

# STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS



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Organisations  
Seminar:  
European  
Union and  
National DOH



# OUTLINE

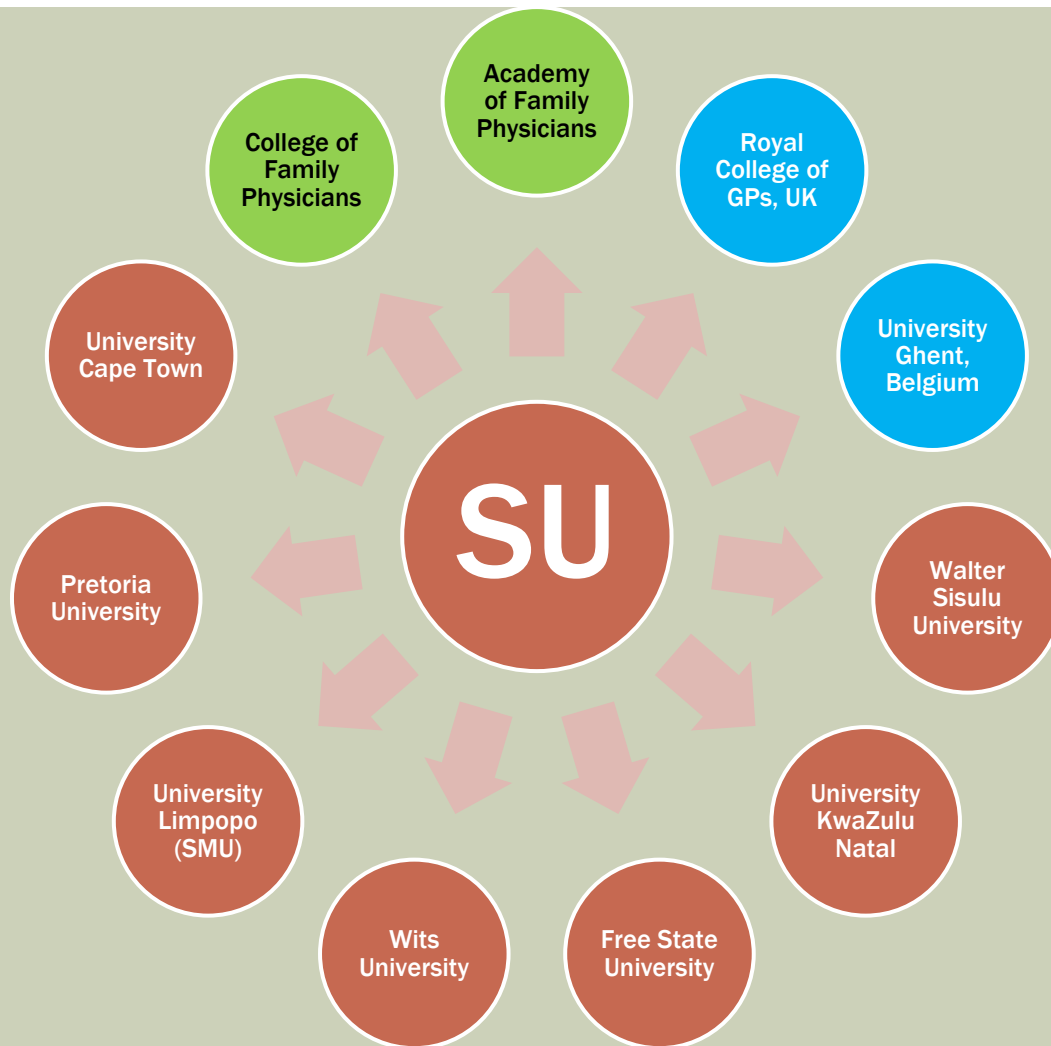


# BRIEF OUTLINE: GOALS

To strengthen primary health care through capacity building of primary care doctors and family physicians

- To build the capacity of primary care doctors and family physicians to function in support of community-based primary care teams and to improve the quality of PHC services
- To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities
- To evaluate the contribution of family physicians to strengthening district health services

