



Evaluating the impact of family physicians
within the district health system of South Africa

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#Primafamed16

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National Project

Strengthening primary health care
through primary care doctors and
family physicians



Project objectives

- To strengthen primary health care through capacity building of primary care doctors and family physicians:
 - I. 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
 - II. To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities
 - III. To evaluate the contribution of family physicians to strengthening district health services



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Strengthening primary health care through
primary care doctors and family physicians



Project objectives

- To strengthen primary health care by training of primary care doctors
 - I. To build the capacity of primary care doctors in support of community health services of PHC services
 - II. To build the capacity of family physicians to lead clinical governance to PHC facilities
 - III. To evaluate the contribution of family physicians to strengthening health services

Primary
care
doctors

Family
physicians

Research
on FP
impact



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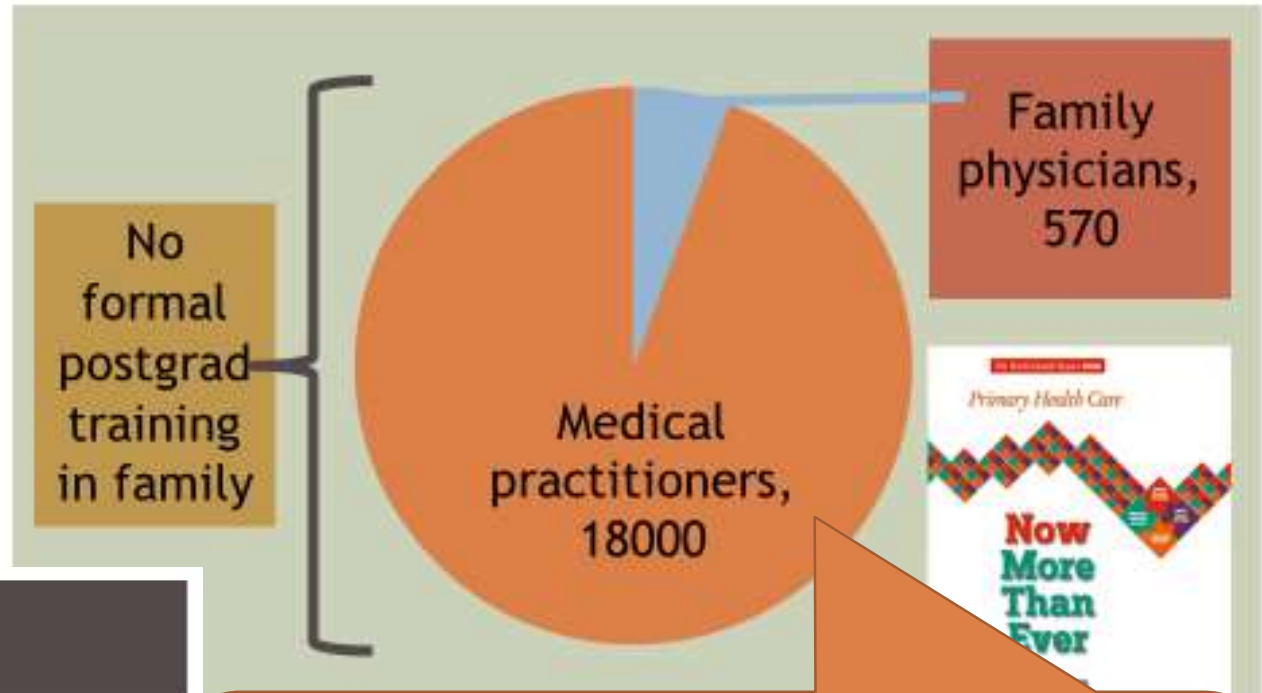
Strengthening primary health care through
primary care doctors and family physicians



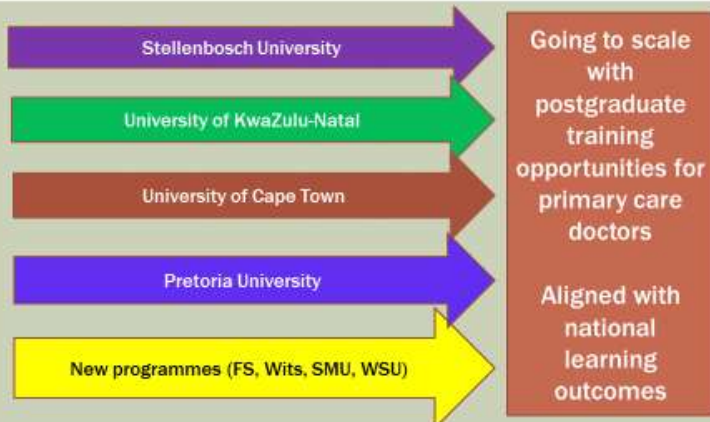
1. Diploma

Primary
care
doctors

Primary care doctors for a revitalised PHC system



FUTURE DIPLOMAS



Medical practitioners with
PG Dip - equipped for
undergrad supervision

Postgraduate programmes offered at Stellenbosch University



Postgraduate Diploma

- 2-years
- Clinical
- Aimed at primary care doctors



MPhil in Family Medicine

- 2-years
- Non-clinical
- Aimed at doctors who have an interest in the development of the FM discipline (especially research) in Sub-Saharan Africa



