Results :National Survey of learning needs of primary care doctors

Strengthening primary health care through primary care doctors and family physicians

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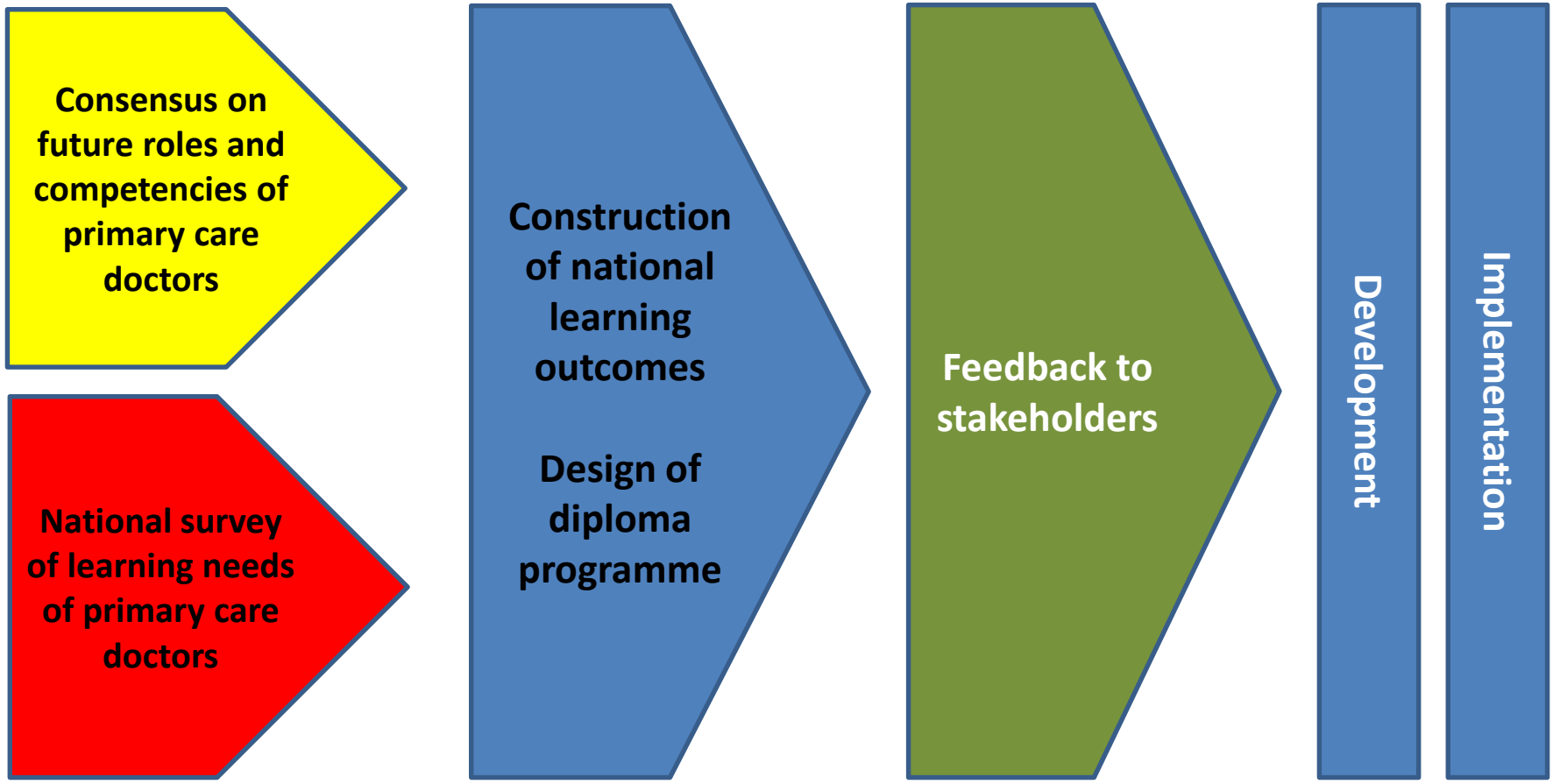
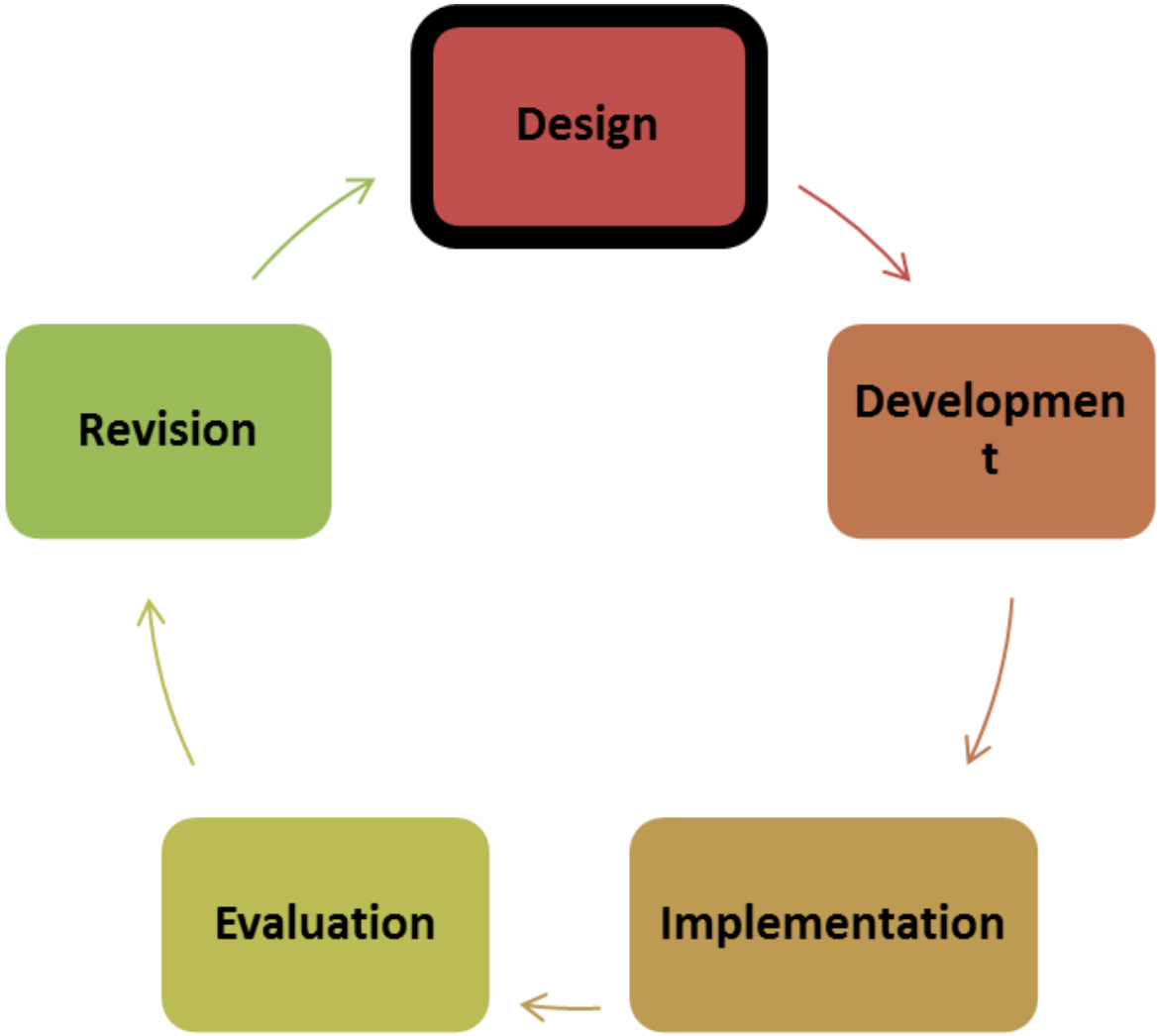
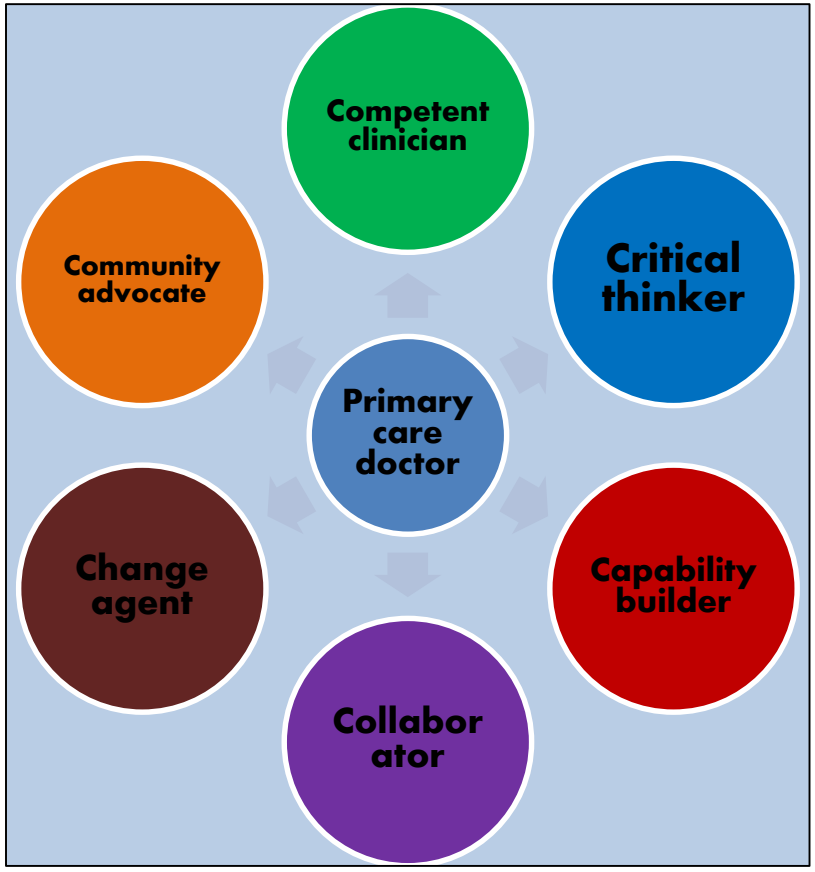
Background