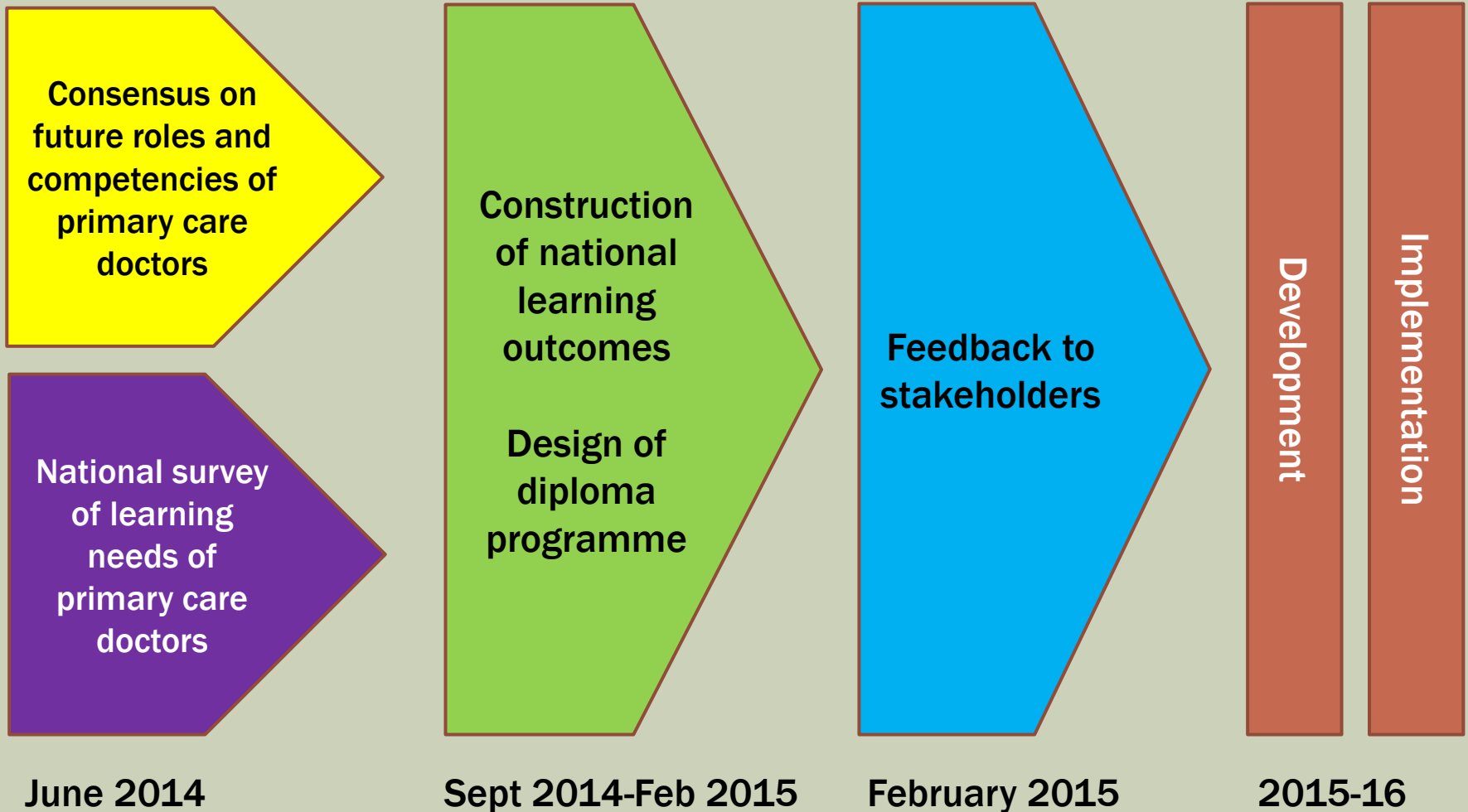
# PROJECT CO-APPLICANTS AND ASSOCIATES



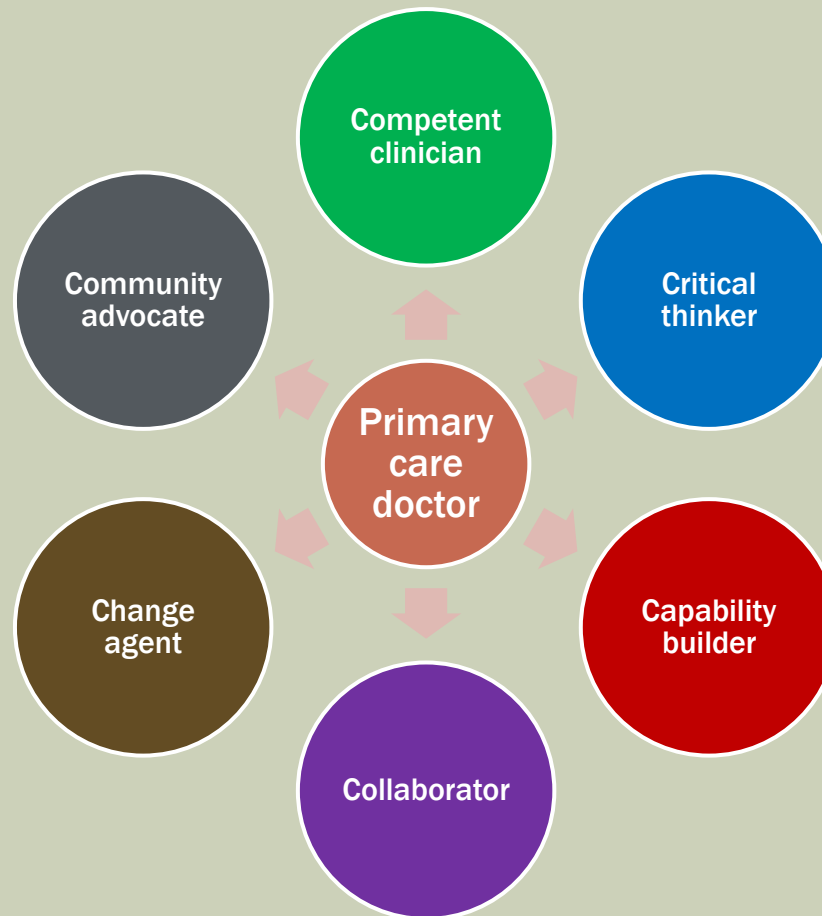
# ACTIVITIES



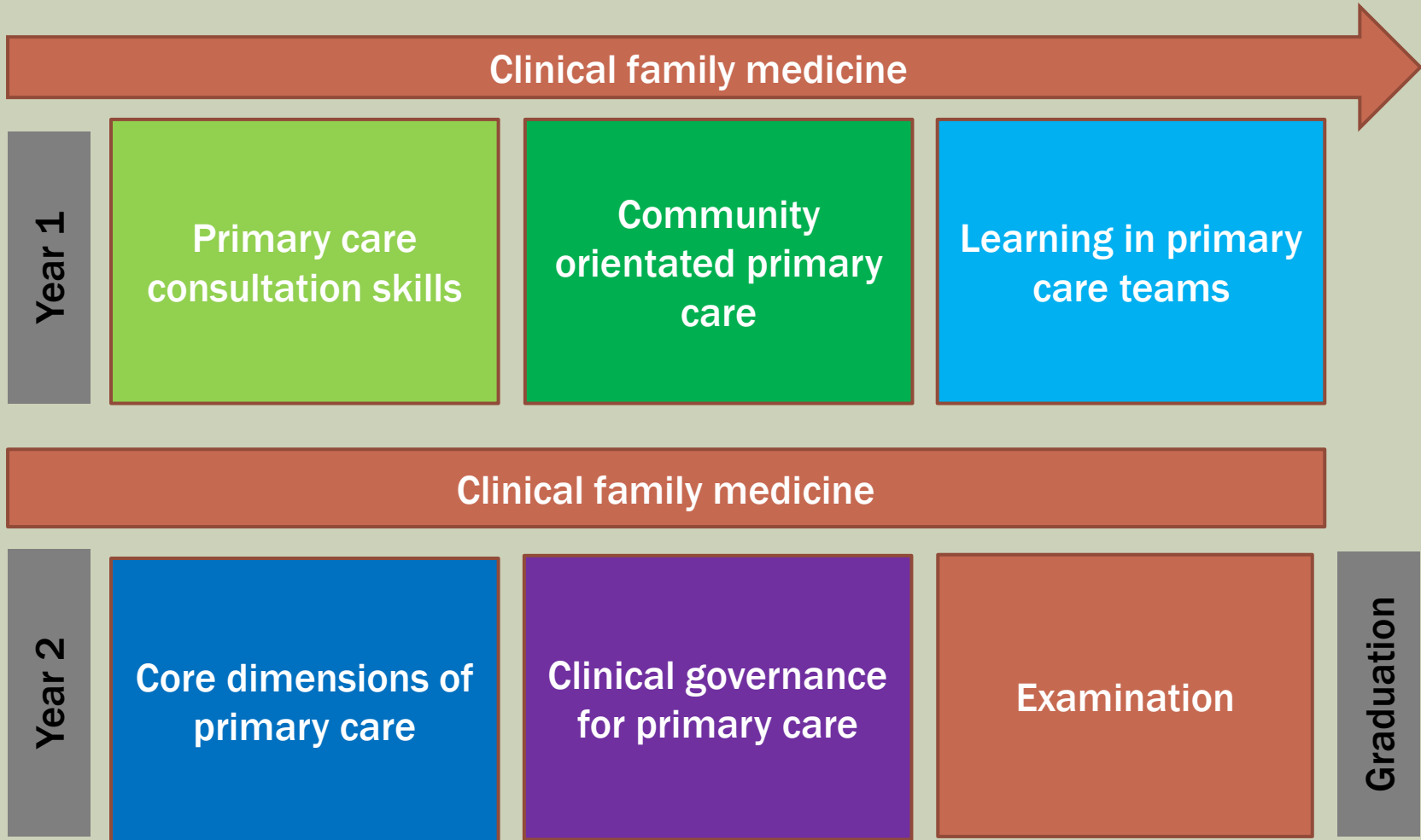
# DESIGNING A NATIONAL DIPLOMA



# ROLES AND COMPETENCIES



# EXAMPLE OF REVISED PROGRAMME





# FURTHER READING

South African Family Practice 2015; 17(1):1-9  
<http://dx.doi.org/10.1080/20786190.2014.1002677>

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## The self-reported learning needs of primary care doctors in South Africa: a descriptive survey

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**Background:** Strengthening primary health care in South Africa is a prerequisite for the successful introduction of National Health Insurance. Primary care doctors from both the public and private sectors are an essential contributor to achieving this goal. In order to prepare these doctors for their future role, a national diploma training programme is being developed. This study aimed to evaluate the learning needs of primary care doctors and to assist with the design of the diploma.

**Methods:** A descriptive survey of 170 primary care doctors (80 medical officers and 90 private practitioners), from eight provinces in South Africa, in terms of their use of 30 key guidelines, performance of 85 clinical skills and confidence in 12 different roles.

