for this will be all general practitioners of Nepal including those who are in Focused group, Think Tank and Key Person Interview. They will be communicated through close social media groups.

Debate

This will be done in a closed social media group which has all General Practitioners as participants. Therefore, the sample unit will be all General Practitioners.

Data Collection Technique / Methods

Data collection will be done by following five techniques

1. Focus group discussion
2. Discussion in think tank
3. Key person interview
4. Questionnaire
5. Debate in larger Viber group

Following procedures will be applied for data collection

1. Preparation: Information regarding reformative agenda is sent to all General Practitioners as a part of conference announcement. The information sharing strategies that are taken are in the forms of short clips, interviews and digital posters.
2. Communicating with members of focused group
 - a. Phone call will be done to ask requesting to participate
 - b. Letter will be issued from GPEMAN
 - c. Briefing note will be sent in email
 - d. Meeting via video conferencing will be arranged
 - e. Consent for the recording and participation will be taken online after explaining the process.
 - f. Open questions will be asked by the moderator along with few probing questions
3. The discussion will be in Nepali therefore, the verbatim will be converted to written format.
4. Two independent reviewers will do open coding followed by inductive reasoning and axial coding and deductive reasoning will be done to connect with other ideas and selective coding will be done.
5. Based on these ideas will be circulated into Think Tank for inductive reasoning.
6. Calling voluntary enrollment of think tank
 - a. A voluntary enrollment will be done for think tank group
 - b. Function of the group will be informed and online consent will be taken
 - c. Developing closed social media group of think tank
 - d. Summary of Focused group discussion will be shared for discussion
 - e. Open discussion, no formal online meeting
 - f. Moderator(s) will do moderation
7. The content of the think tank is text that can be in Nepali, English or Mixed. The text will be translated into Nepali manuscript by two independent reviewers. Two independent reviewers will do open coding followed by inductive reasoning and axial coding and deductive reasoning will be done to connect with other ideas and selective coding will be done.
8. If there are any issues requiring confirmation, the issues will be solved by Key person interview. Written or Online consent will be taken for the interview. Two independent

reviewers will do open coding followed by inductive reasoning and axial coding and deductive reasoning will be done to connect with other ideas and selective coding will be done.

9. Based on the above findings, a questionnaire will be developed for opinion from general practitioner. All GPs will have the opportunity to participate, the opinion will be voluntary and anonymous. Online consent will be taken to use the opinion in the study. Two independent reviewers will do open coding followed by inductive reasoning and axial coding and deductive reasoning will be done to connect with other ideas and selective coding will be done.
10. Out of this the selected topic will be put forward for the debate. The debate will be in the closed social media group through text. The text can be English, Nepali or Mixed. There will be two moderators, ideas or opinions of participants will be collected. Since this is an open forum, consent will not be possible, however, participants will be reached out later to sign consent digitally for use of his or her idea for research. Two independent reviewers will do open coding followed by inductive reasoning and axial coding and deductive reasoning will be done to connect with other ideas and selective coding will be done.
11. All selective codings from the above process will be pooled to develop a consolidated draft. The ideas of this draft will be opened for panel discussion in conference. The panel discussion will include General Practitioner, Health Sector Representation from all tiers of Government and political leader. The discussion from the panel will be used to refine the consolidated draft.
12. This will be followed by a workshop in the conference where the consolidated final idea tagging it with the framework will be displayed as a poster where participants will have the opportunity to look across it and put their opinion in it.
13. The opinion from the workshop will be used to give the final shape of the General Practice Reformative Agenda 2024.
14. During all above process analysis will be done within the boundary of a framework which contains two dimensions
 - a. Attributes of General Practitioners: This is determined, based on the discussion and validation by the executive committee of GPEMAN.

b. Legal and social boundaries: This is determined, based on the reviewing of the following document, discussions and validation by the executive committee of GPEMAN.

