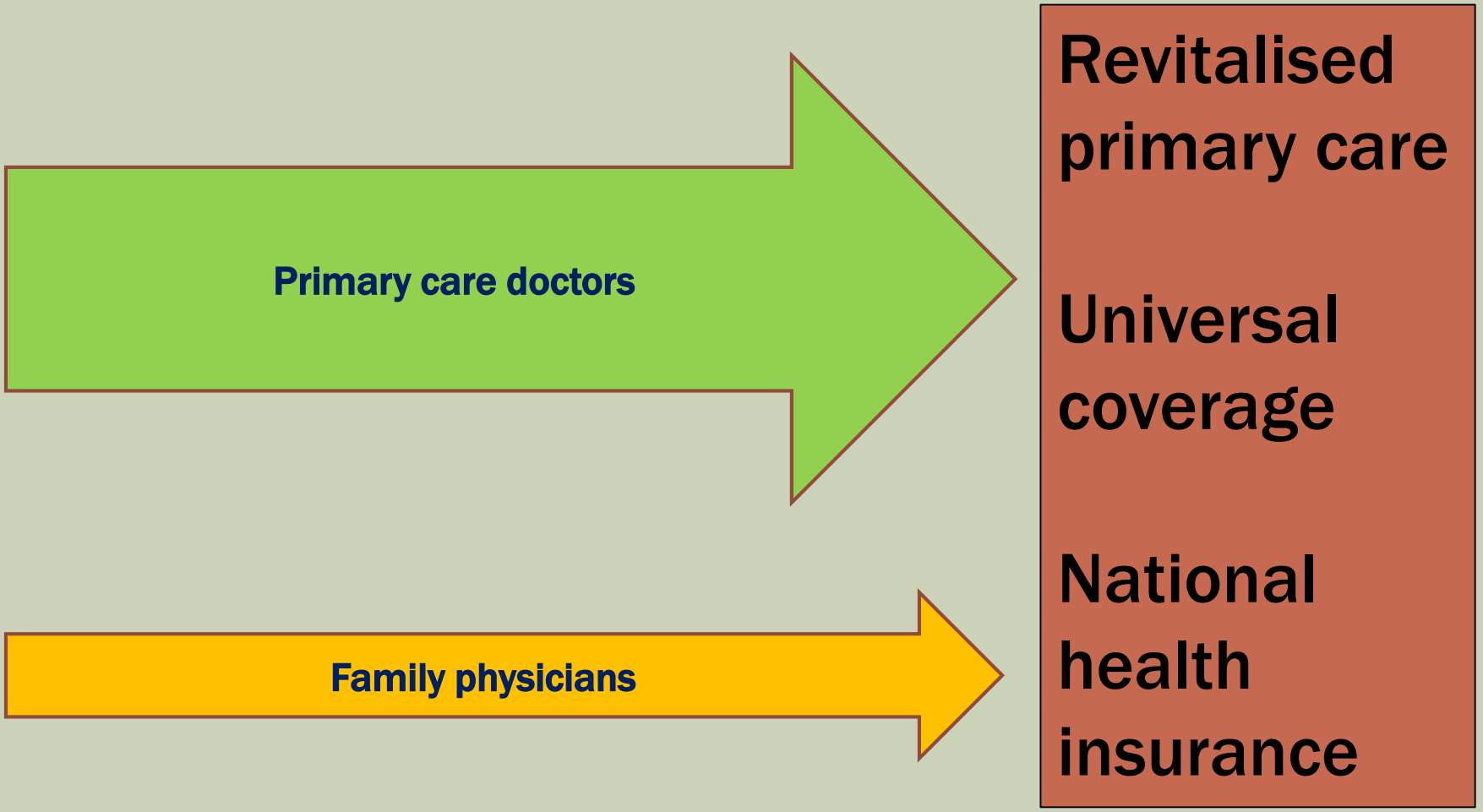
STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS: KEY LESSONS SO FAR

