

QUAL • WORLD  
ACADEMY

Course #08

# PRIMARY CARE PROVIDERS IN KEY MARKETS

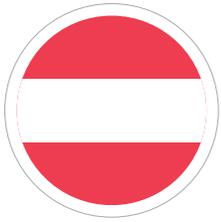
**THIS QUALWORLD ACADEMY ISSUE EXPLORES WHICH TYPES OF PHYSICIANS OR HEALTHCARE PROFESSIONALS PROVIDE PRIMARY CARE (I.E., “FIRST-CONTACT CARE”) IN A SERIES OF KEY MARKETS.**

We are also trying to understand whether General Practitioners exist in all countries and how they may differ in responsibilities.

And finally, we are listing the titles, in local languages, of these primary care providers, as well as local specificities.

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# AUSTRIA

In Austria, primary care is provided by independent General Practitioners. They are called **Allgemeinmediziner/in** (General Practitioner), **Hausarzt/Hausärztin**, or, less commonly, **Praktischer Arzt/Praktische Ärztin**.

They are office-based (**Ordination**). Most of them in solo practices, but some also share an office space with another General Practitioner (or several). There are even some bigger independent practices shared by GPs and physicians with other specializations.

GPs can also have other specializations, such as emergency medicine, internal medicine, geriatric medicine, aesthetic medicine, or homeopathic medicine.

They typically have assistants (**Ordinationsassistent/in**), who assist with things such as drawing blood and organization/administration. Some GPs also employ nurses (albeit rarely) and some employ other kinds of secretaries to help with administration.



# BELGIUM

In Belgium, primary care is provided by General Practitioners. They are called **Huisartsen** in the Dutch speaking part of the country and **Médecin Généraliste** in the French speaking part of the country.

They either have a solo practice or work in a group practice. Group practices usually have an assistant and sometimes a small lab.

In Belgium, GPs keep an overview of all the healthcare their patients receive, and it is their job to coordinate it. GPs make house calls to those patients that cannot or should not come to the doctor's office.

Patients can choose to see a specialist directly, but their GP will be informed and assist where needed.

GPs take turns in covering for each other during nights and weekends to offer advice or make house calls when needed, and for those cases that don't require care at the emergency ward.



# BRAZIL

In Brazil, primary care is provided by General Practitioners (**Clínico Geral**) and Family Practitioners (**Médico de Família**).

They are mainly seen in Basic Health Units or small clinics/hospitals within the public system (SUS), or in solo private practices or small clinics in suburban, rural, and remote areas.

They usually don't have assistants and often are responsible for administrative tasks in their solo practices.

It is important to mention that other specialties in Brazil also have a PCP role, especially in the private system (OOP or health plans). Internal Medicine Specialists (Especialistas em Clínica Médica), Pediatricians, Cardiologists and Endocrinologists are the main specialties which take on this role.



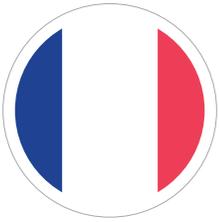
# CHINA

In China, primary care can be received at Tier 1, Tier 2, and Tier 3 public hospitals.

In Tier 1 (社区医院), it is with minimum healthcare services. Elderly patients would often seek help at Tier 1 hospitals regarding repeat prescriptions. There are no General Practitioners at Tier 1, doctors in Tier 1 hospital are often called "Internal Medicine" and are less experienced. If they come across severe patients, they ask the patient to seek help at higher Tier hospitals, but no referral letter will be written.

Patients often seek help from Tier 2 and Tier 3 hospitals directly. A limited number of Tier 3 hospitals recently started to have GPs (全科) on staff. Patients in China are sent to responsible departments upon registration based on their symptoms. No referral letter is needed to see a specialist. Patients have the right to choose which doctor they want to see. Patients can access their doctor's information online.

Public hospitals are widely used because private hospitals are rarer and more expensive, so typically reserved for wealthy people. There are not typically private solo practices, except for dental or aesthetics.