- i. Public Health Service Act
- ii. Public health service regulations
- iii. National Health Policy
- iv. Nepal Health Sector Strategic Plan
- v. Quality Assurance Framework
- vi. Health Insurance Act and Strategy
- vii. Local Development Act

Detail of the framework is as follows

- Leadership
 - Statements
 - Empowering GPs with authority, skills, knowledge and resources to drive positive changes to achieve objectives of primary and emergency health care
 - Providing an environment to produce an effective leader that inspires and empowers others, fosters self-reliance, accountability and the ability to make a meaningful impact.
 - Descriptors
 - Self-awareness: Understanding strength and weakness
 - Vision
 - Effective communication
 - Empathy
 - Adaptability (to be open to change)
 - Decisiveness
 - Strategic thinking
 - Inspiration
 - Delegation
 - Continuous learning
 - Resilience
 - Ethical
 - Team building
 - Recognition
- Education, research and innovation-
 - Statements
 - Develop synergy of education, research, and innovation to empower GPs to provide the best possible care, contribute to the medical field's knowledge, and adapt to the ever-evolving landscape of healthcare.
 - Descriptors
 - Undergraduate, post graduate and specialty medical education
 - Continuous medical education
 - Advocating, supporting and conducting research
 - Teaching research

- Supporting innovation in science and technology
- Strengthening the capacities that already exist at national, provincial and local level
 - Statements
 - Enhancing the existing capacities at the national, provincial, and local levels, while fully leveraging the authority and responsibilities outlined in the Constitution, Health Act, regulations, policies, and strategies.
 - Integrating General Practitioners (GPs) into every relevant aspect of the healthcare system and advocating for strategic approaches that align with these goals.
 - Descriptors
 - Health Act, regulation, policy, strategy
 - Quality assurance framework, Minimal service standard
 - Health insurance
 - Guidelines
- Patient Safety and Quality assurance and care
 - Statements
 - In pursuit of patient safety, unveiling the profound interplay of science and humanity, where knowledge and empathy harmonises
 - Supporting the environment where patients receive the highest standard of care and are safeguarded from potential risks and errors.
 - Descriptors
 - Recognizing issues that are leading to low patient safety, Quality assurance, and care via surveys, and discussions.
 - Discussing possible solutions to the above issues.
 - Developing standard practical guidelines for patient safety.
 - Establishing a department at different health centres to monitor patient safety.
 - Creating team members from all departments for safety and quality assurance along with care.
 - Validating frequently with international standards to enhance the quality of care.
 - Providing basic care based on standard national protocol.
 - Providing training nationwide for implementation of the above protocol.
 - Recognizing and solving obstacles in the implementation of protocols.
 - Regular monitoring to meet the updated standard.
- Cross cutting issues
 - Statement
 - Holistic approach to intertwine various cross cutting issues to ensure comprehensive care and better outcomes
 - Descriptors
 - Integrated Management of Neonatal and Childhood Illness (IMNCI)
 - National Immunization Program (NIP)
 - Adolescent Sexual and Reproductive Health (ASRH)
 - Safe motherhood, Family planning and Contraceptives
 - Gender based Violence (GBV) and Medicolegal cases
 - Mental Health and Substance abuse
 - Geriatric conditions and chronic disease management
 - Pain management and drug dependence (Balance)
 - Non-communicable diseases
 - Nutrition
 - Health Insurance
 - Health education and promotion
 - Polypharmacy (Interaction, side effects, improving adherence)
 - Preventive care (Cancer screening, Vaccination, Health education)
 - Health literacy and cultural competency (Communication skills and rapport building)
 - Accountability to the community
 - Statement
 - Consistently striving to deliver high-quality care, ensure patient safety, and address the specific healthcare needs of the community
 - Foster trust, transparency and strong sense of social responsibility, reinforcing the essential bond between healthcare providers and communities served by GPs
 - Descriptors
 - Clearly defined roles and responsibilities
 - Transparent communication
 - Goal setting
 - Performance metrics
 - Regular check ins
 - Feedback mechanism
 - Empowerment
 - Autonomy
 - Cultural emphasis
 - Collaborative problem solving
 - Lead by example

