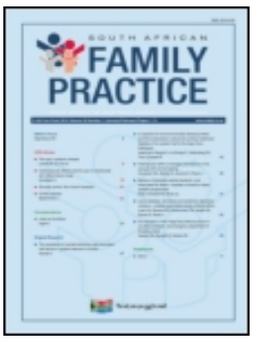

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Outcomes for family medicine postgraduate training in South Africa

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Outcomes for family medicine postgraduate training in South Africa

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Introduction

After 1994, the post-apartheid government decided that primary health care and the district health system would be the cornerstone of their new health policy. As a consequence of this, the academic departments of Family Medicine and primary care recognised the need for a nationally agreed set of training outcomes that were more aligned with these new priorities within the public sector.

Thus in 2001, the Family Medicine Education Consortium (FaMEC), representing the eight academic departments of family medicine in South Africa, agreed to a set of outcomes for postgraduate family medicine training. At that time, all departments were running Family Medicine Master's programmes as part-time training courses for doctors in primary health care. Recognition of the need to move towards full-time registrar training already existed, and because of this steps were taken to register Family Medicine as a speciality with the Health Professions Council of South Africa (HPCSA).

At the time, university curricula and the health system were in a rapid state of flux and transition. The FaMEC outcomes were developed in that context. The outcomes were adopted and used in training sessions across the country. They provided a common standard towards which the different programmes could all aim, and represented a very useful and positive consensus.

An adapted version was developed in August 2004 for submission to the South African Qualifications Authority and for use in curriculum revision in preparation for full-time registrar training.

In 2007, Family Medicine was gazetted as a speciality.[1] As per the new regulations, a doctor who wished to become a Family Medicine specialist was now required to "have obtained at least four years education and training, three years of which shall be in an accredited registrar's post." As a result of this, from 2008 onwards, the eight departments started to change over to full-time MMed registrar programmes and to phase out the part-time Master's training programmes. There was an accompanying commitment to evolve towards a common national exit examination, to be conducted by the College of Family Physicians of the Colleges of Medicine of South Africa.

It soon became obvious that the need for a common standard was even more important than it had been before, and that the FaMEC outcomes needed to be revised in light of the new speciality status, experience with training the first groups of registrars and greater clarity as to the role of the specialist family physician in the district healthcare system. While it was recognised that there would be variations in focus, approach and implementation in each of the different training programmes around the country, it was agreed that uniform outcomes remained necessary and would become even more important with implementation of the national exit examination.

Thus, at a summit of the heads of departments and postgraduate Family Medicine training coordinators from all eight faculties involved in postgraduate Family Medicine training held at the University of the Witwatersrand (Wits) Medical School in February 2010, a task team was formed to undertake the process of reviewing the outcomes. The task team comprised Professors Ian Couper (Wits, chairperson), Bob Mash (Stellenbosch University) and Selma Smith (University of Pretoria) and Dr Beverley Schweitzer (University of Cape Town).

The task team spent six months reviewing and revising the outcomes. The resulting document was presented to a meeting of heads of departments in September 2010 at Tygerberg. Following discussions at that meeting, further changes were made and a final draft document was sent to all department heads with a request that it should be circulated among staff members who were engaged in postgraduate training for comment. Comments were received from a number of departments and these were then incorporated.

A final version was circulated once again to all heads of department for approval. The Family Medicine Outcomes 2010, which represent the unit standards for the discipline, were then formally adopted in November 2010. They will be reviewed again in 2013.

The five unit standards agreed to were that, at the end of training, a family physician should be able to:

- Effectively manage himself or herself, his or her team and his or her practice, in any sector with visionary leadership and self-awareness in order to ensure the provision of high-quality, evidence-based care.
- Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the biopsychosocial approach.
- Facilitate the health and quality of life of the community.
- Facilitate the learning of others regarding the discipline of family medicine, primary health care and other health-related matters.
- Conduct all aspects of health care in an ethical and professional manner.

The outcomes have subsequently been used by the College of Family Physicians for the purpose of blueprinting the national examinations.

We believe the process provides a useful example to other specialities and Family Medicine groupings in other countries who wish to ensure that there is a core standard for training. The contents also offer a useful framework that other countries in sub-Saharan Africa may wish to use as a basis for developing their own standards.

The standards are presented below.

Acknowledgements

Acknowledgement is given to the heads and acting heads of the departments of family medicine in South Africa in 2010 who contributed to this process as follows, in alphabetical order: Professors Jimmy Chandia (Walter Sisulu University), Ian Couper (University of the Witwatersrand), Derek Hellenberg (University of Cape Town), Jannie Hugo (University of Pretoria), Bob Mash (Stellenbosch University), Cyril Naidoo (University of KwaZulu-Natal), Gboyega Ogunbanjo (University of Limpopo) and Hannes Steinberg (University of the Free State).

