

AFRICAN FAMILY MEDICINE

2008

Two Visions

“Family medicine in an African context... should mean a medical discipline that is committed to the provision of the first level of contact medical services based on the 1978 Alma-Ata Declaration.”

Ukpe, SAJP 2008 50(4)

“...the African family physician differs most dramatically from his or her counterparts in Europe and America with regard to the need to learn major surgical skills and work in the district hospital.”

Mash, SAJP 2008 50(3)

A brief survey of ourselves...

CURRICULA COMPARISON

	Makerere UGANDA	Moi KENYA	Goma CONGO	Wits SOUTH AFRICA	UCT SOUTH AFRICA	Stell SOUTH AFRICA	Pret SOUTH AFRICA	AKU TANZANIA	NUR RWANDA	West Africa
Length of program	3 yr	3 yr	4+2?	3yr	4yr	4 yr		4 yr	4 yr	4 yr
Degree	MMed in Fam Med & Com-based practice	MMed in Fam Med	MMed?	MMed	MFamMed	MMed	MMed	MMed	MMed in Fam & Com Med	College Fellow
Size of curriculum document	79p	14p	28p	78p	28p				52p	54p
Level of surgery skills required	Laparotomy	Em Lap	Em Lap	?No major surgery	Laparotomy				E. Lap	Emer Lap
Clinical time: health centre	1 yr (1 sem pvt prac; 1 sem community)	1-2 mo health centre			1 yr health centre	1 yr		~1 yr		3+ mo
Community Health	+++	+	+	+++	+	++	+	+	+++	++

Relooking at the Delphi Study...

Principles by Category

- 11 **Community** = PHC, community health care, public health, district health care
- 6 **Generalist** = all ages, sexes, diseases, and procedures
- 8 **Relationship issues** = issues of doctor-patient relationship, and patient-centered care

Categories, cont.

- 3 **Academic preparation** = academic preparation and standards
- 3 **Available**
- 3 **Context** = considering disease in its context
- 3 **Teamwork**
- 2 **Ethical**
- 2 **Holistic** = biopsychosocial
- 2 **Resource Use**
- 2 **Teacher/consultant**

What We Are
(in top 15, >55% in action):

Rank	Score	Principle	1. Principle in action (%)	2. Principle in theory (%)	
4 Generalist	247	A discipline in which the specialist family physician is able to perform most of the common clinical procedures and operations appropriate to the district health system – including the district hospital – and to refer patients appropriately for procedures that are outside the scope of practice	70	30	
6 Academic Preparation	262	A discipline in which the specialist family physician requires postgraduate training after the basic medical degree	64	32	
2 Generalist	243	An approach that deals with all issues related to health care, for all ages, sexes and regardless of the presenting problem, the organ system involved or the disease	61	36	
5 Generalist	260	Care that is provided to a person in his/her totality and not for a specific disease or organ system	57	39	
12 Teamwork	323	Committed to working effectively in multidisciplinary teams – for example with nurses or social workers	57	39	
14 Relationship	342	Care requiring a provider-patient relationship that in itself may have therapeutic properties	58	36	
9 Generalist	308	A speciality that is fully competent to care for all the common health problems in a specific community	56	44	

We are “Generalists”, that is, we care for all ages, sexes, and diseases. Out of the top 7 principles, 4 say we are generalists; all 6 generalist principles are within the top 20.

What We Are Not (Yet)

(in bottom 30, >70% in theory only, < 18% in action):

Rank	Score	Principle	1. Principle in action (%)	2. Principle in theory (%)
26 Community	368	A discipline in which the specialist family physician is responsible for clinical governance and the quality improvement activities within the district health system	14	82
24 Community	364	Connecting the experience of individual patients with the broader public health issues in the health district. Practitioners are able to work with community groups and leaders to develop interventions that improve public health.	18	82
39 Community	408	Actively seeking to involve representatives of the community in planning and improving their health care	14	79
31 Teamwork, Community	386	A discipline in which a team of health workers that includes the doctor is responsible for a defined geographical area	15	78
43 Community	429	Engaging with other sectors of society to work in and with communities – e.g. education, social services, housing and so on	11	75
47 Available	436	Committed to having practitioners living in the same location/environment as their patients	7	71
46 Home visits	436	Consulting patients in their own homes as well as in health centres and hospitals	14	71
45 Community	433	An approach to organising and managing the whole district health system	14	71

We are not yet “Community practitioners”, that is, we are not primarily involved with PHC, community health care, public health, “governance”, and district health care. Of the principles *least* in action, 6 out of 8 are “community”, and only 1 of the 11 community principles are within the top 20.

Revisiting the Two Visions

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The “Alma Ata” Model

(“COPC” - van Weel and DeMaeseneer, Lancet Sept 2008)

- The Declaration mentions doctors only once, in a peripheral role: “relies... on health workers, including physicians, nurses, midwives...”
- Alma Ata failed: “The goals... were never fully embraced ” “The failure in most countries to provide even limited packages...” *BMJ* 2008;336;536-538
- Can Family Medicine provide the leadership to resurrect Alma Ata?
- Is this what our Ministries of Health, medical societies, and universities want for FM?

The “Generalist” Model

(“Personal Care” – van Weel and DeMaeseneer, Lancet Sept 2008)

- Most Family Medicine around the world is primarily ambulatory; this degree of major surgery is rare.
- Yet Family Medicine must be context-specific Delphi study principle ranked #1
- How do generalist FM roles fit with Alma Ata FM roles?
- Is a generalist FM what our Ministries of Health, medical societies, and universities want?