DESIGN OF A NEW NATIONAL DIPLOMA IN FAMILY MEDICINE: REPORT BACK TO STAKEHOLDERS

Professor Bob Mash

Stellenbosch University

BACKGROUND TO THE PROJECT: INTRODUCTION AND WELCOME

Contracting Authority: Delegation of the European Union on behalf of the Republic of South Africa

Call for Proposals: ACCESS AND QUALITY OF PRIMARY HEALTH CARE

Guidelines
for grant applicants

Budget line 21060200

Reference: EuropeAid/134286/L/ACT/ZA

Deadline for submission of concept note / full application: **04 June 2013**

TO BUILD THE CAPACITY OF PRIMARY CARE DOCTORS

Objective:

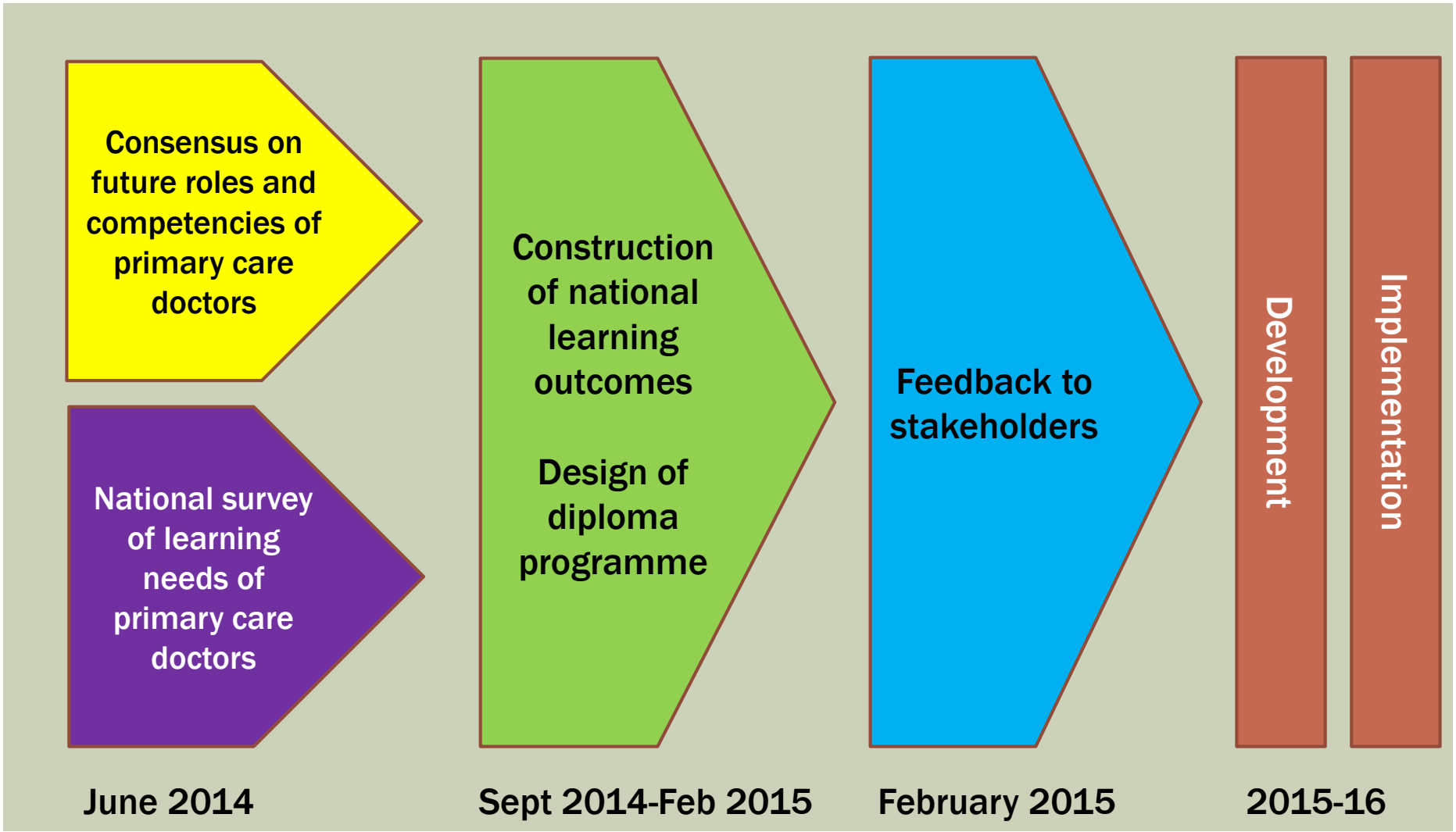
To build the capacity of primary care doctors to function in support of community-based primary care teams and to improve the quality of PHC services

Activity:

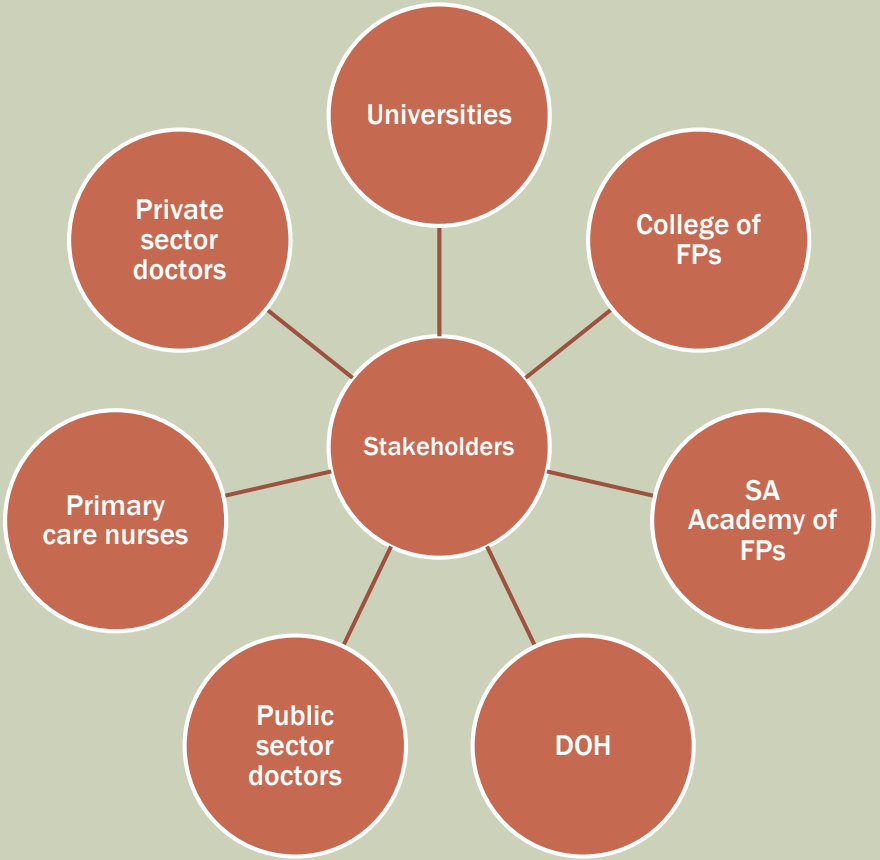
Designing, developing and implementing a national Diploma level training for existing primary care doctors, from either the private or public sector, to enable them to better support the ward-based primary care teams and to offer services commensurate with the government's PHC revitalisation programme

PROJECT CO-APPLICANTS AND ASSOCIATES

DESIGNING A NATIONAL DIPLOMA

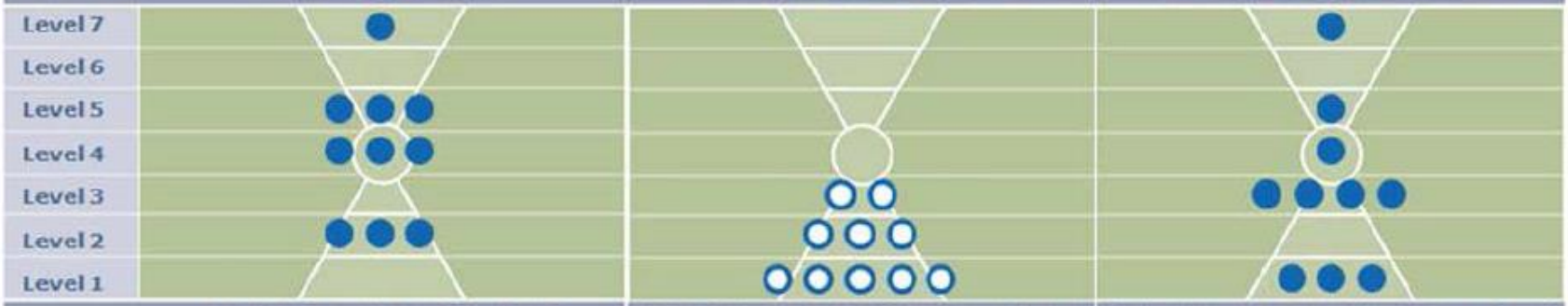


STAKEHOLDERS…



RATIONALE FOR THE PROJECT

South Africa National Assessment (8582)



Personal Values	Current Culture Values	Desired Culture Values
IRS (P)= 6-4-0 | IRS (L)= 0-0-0	IROS (P)= 0-0-0-0 | IROS (L)= 2-4-4-0	IROS (P)= 1-1-7-1 | IROS (L)= 0-0-0-0

Matches

PV - CC 0
CC - DC 0
PV - DC 2

Health Index (PL)

PV: 10-0
CC: 0-10
DC: 10-0

	Personal Values		Current Culture Values		Desired Culture Values	
1.	accountability	4351 4(R)	corruption (L)	5506 1(O)	accountability	5457 4(R)
2.	honesty	4225 5(I)	crime/ violence (L)	5291 1(R)	employment opportunities	3060 1(O)
3.	respect	3320 2(R)	blame (L)	4189 2(R)	dependable public services	2734 3(O)
4.	integrity	3225 5(I)	wasted resources (L)	3828 3(O)	honesty	2520 5(I)
5.	family	3203 2(R)	unemployment (L)	3812 1(O)	poverty reduction	2499 1(O)
6.	responsibility	2430 4(I)	poverty (L)	3526 1(I)	governmental effectiveness	2347 3(O)
7.	commitment	2271 5(I)	conflict/ aggression (L)	3225 2(R)	law enforcement	2329 3(O)
8.	balance (home/work)	2259 4(I)	uncertainty about the future (L)	3039 1(I)	educational opportunities	2270 3(O)
9.	caring	2241 2(R)	bureaucracy (L)	2989 3(O)	concern for future generations	2244 7(S)
10.	ethics	2047 7(I)	ethnic discrimination (L)	2246 2(R)	effective healthcare	2205 1(O)

