**Concept Note:**

 **Mapping of General Practitioner (GP) System for Strengthening Primary Health Care in Bangladesh**

**Background and Context**

Bangladesh faces significant challenges in delivering comprehensive primary health care (PHC) to its rapidly growing and diverse population. While urban areas often benefit from a range of private and public health facilities, rural regions experience service gaps, leading to inequities in health outcomes. Introducing a General Practitioner (GP) system that spans both rural and urban areas can bridge these gaps, enhance PHC, and move the country toward achieving Universal Health Coverage (UHC). This concept note outlines the approach for mapping and introducing a GP system in Bangladesh, emphasizing the selection of GPs, catchment areas, training, registration, and capacity development.

**Objectives**

Strengthen the primary health care system to ensure equitable access to essential health services.

Enhance the capacity of healthcare providers to deliver comprehensive and quality care.

Create a sustainable model that can be scaled up nationwide to support UHC goals.

Components of GP System Mapping

Selection of GPs (Rural and Urban Contexts)

**Criteria for Selection:**

Qualifications: MBBS degree with additional training in family medicine or primary care.

Experience: Preference for candidates with a background in community health or rural practice.

**Recruitment Process:**

Open Applications: Invite applications through medical associations, public job postings, and targeted outreach in medical colleges.

Screening and Shortlisting: Conduct screening based on qualifications and practical experience.

Interviews and Evaluations: Include an assessment phase focusing on clinical skills, problem-solving, and community interaction.

Catchment Area Identification

**Urban Areas:**

Use population density data and existing health facility distribution to identify underserved zones.

Map locations with high patient loads but limited access to PHC services.

**Rural Areas:**

Focus on regions with limited infrastructure, using geographic information systems (GIS) to map healthcare deserts.

Collaborate with local government bodies and community leaders to determine areas in greatest need.

**Selection Parameters:**

Population size and distribution.

Distance to the nearest health facility.

Socioeconomic factors influencing health access.

GP Training and Capacity Development

**Pre-Service Training:**

Comprehensive training modules covering preventive care, maternal and child health, common chronic conditions, and emergency response.

Use blended learning approaches with in-person workshops and online training supported by development partners.

**Continuous Professional Development (CPD):**

Regular workshops and CME (Continuous Medical Education) sessions to keep GPs updated on new practices and technologies.

Establish a mentorship program linking new GPs with experienced practitioners for knowledge transfer and support.

**Specialized Training:**

Offer modules on telemedicine practices and digital health record management to ensure GPs can leverage technology effectively.

Registration and Regulation

**Initial Registration:**

Develop a GP registration board in collaboration with the Bangladesh Medical and Dental Council (BMDC) to ensure standardized registration and certification.

Create a database of registered GPs for tracking and regulation.

**Accreditation and Licensing:**

Implement a licensing process requiring periodic renewal based on performance reviews and participation in CPD programs.

**Compliance and Ethics:**

Establish codes of conduct and ethical guidelines that GPs must adhere to, monitored through a professional oversight committee.

Capacity Building Initiatives

**Workforce Expansion:**

Collaborate with medical colleges and training institutions to create more residency and training slots focused on primary care and rural health.

**Infrastructure Support:**

Partner with NGOs and development partners to provide essential medical equipment and infrastructure support for GP clinics, especially in rural areas.

**Skill Enhancement Programs:**

Conduct skill-building workshops focusing on soft skills like communication, patient engagement, and cultural competency to build trust within communities.

Service Delivery and Operational Framework

**Primary Care Services:**

Ensure GPs deliver comprehensive primary care, including preventive health services, management of chronic diseases, maternal and child health services, and minor surgical procedures.

**Referral System:**

Develop a structured referral network linking GPs to secondary and tertiary care facilities for seamless patient care.

**Community Engagement:**

Foster community-based health awareness programs in collaboration with local health workers to promote preventive care and healthy behaviors.

Monitoring and Evaluation (M&E)

**KPIs and Data Collection:**

Track indicators such as patient load, service coverage, health outcomes, and patient satisfaction.

Implement digital health records and data collection tools for real-time reporting and analytics.

**Feedback Mechanisms:**

Use patient and community feedback to refine service delivery and training programs.

**Impact Assessment:**

Partner with academic institutions and research bodies to conduct annual impact assessments and publish reports to demonstrate progress and areas for improvement.

**Expected Outcomes**

Enhanced Primary Health Care: Improved accessibility and quality of PHC services in both rural and urban areas.

Progress Toward UHC: Greater equity in healthcare delivery, moving Bangladesh closer to achieving UHC.

Sustainable Health Workforce: A cadre of well-trained, community-focused GPs capable of providing comprehensive primary care.

Policy Engagement: Evidence-based success can attract government interest and policy adoption for wider implementation.

**Conclusion**

Introducing a GP system in Bangladesh through strategic mapping and development efforts can strengthen primary healthcare delivery and support the achievement of UHC. With focused attention on the selection, training, and capacity development of GPs, as well as effective service delivery in targeted catchment areas, this initiative can serve as a model that demonstrates the potential for scalability and sustainability, ultimately encouraging official government endorsement and integration into the national health system.