

Developing Primary Care Centres of Excellence in the District Health Services!



# PrimaFamed Conference Kampala



Dr S. Moosa

Coordinator: Family Medicine & PHC, Gauteng

Senior Lecturer, DFM, Wits University

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Partners:





# African Curricula of Family Medicine



SA....



# Undergraduate Curricula - FM?



- ❑ Connect with context - priorities?
- ❑ Curriculum reform - professionalism / flexibility
- ❑ Options
  - Y1-4: holiday electives / 1 day/wk at clinic / family attachments / rotations
  - Y5-6: 1- 6 week blocks
  - Rural, integrated primary healthcare, community attachments

# Family Medicine in SA



- ❑ Famec Outcomes / SAQA Unit Standards
  - Registration of specialty 2007
- ❑ Skills list
- ❑ Core Curriculum
- ❑ Single National Examination:
  - 8 DFMs + College of Family Physicians
- ❑ SA mode of academia

# Famec Outcomes (2001)



- Manage him/herself and his/her practice (in public or private sector) effectively with visionary **leadership**.
- Evaluate and **manage patients** with both undifferentiated and more specific problems cost-effectively according to the **bio-psycho-social approach**.
- Facilitate the health and quality of life of the **community**.
- Educate, consult and **advise** health care professionals, health care workers and institutions on the discipline of family medicine and on health related issues. **[TEAM]**
- Recognise, evaluate and reflect on personal and professional strengths and weaknesses to appropriately change **professional practice** and behaviour.
- Conduct all aspects of health care in an **ethical**, compassionate and responsible manner



## □ Obtaining Consensus on Core Skills for Family Medicine Training, Final Skills Lists (2008)

- 168 Core Skills - Skills that should be performed independently at the end of training
  - Eg venepuncture, remove FB--> C/S, T/L
- 43 Supervised Skills - Skills that should be performed under supervision during training
  - Eg Urine Micro, HIV Elisa-->Laparotomy for ectopic,vasectomy
- 48 Elective Skills - these can be taught in specific programmes but are not required as part of national training. Other elective skills not listed here may also be relevant to individual students / settings.
  - Eg malaria smears, cataract removal, hysterectomy



□ Famec Goals and Outcomes Draft Sep 08 (v1).xls

Outcome Aim		Primary Outcome Objective		Secondary Outcome Objective
<b>Family Health</b>	B.1	Human Growth & Development	B.1.1.	Use key developmental issues from the life cycle, from birth to death, in consultations with patients
			B.1.2	Understand the principles of the physical and psychosocial development of children & adults
			B.1.3	Impact of this on a consultation and health care.