Black Underline = PV & CC
Orange = PV, CC & DC
Orange = CC & DC
Blue = PV & DC
P = Positive
L = Potentially Limiting (white circle)
I = Individual
R = Relationship
O = Organizational
S = Societal

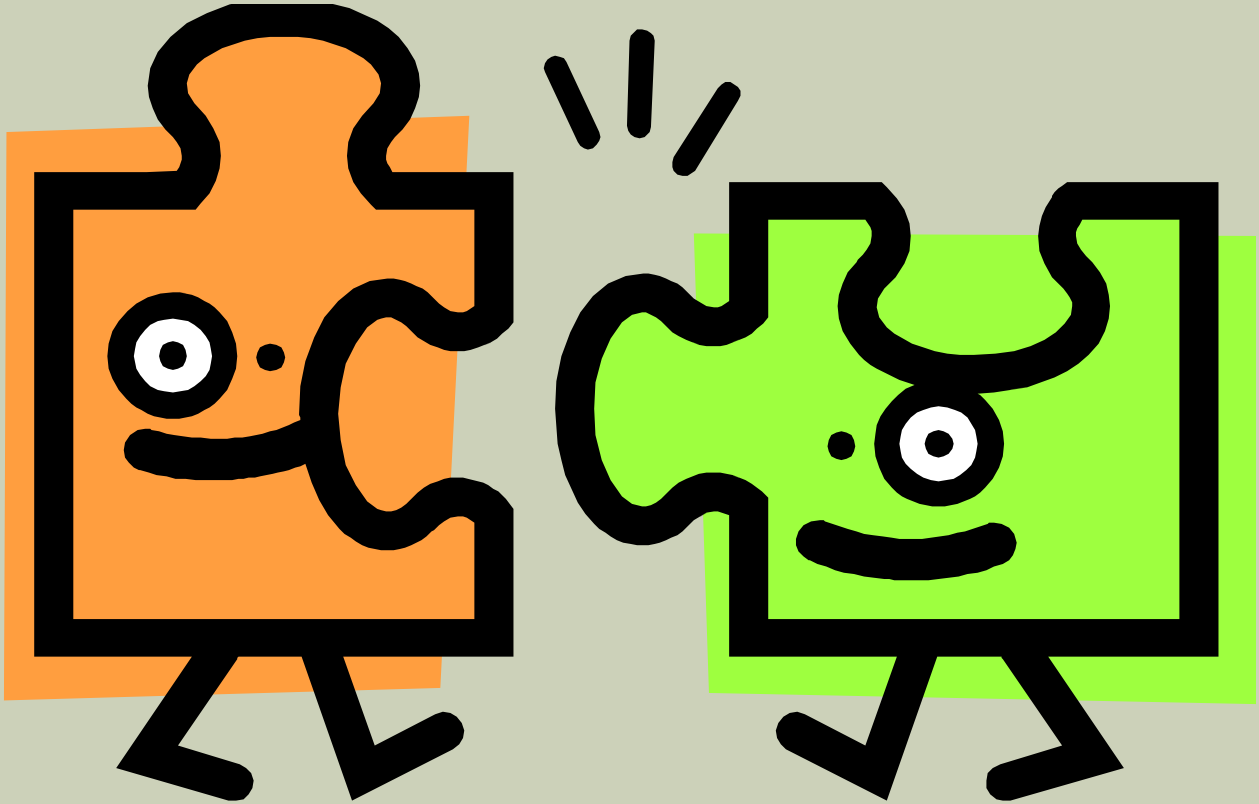
NATIONAL HEALTH INSURANCE

- Right to access health care services
- Universal coverage
- Fairness and equity
- Social solidarity
- Access, availability, acceptability,
- Affordability
- Quality

