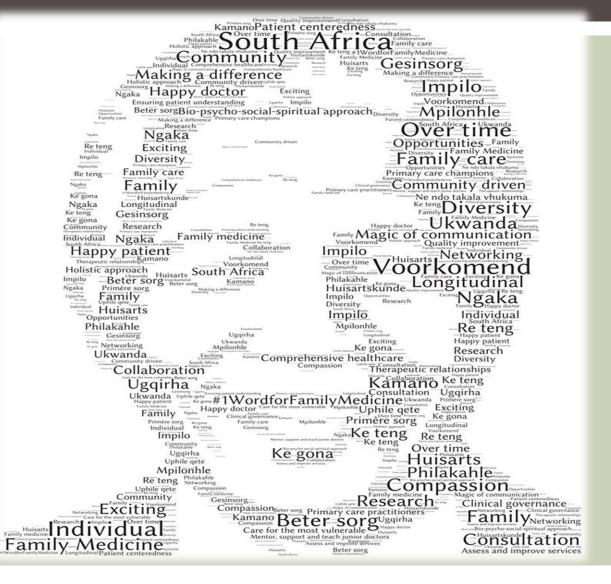
DESIGN OF A NEW POST GRADUATE DIPLOMA IN FAMILY MEDICINE SOUTH AFRICA





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Stellenbosch University
South Africa



OUTCOMES

- Rationale
- Overview of the design process followed
- Overview of the content, learning outcomes and teaching methods

EFFECTIVE HEALTH SYSTEMS

World Health Organisation

 Primary Health Care should still be the foundation of effective Health Systems" 2008 **World Health Assembly**

"Successful PHC systems usually involve a primary care doctor with postgraduate training in family medicine or general practice" 2009

UNIVERSAL COVERAGE AND HEALTH INSURANCE

India

NHI policy commitment 2011, plans to implement at hospital level

South Africa

■NHI policy commitment 2011, NHI pilot districts

RATIONALE

Successful PHC systems usually involve a primary care doctor with postgraduate training in family medicine or general practice. These graduates should be personcentred comprehensive generalists.

But PHC is often neglected, by inadequately resourced, trained and scarce health workers

DELIVERY OF PRIMARY HEALTH CARE

India

Variety of options (GPs, doctors, AYUSH, nurses, ASHA, registered medical practitioners)

South Africa

■80% Nurse led primary care, access to doctor

NUMBER OF DOCTORS

	Number of medical schools (Population in millions per medical school)	Outputs (new doctors/year)	Medical Practitioners* /10000 population	Family Physicians/ 10000 population	Nurses and midwives /10000 population
South Africa	9 (5.9)	1300	3.7	0.1	51
Brazil	242 (0.8)	21395	19	0.2	76
India	398 (3.1)	52305	7	-	17
China	980 (1.4)	192344	14	1.2	51

^{*} Not specialists

TRAINING OF PRIMARY CARE DOCTORS

India

Only undergraduate public health exposure, a few postgraduate 3year training programmes (200 places)

South Africa

•Undergraduate primary care exposure, internship, 4year MMed for family physician

CHINA, SOUTH AFRICA, INDIA AND BRAZIL



Mash R, Almeida M, Wong W, Kumar R, Von Pressentin K. The roles and training of primary care doctors: China, India, Brazil and South Africa. Presentations at The Network: Towards Unity For Health, Fortaleza, Brazil, 2014. Submitted Human Resources For Health

Why is this important?

- The four represented countries contribute to 2.85 billion people...... 40% of the world's population
- Delivering of primary health care in these countries would have a major impact on health.... globally

FUTURE DIRECTIONS

In SA a national process is underway between all medical schools to introduce a revised 2-year PG-National Diploma to up-skill the existing pool of PC doctors