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
Feedback to stakeholders
Development
Implementation
June 2014
September 2014
February 2015
2015-16

Overview of the process



Design phase



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National Survey

Table 1: Future roles and competencies of primary care doctors

Role	Competencies
Competent clinician	The primary care doctor should be able to practise competently across the whole quadruple burden of disease They should have the clinical and procedural skills to fulfil this role in primary care.
	They should be a role model for holistic patient-centred care with the accompanying communication and counselling skills.
	They should be able to offer care to the more complicated patients that primary care nurses refer to them.
	They should support continuity of care, integration of care and a family-orientated approach.
	They should be able to offer or support appropriate health-promotion and disease-prevention activities in primary care.
Capability builder	The primary care doctor should be able to engage in learning conversations with other primary care providers to mentor them and build their capability.
	They should be able to offer or support continuing professional development activities.
	They should help to foster a culture of inter-professional learning in the workplace.
	As part of a culture of learning they should attend to their own learning and development.
Critical thinker	The primary care doctor is one of the most highly educated/trained members of the primary care team and as such should be able to offer a level of critical thinking to the team that also sees the bigger picture.
	They should be able to help the team analyse and interpret data or evidence that has been collected from the community, facility or derived from research projects.
	They should be able to help the team with rational planning and action.
	They should have IT and data management skills and the ability to make use of basic statistics.
Change agent	The primary care doctor should be a champion for improving quality of care and performance of the local health system in line with policy and guidelines.
	They should be a role model for change – people need to see change in action.
	They should know how to conduct a quality improvement cycle and partake in other clinical governance activities.
	They should provide vision, leadership, innovation and critical thinking. They may need to support some aspects of corporate governance.
	They may need to assist with clinically related administration, e.g. occupational health issues, medical record keeping, medico-legal forms
Collaborator	The primary care doctor should champion collaborative practice and teamwork.
	They should use their credibility and authority to assist the team with solving problems across levels of care (referrals up and down) or within the community network of resources and organisations.
	They should help develop a network of stakeholders and resources within the community.
Community advocate	The primary care doctor should exhibit a community-orientated mind-set that supports the ward-based outreach teams, understands the community's health needs and social determinants of health in the community and thinks about equity and the population at risk.
	They should be able to perform home visits in the community when necessary.

National Survey

Aim

The aim of the survey was to identify the perceived learning needs of existing primary care doctors in the public and private sectors in terms of their awareness of key clinical guidelines, clinical skills and scope of practice

Study design

- **Descriptive Survey** using a **questionnaire**
- **Validation**: National DOH, Departments of Family medicine and Primary Care in SA, the ETC (National Education and Training Committee) from SAAFP
- The questionnaire was **piloted** with 3 private GP's *and* 3 public MO's

Questionnaire

- **Awareness of the National guidelines used in primary health care**:

Primary care doctor's familiarity with 30 key national guidelines across the burden of disease.