NATIONAL HEALTH INSURANCE

Primary Care Doctors

Private general practitioners

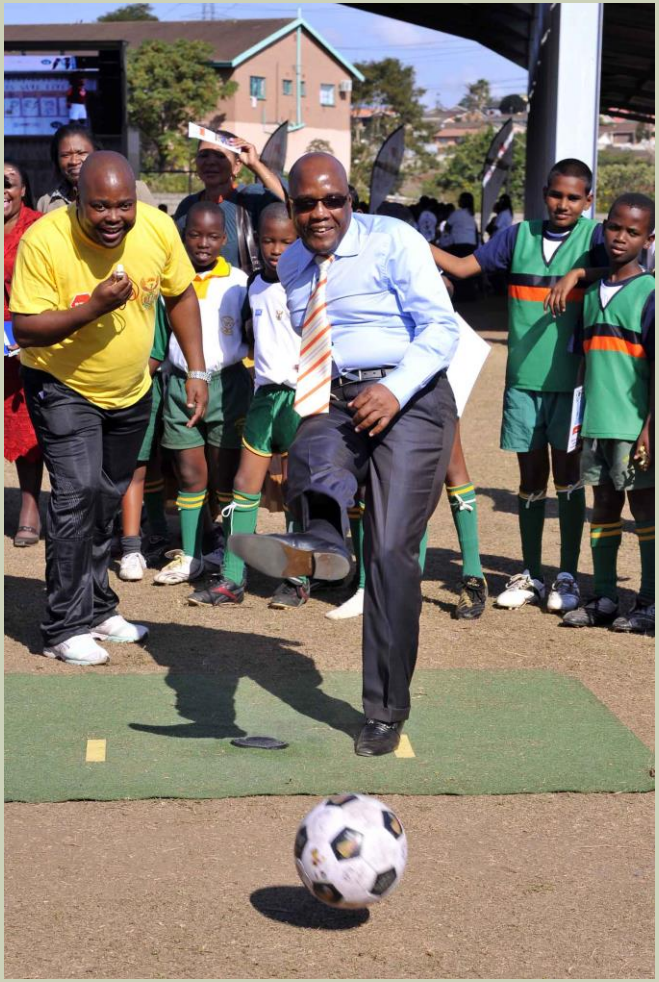


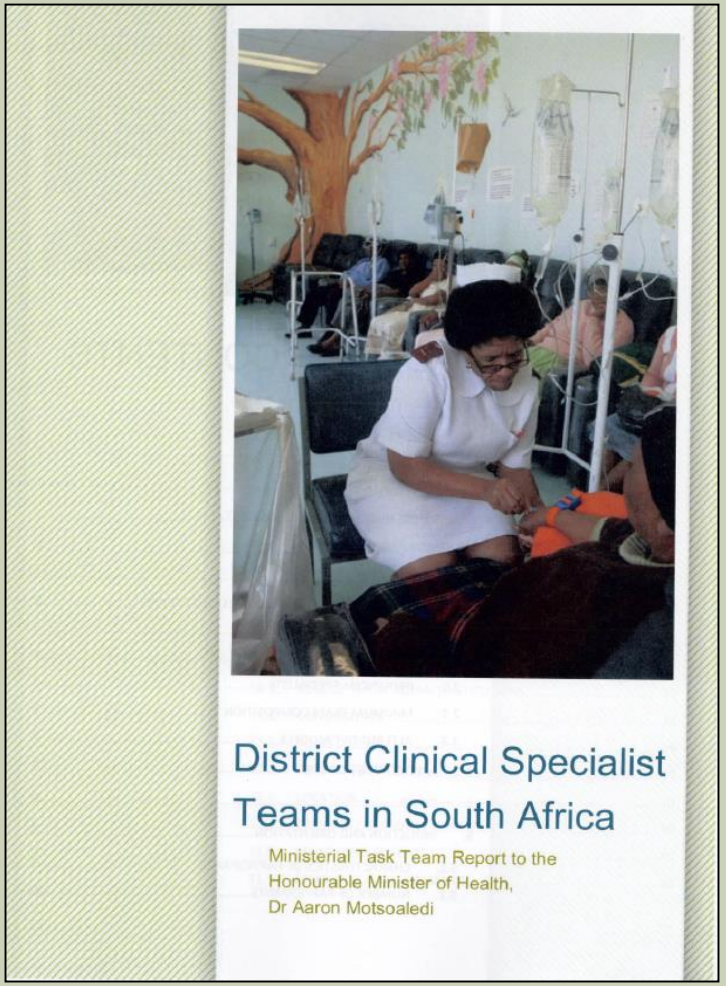
Public medical officers

REVITALISATION OF PRIMARY HEALTH CARE

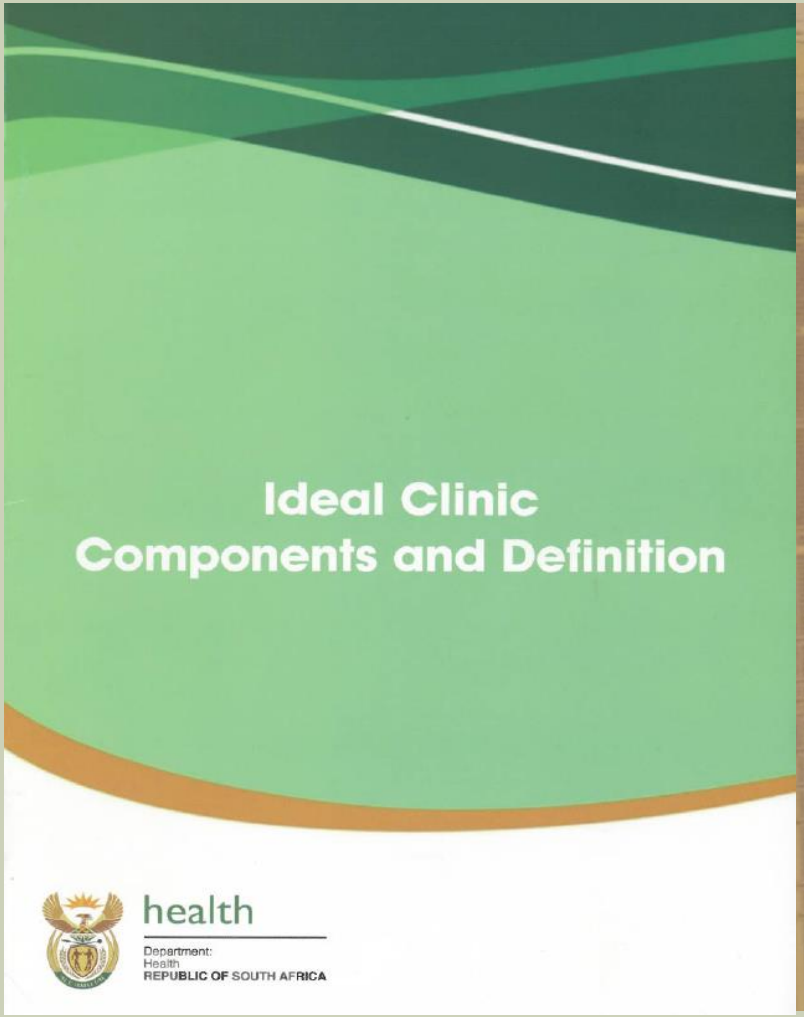
Ward-based outreach teams / Community orientated primary care