Professor Bob Mash

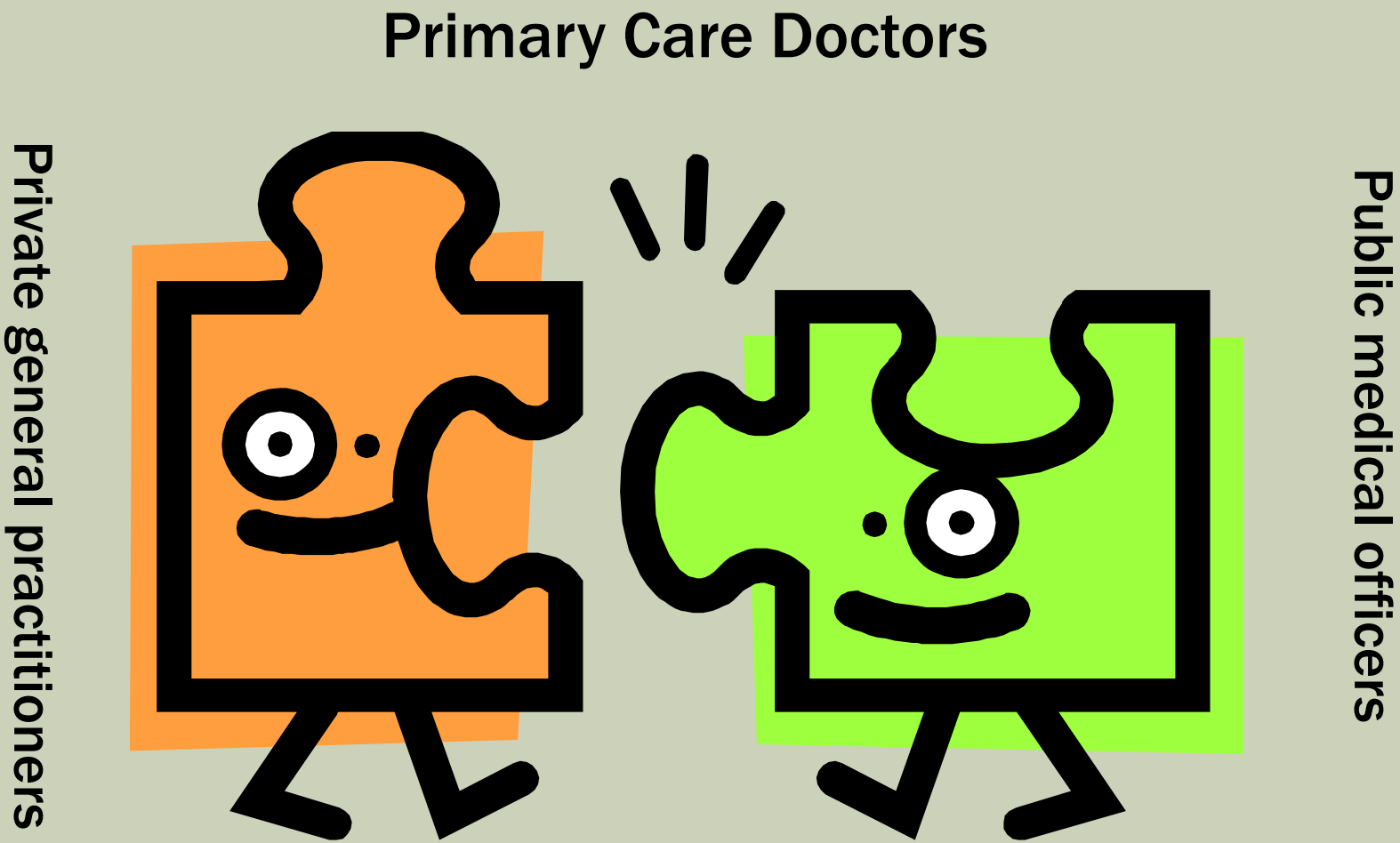
Stellenbosch University

PRIMARY CARE DOCTORS

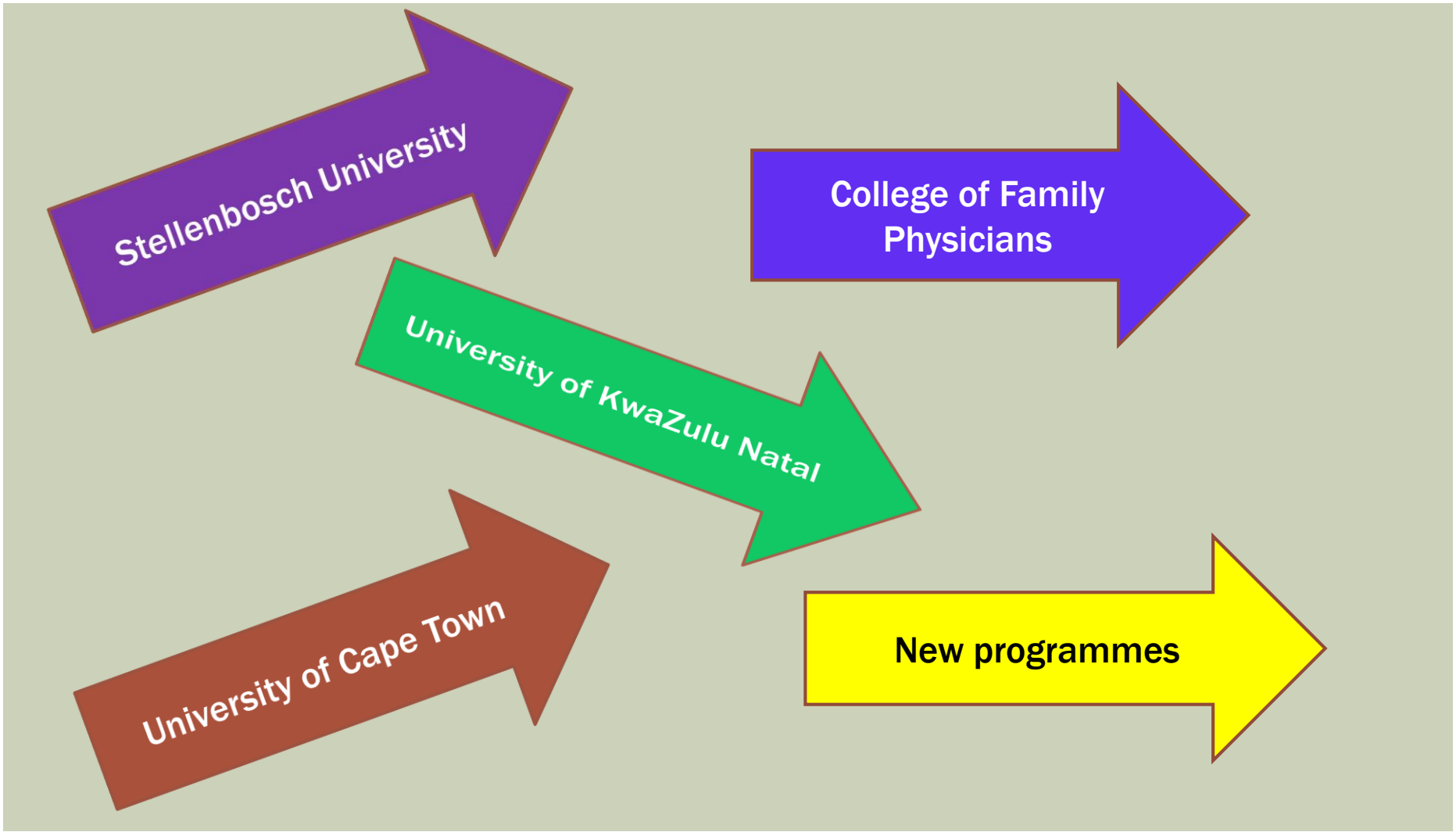
PRIMARY CARE DOCTORS



PRIMARY CARE DOCTORS



NATIONAL DIPLOMA IN FAMILY MEDICINE



NATIONAL DIPLOMA IN FAMILY MEDICINE

Revise existing Diploma: Stellenbosch, Cape Town, Pretoria, Kwa-Zulu Natal, Foundation for Professional Development

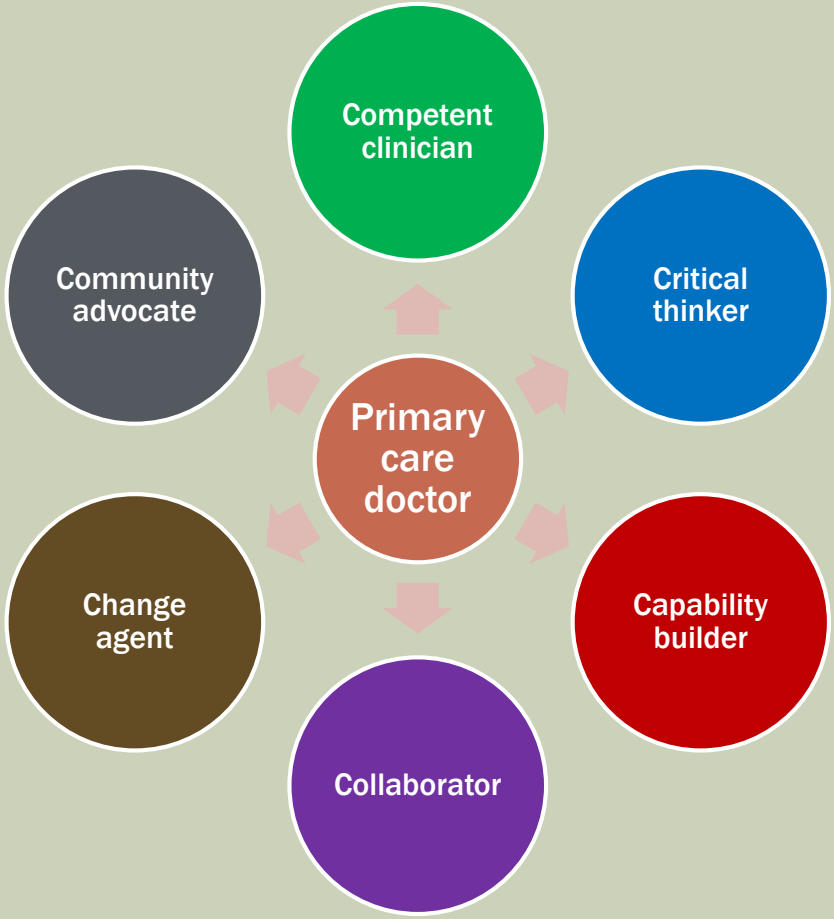
Register and develop new Diploma: Free State, Sefako Makgatho, Limpopo, Walter Sisulu, Wits

Going to scale with postgraduate training opportunities for primary care doctors

Aligned with national learning outcomes

Assessed by one national exit examination through College of Family Physicians

FUTURE ROLES AND COMPETENCIES



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SURVEY OF LEARNING NEEDS

- Doctors had read the majority of the guidelines (20/30), but few had been implemented in practice (6/30).
- Primary care doctors reported having performed the majority of the skills within the last year (70/85).
- The weakest roles were those of change agent and community advocate
- The strongest roles were competent clinician, capability builder and collaborator.
- There were a number of significant differences ($p < 0.05$) between the learning needs of medical officers and private practitioners.

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RESEARCH

The self-reported learning needs of primary care doctors in South Africa: a descriptive survey

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Background: Strengthening primary health care in South Africa is a prerequisite for the successful introduction of National Health Insurance. Primary care doctors from both the public and private sectors are an essential contributor to achieving this goal. In order to prepare these doctors for their future role, a national diploma training programme is being developed. This study aimed to evaluate the learning needs of primary care doctors and to assist with the design of the diploma.
Methods: A descriptive survey of 170 primary care doctors (80 medical officers and 90 private practitioners), from eight provinces in South Africa, in terms of their use of 30 key guidelines, performance of 85 clinical skills and confidence in 12 different roles.
Results: Doctors had read the majority of the guidelines (20/30), but few had been implemented in practice (6/30). All of the doctors had been trained in the clinical skills; however, none had taught these skills to others in the last year. Primary care doctors reported having performed the majority of the skills within the last year (70/85). Doctors had performed 7/12 roles in the last year, while 5/12 had not been engaged with. The weakest roles were those of change agent and community advocate, while the strongest roles were competent clinician, capability builder and collaborator. There were a number of significant differences ($p < 0.05$) between the learning needs of medical officers and private practitioners.
Conclusion: These findings will help guide the development of a new Diploma in Family Medicine programme for South Africa.

