DESIGN OF A NEW POST GRADUATE DIPLOMA IN FAMILY MEDICINE SOUTH AFRICA

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South Africa
OUTCOMES

- Rationale
- Overview of the design process followed
- Overview of the content, learning outcomes and teaching methods
World Health Organisation

“Primary Health Care should still be the foundation of effective Health Systems” 2008

World Health Assembly

“Successful PHC systems usually involve a primary care doctor with postgraduate training in family medicine or general practice” 2009


India
- NHI policy commitment 2011, plans to implement at hospital level

South Africa
- NHI policy commitment 2011, NHI pilot districts
Successful PHC systems usually involve a primary care doctor with postgraduate training in family medicine or general practice. These graduates should be person-centred comprehensive generalists.

But PHC is often neglected, by inadequately resourced, trained and scarce health workers.
India
- Variety of options (GPs, doctors, AYUSH, nurses, ASHA, registered medical practitioners)

South Africa
- 80% Nurse led primary care, access to doctor
<table>
<thead>
<tr>
<th></th>
<th>Number of medical schools (Population in millions per medical school)</th>
<th>Outputs (new doctors/year)</th>
<th>Medical Practitioners*/10000 population</th>
<th>Family Physicians/10000 population</th>
<th>Nurses and midwives/10000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>9 (5.9)</td>
<td>1300</td>
<td>3.7</td>
<td>0.1</td>
<td>51</td>
</tr>
<tr>
<td>Brazil</td>
<td>242 (0.8)</td>
<td>21395</td>
<td>19</td>
<td>0.2</td>
<td>76</td>
</tr>
<tr>
<td>India</td>
<td>398 (3.1)</td>
<td>52305</td>
<td>7</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>China</td>
<td>980 (1.4)</td>
<td>192344</td>
<td>14</td>
<td>1.2</td>
<td>51</td>
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* Not specialists
TRAINING OF PRIMARY CARE DOCTORS

India
- Only undergraduate public health exposure, a few postgraduate 3-year training programmes (200 places)

South Africa
- Undergraduate primary care exposure, internship, 4-year MMed for family physician
Why is this important?

- The four represented countries contribute to 2.85 billion people....... 40% of the world’s population
- Delivering of primary health care in these countries would have a major impact on health.... globally
In SA a national process is underway between all medical schools to introduce a revised 2-year PG-National Diploma to up-skill the existing pool of PC doctors.
CAREER PATH: PRIMARY CARE DOCTOR: S.AFRICA

Medical student → Intern → COSMO → General practitioner
AGE OF GENERAL PRACTITIONERS

Histogram of Age

Group=MO

Spreadsheets in Analysis - 20140908 139v*90c

No of obs

Age

Group=GP

Spreadsheets in Analysis - 20140908 139v*90c

No of obs

Age
Primary care doctors (18000)

Revitalised primary care
Universal coverage
National health insurance

Family physicians (500)
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.
CURRENT DIPLOMAS

Stellenbosch University

University of KwaZulu Natal

University of Cape Town

College of Family Physicians

Pretoria University
Going to scale with postgraduate training opportunities for primary care doctors
Aligned with national learning outcomes

Stellenbosch University
University of KwaZulu Natal
University of Cape Town
Pretoria University
New programmes (FS, Wits, SMU, WSU)
OVERVIEW OF THE PROCESS

Analysis

Design

Development

Implementation

Evaluation

Analysis

Design

Development

Implementation

Evaluation
PROJECT CO-APPLICANTS AND ASSOCIATES

- Academy of Family Physicians
- Royal College of GPs, UK
- University Ghent, Belgium
- Walter Sisulu University
- University KwaZulu Natal
- University Limpopo (SMU)
- Wits University
- Free State University
- Pretoria University
- University Cape Town

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DESIGN PROCESS

Consensus on future roles and competencies of primary care doctors

Construction of national learning outcomes
Design of diploma programme

Implications of revising current diplomas

Feedback to stakeholders And helping those without a diploma to apply

National survey of learning needs of primary care doctors

June 2014    September 2014    November 2014    February 2015    2015-16

Development
Implementation

Implications of revising current diplomas
Design workshops
- Roles and competencies
- Learning outcomes
- Educational design principles

National survey
To identify the perceived learning needs of existing primary care doctors in the public and private sectors in terms of
- awareness of key clinical guidelines,
- clinical skills and
- scope of practice
Design workshops
ROLES AND COMPETENCIES