REVITALISATION OF PRIMARY HEALTH CARE





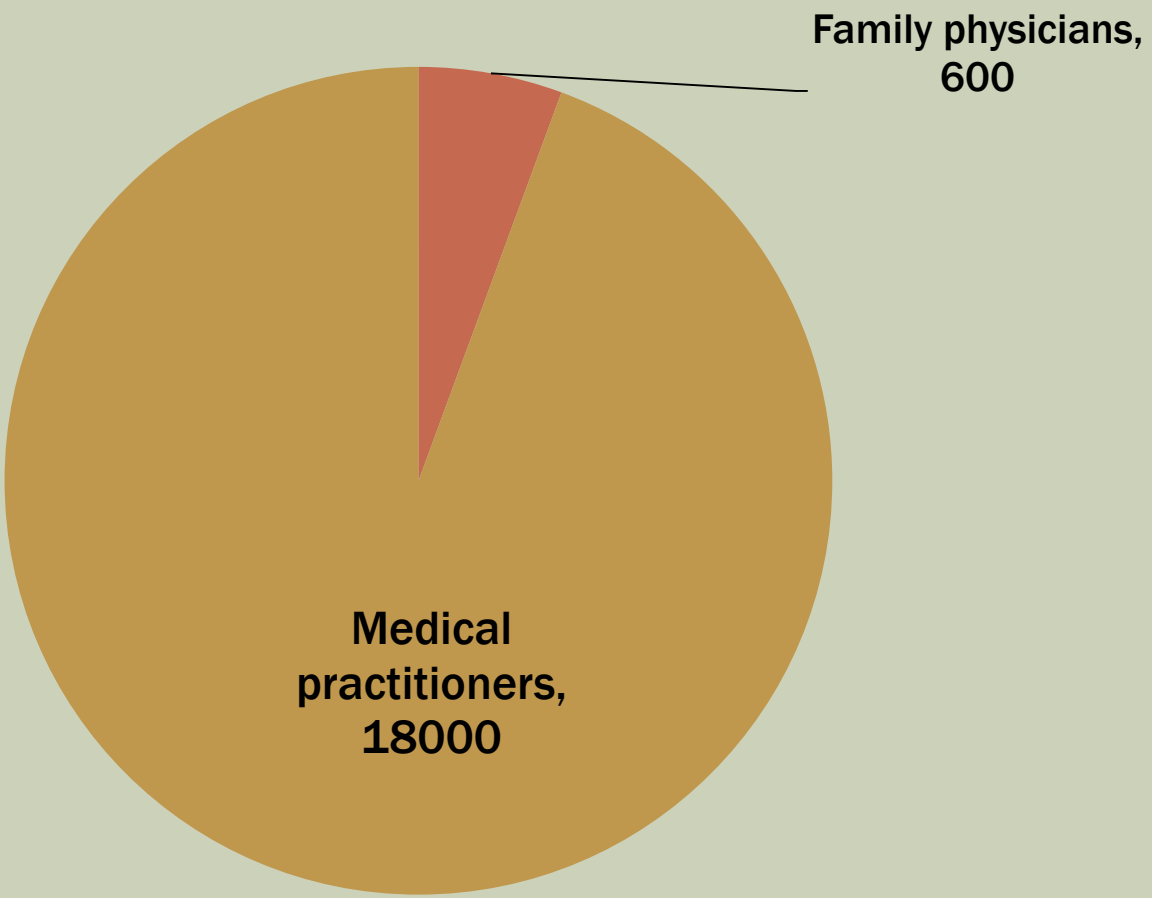
REVITALISATION OF PRIMARY HEALTH CARE



IDEAL CLINIC PROJECT

A doctor is available at every clinic

MEDICAL GENERALISTS



PRIMARY CARE MORBIDITY

Diagnosis	n	%
Hypertension, uncomplicated (K86)	2957	12.0
Upper respiratory tract infection (R74)	1306	5.3
HIV/AIDS (B90)	961	3.9
Type 2 diabetes (T90)	946	3.9
TB (A70)	862	3.6
Cough (R05)	681	2.8
Osteoarthritis (L91)	530	2.2
Gastroenteritis/diarrhoea (D73, D11)	491	2.0
Asthma (R96)	485	2.0
Acute tonsillitis (R76)	454	1.9
Epilepsy (N88)	375	1.5
Infectious disease, other (A78)	366	1.5
Urinary tract infection (U71)	317	1.3
Pneumonia (R81)	306	1.2
Acute bronchitis/bronchiolitis (R78)	263	1.1
Hypertension, complicated (K87)	262	1.1
Acute otitis media (H71)	233	0.9
Generalised body pain (A01)	213	0.9
Headache (N01)	209	0.9
Influenza (R80)	189	0.8
Muscle pain (L18)	183	0.7
Allergic reaction (A92)	176	0.7
Dermatophytosis (S74)	160	0.7
Chronic obstructive pulmonary disease (R95)	140	0.6

Challenges:

- 80% nurses
- Quadruple burden of disease
- Multi-morbidity
- Need for bio-psycho-social approach
- Etc.