- **Clinical skills**:

Primary care doctor's practice with regard to a list of 85 clinical skills relevant to primary care extracted from the national list for the training of family physicians.

- **Scope of practice**:

Primary care doctors self-reported competency to fulfil 12 key roles in future primary care, representative of the extended scope of practice envisaged for primary care doctors (i.e. 6Cs above).

Study population and sampling strategy

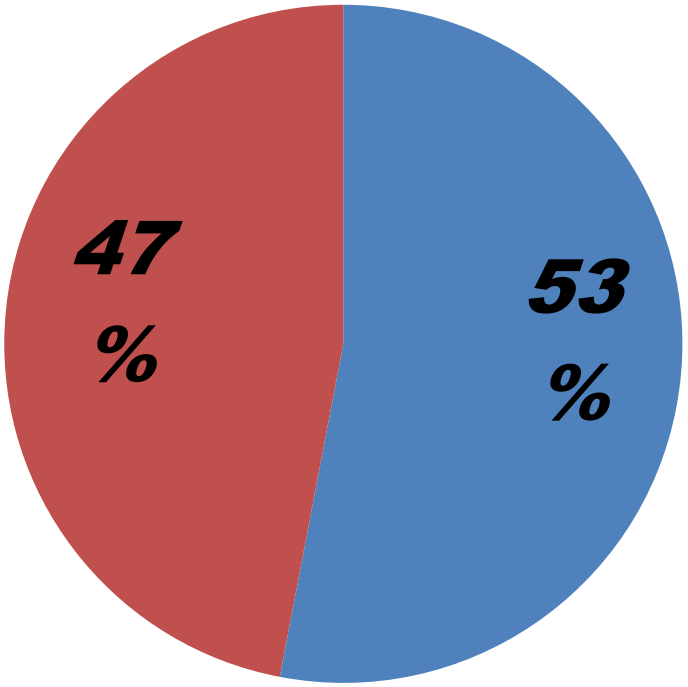
- All GP's who attended "Induction and Orientation" sessions at NHI pilot districts during April-June 2014 were invited to participate in the survey.

- PHC facilities supported by family physicians and associated with the applicant/co-applicant departments were selected. All MO's working at these primary care facilities were invited to participate.

Sample size and data collection

170 primary care doctors from 8 provinces in South Africa

- ❑ 80 medical officers
- ❑ 90 general practitioners



Malan Z, Cooke R, Mash R. The self-reported learning needs of Primary care Doctors in South Africa: a descriptive survey. SA Fam Pract 2015;1(1):1-10

Distribution of PCP's between 8 provinces

Table 2: Distribution of respondents between provinces

Province	Total (n = 170) n (%)	GPs (n = 90) n (%)	MOs (n = 80) n (%)
Gauteng	27 (15.9)	15 (16.7)	12 (15.0)
Western Cape	15 (8.8)	0 (0.0)	15 (18.8)
Northern Cape	12 (7.1)	12 (13.3)	0 (0.0)
Kwa Zulu Natal	32 (18.8)	14 (15.6)	18 (22.5)
Free State	32 (18.8)	12 (13.3)	20 (25.0)
Limpopo	26 (15.3)	11 (12.2)	15 (18.8)
North West	14 (8.2)	14 (15.6)	0 (0.0)
Mpumalanga	12 (7.1)	12 (13.3)	0 (0.0)

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Data analysis

- Data was analysed by using descriptive statistics with the Centre for Statistical Consultation at SU
- The questionnaire produce quantitative data on an ordinal Likert scale: (1-4) for each item.
- Ordinal data was reported as mean scores with 95% CI
- Statistically significant differences between the MO's and GP's were tested for by using the Mann-Whitney U test

Demographics

- The mean age of the group was 41.1 years (SD 12.0), with a statistical difference ($p<0.001$) between the GP's (45.6 years (SD 12.1)) and the MO's (36.3 years(SD 10.0))
- The overall gender of the group were 58.0% male, and 42% female. The majority of the MO's were female (57.9%), and most GP's were male (72.8%)