Keywords: clinical skills, descriptive survey, family medicine, guidelines, learning needs, primary care, scope of practice, South Africa

Introduction

Strengthening primary health care is a national priority in South Africa in order to improve equity, effectively address the burden of disease and prepare the country for the introduction of a national health insurance (NHI) scheme.[1] Currently primary care is mainly offered by nurses, with support from doctors.[2] The quality of primary care is not optimal with concerns existing regarding infrastructure, supply of essential medication, capability of nurses to offer holistic and comprehensive care, and acceptability of services.[3]

A number of strategies to accomplish this "re-engineering of primary health care"[4] have been planned and include the development of municipal ward-based outreach teams of community health workers supported by nurses and doctors, who will take responsibility for visiting specific groups of households.[5] In addition the plans include strengthening of school health services, promotion of the ideal clinic and introduction of District Clinical Specialist Teams (DCST).[4,6] DCSTs consist of a group of specialists dedicated to improving maternal and child health care within a district.

A further intervention to improve healthcare within the district health system has been the recognition of family medicine as a new discipline. Since 2008 family physicians have been trained as expert generalists in new four-year programmes that model the training of other specialists. This new cadre of family physicians have begun to enter the health system and have an impact, although each province has adopted a different approach to their utilisation.[7] In some provinces they have been employed at community health centres and district hospitals, while in others at the level of the sub-district, district or even regional hospital.

The numbers of family physicians are still relatively small and there is a need to create more internal policy cohesion within the Department of Health on their role and contribution. In time it is anticipated that all doctors pursuing a career in the district health services would train as a family physician.

Over the next 10–15 years, however, the pool of doctors currently working in primary care will be far larger than the number of family physicians and most are unlikely to train as family physicians, because this would mean reverting to a registrar post. The potential pool of primary care doctors includes medical officers in the public sector and general practitioners in the private sector. The Department of Health has begun to contract with general practitioners in the NHI pilot sites to bring them into the public sector primary care system. Primary care doctors will need to support all of the initiatives outlined above and in order to make their contribution will need to fulfil a number of new roles in primary health care. These future roles and competencies required of primary care doctors were identified in a national stakeholder workshop (Table 1) as part of a larger project entitled "Strengthening primary health care through primary care doctors and family physicians".[8]

This project plans to revise the current two-year Diploma in Family Medicine that is available in South Africa, so that its learning outcomes and curriculum are better aligned with the future needs of the country and primary care doctors. Currently four universities offer such a diploma, with very different and sometimes outdated learning outcomes. The project intends that all the programmes should align themselves with the same nationally agreed learning outcomes and that new programmes should be developed at other universities so that training can be

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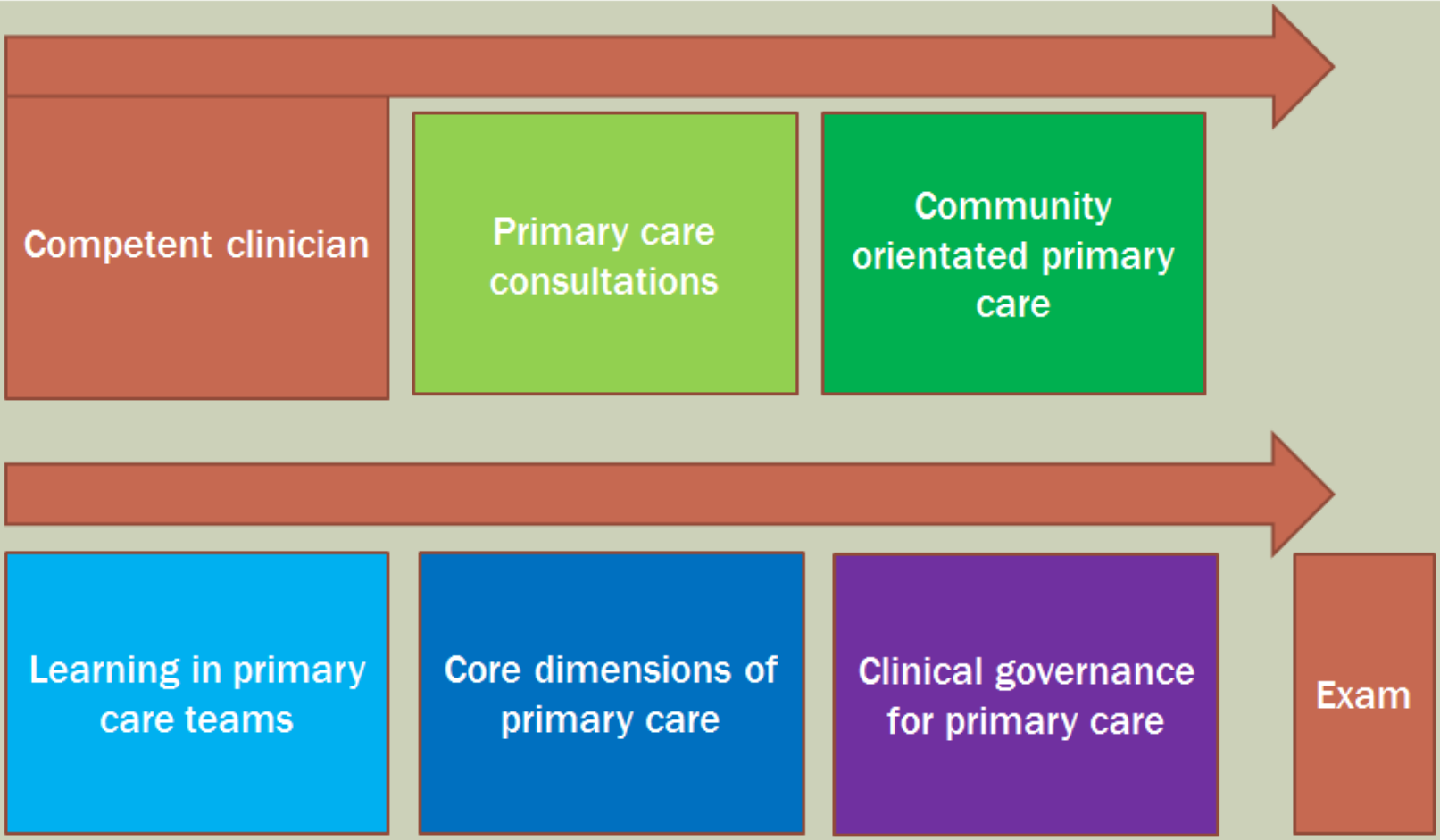
EXAMPLE OF REVISED DIPLOMA



