Introduction

Primary care and family medicine is the backbone of any efficient healthcare model. After decades of being neglected and on the verge of slipping irrevocably into total oblivion, in India, this speciality has recently been generating curiosity, interest, and discussion.

This is primarily due to two reasons: 1. The Government is realizing the urgent need to infuse “specialised generalists” into the undermanned primary-care network across the nation[1] and 2. Due to private players realising the immense, untapped commercial potential for primary care services, especially in relatively affluent areas in large cities. Consequently, a remarkable spurt has occurred in corporate set-ups offering family physician-based services.[2]

Historically, the primary healthcare scenario in India has been heavily fragmented, with the organized work mostly coming from state-sponsored primary health centres. A number of individual doctors and smaller hospitals advertise family physician-led care. Most individual practitioners are MBBS doctors with added certifications or affiliations with family physicians’ (FPs) associations.[3]

There are 1.7 million practitioners claiming to be family doctors in India. Only one-third of them hold MBBS degrees; one-third are ayurvedic or homeopathic doctors, and the rest are unqualified or quacks.[4,5] It is noteworthy at this point, that among the practitioners of modern medicine, only a few have received any training in family medicine that is recognized by the Medical Council of India (MCI). Among the ones with postgraduate qualifications in family medicine, barely a few are employed in the corporate sector as specialist FPs. The scenario is changing now. “Chains” of clinics promising family medicine-based services are up and running in a few cities, especially in the metros. Monetary investments of such chains are reported to be in hundreds of crores. There is also an uncanny resemblance among most of the corporate start-up family medicine-based chains: They seem to have similar business models, claims, ambitions, offerings, and promises. For example, almost all of them offer to “bring back the family doctor,” “provide all basic medical services under one roof,” “electronic medical records,” and so on. Most of them have started off with a few centers in a particular city and are in the process of establishing more centers in other major cities.[6-8]

There is high demand for FM specialists among corporate chains. They find it difficult to get adequate number of doctors with formal FM training on board.[9,10]

A few corporate tertiary level hospitals too have been recently warming up to the trend. Hospitals seem to put the versatility...
of FM specialists to good use across various departments. They now offer home-based care; family physician-led evidence-based health checks, and so on. Some also have satellite clinics offering continuity and consistency of care. In some tertiary centers, even intensive care units (ICUs) are manned by FM specialists.

The following sections broadly outline the advantages and disadvantages of being a family medicine specialist in a corporate set-up. Most of these observations are from articles in the media, personal experiences as well as interactions with employers and colleagues.

**Advantages of being a family physician in a corporate**

- No initial corpus required for fresh general practitioners (GPs)/FPs to start. Generally adequately laid-out set-ups.
- Fixed salaries (sometimes offer 15-20% higher than industry standards or more than conventional specialists; for example, a FM qualified doctor was offered 90 K/month in Mumbai in 2011. The industry standards for a fresh specialist at the time were between 50 and 70 K).
- Generally fixed work timings. There is a pool of GPs on rotation basis.
- Corporate perks.
- Steady career growth opportunity.
- Pressures of managing a solo practice are avoided: Staffing, financial transactions, general management, and so on.
- Family medicine is advertised in various media: Online, social networking groups, print, conducting screening camps, and so on.
- Consistent patient pool.[6]
- Business models are such that patients are likely to stay with you (e.g. long-term membership schemes).[8]

**Disadvantages**

- Not all colleagues/managers may have a reasonable idea about family medicine.
- Professional freedom may be limited: Ideas unwelcomed unless it involves significant or immediate profit.
- Continuing medical education (CME)/training opportunities vary. Not all are supportive beyond corporate needs.
- Corporate work cultures, ethics vary.
- No formal academic positions in private chains.
- Even in the numerous private hospitals offering training for the Diplomate of National Board (DNB) in family medicine, very few have any faculty qualified in family medicine at present.
- Little opportunity to run independent practice.
- Inconsistent interpersonal relations/personal ego clashes/workplace politics.
- Commercial pressures/“targets” may need to be met.
- A major target customer group for corporate chains appears to be affluent corporate employees. It may not be a true reflection of family or community-based practice.
- “Family medicine concept” may be compromised especially in tertiary level centers (work exclusively in ICUs, specialized settings). Purpose of FM may be partly defeated.

**Challenges**

- Ensuring consistency in services.
- Accessibility: Perceived as targeting the higher middle or high elite class. Easily made out from the locations of clinics.
- Public perception that family medicine is new and only accessible through private providers, and mainly commercialized.
- Wary of being seen as “glorified referral/feeder centers” to higher centers.[3]
- Integration with existing government services.
- Work force acquisition: Competing with government schemes for placement.
- Important business aspects are closely guarded (corporate secrets).[4]

**Future**

The overall impact of family medicine-based clinics on improvement in quality healthcare and disease outcomes, in the long term in India, needs to be seen. However, it holds much promise, since high-quality primary care is the backbone of any low-cost, effective healthcare delivery system in all developed countries.

Some of these chains strive to achieve high-quality standards and are offering their doctors training toward clearing International exams. They follow specific guidelines in patient care and have electronic medical records. Such measures are expected to standardize primary care practices to an extent.

A distinct role seems to be evolving for FM specialists in tertiary corporate medical institutions too.

Whether private players will work hand in hand with state-run machinery, whether they can play an influential role in improving an average Indian’s life needs to be seen. The qualified, but scarce family physician is of vital importance in this situation.

As far as success is concerned, it seems that corporate chains offering FM are here to stay and grow exponentially, especially targeting the upper and higher middle class in cities. Coupled with tie-ups with insurance providers, it is expected to be a “win-win-win” situation for all involved.

**Acknowledgments**

1. Dr. Sunil Abraham, Associate Professor, Department of Family Medicine, Christian Medical College, Vellore.
2. Dr. Venkatesan Sankaranpandian, Assistant Professor, Department of Family Medicine, Christian Medical College, Vellore, Tamil Nadu.
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How to cite this article: Bijayraj R. Family medicine at corporate clinics in India: Current scenario. J Fam Med Primary Care 2013;2:323-5.

Source of Support: Nil. Conflict of Interest: None declared.