

# TRAINING FAMILY PHYSICIANS FOR LEADERSHIP AND GOVERNANCE IN SOUTH AFRICA

Strengthening primary health  
care through primary care  
doctors and family physicians



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# 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.”

# ROLES 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

**Leader** – of clinical governance in team

**Champion of COPC** – engages with the community served

# WESTERN CAPE POLICY

“The **Family Physicians** will receive complex clinical referrals for assessment, stabilisation and **will be the key clinical governor of the PHC system**. They will ensure that there are functional systems for referrals, clinical audits and supervision and capacity building, and optimal health outcomes.”

“**Clinical leadership development** will be critical success factor to ensure that the systems are effective.”

# CURRENT TRAINING PROGRAMMES



- Module on leadership and governance
- Module on practice management and administration
- No structured teaching

# METHODS



# AIM

**“To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities by developing a national training module that is incorporated into all training programmes”**



# PROCESS FOLLOWED

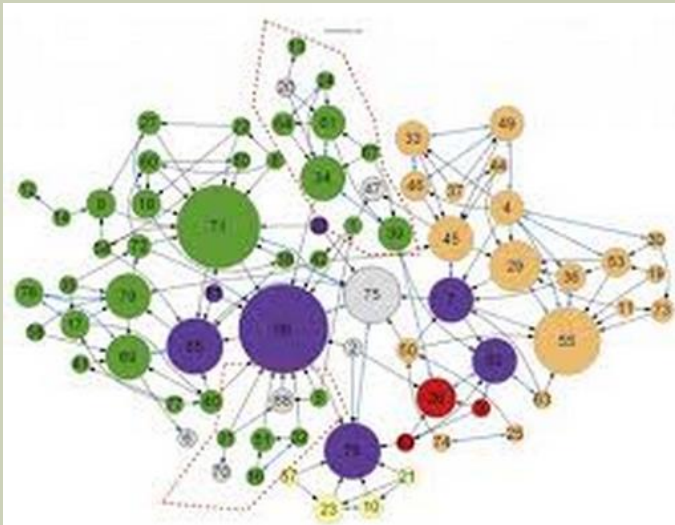
- International consultation on current approaches to leadership and governance
- Literature review on evidence related to leadership and governance
- National stakeholder workshop to reach consensus on learning outcomes
- Development of shared module