FAMILY PHYSICIANS

TRAINING PROGRAMMES FOR FPS

4-years of workplace based clinical training and academic programme

National exit examination by College of Family Physicians:

MCQs
MEQs
Critical appraisal
OSCE
Clinical cases

TRAINING OF CLINICAL TRAINERS

Example outline programme

	AM	PM
Day 1	Introduction	Establishing and maintaining a learning environment
Day 2	Curriculum introduction	Working with adults learners (including reflective practice)
Day 3	Giving feedback	Assessment methods – an introduction
Day 4	Teaching consultation skills	Learning in the clinical setting
Day 5	Leadership and strategic capacity	Discussion and course evaluation

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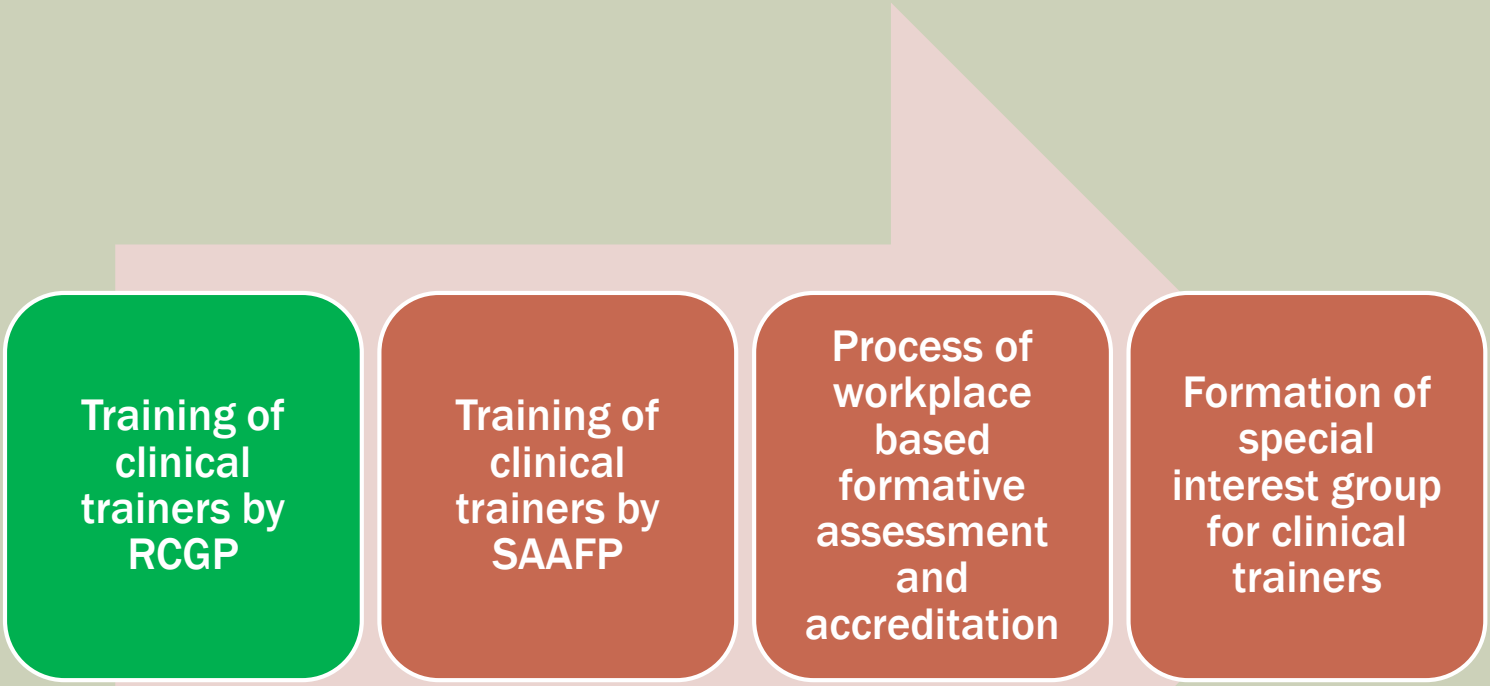
DEVELOPMENT OF CLINICAL TRAINERS