- Primary Care (rural / urban basic health care services)
 - Statements
 - Supporting Nation with Primary Care, encompassing rural and urban basic and emergency health services, thereby playing a pivotal role in the overall economy and well-being of a nation.
 - Acting as the cornerstone of primary health care, supporting the national system to fulfill needs of individuals in rural and urban settings in the area of prevention, patient treatment, and the reduction of overall morbidity and mortality rates.
 - Supporting the health care system as the initial point of specialty contact and serving as the gateway to the entire healthcare network, guiding patients and coordinating their healthcare journey.
 - Descriptors
 - Basic health care service
 - Community involvement
 - Workforce development
 - Infrastructure and Facilities
 - Preventive care programs
 - Integration with national policies
 - Health information systems
 - Health literacy promotion
 - Collaboration with stakeholders
 - Technology integration
 - Research and innovation
- Emergency Health Care services
 - Statement
 - Support the nation to achieve fundamental entitlements of individuals to receive timely, accessible and quality medical assistance in critical situations, promoting the preservation of life and well-being.
 - Descriptors
 - Emergency health care service
 - Referral systems
 - Ambulance services
 - Development of trauma service centres
 - Treatment funds
 - Trainings
 - Universal Health Coverage is to increase the health financing and support the health workforce in developing countries
 - Sustainable development goal "To ensure healthy lives and promote well-being for all at all ages"

15.No ideas will be dropped down; however, it will be prioritized based on the above framework.

16.Reflexivity and the negative comments will also be recorded.

Data Collection Tools:

1. Focused group discussion: A focus group discussion (FGD) is a form of qualitative research that involves gathering people from similar backgrounds or experiences together to discuss a specific topic of interest. FGD questions are asked about their perceptions, attitudes, beliefs, opinions, or ideas. In focus group discussion participants are free to talk with other group members; unlike other research methods, it encourages discussions with other participants. It generally involves group interviewing in a loosely structured fashion led by a moderator (interviewer/facilitator) in a small group of usually 6 to 12 people. The group needs to be large enough to have a rich discussion but not so large that some participants are left out.

It is important to create a non-intimidating environment to have a fruitful outcome. Since participants are actively encouraged to not only express their own opinions, but also respond to other members and questions posed by the leader, focus groups offer a depth, nuance, and variety to the discussion that would not be available through surveys.

Steps involved in FGD:

- Select moderator and field team
- Orient moderator
- Conduct FGD
- Transcribe, analyze and interpret responses

Role of moderator or Facilitator

- Keep members on track
- Include all participants
- Keep an eye on time (Ideal session is 45 to 90 minutes)
- Full coverage of all decided questions

Generic Questionnaire for all Focused Group Discussion

Lead Questions:

1. What are the current issues of General practitioners in Nepal in this regard (Any of five key areas of FGD)?
2. How can we address those issues?

Probe Questions:

1. What are the strengths and weaknesses of existing practice?
2. What are the factors influencing our practice?
3. What are the desired outcomes and impacts from this reformation?
4. If we were to choose an issue, which one should we choose and why?

Exit Question:

1. Is there anything else you'd like to say about our fraternity?

प्रमुख प्रश्नहरू:

1. यस सम्बन्धमा नेपालमा सामान्य चिकित्सकहरूको हालका समस्याहरू के छन् (FGD को पाँच प्रमुख क्षेत्रहरू मध्ये कुनै)?
2. हामीले ती समस्याहरूलाई कसरी सम्बोधन गर्न सक्छौं?