**Results:** Doctors had read the majority of the guidelines (20/30), but few had been implemented in practice (6/30). All of the doctors had been trained in the clinical skills; however, none had taught these skills to others in the last year. Primary care doctors reported having performed the majority of the skills within the last year (70/85). Doctors had performed 7/12 roles in the last year, while 5/12 had not been engaged with. The weakest roles were those of change agent and community advocate, while the strongest roles were competent clinician, capability builder and collaborator. There were a number of significant differences ( $p < 0.05$ ) between the learning needs of medical officers and private practitioners.

**Conclusion:** These findings will help guide the development of a new Diploma in Family Medicine programme for South Africa.

**Keywords:** clinical skills, descriptive survey, family medicine, guidelines, learning needs, primary care, scope of practice, South Africa

### Introduction

Strengthening primary health care is a national priority in South Africa in order to improve equity, effectively address the burden of disease and prepare the country for the introduction of a national health insurance (NHI) scheme.<sup>1</sup> Currently primary care is mainly offered by nurses, with support from doctors.<sup>2</sup> The quality of primary care is not optimal with concerns existing regarding infrastructure, supply of essential medication, capability of nurses to offer holistic and comprehensive care, and acceptability of services.<sup>3</sup>

A number of strategies to accomplish this 're-engineering of primary health care'<sup>4</sup> have been planned and include the development of municipal ward-based outreach teams of community health workers supported by nurses and doctors, who will take responsibility for visiting specific groups of households.<sup>5</sup> In addition the plans include strengthening of school health services, promotion of the ideal clinic and introduction of District Clinical Specialist Teams (DCST).<sup>6</sup> DCSTs consist of a group of specialists dedicated to improving maternal and child health care within a district.

A further intervention to improve healthcare within the district health system has been the recognition of family medicine as a new discipline. Since 2008 family physicians have been trained as expert generalists in new four-year programmes that model the training of other specialists. This new cadre of family physicians have begun to enter the health system and have an impact, although each province has adopted a different approach to their utilisation.<sup>7</sup> In some provinces they have been employed at community health centres and district hospitals, while in others at the level of the sub-district, district or even regional hospital.

The numbers of family physicians are still relatively small and there is a need to create more internal policy cohesion within the Department of Health on their role and contribution. In time it is anticipated that all doctors pursuing a career in the district health services would train as a family physician.

