



Brief History of Family Practitioner Committees by Family Health Services

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INTRODUCTION

The National Health Service Re-organization Act of 1973 established family practitioner committees. They took over from the 1948 founded local executive councils that were in charge of primary care. Leader chambers were immediate relatives of the protection panels laid out by area 59 of the Public Protection Act 1911 however with extra obligation regarding NHS dentistry and NHS optician administrations. They mostly played a neutral and routine role. They had little influence over the design of the services they provided. There were 25 executive councils in Scotland and 138 in England and Wales. The council was in charge of getting payment requests from doctors and keeping track of their patient lists. It was led by a manager who only had managerial control over the staff and not over the practitioners.

DESCRIPTION

Each family physician committee had 30 members, eleven of whom were appointed by the coterminous area health authority [1]. The local medical committee picked 8, the dental committee picked 3, the pharmaceutical committee picked 2, the optical committee picked 2, and the local authority picked four. Maintaining lists of registered patients and registered practitioners was one of the committee's responsibilities. Family health services authorities took their place after the committees were disbanded by the National Health Service and Community Care Act of 1990 [2]. The family practitioner committee administrators were fired in large numbers, with nearly all of the new hires coming from industry or the armed forces. Primary care trusts eventually took over the FHSAs' responsibilities. In response to decisions regarding the inclusion of patients and practitioners on lists, the Family Health Services Appeal Authority was established to hear applications and appeals. In 2005, it was taken away. The professional academic society

known as the Academy of Family Physicians of India (AFPI) is registered in India as a non-profit organization. The mission of the AFPI was to promote family medicine and primary care [3]. The majority of Indian doctors practice and teach in the field of family medicine. Even though GP (General Practice) associations like IMA CGP and FFPAL have been around for a long time, India lacked a forum to lead the development of academic family medicine. The American Academy of Family Physicians, the College of Family Physicians of Canada, the Royal College of General Practitioners, and the Royal Australian College of General Practice for India are all equivalent to AFPI. WONCA, or the World Organization of Family Doctors, includes AFPI as a full member. The academy currently operates through several state chapters and has members across India [4].

CONCLUSION

The group's members are specialists in family medicine, practicing family doctors, general practitioners, and medical officers who provide comprehensive medical care to patients of all ages, genders, and organ systems. The recently announced National Health Policy (NHP) 2017 mandates the popularization of programs like MD in family medicine or general practice and specifically mentions the family medicine specialty. In the past, the National Health Policy of 2002 strongly recommended that family medicine training be promoted in India. NPH 2017 recommends that general practitioners in both the private and public sectors take advantage of a wide range of distance and continuing education options to improve their abilities to handle the vast majority of cases at the local level and avoid unnecessary referrals.

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CONFLICT OF INTEREST

The author declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

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