

Family Physician Program in Fars Province: A Ten-year-old Journey in Iran

More than 50 years have passed since the first family physician programs were established around the world. Most countries that have fully implemented this program in their healthcare system now rank higher in global health rankings. In 2013, Fars province (south of Iran) launched a family physician initiative with eight principal goals:

1. Health-based medicine rather than treatment-based medicine
2. Healthcare access for all groups, particularly low-income citizens
3. Enhance the standing of general practitioners (GPs) in the community
4. Reduced the costs of healthcare services
5. Decrease wage disparities between GPs and specialists/subspecialists
6. Increase the distribution of health facilities throughout cities
7. Diagnosis of occult diseases such as hypertension and type 2 diabetes
8. Encourage GPs to update their expertise and improve their practice


To achieve these objectives, we had to overcome the following limitations and challenges:

1. The governmental and parliamentary decision-makers faith in this initiative was insufficient.
2. Centralization and decision-making in the Capital, Tehran
3. Absence of an electronic health record platform and lack of cooperation between health and insurance authorities in developing appropriate software
4. Poor cooperation of some specialists/subspecialists with the program
5. Some citizens prefer an immediate referral to specialists/subspecialists (they assume family physicians as barriers to direct referrals)
6. A lack of regular decision-making meetings in Tehran to update and modify the program
7. Inconsistent payment to family physicians
8. Impatience of some family physicians and withdrawal from the program
9. The refusal of some parliamentarians to cooperate

Despite these constraints, the resolute determination of Fars health management and the participation of the majority of family physicians led to valuable accomplishments such as:

1. Access to free or low-cost services for low-income patients
2. Better distribution of physicians, pharmacies, laboratories, and other health facilities
3. Identifying 10,000 cases of occult diseases such as hypertension and type 2 diabetes
4. Raising the value of GPs by encouraging patients to refer to them and, if necessary, referring the patient to a specialist.
5. The employment of a large number GPs, nurses, midwives, and other health personnel
6. In most cases, an increase in GP's income
7. Gradual shift away from treatment-based medicine toward health-based medicine
8. Most physicians' knowledge is being updated. 9-Giving medical students optimism for their future position and job.

Despite frequent changes in the Ministries of Health and Welfare over the last ten years, as well as different perspectives of insurance managers on this program, I believe serious consideration of the program and prompt correction of its flaws are the best solutions for our country's health organization.

Mohammad Hadi Imanieh, MD 

Gastroenterohepatology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

Email: Imaniehm@sums.ac.ir

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