Over the next 10–15 years, however, the pool of doctors currently working in primary care will be far larger than the number of family physicians and most are unlikely to train as family physicians, because this would mean reverting to a registrar post. The potential pool of primary care doctors includes medical officers in the public sector and general practitioners in the private sector. The Department of Health has begun to contract with general practitioners in the NHI pilot sites to bring them into the public sector primary care system. Primary care doctors will need to support all of the initiatives outlined above and in order to make their contribution will need to fulfil a number of new roles in primary health care. These future roles and competencies required of primary care doctors were identified in a national stakeholder workshop (Table 1) as part of a larger project entitled 'Strengthening primary health care through primary care doctors and family physicians'.<sup>8</sup>

This project plans to revise the current two-year Diploma in Family Medicine that is available in South Africa, so that its learning outcomes and curriculum are better aligned with the future needs of the country and primary care doctors. Currently four universities offer such a diploma, with very different and sometimes outdated learning outcomes. The project intends that all the programmes should align themselves with the same nationally agreed learning outcomes and that new programmes should be developed at other universities so that training can be

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RESEARCH

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## Strengthening primary health care through primary care doctors: the design of a new national Postgraduate Diploma in Family Medicine

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Strengthening primary health care is a national priority in South Africa, in order to improve quality of care and health outcomes, reduce inequity and to pave the way for National Health Insurance. The World Health Organization and World Health Assembly both recommend the inclusion of a primary care doctor with postgraduate training in Family Medicine in the primary health care team. Currently, medical practitioners without postgraduate training, and those who may need re-orientating and upskilling for the future re-engineered primary care system, are the largest pool of doctors in South Africa. Most of these doctors are of an age and at a stage in their careers where it is unlikely that they will train to be a family physician.

This article reports on a national process to design a Postgraduate Diploma in Family Medicine which will meet the learning needs of primary care doctors in both the public and private sectors as they prepare for the future.

A year-long process included two national stakeholder workshops, a survey of learning needs and two additional expert workshops before consensus could be reached on the design of the new diploma programme.

The future roles and competencies required of primary care doctors, learning outcomes congruent with these roles, and an educational design, which could be delivered at scale commensurate with the national need by all of the relevant higher education institutions, were envisaged during this process.

The design of this diploma, presented here, will now be developed into a revised or new programme by the higher education institutions, and implemented from 2016 onwards.

**Keywords:** family physicians, general practitioners, graduate medical education, physician's role, primary care doctors, primary health care

### Introduction

Primary health care has been the cornerstone of health policy in South Africa since the end of apartheid 20 years ago.<sup>1</sup> Since then, considerable progress has been made in integrating the health services which were racially and geographically fragmented, and in implementing a district health system. The emerging primary health care system has been seriously challenged by the emergence of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) epidemic, and associated tuberculosis, as well as the quadruple burden of disease, which apart from HIV/AIDS, includes violence and injuries, maternal and child mortality, and chronic non-communicable diseases (NCDs).<sup>2</sup>

First-contact primary care is mainly offered by nurses in 80% of all consultations in the public sector.<sup>3</sup> Primary care practice is characterised by undifferentiated illness, uncertainty and bio-psycho-social complexity which is challenging, even for family physicians with several years of postgraduate training.<sup>4</sup> HIV/AIDS and tuberculosis have largely been addressed through vertical programmes with additional resources, and training and quality assurance. As a result, ambulatory primary care is dominated by chronic NCDs, with hypertension being the most common condition seen.<sup>5</sup> There is evidence that nurses struggle to function as medical generalists as very few psycho-social problems are identified.<sup>6</sup> For example, depression and anxiety are rarely diagnosed. In addition, the system does not support continuity of care and patients often complain that health workers are not empathic or caring.<sup>7</sup>

General practitioners in the private sector offer first-contact primary care to those with insurance or to those who can pay for out-of-pocket expenses; approximately 16–20% of the

population.<sup>8</sup> General practitioners are not required to undergo any postgraduate training, and may vary considerably in their expertise and scope of practice.

The long-term goal of the government is to introduce National Health Insurance (NHI), with the intention of improving equity and access to quality health care for all South Africans.<sup>9</sup> One of the key prerequisites for this goal is the re-engineering of primary health care.<sup>10</sup> A number of initiatives have been introduced in an attempt to improve the quality of primary care. A list of national norms and standards are being driven by the Ideal Clinic Project, which should improve the infrastructure and patient experience.<sup>11</sup> District clinical specialist teams have been focusing on improving maternal and child health care.<sup>12</sup> School health services have been re-introduced to promote health and prevent disease in children and adolescents.<sup>13</sup> Community-orientated primary care, based on a Brazilian-style model, has also been implemented in some districts.<sup>14</sup> According to this model, teams of community health workers, supported by nurses, take responsibility for addressing health needs in a designated group of households.