TRAINING OF EXAMINERS AND IMPROVING THE NATIONAL EXIT EXAMINATION

- Establish writing groups for key types of questions
- Establish question banks and metrics on previous questions
- Reference source of (local) evidence for questions set
- Introduce standard setting for each component of the examination
- Calibrate OSCE stations before starting exam
- Standardise clinical cases more clearly
- Identifying the clinical problem / challenge to be solved in each clinical case

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RESEARCH THE IMPACT OF FAMILY PHYSICIANS ON THE DISTRICT HEALTH SYSTEM

QUALITATIVE INTERVIEWS WITH DISTRICT MANAGERS

- Impact on clinical processes
- Impact on health system performance
- Impact variable
- Early impact still
- Issues around management roles
- Issues around teaching roles
- Tension with career MOs

Assessment of the impact of family physicians in the district health system of the Western Cape, South Africa

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Scan this QR code with your smart phone or mobile device to read online.

Background: In 2007, South Africa made family medicine a new speciality. Family physicians that have trained for this new speciality have been employed in the district health system since 2011. The aim of the present study was to explore the perceptions of district managers on the impact of family physicians on clinical processes, health system performance and health outcomes in the district health system (DHS) of the Western Cape.

Methods: Nine in-depth interviews were performed: seven with district managers and two with the chief directors of the metropolitan and rural DHS. Interviews were recorded, transcribed and analysed using the ATLAS-ti and the framework method.

Results: There was a positive impact on clinical processes for HIV/AIDS, TB, trauma, non-communicable chronic diseases, mental health, maternal and child health. Health system performance was positively impacted in terms of access, coordination, comprehensiveness and efficiency. An impact on health outcomes was anticipated. The impact was not uniform throughout the province due to different numbers of family physicians and different abilities to function optimally. There was also a perception that the positive impact attributed to family physicians was in the early stages of development. Unanticipated effects included concerns with their roles in management and training of students, as well as tensions with career medical officers.

Conclusion: Early feedback from district managers suggests that where family physicians are employed and able to function optimally, they are making a significant impact on health system performance and the quality of clinical processes. In the longer term, this is likely to impact on health outcomes.

Evaluation de l'impact des médecins de famille dans le système de santé du district du Western Cape, en Afrique du Sud.

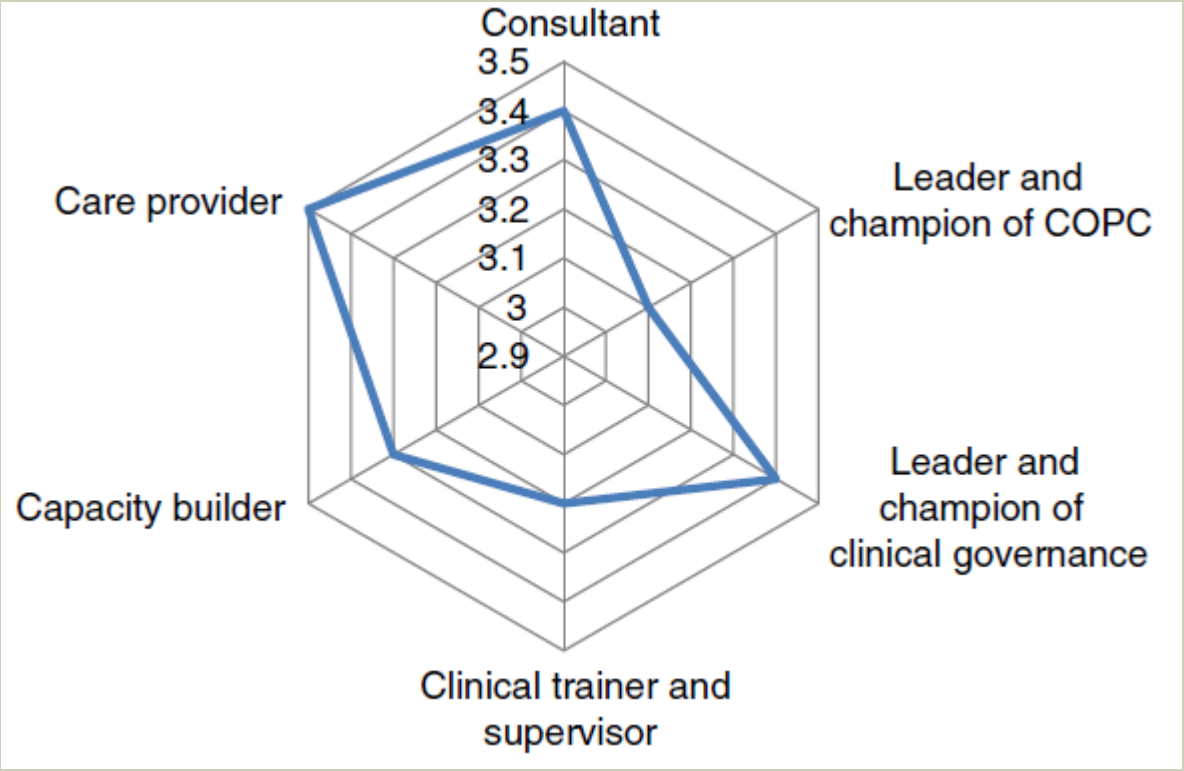
Contexte: En 2007, l'Afrique du Sud a institué une nouvelle spécialité, la médecine de famille. Les médecins de famille qui se sont spécialisés dans cette nouvelle discipline sont employés dans le système de santé de district depuis 2011. L'objet de cette étude était d'étudier les perceptions des gestionnaires de district sur l'impact que les des médecins de famille avaient sur les processus cliniques, la performance du système de santé et les résultats des systèmes de santé des districts (DHS) du Western Cape.