CAREER PATH: PRIMARY CARE DOCTOR: S.AFRICA

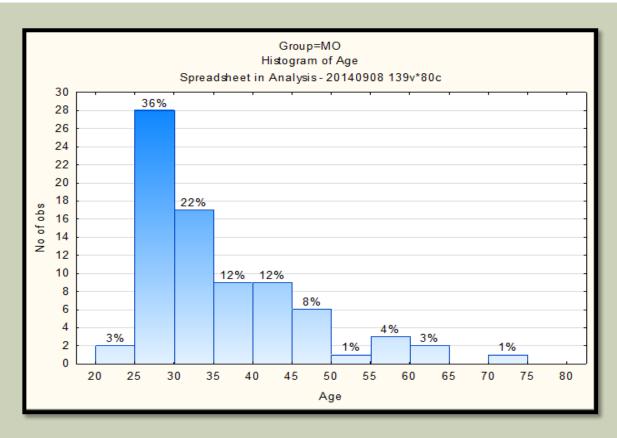
Medical student

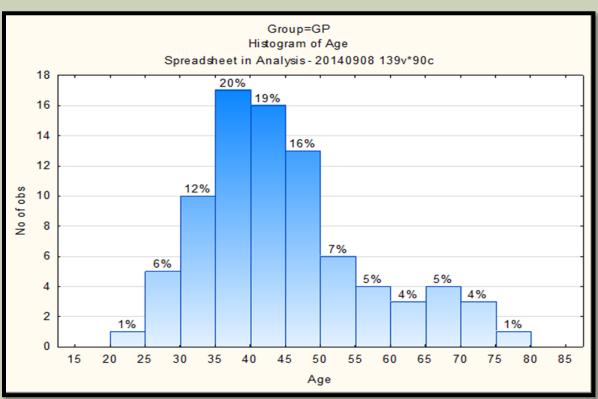
Intern

COSMO

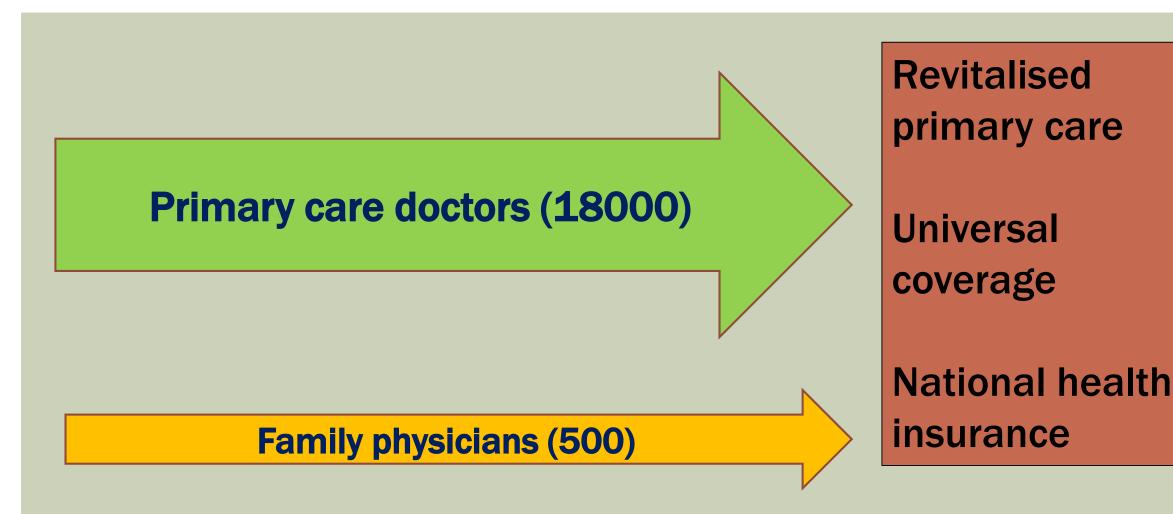
General practitioner

AGE OF GENERAL PRACTITIONERS





PRIMARY CARE DOCTORS



AIM

Designing, developing and implementing a national Diploma level training for existing primary care doctors, from either the private or public sector, to enable them to better support the ward-based primary care teams and to offer services commensurate with the government's PHC revitalisation programme

New nationally designed Postgraduate Diploma in Family Medicine

POSTGRADUATE DIPLOMA IN FAMILY MEDICINE PG Dip (Fam Med)

The new diploma has been designed nationally through a process overseen by the South African Academy of Family Physicians. It is aimed at existing primary care doctors, from either the private or public sector, to enable them to expand their thowledge and skills in areas relevant to primary care. The programme aims to enhance the quality of general practice by capacitating primary care doctors to fulfil their roles as competent clinicians, change agents, collaborative practitioners, capability builders, collaborative practitioners, capability builders, critical thinkers and community advocates in the future South African primary health care system.





COURSE CONTENT AND DURATION

This is a 2-year programme with a modularised curriculum (4-6 modules) and a blended approach which will involve campus-based teaching, web-based teaching and wort-place based peer learning. During the course of the programme the doctor must wort in a clinical setting appropriate to the practice and learning of family medicine, for instance a general practice, community health centre, clinic or district hospital.

