

WORKSHOP ON LEADERSHIP AND GOVERNANCE FOR THE FAMILY PHYSICIAN: INTRODUCTION



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STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS

- **Objective:** To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities
- **Result:** That all MMed training programmes for family physicians includes a module on clinical leadership and governance
- **Activity:** To develop a national training module on leadership and clinical governance for family physicians that is incorporated into all training programmes



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.”

ROLE 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

Manager – clinical governance of team

Champion of COPC – engages with the community served

NATIONAL LEARNING OUTCOMES

Forum: Outcomes for family medicine postgraduate training in South Africa

Outcomes for family medicine postgraduate training in South Africa

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Introduction

After 1994, the post-apartheid government decided that primary health care and the district health system would be the cornerstone of their new health policy. As a consequence of this, the academic departments of Family Medicine and primary care recognised the need for a nationally agreed set of training outcomes that were more aligned with these new priorities within the public sector.

Thus in 2001, the Family Medicine Education Consortium (FaMEC), representing the eight academic departments of family medicine in South Africa, agreed to a set of outcomes for postgraduate family medicine training. At that time, all departments were running Family Medicine Master's programmes as part-time training courses for doctors in primary health care. Recognition of the need to move towards full-time registrar training already existed, and because of this steps were taken to register Family Medicine as a speciality with the Health Professions Council of South Africa (HPCSA).

At the time, university curricula and the health system were in a rapid state of flux and transition. The FaMEC outcomes were developed in that context. The outcomes were adopted and used in training sessions across the country. They provided a common standard towards which the different programmes could all aim, and represented a very useful and positive consensus.

An adapted version was developed in August 2004 for submission to the South African Qualifications Authority and for use in curriculum revision in preparation for full-time registrar training.

In 2007, Family Medicine was gazetted as a speciality.¹ As per the new regulations, a doctor who wished to become a Family Medicine specialist was now required to "have obtained at least four years education and training, three years of which shall be in an accredited registrar's post." As a result of this, from 2008 onwards, the eight departments started to change over to full-time MMed registrar

programmes and to phase out the part-time Master's training programmes. There was an accompanying commitment to evolve towards a common national exit examination, to be conducted by the College of Family Physicians of the Colleges of Medicine of South Africa.

It soon became obvious that the need for a common standard was even more important than it had been before, and that the FaMEC outcomes needed to be revised in light of the new speciality status, experience with training the first groups of registrars and greater clarity as to the role of the specialist family physician in the district healthcare system. While it was recognised that there would be variations in focus, approach and implementation in each of the different training programmes around the country, it was agreed that uniform outcomes remained necessary and would become even more important with implementation of the national exit examination.

Thus, at a summit of the heads of departments and postgraduate Family Medicine training coordinators from all eight faculties involved in postgraduate Family Medicine training held at the University of the Witwatersrand (Wits) Medical School in February 2010, a task team was formed to undertake the process of reviewing the outcomes. The task team comprised Professors Ian Couper (Wits, chairperson), Bob Mash (Stellenbosch University) and Selma Smith (University of Pretoria) and Dr Beverley Schweitzer (University of Cape Town).

The task team spent six months reviewing and revising the outcomes. The resulting document was presented to a meeting of heads of departments in September 2010 at Tygerberg. Following discussions at that meeting, further changes were made and a final draft document was sent to all department heads with a request that it should be circulated among staff members who were engaged in postgraduate training for comment. Comments were received from a number of departments and these were then incorporated.

Unit Standard 1:

Effectively manage himself or herself, his or her team and his or her practice in any sector with visionary leadership and self-awareness in order to ensure the provision of high-quality, evidence-based care.

RATIONALE OF PROGRAMME

- **Session 1: Perspectives of key stakeholders and experts on the topic of leadership and governance**
- **Session 2: Overview of current training on leadership and governance**
- **Session 3: Group discussion, feedback and consensus on leadership**
- **Session 4: Group discussions, feedback and consensus on clinical governance**
- **Session 5: Group discussions, feedback and consensus on corporate governance**

PURPOSE OF WORKSHOP

- To consult stakeholders and experts on leadership and governance in the district health system
- To reach a consensus on the roles and competencies required of family physicians as effective leaders and champions of clinical governance
- To revise the national learning outcomes for the training of family physicians
- To make recommendations about teaching and training of family physicians in this area

ADDITIONAL ACTIVITIES

- National Education and Training Committee of the SA Academy of Family Physicians: 16h30-19h00 today
- Liaison with co-applicant partners on research project to evaluate the impact of family physicians with Klaus von Pressentin breakfast tomorrow.
- Organisational issues – Zelra Malan
- Administrative issues – Lana Fortuin