Méthodes: On a effectué neuf entrevues approfondies: sept avec les gestionnaires de district et deux avec les directeurs principaux du DHS rural et métropolitain. On a enregistré, transcrit et analysé les entrevues en utilisant ATLAS-ti et la méthode de structure.

Résultats: Il y a eu un effet positif sur les processus cliniques du VIH et/ou du SIDA, la Tuberculose, le traumatisme, les maladies chroniques non-contagieuses, la santé mentale, et la santé de la mère et de l'enfant. La performance du système de santé a été positivement affectée en termes d'accès, coordination, exhaustivité et efficacité. On s'attendait à un impact sur les résultats en matière de santé. L'impact n'était pas uniforme dans toute la province en raison du nombre différent de médecins de famille et des différentes capacités à fonctionner de manière optimale. On avait aussi l'impression que l'impact positif des médecins de famille en était aux premiers stades de développement. Les effets inattendus comprenaient leurs inquiétudes d'avoir à gérer et à former les étudiants, ainsi que les tensions avec les médecins de carrière.

Conclusion: Les premiers commentaires des directeurs de district indiquent que quand on emploie des médecins de famille qui ont la possibilité de fonctionner d'une manière optimale, ils ont un impact important sur la performance du système de santé et la qualité du processus clinique. Cela aura probablement un impact sur la santé, à long terme.

FAMILY PHYSICIAN IMPACT ASSESSMENT TOOL



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http://www.biomedcentral.com/1471-2296/15/204

BMC Family Practice

RESEARCH ARTICLE Open Access

Development of a family physician impact assessment tool in the district health system of the Western Cape Province, South Africa

Kevin S Pasio[1], Robert Mash[1*] and Tracey Naledi[2]

Abstract

Background: Policy makers in Africa are ambivalent about the need for family physicians to strengthen district health services. Evidence on the impact of family physicians is therefore needed. The aim was to develop a tool to evaluate the impact of family physicians on district health services according to the six expected roles that have been defined nationally.

Methods: Mixed methods were used to develop, validate, pilot and test the reliability of the tool in the Western Cape Province, South Africa. An expert panel validated the content and construction of the tool. The tool was piloted by 94 respondents who evaluated eight family physicians. Cronbach alpha scores were calculated to test the reliability of the tool. The impact of these family physicians in the pilot study was also analysed.

Results: A draft tool was successfully developed, validated, and proved reliable (Cronbach alpha >0.8). The overall scores (scale of 1–4) were: Care provider = 3.5, Consultant = 3.4, Leader and champion of clinical governance = 3.4, Capacity builder = 3.3, Clinical trainer and supervisor = 3.2 and Champion of community-orientated primary care (COPC) = 3.1. The impact on COPC was significantly less than the impact of other roles ($p < 0.05$).

Conclusion: The Family Physician Impact Evaluation Tool can be used to measure the impact of family physicians in South Africa. The pilot study shows that the family physicians are having most impact in terms of clinical care and clinical governance, and a lesser impact in terms of clinical training, capacity-building and especially COPC.

Keywords: Family practice, Family physicians, Physician s role, Validation studies, South Africa

Background

Africa has the world s highest burden of disease, lowest life expectancy and most scarce human resources for health [1]. In this context, effective primary health care and district health services are seen as one of the essential ingredients for health systems to make a difference [2]. Family physicians are medical doctors that have received postgraduate training to become expert generalists and have been identified as one of the essential members of the healthcare team that are needed to deliver effective primary health care [2,3].

Despite this, Africa is also the continent that has least embraced the training of family physicians. Policy-makers and leaders of the health system in many African countries are unsure about the contribution that family physicians can make and whether they are cost-effective and feasible in our context [4]. Many countries are starting to explore or initiate training programmes in family medicine, but stronger evidence of the contribution of family physicians to health systems in Africa would strengthen progress in this regard [5]. There is therefore a need to generate evidence in countries such as South Africa, which have committed themselves to the training and deployment of family physicians, on what early impact family physicians are having in the health system.