The role of the doctor is often marginal in many of these public sector initiatives, partly because of the scarcity of experienced doctors. According to the ideal clinic project, it is recognised that a future goal is that every clinic must have access to a doctor. Contracting private general practitioners to support the clinics on a sessional basis is one initiative to realise this goal in the NHI pilot districts. While there have been programmes to orientate these doctors, there has not been any structured mechanism to support any upskilling which they may need in order to cope with the modified scope of practice. The World Health Report on primary

# ROLES OF THE FAMILY PHYSICIAN

**Care-provider** – able to work independently at all facilities in the district

**Consultant** – to the primary care services

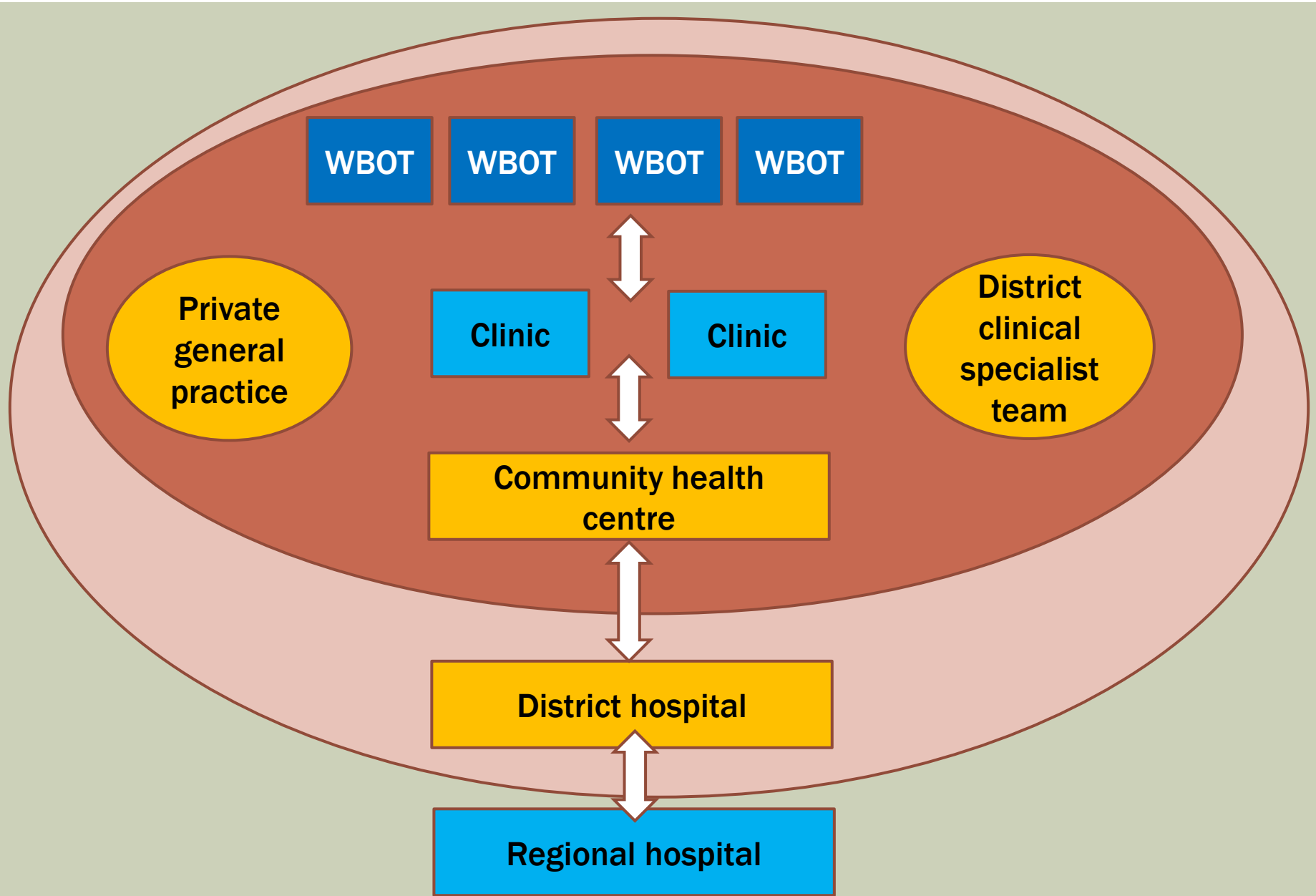
**Capacity-builder** – teaches, mentors, supports, develops other practitioners