# FRANCE

In France, primary care is provided by General Practitioners.

They are called **Médecin Généraliste** (General Practitioner). They are sometimes called **Médecin de Famille** (Family Practitioner).

The majority are office-based and tend to work in solo practices or share an office space with another General Practitioner.

They typically don't have an assistant in their practice.

There is a rise in the number of local clinics (Maisons de Santé) grouping several specialists and health-care professionals, such as GPs, Pediatricians, Community Nurses, Physiotherapists, etc. However, they remain marginal in comparison to solo practices.



# GERMANY

In Germany, primary care is provided by General Practitioners (**Allgemeinarzt** or **Praktischer Arzt**) and by Internists (**Internist**) without further specialization. These Internists who provide primary care only are usually called Family Doctors (Hausarzt).

They have several medical assistants (**Medizinische Fachangestellte MFA**).

The majority are office-based. They work in solo practices (**Einzelpraxis**), in group practices (**Gemeinschaftspraxis**), or in practice sharing (**Praxisgemeinschaft**). They also work in community health centers (**Medizinisches Versorgungszentrum MVZ**), where different specialists and healthcare professionals like GPs, Dermatologists, Surgeons, Radiologists, Physiotherapists, and others have their offices. These community healthcare centers are strongly on the rise since their launch in 2004.

Patients can decide whether they consult their Family Doctor first or go directly to a specialist like a Dermatologist, Ophthalmologist, Gynecologist, or others. Some specialists do, however, request a referral from a family doctor first.



# HONG KONG

In Hong Kong, primary care is provided by General Practitioners (普通科醫生), Family doctors (家庭科醫生), Pediatricians (兒科), and Chinese Medical Practitioners (中醫) from both public hospitals and private hospitals/clinics.

These specialists can be found in both public and private settings. Appointments at private hospitals and private clinics can be scheduled more quickly and patients can select which GP/specialist they visit based on their symptoms (e.g. Dermatologists, Optometrists, Cardiologists, etc.). Public hospitals are slightly cheaper, but the wait for receiving a consultation is much longer. This is the main reason why patients with mild symptoms would often seek help from private settings. At public settings, patients do not have the option to pick which GP/specialist they see. They will first see a GP, who will then refer them to a specialist based on the severity of their symptoms.



# ITALY

In Italy, primary care is provided by General Practitioners.

They are usually called **Medico di Base** (General Practitioner), but they are also often referred to as **Medico di Famiglia** (Family Practitioner).

Most of them are office-based and they tend to work in solo practices. Sometimes they share an office space with another General Practitioner. They are available either morning or evening.

The main responsibilities of a GP include the first diagnosis, writing prescriptions for medications, and referrals to a specialist.

They typically have a secretary to help them manage patients at the office and answer telephone calls/ emails.



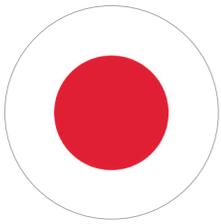
# INDIA

In India, primary care is provided by Family Doctors, General Practitioners, and Internal Medicine Doctors and they generally referred as doctor or "Doctor Saheb" (Saheb as mark of respect). There are 8 official languages in India. In Hindi, which is widely spoken, they are called: सामान्य चिकित्सक (saamaanya chikit-sak).

They are office-based, either in a solo practice, group practice or clinic (clinics are very common for primary care) and hospital based.

In clinics, they do not have any support, meaning doctor takes care of everything from patient interaction to prescriptions, injections, and even basic surgical dressing.

Nurses mostly help doctors with general care mainly in private hospital settings.



# JAPAN

Historically in Japan, primary care has been provided by community-based practitioners working in small community hospitals or clinics. They are not General Practitioners. The closest title equivalent to other markets is Internal Medicine Physicians. They are called Naikai (内科医). Internal medicine physicians (Naikai) specialize in preventing, diagnosing, and treating illnesses in adults.

