Mexico

The first programs to train general practitioners as specialists in Family Medicine took place in Mexico. According to Ceitlin, Mexico has the honour of having organized the first academic program in Family medicine for Latin America in the Mexican Social Security Institute (IMSS). The IMSS had the need of organizing its own educational program to develop the human resource needed in this specialty: which meant a great capacity of organization and the investment of large financial resources.

It is clear that the destination of Family Medicine depends on well-trained family physicians; their number and distribution are in direct relation to the greater or lesser coverage of health care in each country. There is no doubt that political decisions taken by Governments actively participate, however, reaching satisfactory development degrees does not ensure the permanence of the model, as an example, Family Medicine and Primary Care crises in the United Kingdom, Spain, United States and Canada.

After sixty years of its implementation as a health care system at the IMSS, and after 45 years of its inception as a medical specialty, the Mexican Family Medicine has solidified as a prototype of the medical care at the primary care level. Its most important characteristics have been:

- The intensification of research in family medicine
- The participation of family physicians in education
- The training of general practitioners through the programs of conversion (general practitioners – family medicine specialists)
- The involvement of family physicians in various health systems administration tasks

In this way, we hope that family medicine can be consolidated in the coming years as the axis of both public and private health sectors. As an example data relating to the year 2005: from 3,908 residences offered, in 25 specialties, 505 corresponded to Family Medicine residencies.

Family Physicians in Mexico

By 2003 there were a total of 153,605 physicians, of which approximately 20,000 practised Family Medicine. As of December 2005, the number of medical specialists in Family Medicine exceeded 25,000, of whom 8,205 had been certified by the Mexican...

Council of Certification in Family Medicine (CMCMF). The CMCMF is an organization enabled to grant to each of the examined that comply with the established requirements, the certificate that endorses their knowledge, skills, and attitudes to practice the Family Medicine Specialty with the recognition of the National Normative Committee of Councils of Medical Specialties of the National Academy of Medicine. At the beginning of 2000 a total of 1,986 Family physicians had been recertified. But, which are the requirements in Mexico to be able to certify or recertify graduated doctors from the residency in Family Medicine?

**Requirements for Certification**

1. To have the diploma as Family Medicine specialist issued by a health or educative institution certified by the CMCMF or a certificate of a regular medical resident of the last year of the specialization course.
2. To prepare and submit a study about family health (a detailed analysis of the risks, as well as the identification of resources to facilitate health care to a certain family) this study should follow the program proposed by the CMCMF.
3. To be an active member of any of the associations of the CMCMF confirmed by a letter or documentation.
4. To pass a theoretical exam whose results are averaged with the family study. The CMCMF has a web page in which applicants can consult the requirements and access to a guide to take the certification examination.

**Requirements for Recertification**

Curricular recertification is a continuous process which can be requested at any time of the year at the CMCMF offices, or at the respective Family Physicians Associations all over the country or at the Family Physicians Colleges. The recertification process focuses on evaluating the effort of the doctor by training through attendance at courses of continuing education, national and international congresses, conferences and general clinical training.

**Overview in some Latin American countries**

Challenges representing the certification process for Latin American family physicians can be analyzed from the perspective of Bernardini, who said that since its beginning, Family Medicine has become a specialization where health care and community engagement were joined. Limits were extended leading family physicians to integrate aspects of promotion of health and prevention of disease, not only being a part of the healing process but also being a palliative and part of the rehabilitation. A lawyer before the complexity of the health system. Family Medicine is facing a crucial moment. Follow-up on these two scenarios will allow us to have a broad and integral vision to be able to reformulate a change to achieve that not only citizens but who will be the future physicians can see a future in Family Medicine, values that on the other hand are our identity: trust, integration and continuity. An overview is shown in table 1.

**Table. 1 Number of Family physicians in some Latin American countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Population in millions of inhabitants</th>
<th>Total of Family Physicians</th>
<th>Number of inhabitants per Family physician</th>
<th>Ideal number of Family physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuba</td>
<td>11.2</td>
<td>33.000</td>
<td>339</td>
<td>5.600</td>
</tr>
<tr>
<td>Mexico</td>
<td>103.4</td>
<td>37.000</td>
<td>2.800</td>
<td>51.700</td>
</tr>
<tr>
<td>Venezuela</td>
<td>24.3</td>
<td>1.700</td>
<td>4.300</td>
<td>12.150</td>
</tr>
<tr>
<td>Argentina</td>
<td>38.7</td>
<td>2.500</td>
<td>15.480</td>
<td>19.350</td>
</tr>
<tr>
<td>Ecuador</td>
<td>13.4</td>
<td>50</td>
<td>268.000</td>
<td>6.700</td>
</tr>
<tr>
<td>Colombia</td>
<td>41.0</td>
<td>150</td>
<td>273.000</td>
<td>20.500</td>
</tr>
</tbody>
</table>

As an example, it can be mentioned the Ecuador case where Romero \(^5\) reported that Family Medicine began in 1987, as a postgraduate program at the Catholic University of Cuenca in agreement with the Hospital Vozandes in Quito. Romero pointed out that there was not a process of certification or a scientific publication specialized in Family Medicine.

In the case of Argentina, Vallese \(^6\) pointed out that the Certification Council of the Argentinian Federation of General and Family Medicine has been working for several years to achieve a process that allows the certification and recertification of professionals in the field, to ensure excellence in education and clinical competence of those who have graduated from different schools. Apparently in Argentina is expected to create a process that allows settling the competence of professionals in a coherent, appropriate and fair way.

**Take Home Message**

- Certification of a Family physician is a significant indicator that he has the knowledge, experience and necessary skills to provide high quality health care. \(^7\)
- Certification and recertification of Family physicians are a guarantee for the community they work for.
- There is evidence that periodically recertification provides a strong motivation for doctors of others specialties. \(^8\)
- At present, new digital strategies – at least in the United Stated of America – have been developed to evaluate approximately 85,000 certified Family physicians and to raise the their quality of care offered every day.
- There is a huge challenge for Latin American countries on their way to consolidate the processes of certification and recertification in Family Medicine.

**Original Abstract**

http://www.woncaeurope.org/content/certification-and-recertification-family-doctors-mexico

**References**

4. Bernardini Zambrini D. La medicina familiar y su futuro en la era Global. doi:10.1016/j.aprim.2010.05.013