**Supervisor** – of registrars, interns, medical students

**Leader** of clinical governance

**Champion of COPC** – engages with the community served



Mash R, Ogunbanjo G, Naidoo SS, Hellenberg D. The contribution of family physicians to district health services: a national position paper for South Africa. *South African Family Practice* 2015; 57(3):54-61

# TRAINING OF CLINICAL TRAINERS



**Establishing and maintaining a learning environment**  
**Working with adult learners**  
**Giving feedback**  
**Assessment methods**  
**Leadership**  
**Teaching consultation skills**  
**Learning in the clinical setting**

# TRAINING OF NATIONAL EXAMINERS



**Preparing the Objective Structured Clinical Examination**  
**Writing high quality Multiple Choice Questions**  
**Standard setting for the National Exit Examination**  
**Assessing the consultation with the Mini-CEX tool**  
**Workplace Based Assessment**

# IMPROVING THE NATIONAL EXIT EXAMINATION



**Key recommendations implemented by the College of Family Physicians:**

- **Creation of national Writing Groups for OSCE, MEQs, MCQs**
- **Introduction of standard setting techniques**
- **Increase in number of MCQs**
- **Increase in number of OSCE stations**
- **Increase in number of Clinical Cases with inclusion of WPBA**

# LEADERSHIP AND GOVERNANCE

My home ▶ My courses ▶ Geneeskunde En Gesondheidswetenskappe ▶ Huisartkunde En Primere Sorg ▶ Leierskap en Kliniese Bestuur / Leadership and Cli...

## SUNLearn

### NAVIGATION

#### My home

- Site home
- ▶ SUNLearn
- ▶ My profile

#### ▼ Current course

##### ▼ **Leierskap en Kliniese Bestuur / Leadership and Cli...**

- ▶ Participants
  - ▶ Badges
  - ▶ Introduction
  - ▶ Weeks 1 - 3 LEADERSHIP
  - ▶ WEEK 4 CLINICAL GOVERNANCE
  - ▶ Weeks 5 - 7 HEALTH INDICATORS
  - ▶ Week 8 - DISTRICT HEALTH SYSTEM
  - ▶ Weeks 9 - 10 ROLES OF THE FAMILY PHYSICIAN
  - ▶ Weeks 11 - 12 FUTURE TRENDS
  - ▶ Assessment
  - ▶ Topic 8
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  - ▶ Topic 10
- ▶ My courses

## Introduction

### Introduction

Welcome to the Clinical Governance and Leadership module. It is one of the last modules you will participate in and as such, it has been designed to incorporate all your previous learning and experience. Your senior role in your working environment will enable you to apply and reflect on the topics discussed in this module.

The module will focus on two concepts and how you can incorporate these into your practice as a Family Physician:

### Leadership

Leadership is organizing a group of people to achieve a common goal.

Developing leadership competence can be seen as three tiers – better self-management (the "I"), better relationships with others (the "we") and understanding the facts and events in your context (the "it").



# RESEARCH INTO THE EFFECT OF THE FP



## Quasi-experimental study

- Comparing district hospitals and community health centres with and without family physicians
- Use facility level data: indicators of early impact



## FP Impact Assessment Tool

- 360-degree evaluation by family physician's colleagues
- Validated Tool
- Six roles of FP
- Perceptions of respondents
- All FP's in co-applicants' provinces



## Analysis of DHIS

- Analysis of the national District Health Barometer data to look for associations with the number of family physicians per 10 000 population



## District Managers Interview

- Semi-structured interview guide
- Connect themes to conceptual framework
- All the District Managers in co-applicant districts





# STRENGTHS AND WEAKNESSES

## Strengths

- Project team
- Diploma design completed
- RCGP training and moderation excellent
- Leadership and governance module completed
- Research on track

## Weaknesses

- De-merger of University of Limpopo
- Co-financing 20%
- Long process to register new Diploma
- Incentives for Diploma
- Co-ordinating research teams with co-applicants and getting local approvals