ADMISSION REQUIREMENTS

For admission to the Postgraduate Diploma in Family Medicine programme a student must hold a MB. ChB degree, or equivalent qualification deemed to be of an adequate standard, and must be registered with the Health Professions Council of South Africa or with an equivalent licensing body in the country where size is cracicing.

Application forms can be downloaded from the relevant universities. See contact details below

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Website: www.up.ac.za/family-medi

SU - Ms N Cordon-Thomas Division of Family Medicine and Primary Care Tel: +27 (0)21 938 9148 Fax: +27 (0)21 938 9704 Email: nicolec@sun.ac.za/fax UCT - Ms M Chavda Division of Family Medicine Tel: +27 (0)21 406 6421 Fax: +27 (0)21 406 6667 Email: manisha.chavda@uct.ac.za Website: www.fammed.uct.ac.za UKZN - Ms 5 Chumia Department of Family Medicine University of Kwazulu-Natal Tei :+27 (0)31 240 4485 Fax :+27 (0)31 240 4465 Emait: chumia@ukzn.ac.za Website: www.familymedicine.ukzn.ac.za





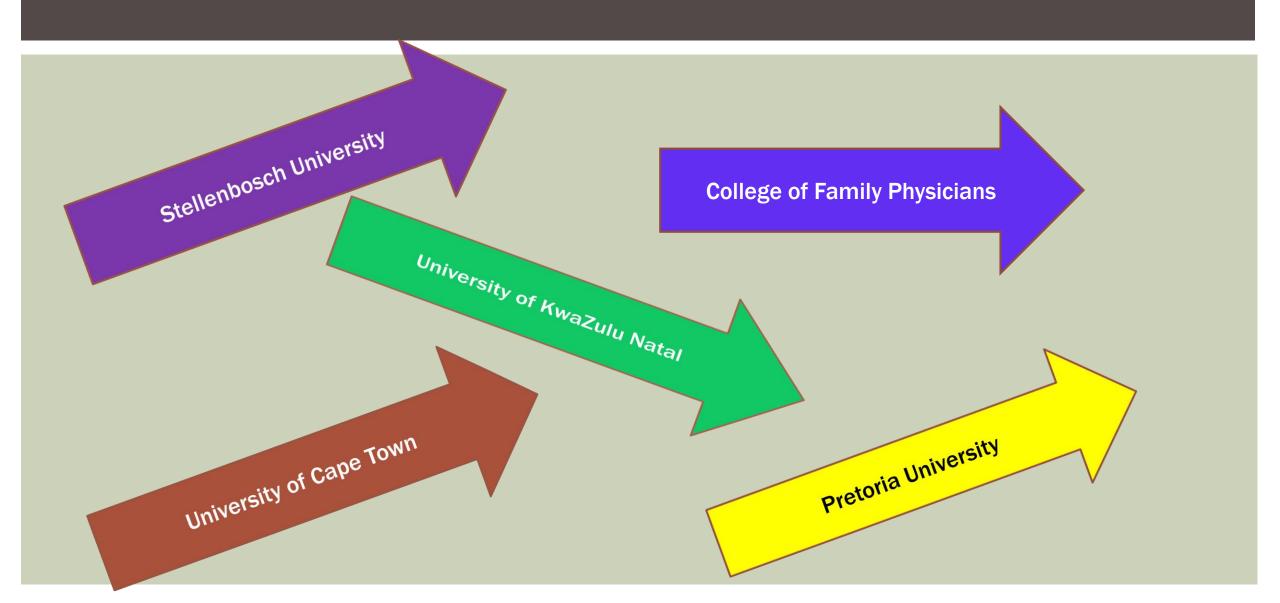




The development of a new national particulate Diploma in Family Medicine is one of the grain of the proj "Groegelbering primary health care through primary care deaters and family physicians" that has been conduc with the financial assistance of the European Union. The contents of this document are the sole responsibility the orders and can under no circumstances he regarded as reflecting the position of the European Union.