Masters in Family Medicine

- 4-years
- Aims to prepare doctors as registered family physicians in South Africa (via registrar programme)

Postgraduate programmes offered at Stellenbosch University



Postgraduate Diploma

- 2-years
- Clinical
- Aimed at primary care doctors

Clinical Governance for Primary Care

Clinical Primary Care

Community-Oriented Primary Care

Core Dimensions of Primary Care

Learning in Primary Care Teams

Primary Care Consultation

Year	Module 1:	Module 2:	Module 3:
1	Research Proposal Development (10 credits)	Principles of Family Medicine (20 credits)	Teaching and Learning in Family Medicine (20 credits)
2	Research Thesis (90 credits)	Community-oriented primary Care (20 credits)	Leadership and Clinical Governance (20 credits)

Postgraduate Diploma

- 2-years
- Clinical
- Aimed at primary care doctors

MPhil in Family Medicine

- 2-years
- Non-clinical
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Masters in Family Medicine

- 4-years
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2. Activities aimed at:

Funded by EU and THET

- a. Training of clinical trainers (FPs training registrars)
- b. Training of examiners (FPs involved with assessment: national exit exam)
- c. Implementing a new module on clinical leadership & governance in all MMed programmes



Articles



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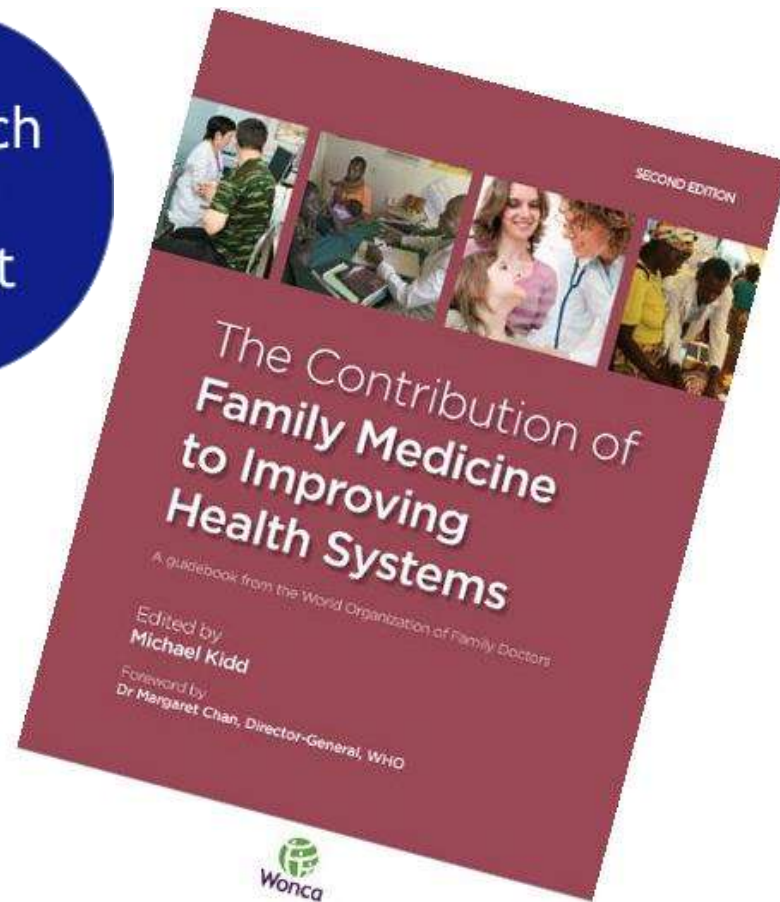
- i. Malan Z, Cooke R, Mash R. The self-reported learning needs of primary care doctors in South Africa: a descriptive survey. South African Family Practice. 2015 Jan 2;57(1):35-43.
- ii. Mash R, Malan Z, von Pressentin K, Blitz J. Strengthening primary health care through primary care doctors: the design of a new national Postgraduate Diploma in Family Medicine. South African Family Practice. 2015 Sep 10:1-5.
- iii. Mash R, Blitz J, Malan Z, Von Pressentin K. Leadership and governance: learning outcomes and competencies required of the family physician in the district health system. South African Family Practice. 2016. Available online at: <http://www.tandfonline.com/doi/full/10.1080/20786190.2016.1148338>
- iv. Mash R, Almeida M, Wong WC, Kumar R, von Pressentin KB. The roles and training of primary care doctors: China, India, Brazil and South Africa. Human resources for health. 2015 Dec 1;13(1):1-9.
- v. Research articles: 2016





Research

Research
on FP
impact



Which phenomenon are we studying?
And why?

Meeting the challenges and convincing the leadership

“There is an urgent need to link family medicine, and the implementation of high-quality primary care, with the global movement to achieve universal health coverage.”