# LEADERSHIP

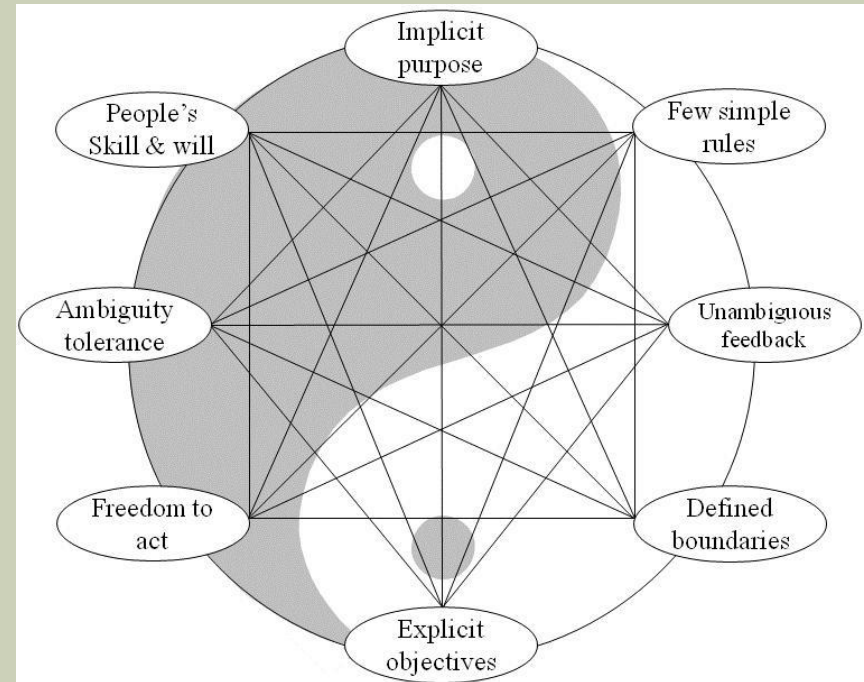


# KEY PRINCIPLES

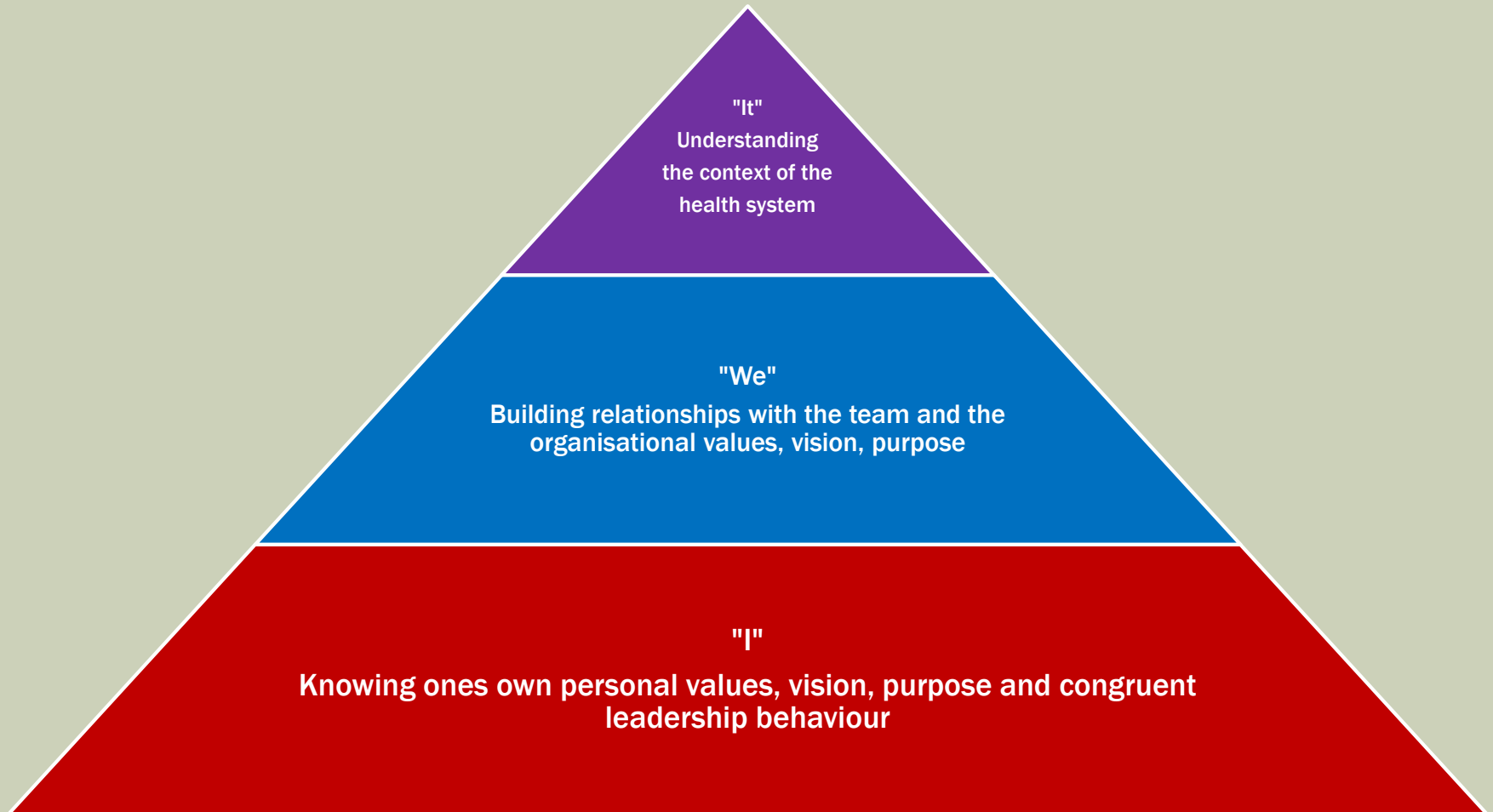
- Leadership is not another role but “authentic self-expression that adds value” in all roles



- Leading complexity



# CONCEPTUAL MODEL



# ISSUES FOR TRAINING

- An incremental, spiral approach over 4-years
- Action learning in workplace
- Mentoring by other leaders or role models
- 360 degree feedback
- Address confidence of supervisors and teachers
- Leadership capability applies to both public and private sectors

# CLINICAL GOVERNANCE



# KEY PRINCIPLES

- Family physician leads the whole team to take responsibility for clinical governance
- Clinical governance should take a comprehensive approach
- Clinical governance requires a supportive organisational culture
- Clinical governance has a strong relationship with corporate governance

# SPECIFIC COMPETENCIES

- Ability to contribute to the development or revision of guidelines giving input from the DHS perspective
- Ability to facilitate the implementation of clinical guidelines within the sub/district
- Ability to improve quality of care by facilitating quality improvement cycles.
- Ability to improve cost-effectiveness(quality) through reflection on routinely collected data (monitoring and evaluation), particularly rational prescribing and use of investigations (accountability for resources)