Patients can also decide which clinic department or hospital department to visit based on their symptoms (e.g., dermatology department, urology department, etc.).

Japanese Ministry of Health, Labor and Welfare has been encouraging all citizens to have a dedicated home/family doctor (like Western GPs or PCPs), called Kakaritsukei (かかりつけ医). However, this initiative hasn't gained traction for several reasons. There is no regulation regarding "Kakaritsukei" in the healthcare system. The number of Kakaritsukei (with a similar role as Western GPs or PCPs) is very low, as it doesn't attract many candidates, and the population seems both confused and hesitant about Kakaritsukei.



# THE NETHERLANDS

In the Netherlands primary care is provided by General Practitioners and they are called **Huisartsen**.

Solo-practices are less and less common as group practices are becoming the norm. Most practices have a practice-based nurse specialist (**PraktijkOndersteuner Huisartenzorg – POH**) in order to carry out all the tasks required of the GPs. The administrative burden posed upon GPs by the government and the health insurance companies is getting heavier and more time-consuming. GPs also need to man the first line Accident & Emergency stations (**Huisartsenposten**) during nights and weekends. They triage patients before they are allowed to go to the emergency ward at the hospitals. All of this poses a heavy burden on the GPs; more and more GPs are closing their practices and either leave the profession or start working as locum doctors. In certain parts of the Netherlands, it is now quite difficult to find a GP and patients are on a waiting list.

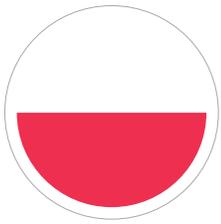
There are also **Kaderartsen**, GPs with special medical and organisation skills in a specific area such as diabetes or COPD. They are meant to assist “ordinary” GPs and to further best practices in that area of expertise.



# MEXICO

In Mexico, primary care is provided by General Practitioners (**Médico General**) and Family Practitioners (**Médico de Familia**). They are mostly office-based, and usually don't have assistants.

Their role is important in both public and private healthcare systems. Given that the access to a specialist has the barrier of cost (consultation fee) and availability (long waiting time to get an appointment), it is common that the PCPs become the main doctor who will also treat chronic conditions in the long term (e.g. diabetes, hypertension, etc.).



# POLAND

In Poland, primary care is provided by Primary Care Physicians called **Lekarz POZ** – it is a definition of the function performed by a physician, not a specialty. A POZ doctor can be a family medicine doctor, an Internist, a Pediatrician, or a doctor without specialization who is authorized to work in a POZ.

Primary Healthcare (**POZ – Podstawowa Opieka Zdrowotna**) is a part of the public healthcare system, providing all eligible persons residing or staying in Poland with comprehensive and coordinated health care services at their place of residence. Services are provided on an outpatient basis (in an office or clinic), and in medically justified cases, also at the patient's home (including social care home). They also include preventive care for children and young adults provided by a nurse or hygienist in the teaching and upbringing environment.

Many PCPs share working time between public outpatient clinic/office and private office.



# SPAIN

In Spain, primary care is provided by General Practitioners.

They are often called **Medico de Atencion Primaria** (General Practitioner) and sometimes called **Medico de Familia** (Family Practitioner).

The majority are based in a Primary Care center called '**Centro de Atencion Primaria**' (also known as '**CAP**'). They tend to have their own assigned practice or share an office space with another General Practitioner or an Assistant, often a Training GP.

They typically work in tandem with Primary Care Nurses (**Enfermera de Atencion Primaria**) who help follow patients, are often the first point of contact, offer patients education, and other support duties.

**CAPs** are always part of the public healthcare system, free of charge for patients.

Some GPs also work in private hospitals, in a primary care unit grouping several specialists and healthcare professionals, such as GPs, Pediatricians, Homecare nurses, Physiotherapists, etc.