Chapter 1, p. 11 - 12



Convincing the leadership

Present the evidence

Show living examples

Develop international collaboration



Chapter 1, p. 11 - 12



Finding the FM evidence

What to consider when designing the research

Context

Roles

Organisation of health system

These 3 factors determine the scope of the FP's training and practice



Context

SOUTH AFRICA

Two-tiered health system



Quadruple

DISEASE
BURDEN

post - 1994



Unequal
distribution

HUMAN
RESOURCES



Six roles of the South African family physician

*Medical generalism - Amanda Howe

Care-provider – competent to work clinically throughout the district

Supervisor – of registrars, interns, medical students

Consultant – to the primary care services

Manager – clinical governance of team

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

Champion of COPC – engages with the community served



Family physicians:

1. Expert generalists*
2. Successfully completed postgraduate training
3. Postgraduate training is organised in same model as other specialists

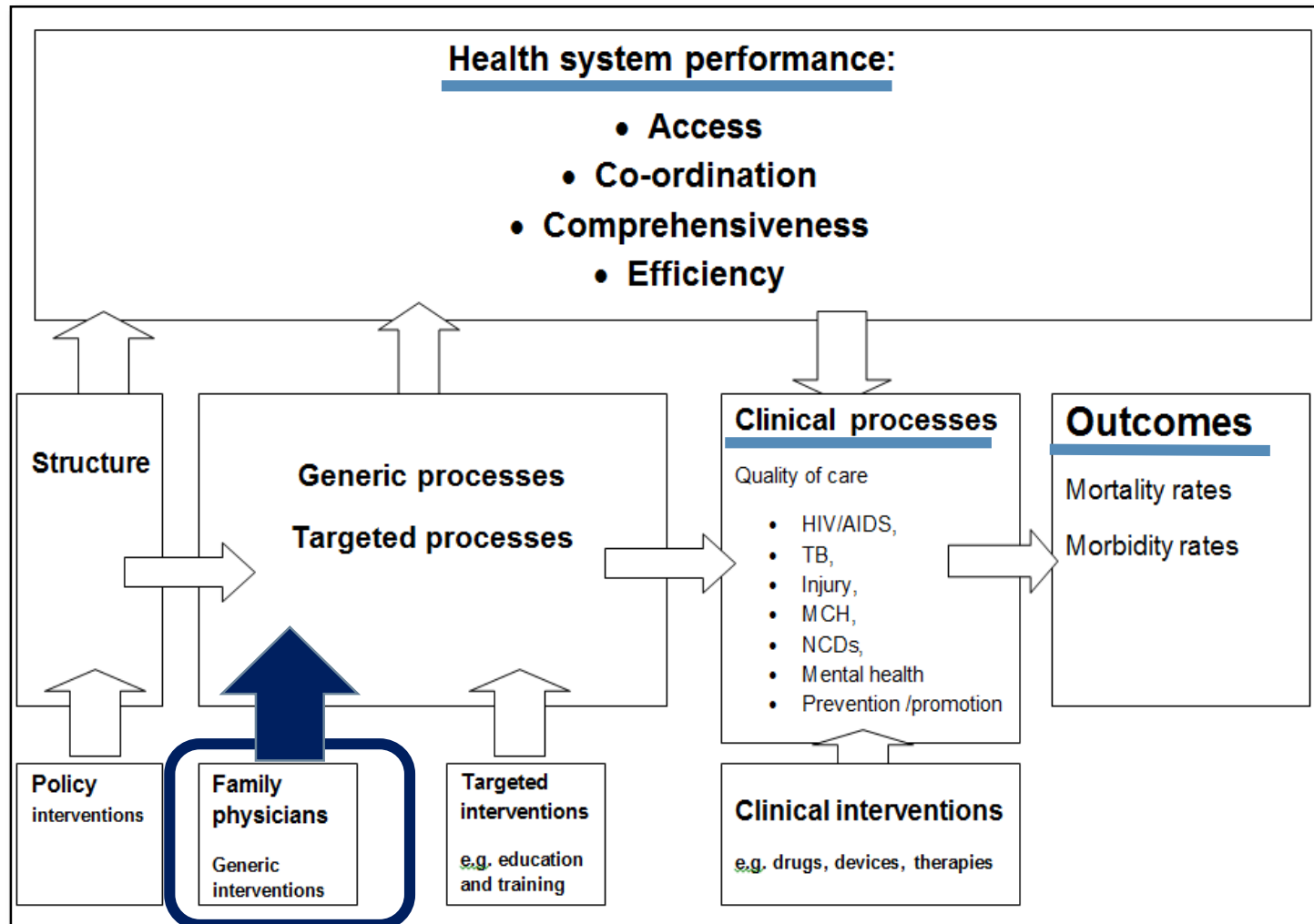
The contribution of family physicians to district health services: a national position paper for South Africa