Research in the USA has demonstrated that the supply of primary care physicians is positively associated with better population health and can help tackle the negative health effects of social inequalities [6,7]. Other high income countries such as the UK and Australia are committed to

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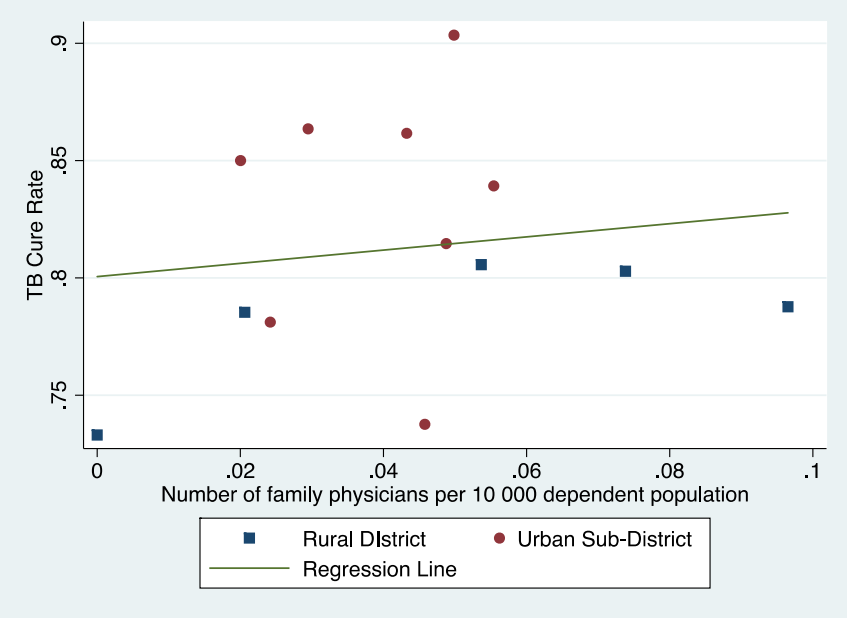
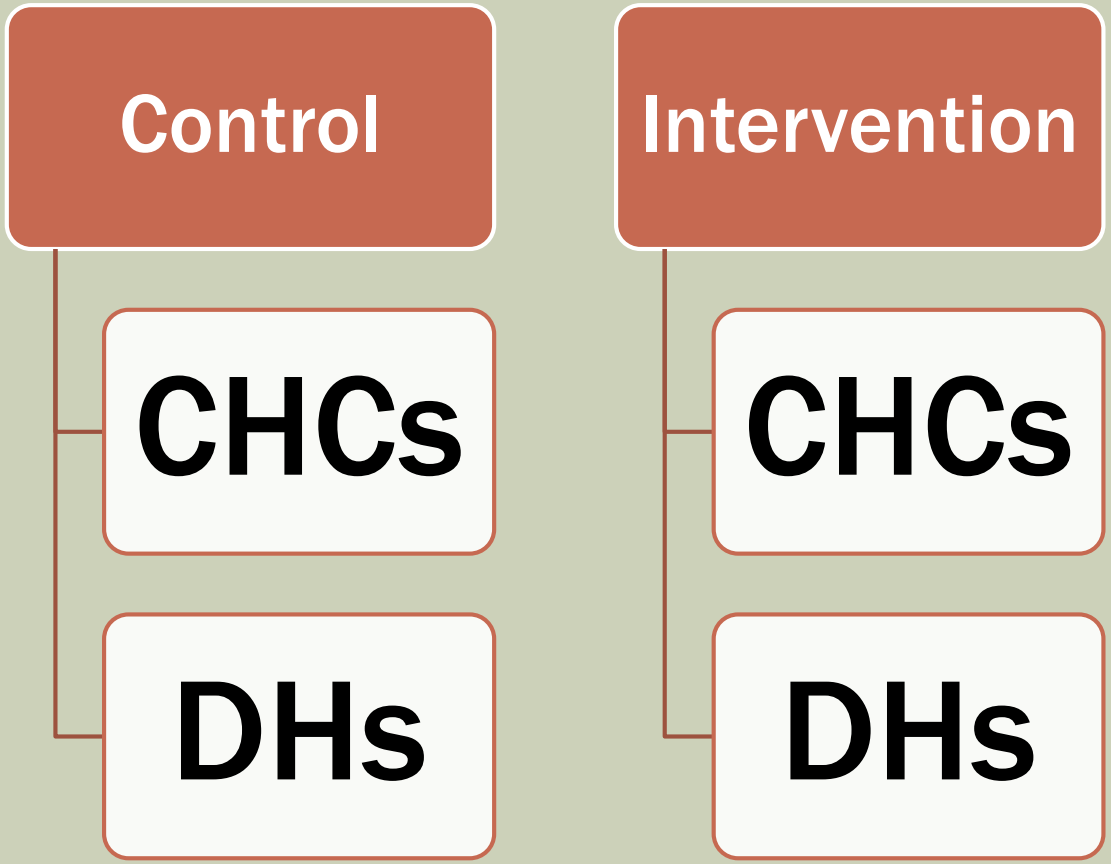
CORRELATION OF DHIS WITH FP SUPPLY



- Correlation of FPs per 10000 population in district with
- Indicators of facility level outcomes, clinical processes and health system performance

QUASI-EXPERIMENTAL STUDY



LEADERSHIP AND GOVERNANCE

TRAINING FPS IN LEADERSHIP AND GOVERNANCE

Leadership	Clinical governance	Corporate governance
• Developing oneself as a leader • Offering leadership within the team • Understanding the health care system context	• Leading the clinical team • Quality improvement skills • Implementation of guidelines • Critical appraisal of evidence • Teaching and training • Risk management	• Having an informed voice • Procurement • Budgeting and finances • Infrastructure • Human resources

THANK YOU

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