POSTGRADUATE DIPLOMA in FAMILY MEDICINE / PRIMARY HEALTH CARE

Division of Family Medicine, School of Public Health and Family Medicine, University of Cape Town

Qualification code: MG015. Plan code: MG015PPH09. SAQA registration no. 67417

Aims and objectives

- improve the **comprehensiveness, cost-effectiveness and quality** of PHC by primary care physicians and CNPs
- **align practice** with evidence-based primary care (essential elements); National and Provincial health plans; Victoria Falls Statement
- improve practitioner **competence, confidence** and job **satisfaction**.
- Cover a **range of knowledge and skills** known to improve health outcomes and reduce costs and inequities.

Content

Courses (modules)

[See note on page 13 regarding HEQS-F levels and NQF credits]

			HEQS-F level	NQF credits
	Year 1			
	PPH4004F	Principles of Family Medicine*	8	16
	PPH4005S	Evidence-based Medicine	8	13
	PPH4007S	Ethics*	8	12
	PPH4011S	Clinical Medicine B	8	18
	Year 2			
	PPH4006S	Clinical Medicine A	8	20
	PPH4028F	Child and Family Health*	8	20
	PPH4029H	Prevention & Promotion; Chronic Illness*	8	21
	PPH4054S	Integrated Assessment	8	0
		Total NQF credits:		**120**

** courses currently open to occasional students*

FORMAT and LEARNING METHODS

2-years ; 3 hrs contact time (in class) per week; 2 weekends /yr

- **Contact time** in the form of tutorial seminars 2 - 5.30pm (Wed)
- 4 semesters (Feb–Nov); 2 weekends per year
- **Group and problem-based, self-**directed learning
- **Web-based** course material
- Seminars based on pre-readings and **reflection on own practice** experience to identify learning needs; self-study and assignments require approx. 8 hrs per week.
- Emphasis on **applying learning to daily practice** aided by web-based resources, skills workshops and videotaped consultation reviews
- a **supportive atmosphere** encouraging life-long, self-directed reflective learner (able to reflect on practice, define problems, and identify and implement solutions
- **Assessment** includes assignments, presentations, clinical and OSCE examinations

ASSESSMENT

In course assessment

- Each module assessed individually at end of module.
- Assignments and / or exams. All modules need to be passed (minimum 50%) before the candidate may do the final exam.
- Assignments and / or end of module exams make up 50% of the coursework mark.
- The final exam 50%.

The final exam Oct/Nov of the second (final) year.

- includes written exams (MEQ and MCQ) and practical exams ((skills stations, computer-based component, and a clinical exam.
- Both the written and practical components of exam need to be passed in order for the candidate to pass.

Plotting UCT PGDipFamMed modules against proposed Ntl PGDip competencies

Proposed Ntl PGDip Competencies	UCT PGDipFamMed	How assessed
3.1 Competent clinician • able to practice competently across whole quadruple burden of disease (HIV/AIDS+ STIs+, TB+, maternal and child care, non-communicable diseases+, trauma and violence) and morbidity profile of primary care in SA including acute (emergency) care+, chronic care and in some cases care provided in MOU. Womens health+ Mental Health+ • aware of key national guidelines and able to assist with their implementation in primary care+. • have the clinical and procedural skills to fulfil this role+ • role model for holistic patient-centred care with accompanying communication and counselling skills+ • able to offer care to the more complicated patients that primary care nurses refer to them+. • support continuity of care, integration of care and a family–orientated approach+. • able to offer / support appropriate health promotion and disease prevention in primary care+.	• Principles of Family Med + (incl communication & counselling skills w.end; motivational interviewing) • Evidence-based Medicine+ • Ethics+ • Clinical Medicine A+ • Clinical Medicine B+ • Child and Family Health+ • Prevention & Promotion; Chronic Illness+; Pall Care • Integrated Assessment+	• End of module assessments (assignments; presentations; MCQs) • Final integrated exam (MEQs; MCQs; OSCEs; 2 x clinicals; ext examiner)
3.2 Capability builder • able to engage in learning conversations with other primary care providers to mentorship skills them and build their capability+ (practice audit/QI). • able to offer or support continuing professional development activities+? ? • foster a culture of inter-professional learning in the work-place+ (practice audit/QI). CNPs in class • attend to own learning and development as part of a culture of learning+.	• Principles of Family Medicine+ • Evidence-based Medicine+ • Clinical Medicine A+ • Clinical Medicine B+ • Prevention & Promotion; Chronic Illness+	• Assignments & presentations • Critical appraisal
3.3 Critical thinker • able to offer a level of critical thinking to the team that also sees the bigger picture as one of most highly educated/trained members of the primary care team + (practice audit/QI) • able to help the team analyse and interpret data or evidence that has been collected from the community, facility or derived from research projects + (practice audit/QI). • able to help the team with rational planning and action + (practice audit/QI). • have IT and data management skills and the ability to make use of basic statistics + (practice audit/QI; EBM: interpreting and applying EBM literature)	• Evidence-based Medicine+ • Prevention & Promotion; Chronic Illness+ • Principles of Family Medicine+	• Audit assignment & presentation • Critical appraisal
3.4 Community advocate • exhibit a community-orientated mind-set that supports ward-based outreach teams+/- • understands the community's health needs and social determinants of health+/- • thinks about equity and the population at risk+/- • able to perform home visits in the community when necessary+	• Principles of Family Medicine+ (advocate for person –centred care) • Child and Family Health+ • Prevention & Promotion; Chronic Illness+	• (Audit assignment & presentation)
3.5 Change agent • champion for improving quality of care and performance of the local health system in line with policy and guidelines+ (practice audit assignment; externally examined) • role model for change – people need to see change in action+ (practice audit) • know how to conduct a quality improvement cycle and partake in other clinical governance activities+ (practice audit) • provide vision, leadership, innovation and critical thinking+ (practice audit; EBM) • may need to support some aspects of corporate governance. • may need to assist with clinically related administration e.g. occupational health issues, medical record keeping, medico-legal forms+ (routine)	• Evidence-based Medicine+ • Prevention & Promotion; Chronic Illness+	• Audit; EBM assignments & presentations
3.6 Collaborator • champion collaborative practice and teamwork + (assessed: pt collaboration; pt-centred comm skills; practice team collaboration (practice audit); MEQ & clinical exam; Ext examined) • 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+/- • help develop a network of stakeholders and resources within the community +/-?	• Principles of Family Med + (CoC – building therapeutic partnership; COPC principle) • Prevention & Promotion; Chronic Illness+	• Audit assignment & presentation • Clinicals & MEQ • (observed consultations)