Conceptual framework

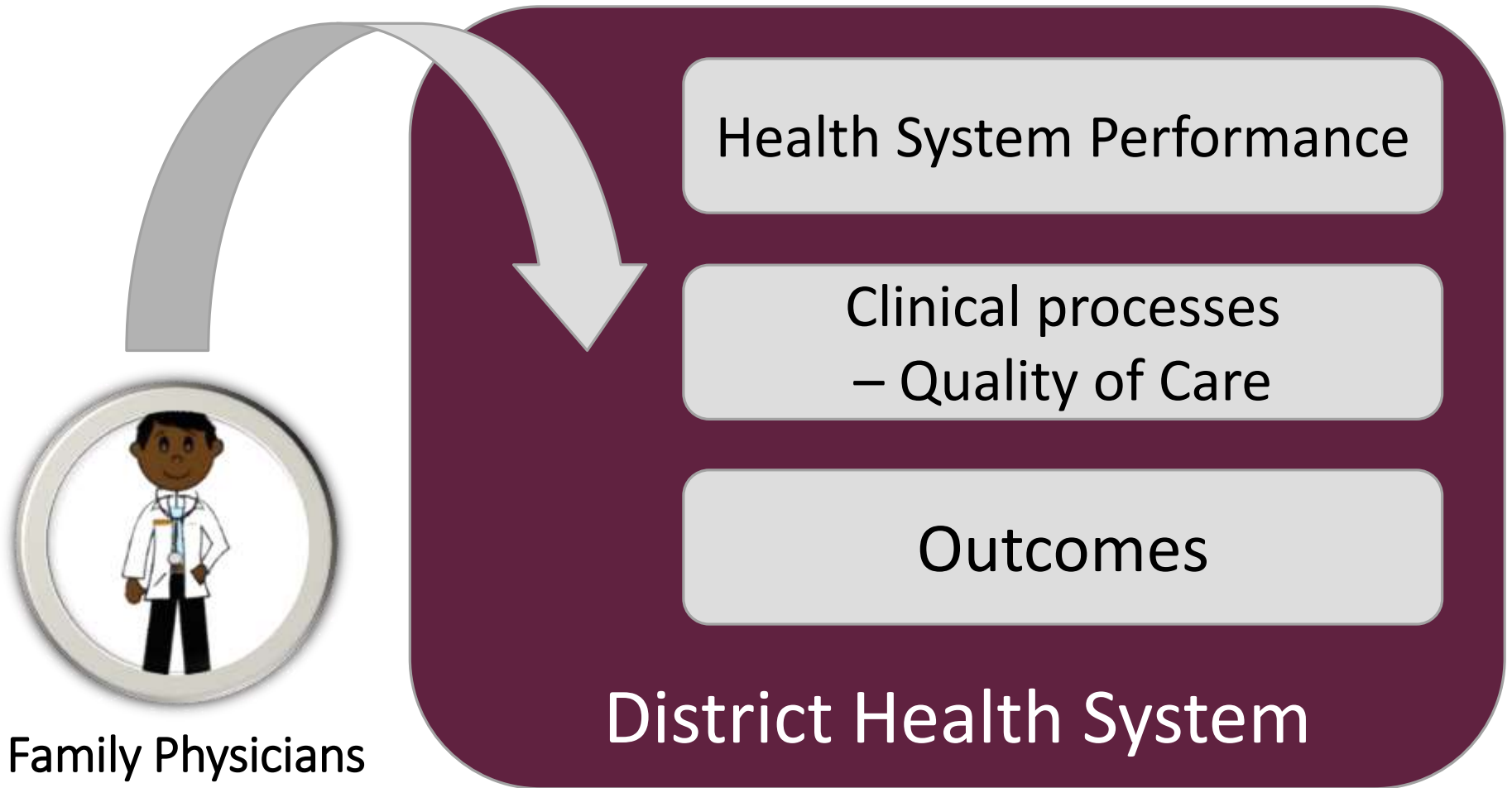
Evaluating the impact of family physicians within the district health system of South Africa