अनुसन्धान प्रश्नहरू:

1. विद्यमान अभ्यासका सबल र कमजोरीहरू के हुन्?
2. हाम्रो अभ्यासलाई प्रभाव पार्ने कारकहरू के हुन्?
3. यस सुधारबाट अपेक्षित परिणाम र प्रभावहरू के हुन्?
4. यदि हामीले एउटा मुद्दा रोज्ने हो भने, हामीले कुन रोज्नुपर्छ र किन?

निकास प्रश्न:

1. हाम्रो भाइचाराको बारेमा तपाईंले भन्न चाहनुहुने अरु केहि छ?

2. Key person interview**Steps involved in KPI**

- Identify the type of respondents required for the study
- Select moderator and field team
- Orient moderator
- Conduct KPI
- Transcribe, analyze and interpret responses

Role of moderator or Facilitator

- Keep members on track
- Keep an eye on time (Ideal session is 45 to 90 minutes)
- Full coverage of all decided questions

Key informant/person interview Steps

1. Gather and review existing data.
2. Determine what information is needed.
3. Determine the target population and brainstorm about possible key informants.
4. Choose key informants.
5. Choose the type of interview.
6. Develop an interview tool.
7. Determine documentation method.

8. Select designated interview(s)
9. Conduct key informant interviews.
10. Compile and organize key informant interviews.

Developing an interview tool

- Outline Script
- List of open-ended questions relevant to topics one would like to discuss.
- Begin with most factual and easy to answer questions first then follow with these questions that ask informants opinions and beliefs.
- Ask Probing questions.

Components of interview tool**Introduction**

- Introduce yourself and project
- Who are involved in the project
- Establish credibility
- Establish why their contribution is important in collecting information we need.
- Explain what will happen with the collected information.

Key questions

- 5-10 questions (questions that draw upon information expertise)

Probing questions

- Encourage participants to reflect deeply.

Closing questions

- Provide an opportunity for the key informant to give any additional information or comment.

Summary

If time permits, quickly summarize the major comments heard and make sure understood things are correct. Thank the informant.

Key Questions for KII

1. What are the challenges that General Practitioners (GP) are facing in Nepal? (Probe based on individual response.)
2. What shall be done to increase the leadership potential of GPs in Nepal? How to do it?
3. Education, Research and Innovation are key components of medical science. What are the challenges General Practitioners face for this? How can GPs excel in this area? How can a medical education curriculum be made uniform and effective?
4. What are the challenges for the integration of general practitioners in mainstream health care delivery systems?

How can we increase the existing capacity of General Practitioners in the main care health system?

5. What role shall be played by General Practitioners for Patient Safety and Quality assurance? How can this be done in the best yet cost effective way?
6. What might be the cross-cutting issues for General Practitioners in Nepal?
7. How can the general Practitioners be made accountable to the community?
8. What are the challenges for flourishing of primary care practice in Nepal? What shall be done to improve this? How?
9. How can General Practitioners take part in the Emergency health care system? How to Improve this?

3. Issues for KPI Think Tank and Online opinion collection will be based on the discussion from a focused group. Following guideline will be followed while raising issue

- Only open questions will be phrased
- Only the ideas generated from the phrased for opinion
- Participant will be allowed to put their ideas which are not related to areas asked for

4. Debate in larger Viber group

- a. The discussion will be done in GP&EM Nepal viber community
- b. There will be one to two agenda per discussion
- c. Three roles will be defined
 - i. Moderator
 - ii. For
 - iii. Against
 - iv. Viewers: Viber group members

d. Moderator will declare the following:

- i. This is a Debate session number ...
- ii. Dr. ... will be taking up the role of FOR
- iii. Dr. ... will be taking up the role of AGAINST
- iv. Both are assigned for the discussion to present the rational not based on the personal opinion
- v. The debate will collect the information but there will be no winning or losing side or any such form of decisions

e. Moderator will float question

- i. The one assigned "FOR" will give opinion on the basis of facts and figures and will support VIEWERS statement "FOR"
- ii. The one assigned "AGAINST" will give opinion on the basis of facts and figures and will support VIEWERS statement "AGAINST"

मध्यस्थकर्ताले निम्न घोषणा गर्नेछन्

यो बहस सत्र नम्बर हो ...