What is the contribution of the primary care doctor to improving clinical processes?

Mash B, Fairall L, Adejayan O, Ikpefan O, Kumari J, et al. A Morbidity Survey of South African Primary Care. PLoS ONE 2012 7(3): e32358. doi:10.1371/journal.pone.00323582011

CORE DIMENSIONS OF PRIMARY CARE SYSTEMS

STRUCTURE	PROCESS	OUTCOMES
Governance	Access	Quality
Economics	Continuity	Efficiency
Workforce development	Co-ordination	Equity
	Comprehensiveness	

What is the contribution of the primary care doctor to strengthening the system?

Kringos, D.S., Boerma, W.G., Hutchinson, A., van der Zee, J. & Groenewegen, P.P. 2010, "The breadth of primary care: a systematic literature review of its core dimensions", *BMC health services research,* vol. 10, pp. 65.

STAKEHOLDER WORKSHOP: THE FUTURE ROLES AND COMPETENCIES OF THE PRIMARY CARE DOCTOR

JUNE 2014

ROLES AND COMPETENCIES

COMPETENT CLINICIAN

- The primary care doctor should be able to practice 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 work-place.
- 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.

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.

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.
- The primary care doctor 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.

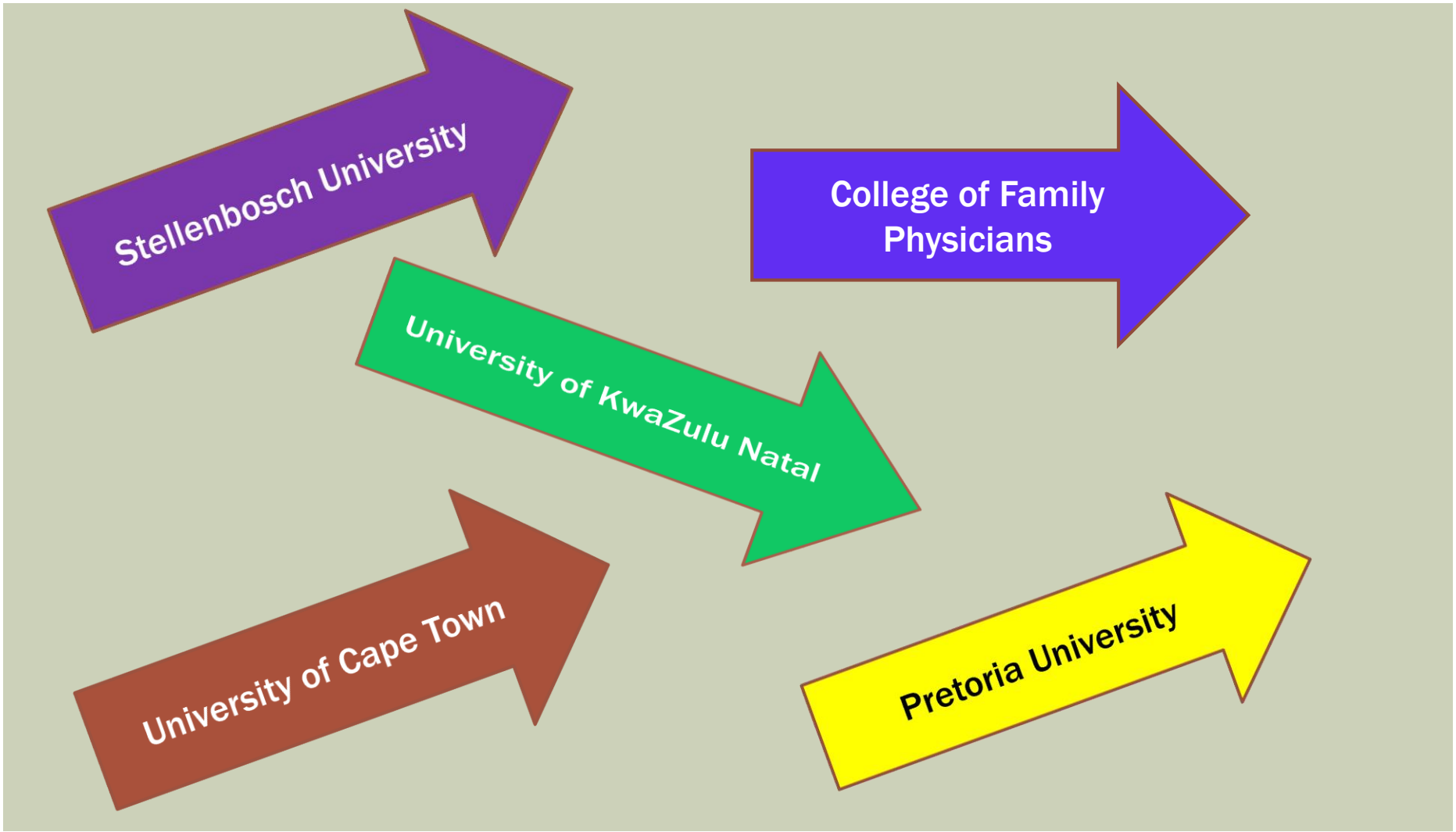
NATIONAL EDUCATION AND TRAINING COMMITTEE SAAFP: LEARNING OUTCOMES AND EDUCATIONAL DESIGN WORKSHOP SEPTEMBER 2014

SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS

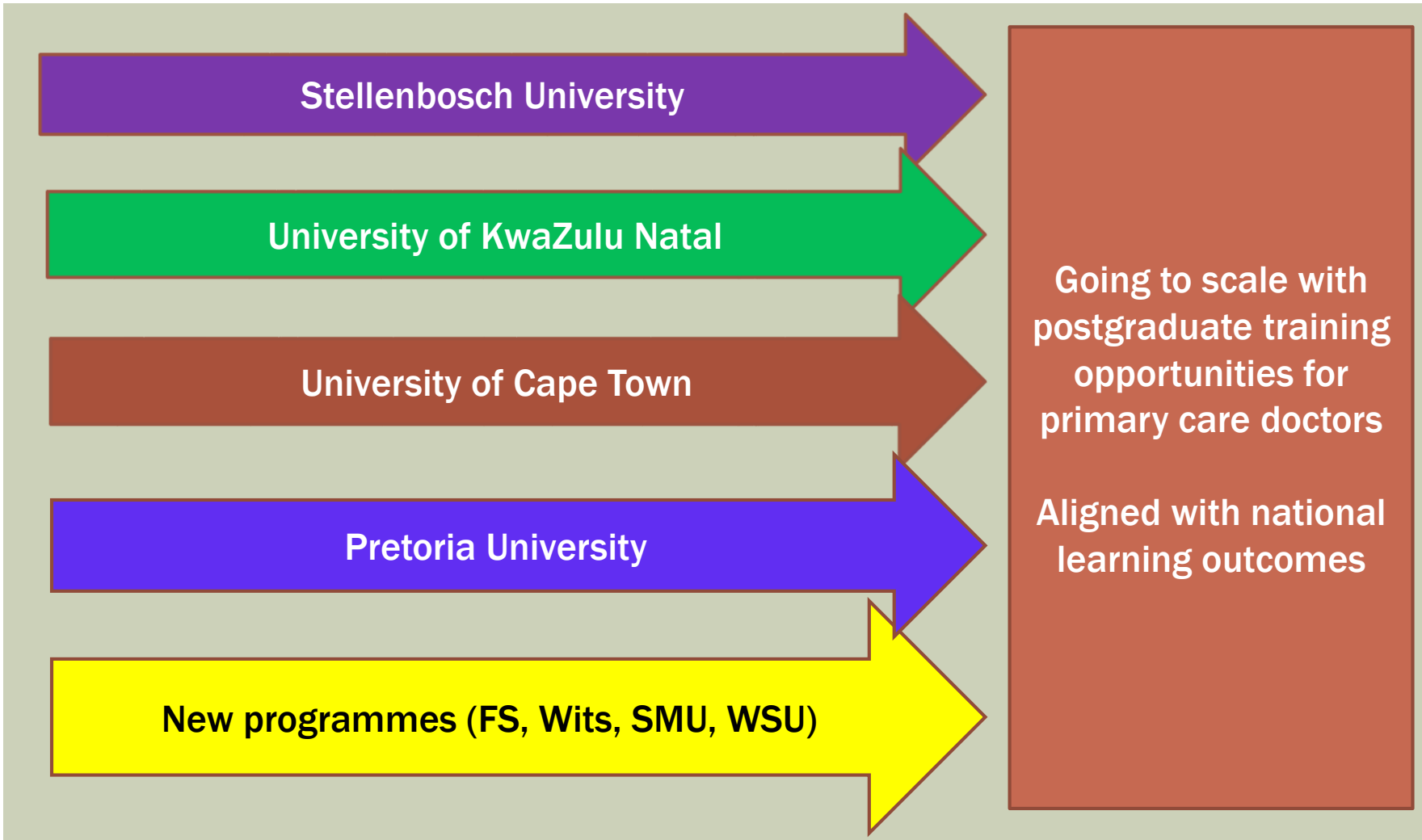
EDUCATIONAL ALIGNMENT

1. • Societal needs
   • Health policy
2. • Roles and competencies
3. • Learning outcomes
4. • Design of Diploma programme

CURRENT DIPLOMAS



FUTURE DIPLOMAS



REVISION OF EXISTING DIPLOMA PROGRAMMES AND DESIGN OF NEW

November 2014 and February 2015

APPROACH TO TEACHING

- 2-year programme
- Modular academic programme
- Integrated with other district based training
- Blended learning: e-learning, work place and campus-based learning
- Adult self-directed learning

TRAINING SITES

- The doctor should be:
  - Consulting ambulatory patients
  - Providing first contact medical care
  - Working as a medical generalist
- Any public/private facility offering such exposure

ACADEMIC PROGRAMME

- Programme co-ordinator
- Tutors from the department
- Contact time (virtual and/or face-to-face and/or workplace) 60 hrs/year
- 4-6 modules
- Modular assessment e.g. test, assignments
- Work-place based learning and assessment