Strengths

maintain but adapt

- 120hrs/yr contact time (3hrs / week) + 2 x weekends
- observed consultations & review of video-taped consultations (PoFM)
- Motivational interviewing / behaviour change skills practice + communication and counselling skills weekend.
- End of module assessment (assignments; presentations; MCQs; critical appraisal)
- Summative integrated exam: MEQs; MCQs; OSCEs; 2 x clinicals; all externally examined.
- Self-directed and group-based learning; includes public and private sectors; now open to CNPs > cross-pollination of experience and ideas > toward NDP; NHI PHC re-engineering; Vision 2030 (e.g. Grassy Park GPs want to meet with Grassy Park CDC management and staff = evidence of desire for collaboration and change agency
- (PGDips currently share most modules with MMeds > greater diversity of experience and contexts enriching learning experience)
- Long-established programme; +/- 16 graduates; all local

Alignment Challenges

Revisions and implications foreseen

(focus; content & method; organisation; responsibility)

Alignment Challenges

Focus

- align more directly with PHC re-engineering policy; PHC & team-based care (use findings of PCAT study to guide e.g. admission of CNPs; management component)

Content

- move to greater NDP / PHC / Vision 2030 alignment
- will need to scale down and update current content ; still covering the same course material as MMeds) (support for yr1 being combined Mmed/PGDip)
- Determine how well do we currently cover the 6 roles and competencies and learning outcomes proposed (as per Alphen doc); what and how much do we have to do to align with these?

Alignment Challenges

Method

- Nat PGDip site-based teaching and learning i.e. decentralised; good but we're not set up for it yet and likely to take a while i.e. we'll have to decentralise
- more sites with tutors needed (finding sufficient sites with trainers)
  - a site can be anywhere (good) but tutors needed (who qualifies?) (note 'Mentor supported reflective learning process')
  - our FPs are overloaded and insufficient numbers
  - we don't have enough of our own PG Diplomats out there yet; improving but not all in the public sector; perhaps there are others?

Alignment Challenges

Organisation & structure

- need to shift from classroom to site-based and distance learning modes
- a phased process?

Responsibility

- who takes responsibility for delivery of course content when shifted from DoFM to site-based learning and mentorship? Ownership by others?
- DoFM provides curriculum development; method and quality control; managed; administered; funded by DHS; WCDoH; NDoH??
- shared DoFM + MDHS (WCDoH & NDoH); build into current partnership?
- who, how, when?
- private sector will need to be brought on board?

Alignment Challenges

Assessment

- to include portfolio; we have experience with this so should be fine
- decentralised assessment needed; more of a challenge?

Further questions / concerns

- Staffing: who qualifies to be mentors / tutors / facilitators; in public & private sectors?
- Accredited CDC/CHCs for rotations? Or any applicants as long as working in primary care?
- To what extent have / will the CTN metro and W.Cape province buy-in?
- Which outlying sites will we consider?
- Funding?

Way forward

- Phased revision?
- Actions
  - Survey our (16) diplomats
  - Child & Fam Health: trim; boost clinical and CoPC content; introduce other competences
  - CoPC: include module (currently only MMeds) (learning WBOT pilot)
  - Ethics: include HHR in (community practice ethics)
  - Management & leadership module: use MMed module content + (to-be-developed Mx module based on PCAT NGT findings)
  - Include NDP / NHI / PHC re-eng / Vision 2030 content; alignment
  - PGDip applicant interview: use scenarios that include e.g. CoPC & collaborator thinking etc
- Timelines
- Other

  - Ntl online core + individual DoFM content / 'flavour'?