

**STRENGTHENING  
PRIMARY HEALTH CARE  
THROUGH PRIMARY  
CARE DOCTORS AND  
FAMILY PHYSICIANS:  
DESIGNING A NATIONAL  
DIPLOMA**

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University



# **WELCOME AND INTRODUCTIONS**

# OVERVIEW OF THE PROJECT

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

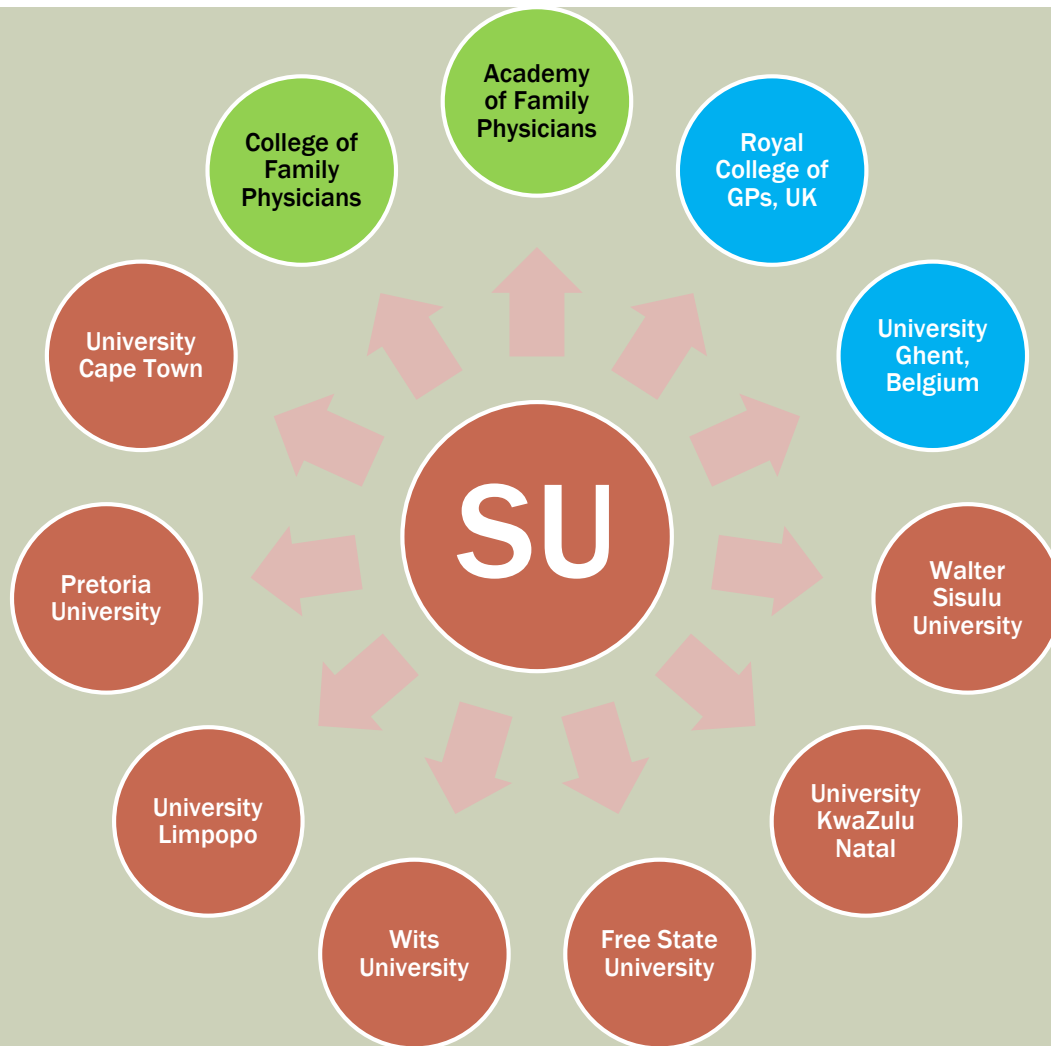
Deadline for submission of concept note / full application: **04 June 2013**

# STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS

To strengthen primary health care through capacity building of primary care doctors and family physicians

- 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
- To build the capacity of family physicians to offer effective leadership and clinical governance to PHC facilities
- To evaluate the contribution of family physicians to strengthening district health services

