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世界全科医学瞭望

——加拿大家庭医学教育

家庭医生是加拿大医疗体系的重要组成部分, 占医师总数的50%。家庭医生和人口的比例为2.4/1 000, 在联合国经济合作和发展组织中排名第26位。加拿大全科医疗质量世界领先, 得益于其完备的家庭医生教育和培训体系。

加拿大家庭医生培养体系健全, 全国培养模式统一。首先, 需要完成4年非医学专业的本科教育, 取得学士学位后才能进入医学院校开始医学教育。在医学院校完成2年的医学基础课程教育和2年的临床课程及临床见习, 获得医学学位后, 须进行为期2~3年的家庭医学住院医师培训。家庭医学住院医师培训在整个家庭医生培养体系中处于核心地位, 其基础培训为期2年, 是家庭医学培训的重点, 第3年为额外技能培训, 可以自主选择。完成家庭医学住院医师培训的住院医师必须通过加拿大医学会(MCC)组织的家庭医学专业资格认证考试, 方可成为正式的家庭医师, 独自执业。在以后的执业中, 须接受继续职业发展教育。继续职业发展教育是国家强制性的, 采用学分制, 每5年为1个周期, 每个周期至少修满250学分, 由加拿大家庭医生协会(CFPC)负责认证, 由MCC监督和管理。继续职业发展教育是家庭医生更新知识, 提高医疗、教学和科研能力的主要途径, 课程根据家庭医生需求制定, 强调以人为本, 内容侧重临床证据, 如以问题为中心的讨论、同行互评、教学反馈、质量研究等, 弱化讲座的安排, 鼓励从临床实践中学习。

经过近30年的不断探索和实践, 我国全科医生队伍建设取得了重要进展。但我国目前的全科医生发展仍存在着培养体系不够健全、医生队伍数量不足、总体质量有待提高、体制机制有待完善、职业吸引力不足等问题。结合我国国情, 借鉴加拿大家庭医生培养的成功经验和专业建设中的优点, 有助于推进我国全科医生教育培训, 提高全科医学教育水平。



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