WORKPLACE-BASED LEARNING

- Peer learning
- Portfolio of learning (evidence):
  - Learning plans
  - Observations of practice with feedback
  - Logbook of performance of clinical skills
  - Assessment of portfolio

ASSESSMENT

- One national exit examination
- Portfolio must be part of assessment
- There must be quality assurance of assessment
- There must be training for assessors
- Assessment must be aligned with teaching methods and learning outcomes

NATIONAL EXAMINATION BY COLLEGE OF FAMILY PHYSICIANS

- Entry after 18-months of training
- Complete academic programme before exam
- Sit national exam within the 2-years
- Receive both qualifications
- Mainly clinical assessment
- Cost of assessment part of course fees

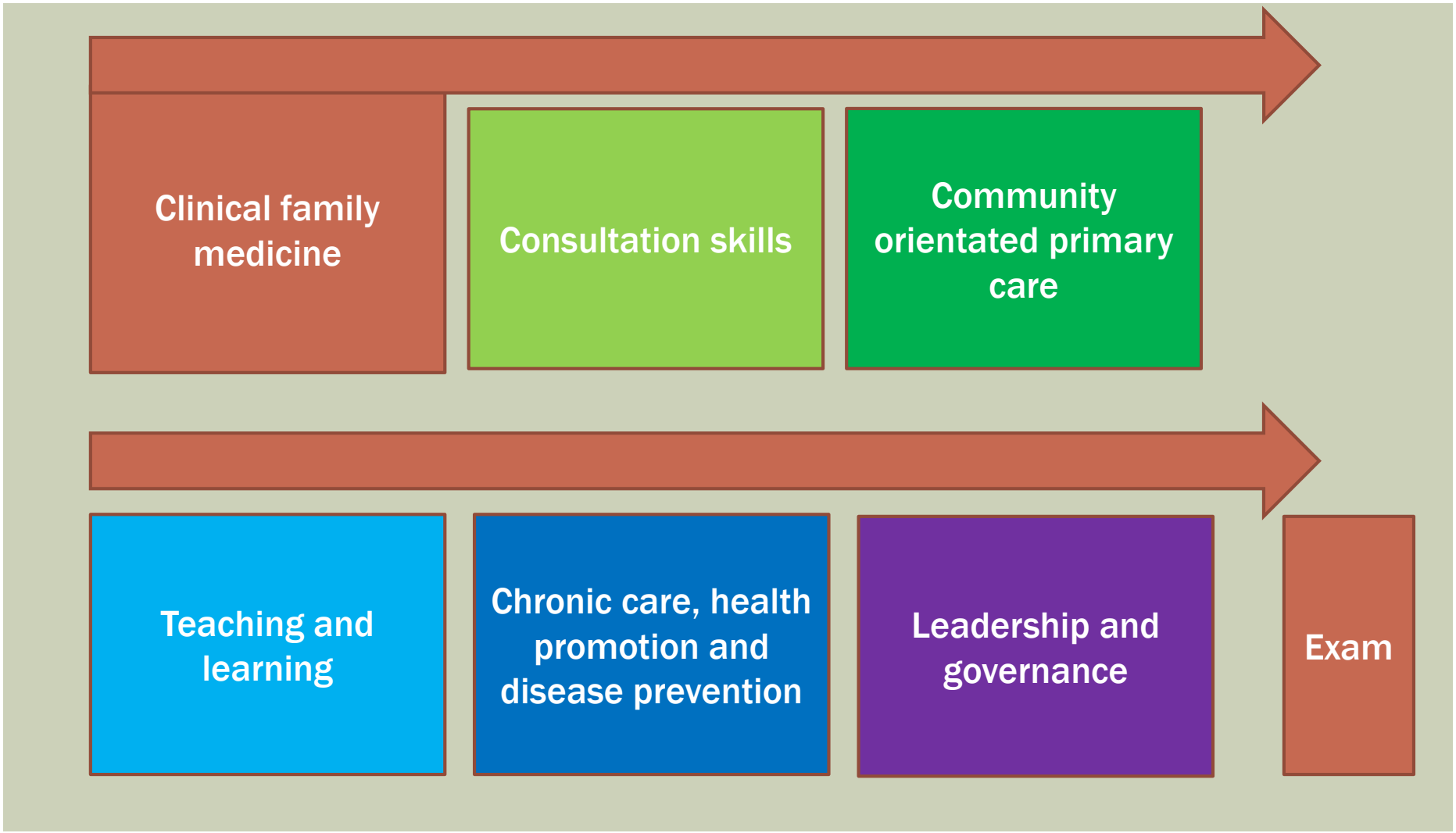
QUALITY ASSURANCE

- National education and training committee SA Academy FP
- Colleges of Medicine for national examination
- Internal university processes
- Programme co-ordinator / tutors:
  - Modular content and teaching
  - Work-place based learning (peer learning, portfolio of learning)
  - Assessment

POSSIBLE INCENTIVES

- Incorporate into the planned up-skilling of contracted private GPs
- Recommendation for accrediting sites/doctors for NHI
- Enable accelerated notch progression or bonuses for MOs
- Criteria in career (rank) progression for MOs
- Recognised for preferred status / accreditation by medical aids
- Bursaries for Diploma students
- Open to COSMOs

EXAMPLE OF REVISED PROGRAMME



THANK YOU