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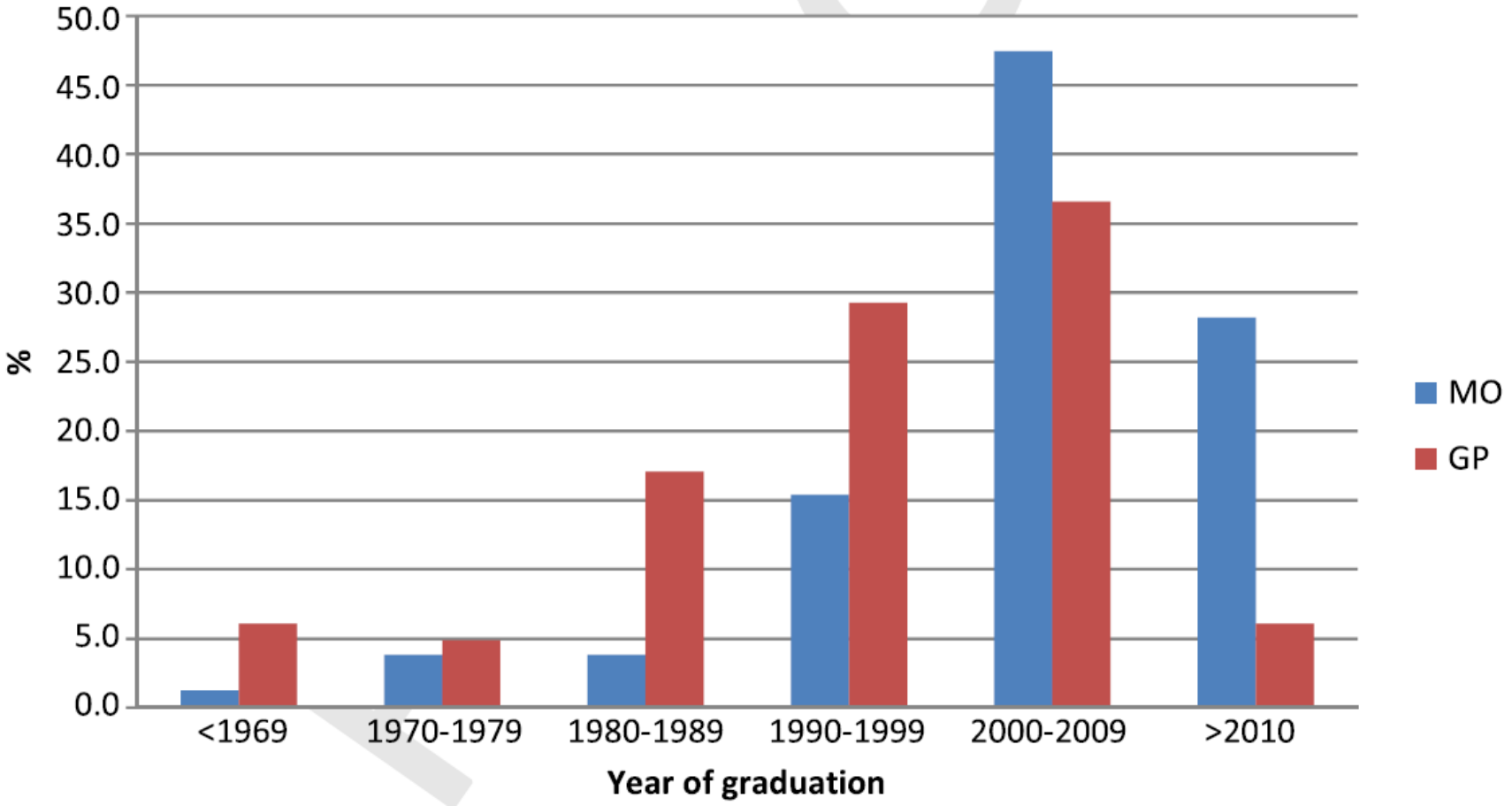
Prior experience



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Section 1: Awareness of the National Guidelines used in primary care

1. I am not aware of/ have not read the guideline.
2. I have read the guideline
3. I am already implementing this guideline in my clinical practice.
4. I am able to teach this guideline to other health workers.

Section 1:Data analysis

Guideline	All: Mean Score (CI)	GP's: Mean Score (CI)	MO's : Mean Score (CI)	P value
Standard Treatment Guidelines and Essential Medicine List for Primary Health Care in South Africa, 2012	2.67 (2.53-2.81)	2.44 (2.23-2.66)	2.92 (2.77-3.07)	<0.05

Results: Section 1 (No guidelines scored > 3)

- The majority had only read key national guidelines (20/30), few were implemented in practice (6/30) none felt able to teach others about any of the guidelines.