CURRENT DIPLOMAS



FUTURE DIPLOMAS

Stellenbosch University

University of KwaZulu Natal

University of Cape Town

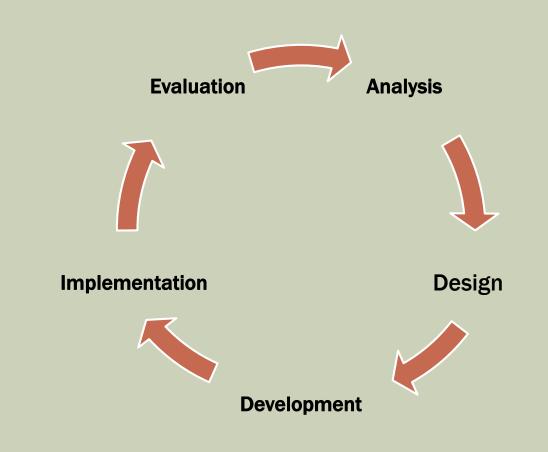
Pretoria University

New programmes (FS, Wits, SMU, WSU)

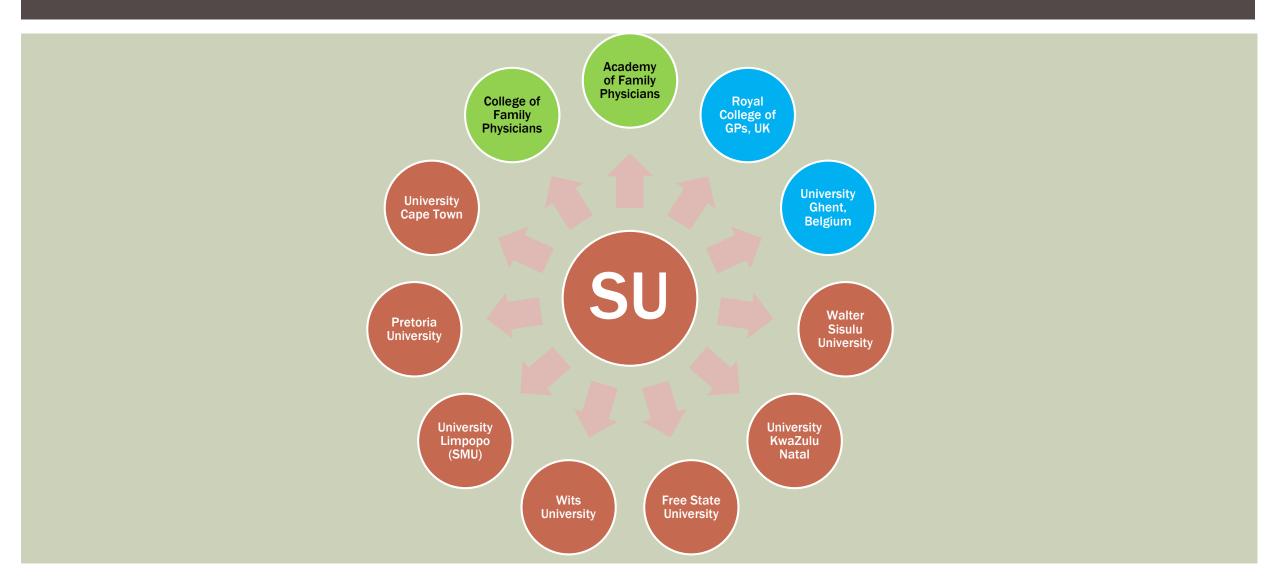
Going to scale with postgraduate training opportunities for primary care doctors

Aligned with national learning outcomes

OVERVIEW OF THE PROCESS



PROJECT CO-APPLICANTS AND ASSOCIATES



DESIGN PROCESS

Consensus on future roles and competencies of primary care doctors

National survey of learning needs of primary care doctors

Construction of national learning outcomes

Design of diploma programme

Implications of revising current diplomas

Feedback to stakeholders And helping those without a diploma to apply

Development

Implementation

June 2014

September 2014

November 2014 February 2015

2015-16

DESIGN AND DEVELOPMENT

Design workshops

- Roles and competencies
- Learning outcomes
- Educational design principles



National survey

To identify the perceived learning needs of existing primary care doctors in the public and private sectors in terms of

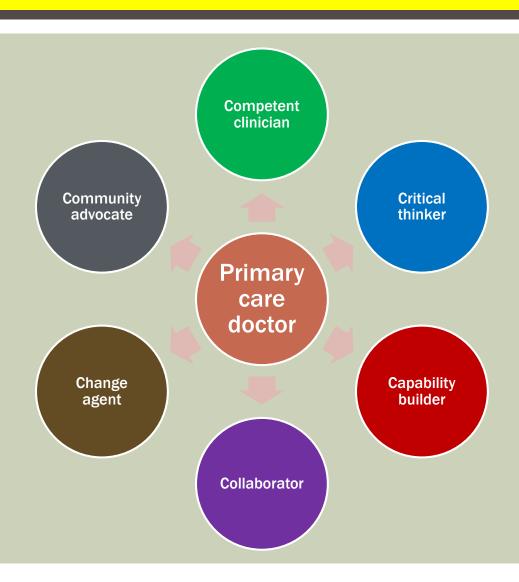
- awareness of key clinical guidelines,
- clinical skills and
- scope of practice