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1. Department of Health. Health Professions Act, 1974 (Act No 56 Of 1974). Regulations relating to the registration of specialities and subspecialities in medicine and dentistry: amendment (Proclamation No R 712, 2007). Government Gazette 30165. Pretoria: Government Printing Works; 2007.

The family physician unit standards: September 2010

Purpose statement

This qualification in family medicine is intended for doctors in possession of a first or basic degree in medicine to acquire the additional knowledge, skills and attitude to enable them to provide competent, comprehensive and continuous patient-centred medical care using the biopsychosocial model in a continuum across all facilities in the district healthcare system. This includes curative, preventative, promotive, palliative and rehabilitative care.

An attitude of lifelong learning should be fostered, ensuring continuing self development and development of the discipline of family medicine.

The qualification will provide South Africa with specialist family physicians who will deliver and promote primary health care and district level health services of the highest standard and the continual development of a high level of knowledge and expertise that is appropriate to South Africa and comparable with international standards in the field.

Society will gain specialist family physicians who will strengthen the delivery of primary health care and district-level health services from the community to the clinic or health centre to the district hospital, leading to improved quality of care and ultimately reduced morbidity and mortality.

Principles of family medicine

The family physician:

- Is committed to the person, rather than to a particular body of knowledge, group of diseases or special techniques, and is able to provide competent care for most of the common and important health problems that are encountered in the district health services.
- Attaches importance to the subjective aspects of medicine and considers both his or her and the patient's subjective experiences.
- Seeks to understand the context of the patient and his or her illness.
- Regards every contact with patients as an opportunity for disease prevention or health promotion.
- Is able to perform most of the common clinical procedures and operations that are appropriate to the district health system.
- Views his or her practice as a population at risk and is interested in the health needs and priorities of his or her practice population as a whole.
- Sees himself or herself as part of a community-wide network of supportive and healthcare agencies and functions as part of a team.
- Is an effective manager and improves the quality of care.

- Sees himself or herself as a mentor or teacher for other practitioners in the district health system.
- Is a lifelong learner.

Unit standards for family medicine: summary

The candidate will be able to:

- Effectively manage himself or herself, his or her team and his or her practice in any sector with visionary leadership and self-awareness in order to ensure the provision of high-quality, evidence-based care.
- Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the biopsychosocial approach.
- Facilitate the health and quality of life of the community.
- Facilitate the learning of others regarding the discipline of family medicine, primary health care, and other health-related matters.
- Conduct all aspects of health care in an ethical and professional manner.

Unit Standard 1
Effectively manage himself or herself, his or her team and his or her practice in any sector with visionary leadership and self-awareness in order to ensure the provision of high-quality, evidence-based care.

Capability	Outcomes
A person who has achieved this standard is capable of effectively managing himself or herself, his or her team and his or her practice, regardless of the sector, shows self-awareness in his or her personal and professional approach and provides high-quality care based on current evidence.	The following components of this capability should be demonstrated by the candidate. **1.1 Manage himself or herself optimally by:** 1.1.1. Addressing his or her personal learning needs continually by assessing needs and participating in an appropriate programme of learning. 1.1.2 Demonstrating growth and learning in response to identified needs 1.1.3 Demonstrating responsible and efficient methods of self-management and self-care 1.1.4 Demonstrating willingness to seek help when necessary 1.1.5 Describing activities to enhance self-growth and development 1.1.6 Demonstrating an ability to develop his or her own capacity to perform at the level that is expected of a family physician. **1.2 Manage resources and processes effectively by:** 1.2.1 Describing and applying the applicable laws with respect to employment practices, labour relations, accounting and running a dispensing practice 1.2.2 Interpreting basic financial statements 1.2.3 Understanding and applying basic principles of budgeting, health economics, tax management and financial planning 1.2.4 Planning viable health services in a systematic and rational way, incorporating the appropriate use of resources, including human and material resources. 1.2.5 Planning, implementing and maintaining information- and record-keeping systems. **1.3 Describe, evaluate and manage healthcare systems by:** 1.3.1. Demonstrating the ability to contribute to the management of a facility, sub-district and professional practice. 1.3.2. Working effectively as a member of the district health care team, in any sector 1.3.3. Demonstrating an understanding of the principles of the district health system, in the context of the national health system. 1.3.4. Demonstrating the ability to plan and conduct a practice audit 1.3.5. Implementing ongoing quality improvement activities. **1.4 Facilitate clinical governance by:** 1.4.1 Critically reviewing research articles and applying the evidence in practice. 1.4.2 Demonstrating the implementation of research and literature review findings in the management of problems in practice by, for instance, developing protocols for the practice. 1.4.3 Adapting and implementing appropriate local, national and international clinical guidelines. 1.4.4 Engaging in monitoring and evaluation to ensure high quality care. 1.4.5 Implementing rational prescribing and diagnostic testing. 1.4.6 Facilitating risk management processes. **1.5 Work with people in the healthcare team to create an optimal working climate by:** 1.5.1 Communicating and collaborating effectively with members of the healthcare team and peers. 1.5.2 Demonstrating the ability to manage and motivate personnel. 1.5.3 Facilitating the development and implementation of a strategic plan. 1.5.4 Demonstrating management and leadership skills within the context of a team. 1.5.5 Effectively managing conflict with peers, staff and patients.