# PROJECT CO-APPLICANTS AND ASSOCIATES



# KEY INFORMATION

- 30 months from 1<sup>st</sup> March 2014
- Principal co-ordinator – Prof Bob Mash
- Co-ordinator – Dr Zelra Malan
- Co-ordinator – Dr Klaus von Pressentin
- Administrator – Ms Talitha Schutte

# PURPOSE OF THE WORKSHOP



# TO BUILD THE CAPACITY OF PRIMARY CARE DOCTORS

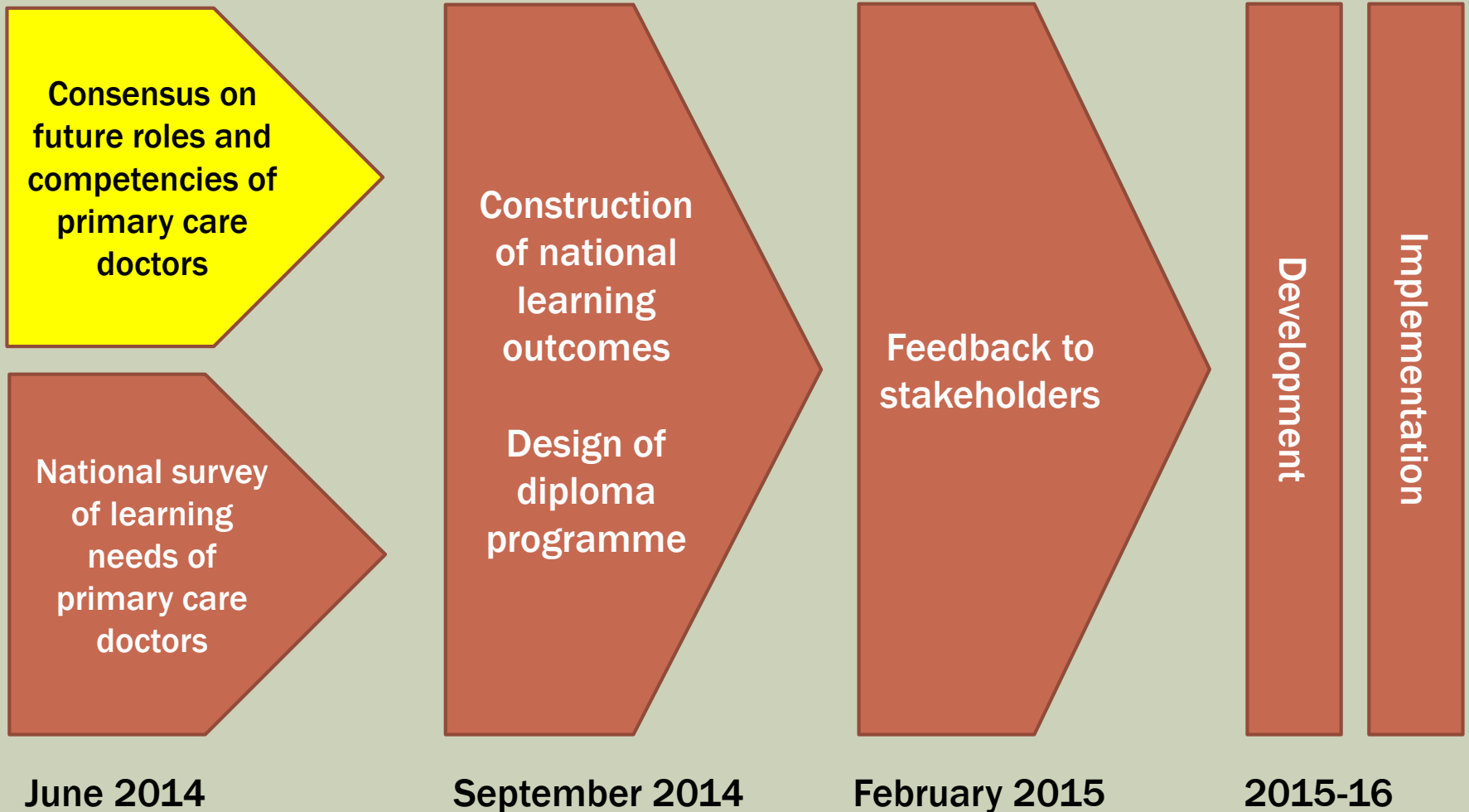
## **Objective:**

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

# DESIGNING A NATIONAL DIPLOMA



# CURRENT DIPLOMAS



Stellenbosch University



College of Family  
Physicians



University of KwaZulu Natal



University of Cape Town



New programmes

# FUTURE DIPLOMAS

Stellenbosch University

University of KwaZulu Natal

University of Cape Town

College of Family Physicians

New programmes

Going to scale with  
postgraduate training  
opportunities for  
primary care doctors

Aligned with national  
learning outcomes

# HUMAN RESOURCES FOR PRIMARY CARE

**FAMILY PHYSICIANS**

**PRIMARY CARE DOCTORS**

**PRIMARY CARE NURSES**

**COMMUNITY HEALTH WORKERS**

**ALIGNMENT WITH NDOH:  
RICHARD COOKE**

# PROCESS OF THE WORKSHOP

# DAY 1

## **08h30-10h30: Bob Mash**

- Introduction and background
- Results of the survey on learning needs

## **11h00-13h00: Julia Blitz**

- Development of learning outcomes

## **14h00-16h00: Julia Blitz**

- Final consensus on learning outcomes



# DAY 2

## **08h00-10h00: Bob Mash**

- Identifying the key components of the model needed to deliver the Diploma

## **10h30-12h30: Bob Mash**

- Exploring the components of the model needed to deliver the Diploma
- The way forward

## **13h15-14h45: Bob Mash**

- Other ETC business

# SUMMARY OF THE STAKEHOLDER WORKSHOP

## **THE KEY QUESTION**

**What are the future roles and competencies expected of primary care doctors in South Africa?**

# PARTICIPANTS

- National DOH
- District Health Services
- Universities / Public sector
- Private sector organisations
- Rudasa
- FPD
- College and Academy of FPs
- Nursing

# TARGET GROUP FOR DIPLOMA

**“Primary care doctors ... are seen as doctors who have made a career in primary care, in either the public or private sector, but who have not trained as family physicians. The Diploma will therefore be developed for primary care doctors in both the public and private sectors.”**

# TARGET GROUP FOR DIPLOMA

“There are currently thousands of primary care doctors in both the private and public health system that due to the stage of their career will not go back to becoming registrars and training as family physicians. This pool of primary care doctors will be an important resource for the health system over the next 10 years and the proposed Diploma is aimed at re-orientating them and up-skilling them for their contribution to a re-vitalised primary health care system. In the long term such a system will be incorporated into a national health insurance scheme.”