Results: Section 1

Implemented Guidelines (2.5-3.5)	Low awareness of guideline(<2.0)
National Standard Treatment guidelines for PHC	Intra-partum and post-partum care
National TB guidelines	Managing patient complaints and facility supervision
STD guidelines	PC101 guidelines
HIV counselling, antiretroviral treatment and prevention of mother to child transmission	

GP's: Low awareness (<2) of guidelines

- Advanced guidelines on life support (e.g. basic, trauma and cardio vascular life support)
- National TB guidelines
- Standard Treatment Guidelines for PHC
- Integrated Management of Childhood Illness guidelines.

Section 2: Clinical Skills

1. I have not had training in this skill
2. I have been trained, but have not performed this skill in the last year.
3. I have performed this skill in the last year.
4. I have taught this skill to others in the last year.

Section 2: Data analysis

Skill	All: Mean Score (CI)	GP's: Mean Score (CI)	MO's : Mean Score (CI)	P value
Femoral vein puncture	2.95 (2.80-3.10)	2.70 (2.48-2.92)	3.21 (3.02-3.40)	<0.05

Results: Section 2

- All reported being trained in these clinical skills, but none reported having taught them to others in the last year.
- Skills performed in last year (70/85 score 2.50-3.49)
- Skills not performed in the last year (15/85 score 1.5-2.49):

Proctoscopy	**Cricothyroidotomy**	**Cryotherapy/cauterization of skin lesions**
Stress ECG	**Injecting a tennis elbow/ sub-acromial space**	**Trucut/punch biopsy of skin lesion**
Inserting IUD	**Intra osseus line insertion**	**Counselling for TOP**
Obstetric ultrasound	**Assessing child abuse**	**Use a genogram**

Results: Section 2

Skills performed > MO's	Skills performed > GP's
Emergency care related skills: femoral vein puncture, IV access in a child, insertion of intra osseus line, insert urinary catheters, perform CPR, assess trauma, administer oxygen, insert a chest drain	Injection of shoulders
Interpretation of key investigations: X-rays, ECG's	Repair 3rd degree tears during intra partum care.
Certifying a patient under the Mental Health care Act	
Completion of a Death notification	
Share bad news	
Use of a genogram.	

Section 3: Scope of practice

1. Not confident, e.g. I have never taken on this role as a primary doctor.
2. Some confidence, e.g. I have taken on this role in the past, but not in the last year.
3. Reasonably confident, e.g. I have taken on this role in the past year.
4. Very confident, e.g. I could be a role-model to the primary health care team for this role.

Section 3: Data Analysis

Question	All: Mean Score (CI)	GP's: Mean Score (CI)	MO's : Mean Score (CI)	P value
Using a bio-psycho-social approach to assess the patient	2.89 (2.75-3.03)	2.84 (2.63-3.05)	2.94 (2.76-3.12)	0.78

Results :section 3

- The majority of statements to assess the scope of practice were rated 2.5 and above by all respondents, but none felt they could be a role model in any role.
- Doctors reported having performed 7/12 of the roles in the last year, whilst 5/12 had not been engaged with recently.
- Only one statistically significant difference between GP's and MO's. GPs reported that they were more confident with making sense of information on the population served by their practice and sharing it with the PHC team.

Results: Section 3

Weakest roles

- Change agent
- Community advocate

Strongest roles

- Competent clinician
- Capability builder
- Collaborator

Key findings

The curriculum should be flexible to adapt to prior learning and focus on individual needs	GP's were less aware of national guidelines used exclusively in the public sector such as the National Standard Treatment Guidelines based on the Essential Drug List, Road To Health Card, and Integrated Management of Childhood illness
Implemented guidelines in terms of the the BOD were TB,HIV and STD's guidelines, but maternal and child health, non –communicable diseases, and trauma guidelines were poorly adopted	Knowledge and skills for life support and emergency care should be included in curriculum, and GP's have to improve their interpretation of key investigations: ECG's/radiographs
Curriculum needs to focus on building capacity in clinical governance (skills in critical thinking), and on building capacity around community-orientated primary care. (Support municipal WBOTs)	PCP's were confident in their roles as clinicians, capability builders and collaborators: mentoring nurse practitioners and working in multi-professional teams.