Organisation of health system





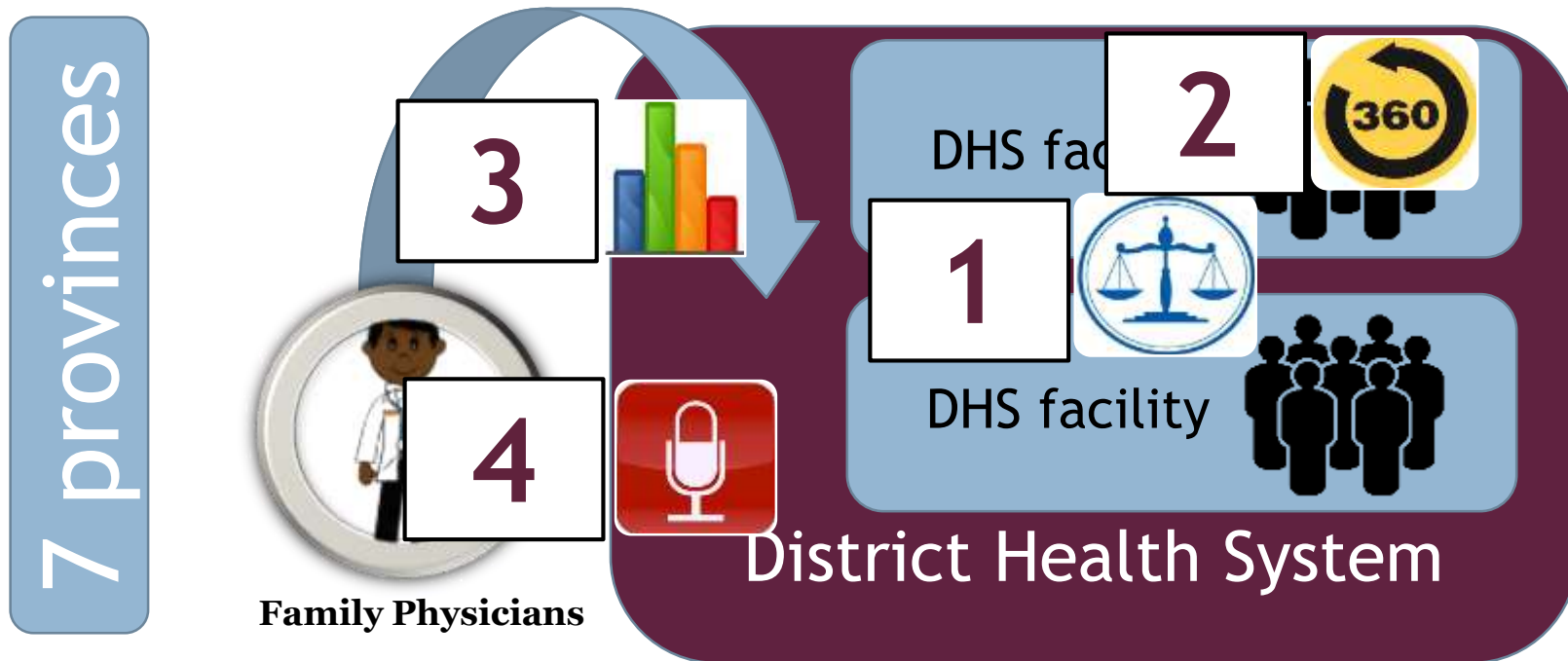
Research project overview





Looking through 4 lenses

Evaluating the impact of family physicians within the district health system of South Africa





Quasi-experimental study

- Facility-level data of district hospitals and community health centres with and without FPs

Intervention

15 DH

15 CHC

Control

15 DH

15 CHC

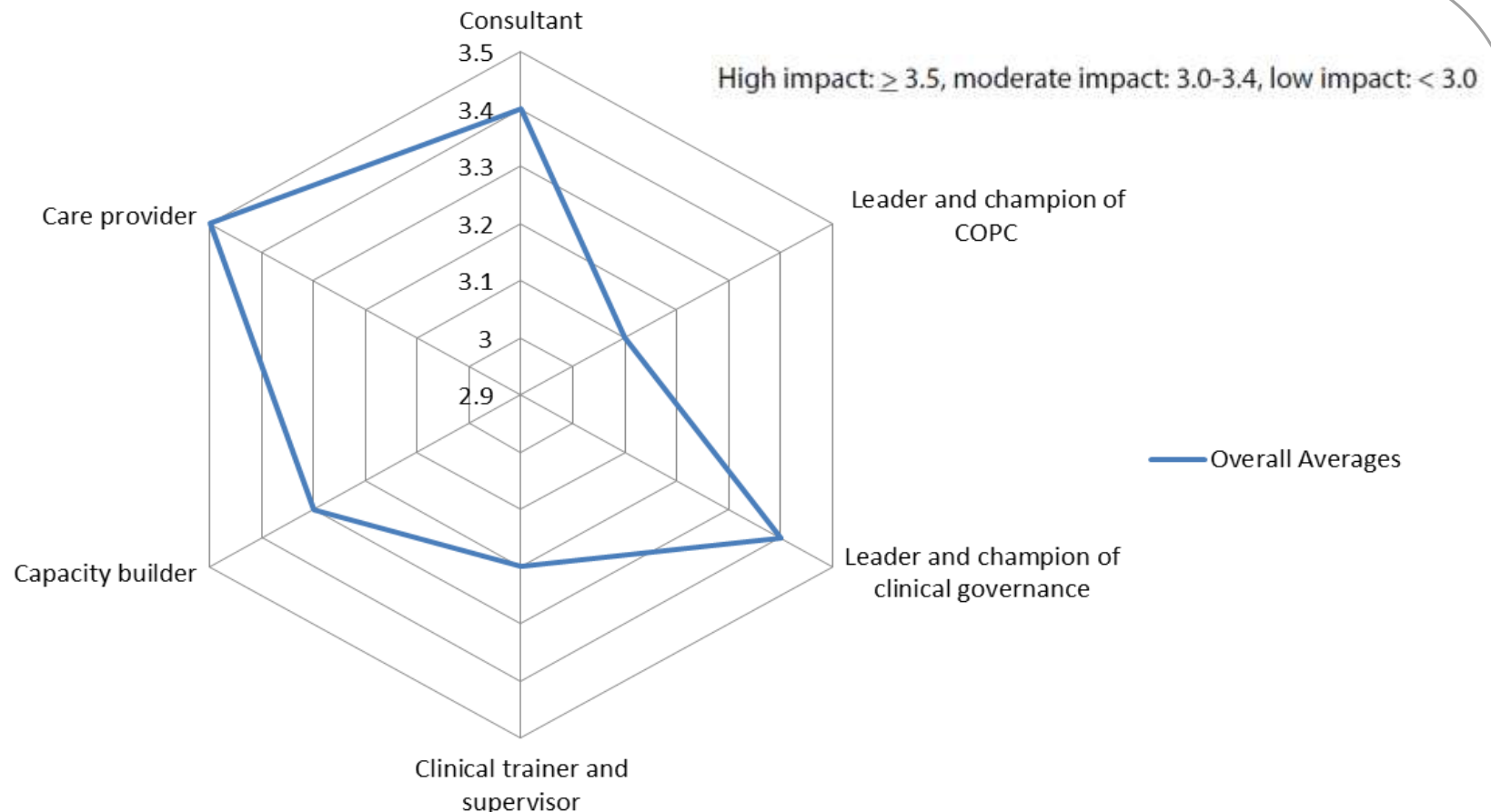
+ Facility details and family medicine influence (dose)