Unit Standard 2
Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the biopsychosocial approach

Capability	Outcomes
A person who has achieved this standard is capable of evaluating and managing patients with both undifferentiated and more specific problems cost-effectively according to the biopsychosocial approach.	The following components of this capability should be demonstrated by the candidate. **2.1 Evaluate a patient according to the biopsychosocial approach by:** 2.1.1 Taking a relevant history in a patient-centred manner, including exploration of the patient's illness experiences and context. 2.1.2 Performing a relevant and accurate examination. 2.1.3 Deciding on or performing appropriate special investigations where indicated, based on current evidence and balancing risks, benefits and costs. 2.1.4 Formulating a biopsychosocial assessment of the patient's problems, informed, among others, by clinical judgment, epidemiological principles and the context. 2.1.5 Demonstrating sound clinical reasoning at every point in the consultation. **2.2 Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan, evaluating and adjusting elements of the plan as necessary by:** 2.2.1 Communicating effectively with patients to inform them of the diagnosis or assessment and to seek consensus on a management plan. 2.2.2 Establishing priorities for management, based on the patient's perspective, biological and socio-economic preconditions, medical urgency and context. 2.2.3 Formulating a cost-effective management plan, including follow-up arrangements and re-evaluation. 2.2.4 Formulating a management plan for patients with family-orientated or other social problems, making appropriate use of family and other social and community support and resources. 2.2.5 Applying technology cost-effectively and in a manner that balances the needs of the individual patient and the greater good of the community. 2.2.6 Incorporating disease prevention and health promotion. 2.2.7 Performing effectively and safely the technical and surgical skills necessary to function as a generalist. 2.2.8 Effectively managing concurrent, multiple and complex clinical issues, both acute and chronic, often in a context of uncertainty. 2.2.9 Demonstrating a patient-centred approach to management using collaborative decision-making. 2.2.10 Including the family in the management and care of patients whenever appropriate. 2.2.11 Counselling patients with regard to a variety of distressing situations, such as dreaded diseases and loss, and the need to make difficult decisions. 2.2.12 Recognising and managing discord in relationships that impact on health, using appropriate tools, e.g. genograms and ecomaps where necessary to identify potential problems. 2.2.13 Collaborating and consulting with other health professionals as appropriate. 2.2.14 Referring patients to practitioners who are more appropriately qualified than he or she is, to manage certain conditions. 2.2.15 Co-ordinating the care of patients with multiple care providers. 2.2.16 Demonstrating appropriate recordkeeping. **2.3 Provide comprehensive, continuing care throughout the lifecycle, incorporating preventative, diagnostic, therapeutic, palliative and rehabilitative interventions, by:** 2.3.1 Demonstrating a commitment to building continuity of care and ongoing relationships with patients, as well as an understanding of the chronic care model. 2.3.2 Demonstrating an ability to provide preventive care, using primary, secondary and tertiary prevention as appropriate, and to promote wellness. 2.3.3 Demonstrating the ability to make a functional assessment of a patient with impairment or disability and enable his or her rehabilitation. 2.3.4 Demonstrating the ability to provide holistic palliative and terminal care. 2.3.5 Demonstrating an understanding of the emotional and physical aspects of pregnancy, birth, childhood, adolescence, young adulthood, adulthood and aging.

Unit Standard 3
Facilitate the health and quality of life of the family and community.