डा. ... FOR को भूमिका लिनेछ

डा. ... विरुद्धको भूमिका लिनेछ

दुबैलाई व्यक्तिगत विचारमा आधारित नभएर तर्कसंगत

प्रस्तुत गर्न छलफलको लागि खटाइएको छ

बहसले जानकारी सङ्कलन गर्नेछ तर त्यहाँ कुनै जीत वा

हार पक्ष वा निर्णयहरूको कुनै पनि प्रकार हुनेछैन

मध्यस्थकर्ताले प्रश्न फ्लोट गर्नेछ

तोकिएको "FOR" ले तथ्य र तथ्याङ्कको आधारमा राय

दिनेछ र Viewers कथन "for" लाई समर्थन गर्नेछ ।

"विरुद्ध" तोकिएको व्यक्तिले तथ्य र तथ्याङ्कको आधारमा

राय दिनेछ र दर्शकको "विरुद्ध" भनाइलाई समर्थन गर्नेछ ।

Data collection process:

All tools will go through the following process.

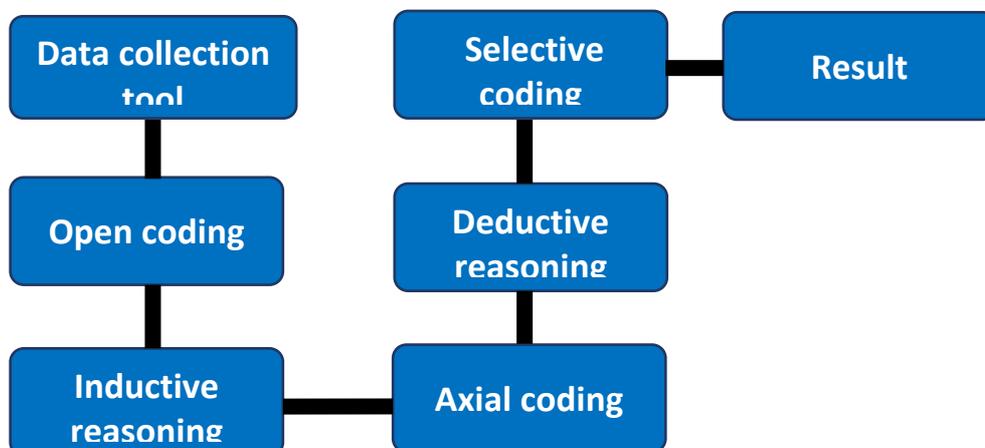


Figure 2. Data collection and collating process

Validity and Reliability of the Study Tools: Piloting and discussion in the group. The reliability of the tool is not done. Further specific questionnaires that will be developed in the due course of time will be validated by group discussion and pilot testing (Fig 2).

Potential Biases (if applicable)

As saturation point of any of the ideas is not possible in this study due to diversity of the population and limitation of expertise, there is a possibility of confirmation bias. The team will try to minimize this bias by deductive and inductive analysis and confirming it in the larger group.

Limitation of the Study

All interviews will be done via video conferencing therefore, the reflexivity and reaction might be difficult to capture.

Informed consent and ethical consideration

It is voluntary participation in discussion. Informed consent will be taken in case of virtual interaction. A consent form will be sent to participants via electronic medium. The participation will be voluntary and they will be given the opportunity to withdraw (withdraw their opinion) from the research at any point of time. The verbatim will be secured in a password protected computer. Anonymity of the participant will be maintained during the storage of data.

Plan of data collection and analysis

We will start process of data collection from 15 Jan 2024 and target to complete by end of March 2024. We will be using thematic coding method for analysis purpose and frequency and percentages will be calculated. Full article with results will be published later on.

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