ROLES AND COMPETENCIES



Competent Clinician	Able to be clinically competent across the burden of disease and provide comprehensive patient-centred care	
Collaborator	Able to work in a collaborative style as part of a multi-professional team	
Critical thinker	Able to make sense of community data, health information, or latest evidence and plan appropriate responses	
Change Agent	Able to actively contribute to the improvement of quality in the PHC services	
Capability builder	Able to mentor, train or teach other members of the team where appropriate	
Community Advocate	Able to think about and advocate for the health needs of the local community served by the team	

DEVELOP LEARNING OUTCOMES AND EDUCATIONAL DESIGN PRINCIPLES SEPT 2014

- Designed learning outcomes for each role.
- A model for delivery of the Diploma programme
- Teaching methods
- Assessment
- Training sites and trainers
- Strategic incentives and support



APPROACH TO TEACHING

- 2-year programme
- Modular academic programme
- Blended learning: e-learning, work place and campus-based learning
- Adult self-directed learning

TRAINING SITES

- The doctor should be:
 - Consulting ambulatory patients
 - Providing first contact medical care
 - Working as a medical generalist
- Any public/private facility offering such exposure

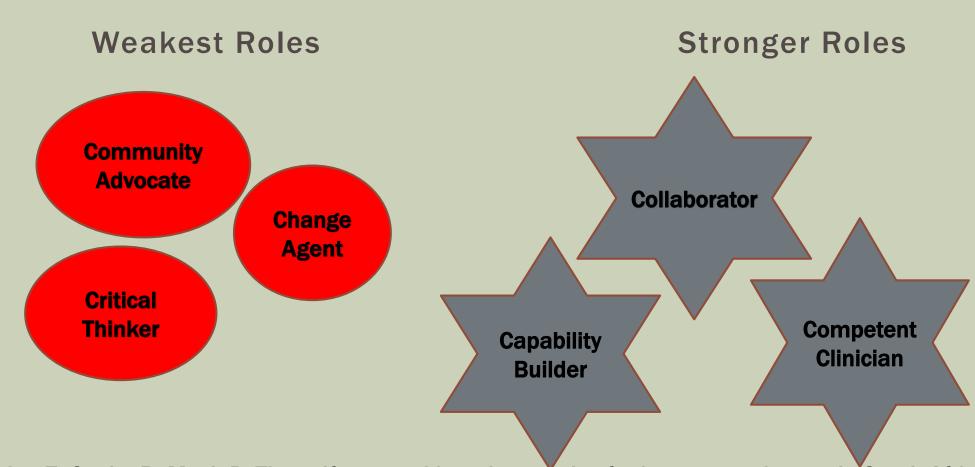
WORKPLACE-BASED LEARNING

- Peer learning
- Portfolio of learning (evidence):
 - Learning plans
 - Observations of practice with feedback
 - Logbook of performance of clinical skills
 - Assessment of portfolio

ASSESSMENT

- One national exit examination
- Portfolio must be part of assessment
- There must be quality assurance of assessment
- There must be training for assessors
- Assessment must be aligned with teaching methods and learning outcomes

SURVEY: IDENTIFIED LEARNING NEEDS



Malan Z, Cooke R. Mash B. The self-reported learning needs of primary care doctors in South Africa: a descriptive survey. South African Family Practice 2015;57 DOI:10.1080/20786190.2014.1002677

Learning needs identified

Critical Thinker

- Ability to see the bigger picture/clinical governance.
- Analyse and interpret data or evidence from facility/community or research
- Help the team with rational planning and action
- Ability to use basic statistics and have IT and data management skills