Capability	Outcomes
A person who has achieved this standard is capable of facilitating the health and quality of life of the community.	The following components of this capability should be demonstrated by the candidate: **3.1 Integrate and co-ordinate the preventive, promotive, curative, rehabilitative and palliative care of the individual in the context of the family and the community by:** 3.1.1 Knowing the available resources in the community and being able to coordinate and integrate team efforts. 3.1.2 Considering the family when making an assessment and engaging the family in management at an appropriate level. 3.1.3 Providing family- and community-oriented care to patients. 3.1.4 Conducting home visits when feasible. 3.1.5 Providing information and emotional support to patients and to family members who are caring for a patient at home. **3.2 Identify and address problems influencing the health and quality of life of the community in which the family physician works by:** 3.2.1 Demonstrating an understanding of the concept of and an ability to work a "community". 3.2.2 Demonstrating the ability to identify community health problems and make a "community diagnosis". 3.2.3 Demonstrating an awareness of socio-economic and environmental determinants of ill health and the limits of the biomedical approach in addressing these. 3.2.4 Demonstrating surveillance skills and an understanding of the processes and procedures for monitoring the health of a community. 3.2.5 Demonstrating the ability to engage in appropriate community-based research. 3.2.6 Involving others and planning an integrated approach to addressing problems that are identified in a community. 3.2.7 Influencing attitudes in a community towards safer health practices. **3.3 Be an advocate for individuals and communities to ensure informed decision-making on health matters based on evidence by:** 3.3.1 Ensuring co-ordination of care and that the holistic needs of a patient are being addressed at any level of care. 3.3.2 Working together with patients in resolving issues relating to public or private organisations which impact on patients' well-being. 3.3.3 Supporting patients and communities in standing up for their health rights. 3.3.4 Advocating on behalf of patients and communities when required. 3.3.5 Using research findings to inform health interventions and advocacy. 3.3.6 Promoting intersectoral interventions that improve the health of a community.

Unit Standard 4
Facilitate the learning of others regarding the discipline of family medicine, primary health care, and other health-related matters.

Capability	Outcomes
A person who has achieved this standard is capable of educating, teaching, mentoring or supervising others regarding the discipline of family medicine, primary health care, and other health-related matters. For example, this may involve the supervision of clinical associates, interns or registrars, teaching of medical students or mentoring of clinical nurse practitioners and junior medical officers. The capability may also extend to interaction with community groups and patients as in Unit Standard 3.	The following components of this capability should be demonstrated by the candidate: **4.1 Demonstrate the role of the family physician as a teacher, mentor or supervisor by:** 4.1.1 Describing the relevant principles of adult education and learning theory. 4.1.2 Assessing the learning needs of others and planning educational activities. 4.1.3 Conducting effective learning conversations in the clinical setting (clinical mentoring). 4.1.4 Using educational technology effectively. 4.1.5 Making an effective educational presentation. 4.1.6 Facilitating small group learning. 4.1.7 Eliciting course evaluation and feedback from participants or students. 4.1.8 Applying the principles of student assessment. 4.1.9 Applying evidence to the content and methods of teaching.

Unit Standard 5
Conduct all aspects of health care in an ethical and professional manner.

Capability	Outcomes
A person who has achieved this standard is capable of conducting all aspects of health care in an ethical and professional manner.	The following components of this capability should be demonstrated by the candidate: **5.1 Demonstrate an awareness of the legal and ethical responsibilities in the provision of care to individuals and populations by:** 5.1.1 Identifying and defining an ethical dilemma using ethical concepts. 5.1.2 Applying a problem-solving approach in which the law, ethical principles and theories, medical information, societal and institutional norms and personal value system are reflected. 5.1.3 Formulating possible solutions to the ethical dilemma. 5.1.4 Implementing these solutions in order to provide health care in an ethical, compassionate and responsible manner that reflects respect for the human rights of patients and colleagues. 5.1.5 Demonstrating adherence to Health Professions Council of South Africa ethical guidelines. **5.2 Demonstrates professional values in relationship to society, interpersonal relationships and personal behaviour by:** 5.2.1 Demonstrating professional values in relationship to society, e.g. striving for equity in healthcare delivery, striving for quality in healthcare delivery and defending the human rights of patients and colleagues. 5.2.2 Demonstrating professional values in interpersonal relationships, e.g. dealing courteously with patients, colleagues and the public and having regard for cultural issues and individual dignity. 5.2.3 Demonstrating professional values in personal behaviour, e.g. delivering health care of a consistent high standard irrespective of his or her own perceptions or prejudices and the background, with respect to gender, ethnicity, religion or sexual orientation, of his or her patient.

Note: This is a generic guiding document for family medicine training that was approved by the heads of departments (HODs) of family medicine in the eight medical schools of South Africa. Specific content to address the Family Medicine Outcomes and objectives have to be developed by each university-based training programme.

The original Family Medicine Outcomes document was developed in 2001 for the FaMEC. An adapted version was developed in August 2004 for submission to the South African Qualifications Authority and for use in curriculum revision, in preparation for full-time registrar training.

The current revision was approved by the HODs in September 2010.

It is expected that these Family Medicine Outcomes will be revised in 2013.