Database preparation for analysis to follow



FP Impact Assessment Tool

- Evaluation of the impact of family physicians based on a 360-degree evaluation by their co-workers



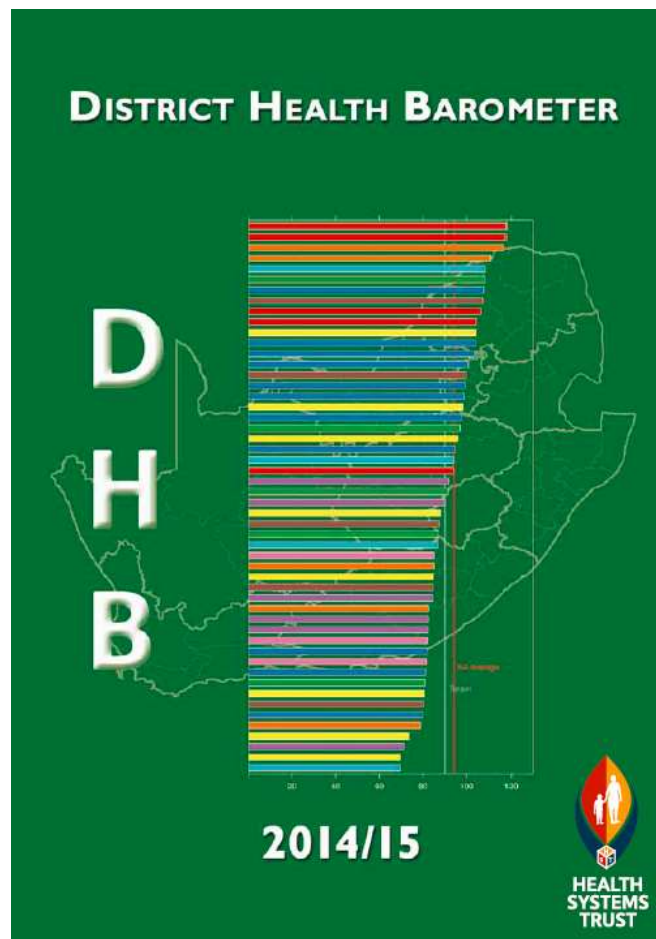
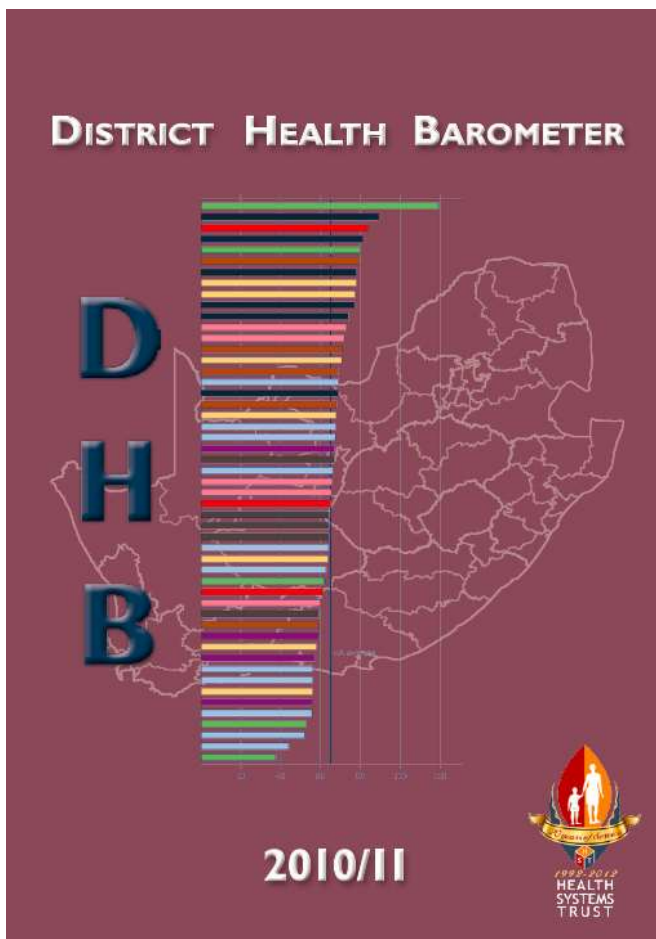
Pasio K, Mash R. Assessment of the perceived impact of family physicians in the district health system of the Western Cape Province, South Africa [MMed thesis]. Cape Town: Stellenbosch University, 2014.