Primary care doctor
- Competent clinician
- Critical thinker
- Capability builder
- Collaborator
- Change agent
- Community advocate
<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
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<tbody>
<tr>
<td>Competent Clinician</td>
<td>Able to be clinically competent across the burden of disease and provide comprehensive patient-centred care</td>
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<tr>
<td>Collaborator</td>
<td>Able to work in a collaborative style as part of a multi-professional team</td>
</tr>
<tr>
<td>Critical thinker</td>
<td>Able to make sense of community data, health information, or latest evidence and plan appropriate responses</td>
</tr>
<tr>
<td>Change Agent</td>
<td>Able to actively contribute to the improvement of quality in the PHC services</td>
</tr>
<tr>
<td>Capability builder</td>
<td>Able to mentor, train or teach other members of the team where appropriate</td>
</tr>
<tr>
<td>Community Advocate</td>
<td>Able to think about and advocate for the health needs of the local community served by the team</td>
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DEVELOP LEARNING OUTCOMES AND EDUCATIONAL DESIGN PRINCIPLES SEPT 2014

- Designed learning outcomes for each role.
- A model for delivery of the Diploma programme
  - Teaching methods
  - Assessment
  - Training sites and trainers
  - Strategic incentives and support
2-year programme
Modular academic programme
Blended learning: e-learning, work place and campus-based learning
Adult self-directed learning
The doctor should be:

- Consulting ambulatory patients
- Providing first contact medical care
- Working as a medical generalist
- Any public/private facility offering such exposure
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
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
SURVEY: IDENTIFIED LEARNING NEEDS

Weakest Roles

- Community Advocate
- Change Agent
- Critical Thinker

Stronger Roles

- Collaborator
- Capability Builder
- Competent Clinician

Learning needs identified

**Critical Thinker**
- Ability to see the bigger picture/clinical governance.
- Analyse and interpret data or evidence from facility/community or research
- Help the team with rational planning and action
- Ability to use basic statistics and have IT and data management skills

**Change Agent**
- Improve quality of care and in line with policy and guidelines
- Be a role model for change
- Conduct a quality improvement cycle
- Provide leadership and innovation.
- Support aspects of corporate governance
- Assist with clinically related administration

**Community Advocate**
- Understand community health and social determinants of health.(WBOT)
- Perform home visits in the community.
EXAMPLE OF REVISED PROGRAMME

Clinical family medicine

Year 1
- Learning in primary care teams
- Primary care consultation skills
- Community orientated primary care

Year 2
- Core dimensions of primary care
- Clinical governance for primary care
- Examination

Graduation
Learning in Primary Care Teams
This module deals with the steps of the ADDIE educational process with a focus on the educational interaction between the primary care doctor, clinical nurse practitioner and community health workers.

Primary Care Consultation
This module deals with communication, counselling and consultation skills relevant to primary care consultations, including aspects of Family-Orientated Primary Care, and Ethics.

Community Orientated Primary Care
This module teaches principles of community orientated primary care and students are expected to engage with the initial steps of this process in their communities.
Core Dimensions of Primary Care
This module teaches principles of health promotion and disease prevention within the clinical context of chronic care. The management of common chronic medical disorders is covered in terms of healthcare systems relevant to primary care.

Clinical Governance for Primary Care
This module deals with the process of understanding clinical and corporate governance and the design and implementation of a quality improvement cycle in collaboration with the PHC team, and critical appraisal of guidelines.
## Links available on EuropeAid project’s page:

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See also Podcasts available on Stellenbosch University’s podcast website: [http://fmhspod.sun.ac.za/Podcasts/FamilyMedicine.aspx](http://fmhspod.sun.ac.za/Podcasts/FamilyMedicine.aspx)

1. National Stakeholder Workshop
2. Primafamed conference 2014
3. Training of New Trainers in Family Medicine workshop 2014

See also project visibility on the Division’s Facebook page: [https://www.facebook.com/stelfammed](https://www.facebook.com/stelfammed)
THANK YOU

FEEDBACK

- Innovative about 50%. (What does it mean exactly)
  - CHE will check amount of changes.

- Staffing Section: At WITS? Who will be available to do it.
  - We should ID who has a programme + ID graduates to use as a potential pool for future use.

- SU WITS
  - PTA may be D not C 899. We need to revisit the process of peer review + training.

- UCT
  - Overview of days programme was helpful.

- Fs
  - Need to clean all other co-applicants to help with wording of application
  - Clarify exit exam one national one from college.