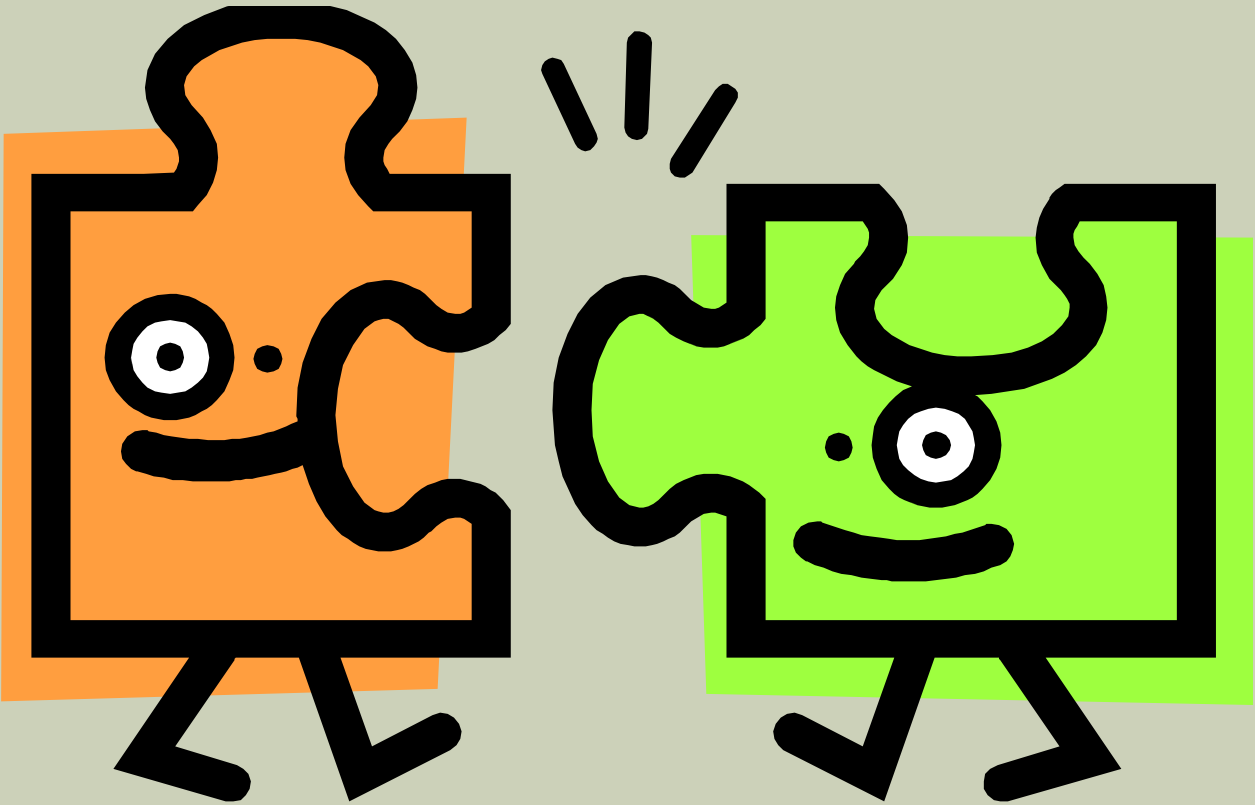
# ALIGNMENT NATIONAL POLICY AND DEVELOPMENT PLAN



# NATIONAL HEALTH INSURANCE

## Primary Care Doctors

Public medical officers



Private general practitioners

# REVITALISATION OF PRIMARY HEALTH CARE

## Ideal Clinic Components and Definition



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# NATIONAL DEVELOPMENT PLAN

**“Family physicians in the district specialist support team will take the primary responsibility for developing a district-specific strategy and an implementation plan for clinical governance. They will also provide technical support and capacity development for implementing clinical governance tools, systems and processes to ensure quality clinical services in the district health system. Family physicians will also take overall responsibility for monitoring and evaluating clinical service quality for an entire district.”**

# INTERACTION WITH NDOH

- NDOH speaking at National Family Practitioner Conferences
- Project members participating in national workshops (e.g. WISN, DFID, District management)
- NDOH participation in project stakeholder workshops (e.g. Diploma)
- Possibility of contribution to co-financing
- Explore incentives for primary care doctors to do Diploma
- No interaction with PDOH and LG apart from permissions for research and some participation in project stakeholder workshops

# THANK YOU



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