DHIS analysis

Correlation between supply of FPs (number/100,000) and routine data indicators measuring district performance

9 provinces



52 districts

Methods informed by Pilot study in Western Cape (Dyers R, Mash B, Naledi T)



Interviews with district managers

- Semi-structured interview guide informed by conceptual framework



45 – 60 minutes
per interview

Managers of districts
with family physicians



DISTRICT MANAGERS

- Positive impact on the **quality of clinical processes** with specific examples given for HIV/AIDS, TB, maternal and child health, non-communicable diseases and mental health
- Some impact on **health services performance** in terms of improved access to care, better co-ordination, more comprehensive and efficient services.
- Anticipate impact on **health outcomes** but early days

Swanepoel M, Mash R. Assessment of the impact of family physicians in the district health system of the Western Cape, South Africa. African Journal of Primary Health Care & Family Medicine, In Press

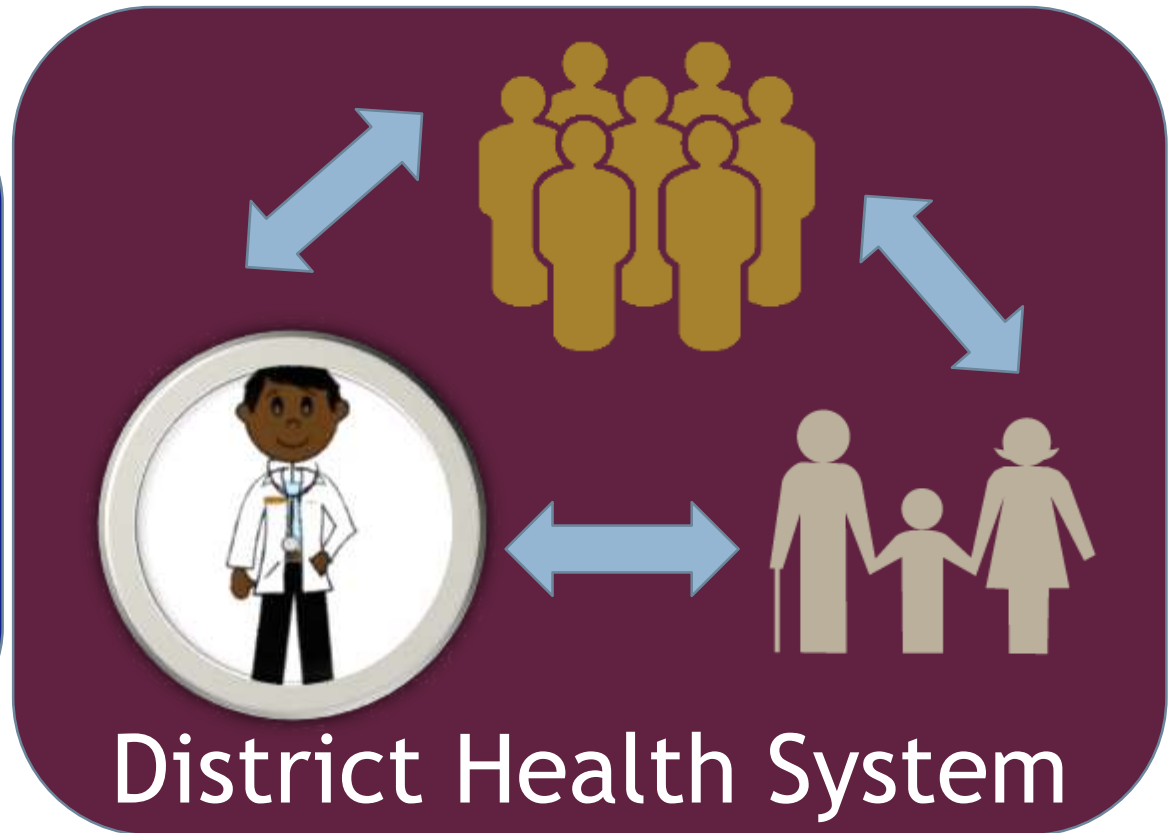
See also: “The emergence of family medicine in Africa” (PhD: Shabir Moosa)



Looking through 4 lenses

Evaluating the impact of family physicians within the district health system of South Africa

Reflection
on results;
sharing of
findings



Convincing the leadership

Present the evidence

Show living examples

Develop international collaboration



Chapter 1, p. 11 - 12



C

Family medicine role models?

Best practice training complexes?

Best practice academic departments?

Show living examples

Develop international collaboration



Chapter 1, p. 11 - 12



C

Family medicine role models?

Opportunity for Primafamed?

Develop international collaboration

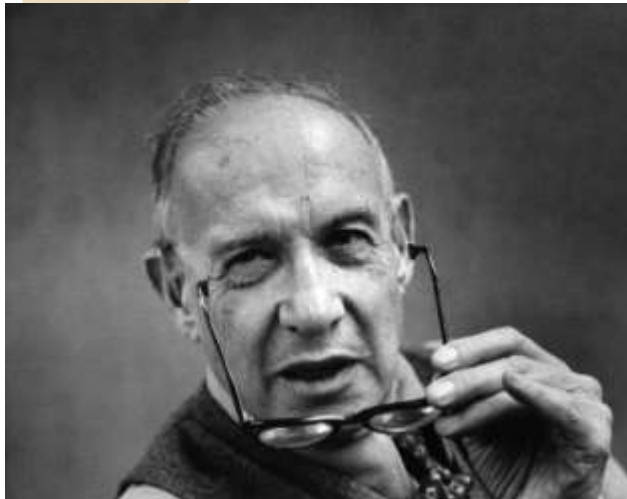


Chapter 1, p. 11 - 12



“Teams are
based on mutual
trust and mutual
understanding”

Peter Drucker



Thank you!