# CAREER PROGRESSION

Medical student

Intern

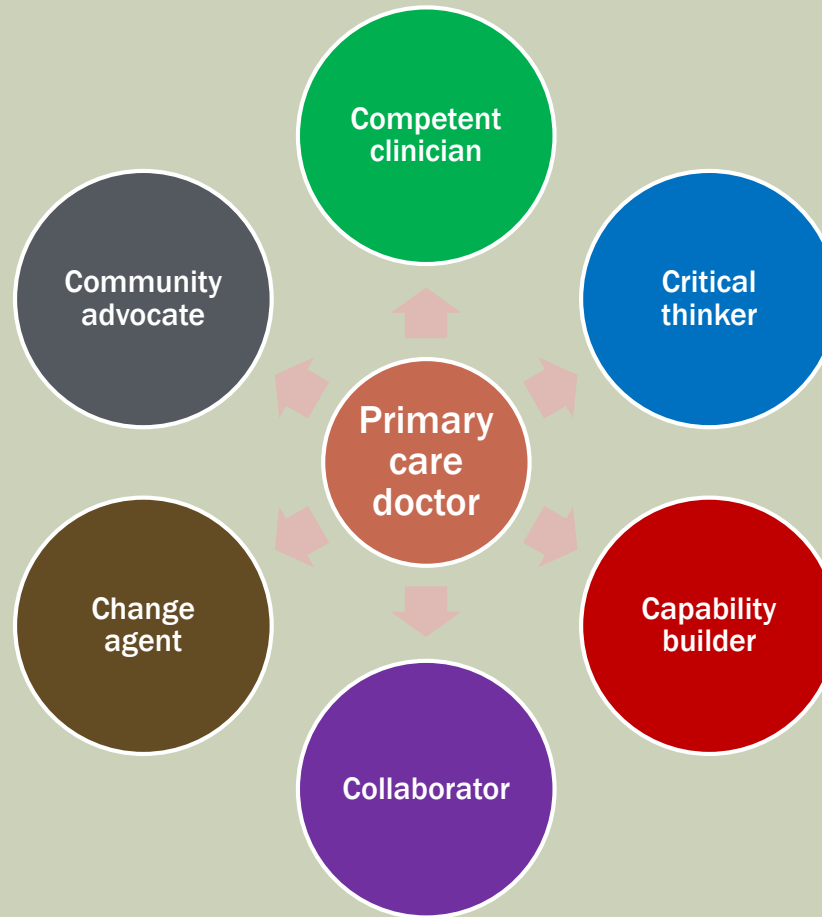
COSMO

Medical officer  
(Diploma)

Registrar  
(MMed)

Family physician  
in public  
or private  
sector

# SIX ROLES OF THE FUTURE PRIMARY CARE DOCTOR





# 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.

**LEARNING OUTCOMES  
FOR MMED  
PROGRAMME**

# ALIGNING LEARNING OUTCOMES

**FAMILY PHYSICIANS – MMED (4 years)**

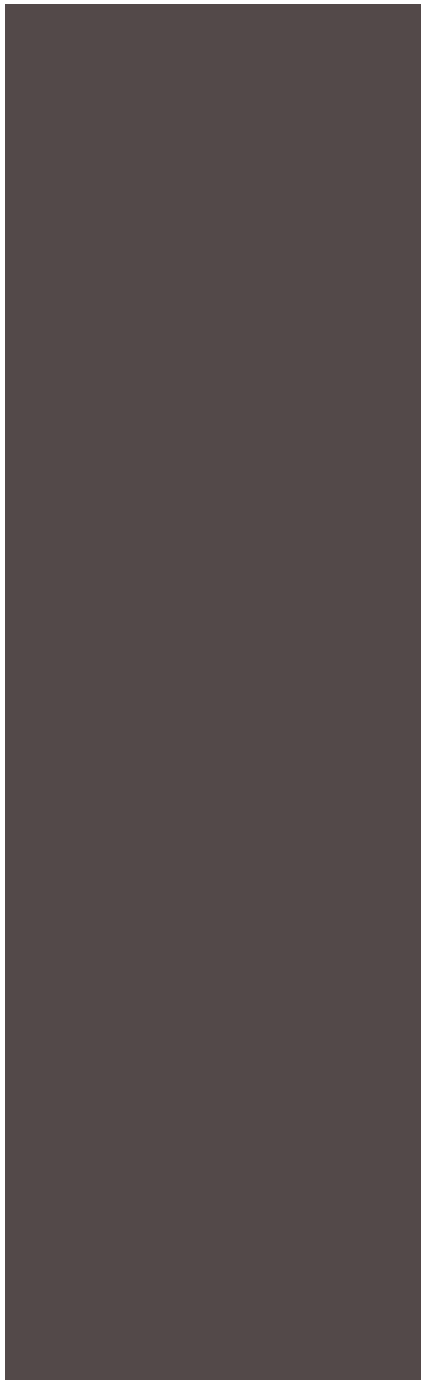
**PRIMARY CARE DOCTORS – DIPLOMA (2 years)**

**PRIMARY CARE NURSES – DIPLOMA (1 year)**

**COMMUNITY HEALTH WORKERS – CERTIFICATE (weeks)**



# **SURVEY OF LEARNING NEEDS**



# THE DIPLOMA MODEL

# KEY PRINCIPLES

The model for delivery of the Diploma needs to

- Align existing and future Diploma's with the needs of re-engineered PHC and future NHI.
- Offer training at scale (800 over 6-years, 20 per year per dept, 160 per year)

# KEY ISSUES CONSIDER

- Location of teaching....Universities?
- Teaching methods....Distance education?
- Forms of assessment....College?
- Duration of training....2-years?
- Co-ordination of training....ETC?
- Accreditation of trainers and training sites?
- Incentives to registration