# SPECIFIC COMPETENCIES

- Building capability and quality care through teaching, training and mentoring
- Ability to manage risk and improve patient safety through reflection on significant adverse events (morbidity and mortality meetings) and use of root cause analysis
- Ability to critically appraise new evidence
- Ability to appraise the competence of new clinicians and set appropriate levels of independence vs. support
- Ability to evaluate the quality of care in relation to the relevant clinically-orientated national core standards

# **CORPORATE GOVERNANCE**

# KEY PRINCIPLES

- Corporate governance refers to the traditional managerial tasks – finance, human resources, supply chain, infrastructure
- Family physicians should be “consciously incompetent”
- Principles apply equally to public and private sectors

# SPECIFIC COMPETENCIES

- Ensure engagement and two-way communication with managerial team
- Manage boundary between clinical and managerial space
- Understand the principles of and how to influence corporate governance issues

# REVISED NATIONAL LEARNING OUTCOMES

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## The revised learning outcomes

- 1.1 Develop him or her-self optimally as a leader by:
  - 1.1.1 Demonstrating self-awareness and reflection in terms of one's personality, personal values, preferred learning and leadership styles, and learning and development needs.
  - 1.1.2 Demonstrating effective methods of self-management and self-care
  - 1.1.3 Demonstrating willingness to seek help when necessary
  - 1.1.4 Demonstrating an ability for self-growth and personal development
  
- 1.2 Offer leadership within the healthcare team and district health system by:
  - 1.2.1 Communicating and collaborating effectively
  - 1.2.2 Demonstrating an ability to build capability, mentor or coach members of the healthcare team
  - 1.2.3 Demonstrating an ability to engage and influence others through advocacy, group facilitation, presentations, critical thinking, or behaviour change counselling
  - 1.2.4 Working effectively as a member of the sub/district healthcare team
  
- 1.3 Describe and contribute to the functioning of the district healthcare system by:
  - 1.3.1 Demonstrating an understanding of the principles of the district health system in the context of existing and developing national legislation and policy
  - 1.3.2 Demonstrating an ability to contribute to the management of a facility, sub-district, or district.
  
- 1.4 Lead clinical governance activities by:
  - 1.4.1 Demonstrating the ability to lead a quality improvement cycle in practice
  - 1.4.2 Demonstrating the ability to build capability through training, teaching and mentoring others in the healthcare team [see unit standard xx]
  - 1.4.3 Facilitating reflection on health information (e.g. monitoring and evaluation, national core standards) in order to improve quality of clinical care (e.g. rational prescribing and use of investigations) in the sub/district
  - 1.4.4 Facilitating risk management processes and improving patient safety (e.g. conduct morbidity and mortality meetings, assess competence of new clinical staff, perform root cause analysis) in the sub/district
  - 1.4.5 Facilitating the implementation of clinical guidelines in the sub/district
  - 1.4.6 Critically reviewing new evidence (e.g. research) and applying the evidence in practice
  - 1.4.7 Contributing to the development or revision of guidelines by generating new evidence (e.g. perform research) or representing the viewpoint of the district health services in the process
  
- 1.5 Understand and influence corporate governance:
  - 1.5.1 Understand the principles of human resource management (e.g. labour relations, recruitment, disciplinary procedures, grievances)
  - 1.5.2 Understand the principles of financial management (e.g. budgets, health economics, financial planning)
  - 1.5.3 Understand the principles of procurement and infrastructure (e.g. supply chain, equipment, buildings)
  - 1.5.4 Understand the principles of health information and record-keeping systems
  - 1.5.5 Understand the principles of rational planning of health services
  - 1.5.6 Be able to communicate effectively with those responsible for corporate governance

Full details at:

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## Division of Family Medicine and Primary Care

Family Medicine is the division responsible for the holistic medical care of individuals within the context of their families and the community. The division of Family Medicine and Primary Care puts emphasis on a patient-centred approach to primary care in its teaching, based on a firm foundation of biomedical science and clinical skills. The research activities of the division focus on the development of quality primary care within a district health system, and to develop innovative teaching methods in the health sciences.

See important document: [The contribution of family physicians to district health services: a position paper for the National Department of Health.](#)

Multi-skilled expert generalists are the solution to South Africa and Africa's health care problems

FAMILY MEDICINE SPECIALISTS

Photos courtesy of the 2014 report of the Faculty of Medicine and Health Sciences, Stellenbosch University (available at <http://www.myvirtualpaper.com/doc/stellenbosch-University/medicine-health-sciences-2014/2014121001/#0>)

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