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@SUFamMed

@SAAFP1

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<http://www.symplur.com/healthcare-hashtags/Primafamed16/>

Top 10 by Mentions

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	@jkaramana 126
	@sufammed 119
	@jandemaeseneer 114
	@woncafrica 100
	@saafp1 68
	@gaujot 63
	@ronniekib 33
	@_l_pc 28
	@c84boro 27

 Tweet

Top 10 by Tweets

	@jkaramana 54
	@klausvon 50
	@sufammed 30
	@saafp1 29
	@alstacs 24
	@su_dihs 18
	@ronniekib 8
	@jandemaeseneer 8
	@healthhashtags 7
	@hcsnews 7

 Tweet

17 - 23 May 2016

The Numbers

269,104 Impressions

300 Tweets

37 Participants

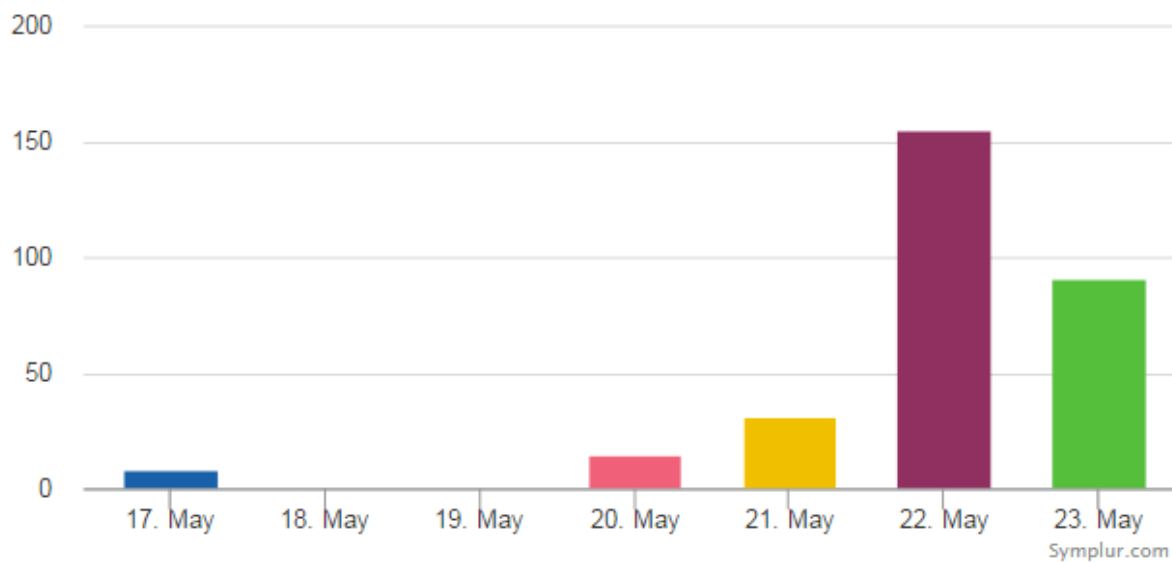
2 Avg Tweets/Hour

8 Avg Tweets/Participant

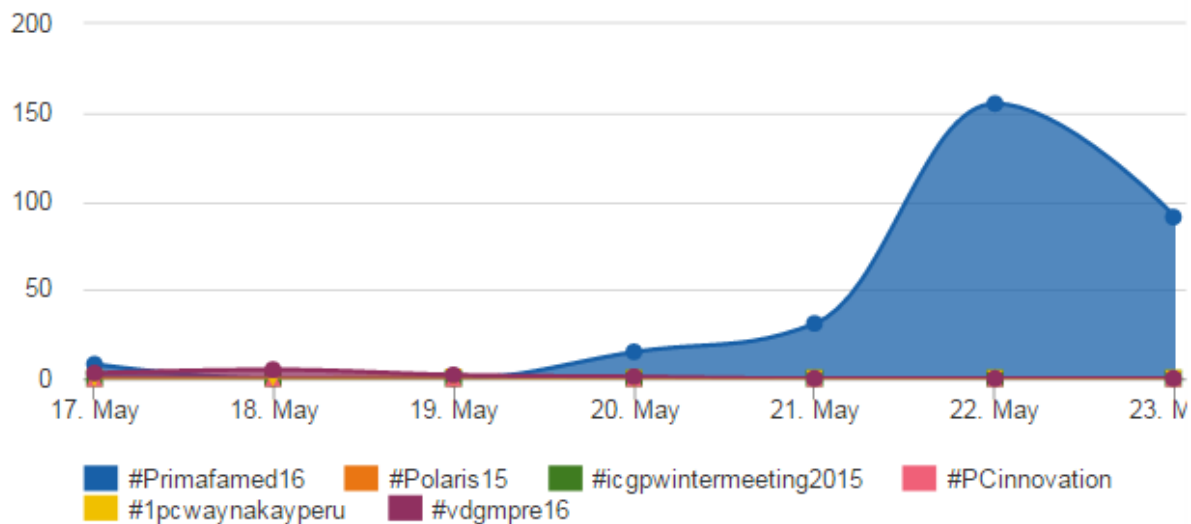


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PRIMAFAMED (AFRICA) NETWORK
"PRIMARY CARE & FAMILY MEDICINE EDUCATION NETWORK"

8th Primafamed workshop