# TAIWAN

In Taiwan, primary care is provided by Internal Medicine Physicians/General Practitioners (一般內科/全科) and Family Doctors(家醫科).

These specialists can be found in both public and private settings. Regardless of the setting, medical expenses are covered by National Health Insurance reimbursements.

If patients have mild symptoms (such as flu, fever, cough) or are unsure why they are ill, they will often seek help from primary care doctors first. Patients also have options to contact specialists if necessary (eg. Dermatologists, Optometrists, etc.).

Practices include solo, group (but not many), and clinic. Only senior doctors have assistants and/or secretaries who help them with their schedule, meetings, etc.



# SWEDEN

In Sweden, primary care is provided by physicians specialized in general medicine, **Specialister i Allmänmedicin**. They are usually called Allmänläkare and their former official title, **Distriktsläkare**, is also still used. These General Practitioners work in a primary care facility (**Vårdcentral**) or a healthcare center.

A Swedish healthcare center is usually manned by several GPs, a Nurse, and admin staff. Many centers have a COPD nurse and/or a Diabetes Nurse or cater to other specific patient groups.

There are around 1,160 healthcare centers in Sweden. Until 2010, all of them were public, but now about 67% are public and 33% are private. Some private healthcare centers are part of a chain. All private health-care centers have an agreement with the region they are established in, which means that patients pay the same standard low fee for a visit.

There is a shortage of GPs in Sweden, and some prefer to work as locum doctors. There are a few private GPs that work in solo practice. There are also digital primary health care providers (Nätläkare – “online doctors”), but they are now required to have physical healthcare centers in the regions they want to be reimbursed in.



# SWITZERLAND

In Switzerland, primary care is provided by physicians specializing in general internal medicine. They are called **Allgemeine Interne Medizin** (German) / **Medicina interna generale** (Italian) / **Médecine générale interne** (French), which means that they are Internists as well and cover more than General Practitioners in other countries. They are generally referred to as **Hausarzt-Hausärztin** (German) / **médico de familia** (Italian) / **médecin de famille** (French).

The majority are independent office-based, working in solo practices or sharing an office space with another general internal medicine specialist or more. There are also primary care centers, which can be chains that employ general internal medicine specialists.

Whether independent office-based or primary care centers, there are always assistants. They are called **Medizinischer Praxistassistent-Medizinische Praxisassistentin (MPA)** (German) / **Assistente medico** (Italian) / **Assistant medical** (French) and assist with tasks such as drawing blood, vaccinations, and organization/administration.



# UK

Primary healthcare refers to a broad range of health services provided by medical professionals in the community.

Primary healthcare providers are General Practitioners, Nurses, Pharmacists, Opticians, and allied health providers such as Physiotherapist and Dentists.

Primary healthcare is an obligation of the health services in UK. This includes diagnosis and treatment of a health condition, as well as support in managing long-term healthcare, including chronic conditions like diabetes.

Primary healthcare is provided in a community setting, such as a general practice or dental clinic. Primary healthcare providers may work in medical clinics, community health centers, and allied health practices such as physiotherapy and podiatry practices.

You are usually registered to your general practice clinic based on the location of your home. Depending on area, this can be 0.5-mile to a 1-mile radius.

Primary healthcare can also be accessed through health advice telephone helplines such as 111.

111 is a free number to call when you have an urgent healthcare need that isn't a life-threatening situation. Following a short assessment, NHS 111 will direct you to the right service, at the right time, and as close to your home as possible.



# USA

In the US, primary care is provided by Family Doctors, General Practitioners, and Internal Medicine Doctors, along with Nurse Practitioners and Physician Assistants.

They are office-based, either in a solo practice, group practice, or clinic. Some group practices also have mixed specialties (such as endocrinologists or cardiologists for instance).

Their office can be a dedicated building or within a hospital campus.

Nurses mostly help doctors with general care, refilling prescriptions, and similar tasks. Secretaries and office support take care of the insurance and other office administrative duties.

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