

THE GENERAL MEDICAL PRACTICE AMOUNT AND NATURE UNDER THE VILLAGE CONDITIONS

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The general medical practitioners work's volume and nature, having worked in the Penzenskaya Region rural areas have been presented in the paper. The curative, preventive work amount, and also the specialized medical care volumes, provided by GPs have been given in this paper.

Keywords: the general physician, sick calls, general medical practice, rural area, service registration population to GMP

At the present stage, the public health care reform is aimed at the strengthening role of the primary medical and sanitary care (PMSC). And practically almost all of the world Community is developing PMSC on the general medical practice (GMP) principle (Kalininskaya A.A. et al., 2011).

So, the general practitioner (GP) is being become the central figure in the public health care delivery in the rural areas (Denisov E.N., Chernienko E.I., et al., 2008; Kalininskaya A.A., Dzugaev A.K., et al., 2012). At the same time, the general medical practice (GMP) is slowly being introduced in the village.

So, in the process of the study, the general medical practice certification had been performed by us, having worked in the Penzinskaya Region's rural areas, which allowed us to be determined the organizational structure, and the people's current number, having attached the GP. Thus, the rural population by the general practitioners provision in the Region has been made up 2,8 for 10 thousand of the people concerned.

So, the physicians' largest share has been made up the doctors, at the age from 40 to 49 years (e.g. 49,0%), 50–59 years (e.g. 33,3%), 30–39 years (e.g. 12,5%), 60 and more years (e.g. 3,1%). The least one – has been made the physicians, at the age up to 30 years (e.g. 2,1%). The women doctors proportion – has been made up – 72,0%. The population size, having served by the general practitioner (GP) is quite ambiguous, because the GP is constantly providing the necessary medical care to the population of the bonded medical assistant and obstetric centers (MAOC).

Further, in the development of the Public Health Ministry order of the Russian Federation № 350, dated from 20, November, 2002 «On the Ambulatory–Outpatient Care Improvement to the Russian Federation Population», RF MPH and SD № 584, the order, dated from 04.08.2006, has been issued «On the Public Health Medical Services Organization Order for the District Principle». The general practitioner's position (e.g. the family doctor) is being set at the rate of: the one position for

1 500 people of the adult population, and the one for 1 200 people of the adult and the children population. So, for the GP's each position, the two posts of the medical nurses in the general practice are being established.

So, the general practitioners (GP) and the medical nurses of the general medical practice (GMP) ratio in 2008 has been made up 1:1,7 in the Penzinskaya Region rural areas. The general practitioners (GP) stuffing has been made up 97,5%, the medical nurses of the general medical practice has been made up 96,1%.

The analysis has been shown, that 30,2% of GPs are working without of the bonded MAOC, 25,0% of GPs are serving the population of the one bonded MAOC, 15,6% – the two bonded MAOC, 7,3% – the three ones; 21,9% – the four ones and more.

It, moreover, should be noted, that 51% of GPs, having worked in the rural MP of the Penzenskaya Region, are serving as the adult, well as the children population, and 49,0% of the GPs – only the adult population.

The population served by the rural population number, the GPs have been distributed as follows: the GPs proportion in the rural areas, having served the adult and the children population from 1 500 up to 2 000 people, has been made up 70,2%; from 2,000 up to 2 500 people – 17%; from 2 500 up to 3 000 people – 6,4%, more 3 500 people – 2,1%. The GPs proportion in the rural areas are served only by the adult population from 1 500 up to 2 000 people has been made up 81,6%; from 2 000 up to 2 500 – 10,2%; from 2 500 up to 3 000 – 6,1%; from 3 000 up to 3 500 – 2,0%.

The bonded population largest share in the attached GPs, having served the adult and the children population, have been children from 0 up to 17 years – 29,4% (e.g. from them the children under one year (e.g. 1,7%), from 0 up to 14 (e.g. 19,6%), from 15 up to 17 (e.g. 8,1%), and the persons from 60 and older (e.g. 17,7%). So, the working – age population share from 18 up to 59 years has been made up 52,9%.

At the GPs, having served only the adult population, the largest proportion of the pop-

ulation have been made up the persons from 50 up to 59 years (e.g. 28,8%) and those ones from 60 and older (e.g. 25,6%), that is the population of the pre-retirement and the retirement age. So, the working – age population share from 30 up to 39 has been made up 13,4%, and from 40 up to 49 years – it has been made up 16,4%. The young people from 18 up to 19 years – have been made up 2,8%, and from 20 up to 29 years – it has been made up 13,0%.

So, the general practitioners (GPs), having worked in the rural areas, practically provide all the necessary medical care in 11 specialties. The GPs work volumes, under the current circumstances, have already been presented in the table. The sick calls frequency to GPs, having served, as the adult, well as the children population in the rural areas, with the medical treatment purpose, has been made up 3,888,1 people per 1,000 of the respective population. At GPs, having served only the adult population, the house calls frequency to GPs has been made up 2.979,0 people of the respective population.

The highest sick calls frequency, with the medical treatment purpose to GPs, having served, as the adult, well as the children population, it has been *the therapeutic profile* – 3 141,3 sick calls per 1 000 of the affected population, from which 46,5% in the pediat-

rics, in the internal medicine (e.g. 42,9%), in the cardiology (e.g. 9,5%), in the endocrinology (e.g. 1,1%). So, the house calls frequency of *the specialized profile* has been made up 688,5 sick calls per 1,000 of the population concerned (e.g. the neurology 58,0%, the otolaryngology 20,5%, the ophthalmology 10,1%, the dermatology 7,8%, the gynecology 3,6%), *the surgical profile* – 58,3% (e.g. the traumatology 53,2%, the surgery 46,8%).

For GPs, having served only the adult population, the sick calls frequency with the medical treatment purpose of *the therapeutic profile* has been made up 2 674,24 house calls per 1 000 people of the affected population, of which 86,4% in the internal medicine, the cardiology (e.g. 9,0%), the endocrinology (4,5%). So, the house calls frequency of *the specialized profile* has been made up 292,93 sick calls per 1 000 people of the affected population, from which 34,5% in the ophthalmology, the neurology (e.g. 32,7%), the otolaryngology (e.g. 29,2%), the dermatology (e.g. 3,2%), the gynecology (e.g. 0,4%). So, the sick calls frequency of *the surgical profile* to GPs has been made up 11,7 house calls per 1 000 people of the population concerned, of which 84,6% in the surgery, and the traumatology (e.g. 15,4%).

The Sick Calls to GPs Population in the Rural Areas of the Penza Region in Specialties with the Medical Treatment Purpose (per 1 000 people of the Relevant Population)

Specialty	The Sick Calls Number per 1 000 people of population			
	GP serves the adult and children population	%	GP serves only the adult population	%
The Therapeutic Profile, including:	3 141,3	80,8	2 674,24	89,8
Therapy	1 348,0	34,7	2 309,7	77,5
Pediatrics	1 460,3	37,5	–	–
Cardiology	299,5	7,7	239,04	8,0
Endocrinology	33,5	0,9	125,5	4,2
The Surgical Profile, including:	83,4	1,5	11,7	0,4
Surgery	27,3	0,7	9,9	0,3
Traumatology	31,0	0,8	1,8	0,06
The Specialized Profile, including:	688,5	17,7	292,93	9,8
Otolaryngology	141,0	3,6	85,4	3,0
Ophthalmology	69,5	1,8	101,03	3,4
Neurology	399,4	10,3	96,0	3,2
Gynecology	25,1	0,6	1,2	0,04
Dermatology	53,5	1,4	9,3	0,3
Total:	3 888,1	100,0	2 979,0	100,0

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