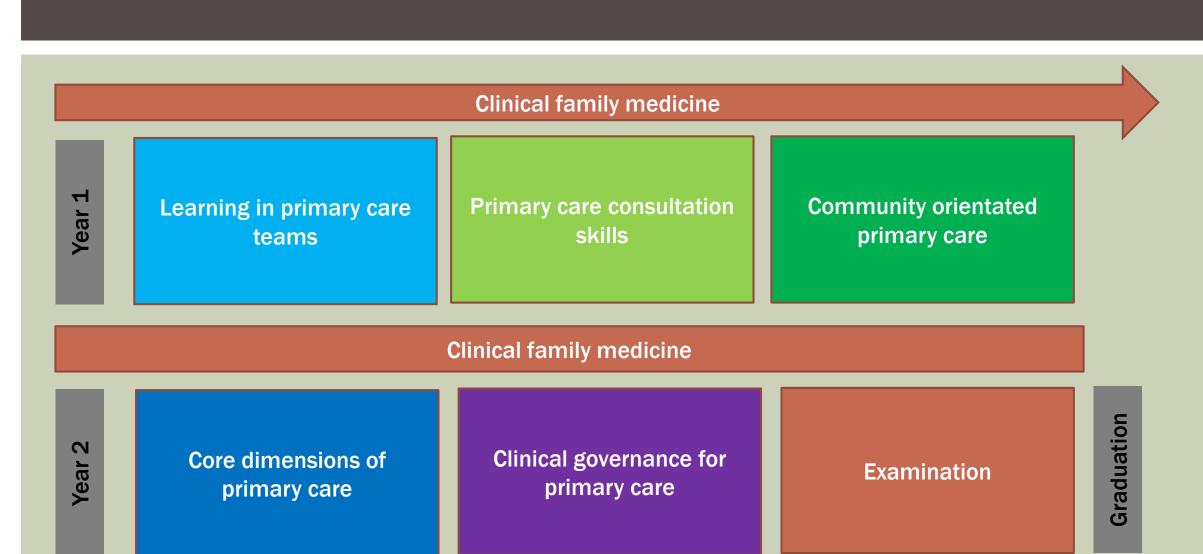
Change Agent

- Improve quality of care and in line with policy and guidelines
- Be a role model for change
- Conduct a quality improvement cycle
- Provide leadership and innovation.
- Support aspects of corporate governance
- Assist with clinically related administration

Community Advocate

- Understand community health and social determinants of health.(WBOT)
- Perform home visits in the community.

EXAMPLE OF REVISED PROGRAMME



YEAR 1: MODULES

Learning in Primary Care Teams

This module deals with the steps of the ADDIE educational process with a focus on the educational interaction between the primary care doctor, clinical nurse practitioner and community health workers

Primary Care Consultation

This module deals with communication, counselling and consultation skills relevant to primary care consultations, including aspects of Family- Orientated Primary Care, and Ethics

Community Orientated Primary Care

This modules teaches principles of community orientated primary care and students are expected to engage with the initial steps of this process in their communities

YEAR 2 MODULES

Core Dimensions of Primary Care

This module teaches principles of health promotion and disease prevention within the clinical context of chronic care. The management of common chronic medical disorders is covered in terms of healthcare systems relevant to primary care.

Clinical Governance for Primary Care

This module deals with the process of understanding clinical and corporate governance and the design and implementation of a quality improvement cycle in collaboration with the PHC team, and critical appraisal of guidelines.

Links available on EU project

Links available on EuropeAid project's page:

More on EuropeAid

http://ec.europa.eu/europeaid/index_en.htm

SAAFP news article

http://www.saafp.org/index.php/news/41-saafp-now-anassociate-of-the-european-union-in-a-delegation-of-theeuropaid-funded-project

Project overview

http://www.sun.ac.za/english/faculty/healthsciences/Family%2 OMedicine%20and%20Primary%20Care/Documents/Stellenbosc h_project_overview.pdf

National Stakeholder Workshop: 5 - 6 June 2014 http://www.sun.ac.za/english/faculty/healthsciences/Family%2 OMedicine%20and%20Primary%20Care/Pages/National-Stakeholder-workshop.aspx

Primafamed Conference: 22-24 June 2014 http://www.sun.ac.za/english/faculty/healthsciences/Family%2 0Medicine%20and%20Primary%20Care/Pages/Primafamed.aspx

See also Podcasts available on Stellenbosch University's podcast website: http://fmhspod.sun.ac.za/Podcasts/FamilyMedicine.aspx

- 1. National Stakeholder Workshop
- Primafamed conference 2014
- 3. Training of New Trainers in Family Medicine workshop 2014

See also project visibility on the Division's Facebook page: https://www.facebook.com/stelfammed