# Core Curriculum

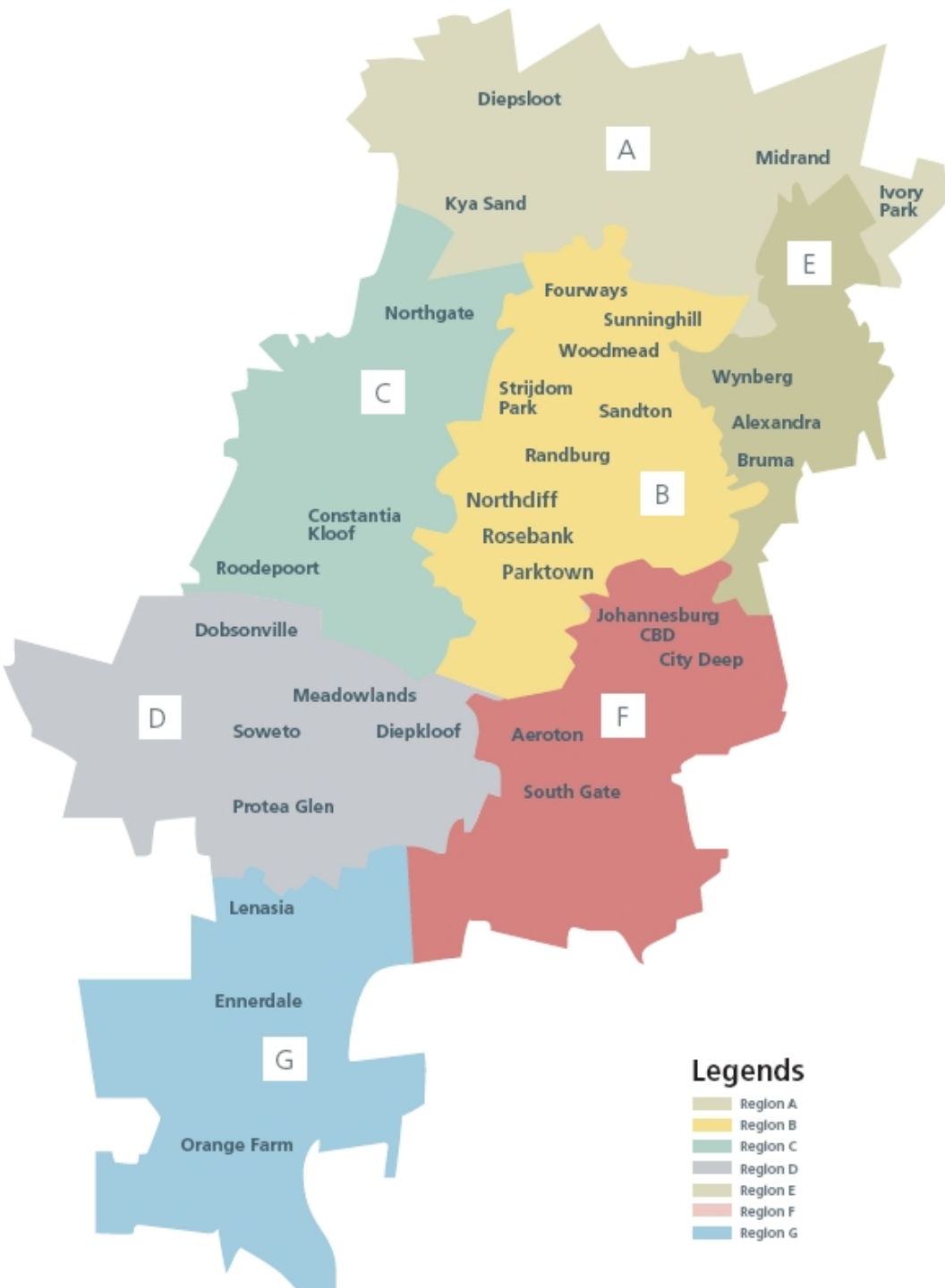


- Fundamentals of FM & Primary Care
- Family Health
- Consultation
- Ethical & Legal Practice
- Prevention & Promotion
- Research
- Management
- Personal & Professional Development
- Humanities
- Culture & Community
- Clinical Care
  - Clinical Skills
  - Common Conditions
  - Palliative Care
  - Child Health
  - Adolescent health
  - Geriatrics
  - Travel Medicine
  - STI/TB/HIV
  - Mental Health....

# CONTEXT! Training of FM Registrars: Wits



- Yr 1 - 3
  - Integrated Service-Learning Environment
    - DHS: Clinics (visits), CHC and District Hospital (DEC)
  - Skills development
    - ?Rotations to / from Regional Hospitals
  - Direct supervision & mentorship by FPs / ?GPs
  - Wits: 3 x 3d / monthly Seminar + Journal Club
  - Modules
  - Learner-centred - Learning Portfolio (Plan+)
- Yr 4 -Electives e.g. Emerg, HIV,Obstetrics etc



### Legends

- Region A
- Region B
- Region C
- Region D
- Region E
- Region F
- Region G



# Mentoring Support



- At District Hospital (8 Drs + 2 FPs)
  - Ward rounds
  - Theatre
  - OPD
- Visits to Clinics (1-3 PHC Nurses)
  - Mentored x 1 morning per week
  - Observed Consultations
  - Teamwork daily
    - Clinic context
- “Teaching”
  - Registrar Seminars weekly -1-3 afternoons/wk
  - Patient Safety mthly / CPD x 2 (Hosp/Clinic)
- Opportunities & Challenges...! Outcomes!

# Community Practices: Training / Research Platform



- ❑ Define community of 1000-2000 people & register per registrar team
  - With community consultation
- ❑ Determine demographics / health status / community profile
- ❑ Integrate community diagnosis with service use
  - Slots on 2 x 2hrs weekly - bookings
  - Clinical and Community Teamwork
  - Home visits with Community Health Workers once a month
  - DHIS vs own data: Audits



## ❑ African FM principles

- Improved individual care
- Contextualised care (COPC)
- Extended Range (Community to District Hospital)
- Team-based clinical care in the DHS
- Support & Integrate Priority programmes -popn outcomes
- Public-Private-NGO spectrum

# Examinations



- ❑ Single National Exit
- ❑ Hosted by College on behalf of 8 DFMs
  - Requires strong participation by all DFMs
  - Quality assurance - feedback loop to students + trainers
- ❑ Done in Y3 with internal pass + approved protocol
- ❑ After passing exam ONLY awarded the Fellowship after passing research
- ❑ Awarded MMed + Fellowship together

# Questions & Comments



Dr Shabir Moosa

Acting Chief Specialist Family Medicine  
& PHC, Gauteng

Wits Department of Family Medicine

011 -7172056

011- 3553377

0795170544

[shabir@drmoosa.co.za](mailto:shabir@drmoosa.co.za)

THE DISTRICT MANAGER

