







Workshop Exploring the lessons learnt on how best to recognise the contribution of family physicians.

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Workshop outline

- Round of introductions (ice breaker) 10 minutes: Louis Jenkins/ Klaus von Pressentin
- Purpose of workshop (aim and potential outputs) 10 minutes: Bob Mash
- Lessons learnt from a national study and overview of instruments used - 10 minutes: Klaus von Pressentin
- Perspective on contribution of family physicians and how it is perceived/tangible within the local DHS context: rural district hospital in Eastern Cape - 10 minutes: Kevin Pasio
- Small group discussions 20 minutes
- Feedback from small group discussions 25 minutes
- Closure and way forward: Klaus/Bob 5 minutes



Introductions







The contribution of family physicians to district health services: a national position paper for South Africa

Introducing the tools used in a national study

Evaluating the impact of family physicians within the district health system of South Africa







Research aim

This study aimed to evaluate the impact of family physicians within the District Health System on a national scale.

The researchers aimed to provide objective evidence on the current impact made by family physicians and to understand the contextual factors which influence their impact on DHS performance.

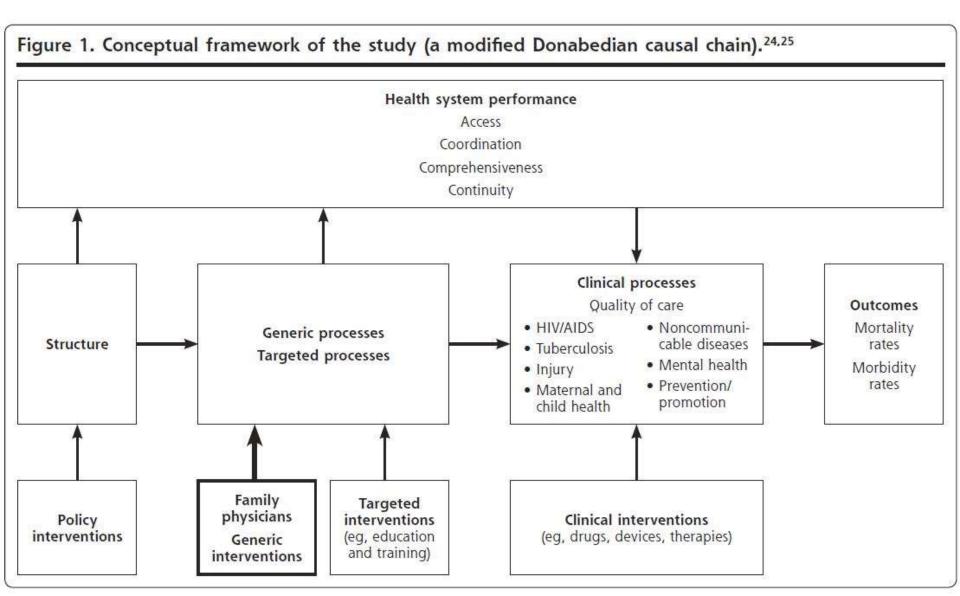
Evidence of the impact of family physicians will assist decision-makers in South Africa and in the African region.

Data collection process

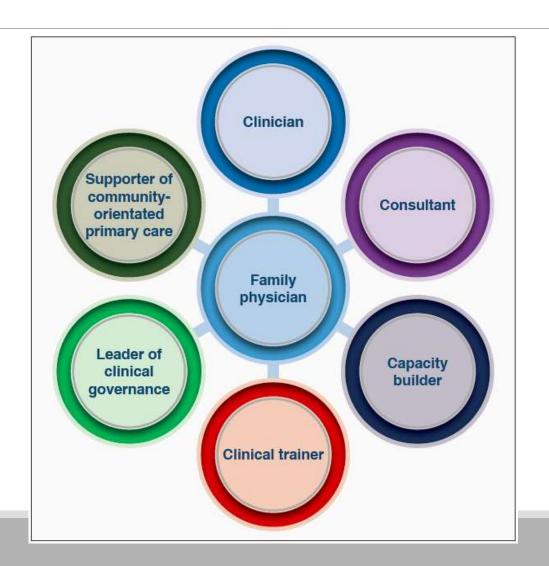
An approach to measuring our contribution

- 1. Decide why, what and how you wish to measure (aim, objectives, design)
- 2. Use a conceptual framework and/or theoretical framework
- 3. Agree on indicators (be SMART)
- 4. Use/design validated instruments

Conceptual framework 1



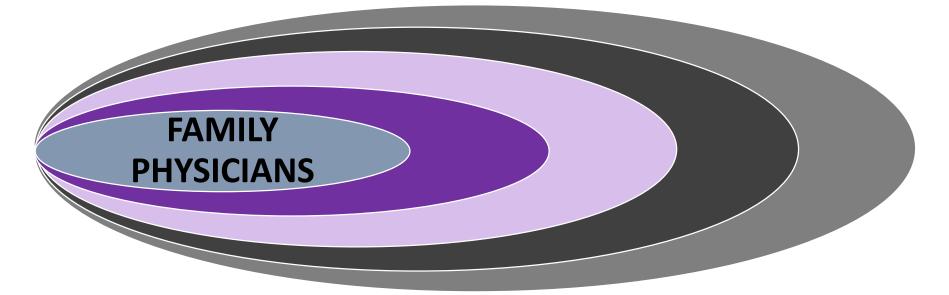
Conceptual framework 2





ZOOMING IN ON OUR CIRCLE OF INFLUENCE

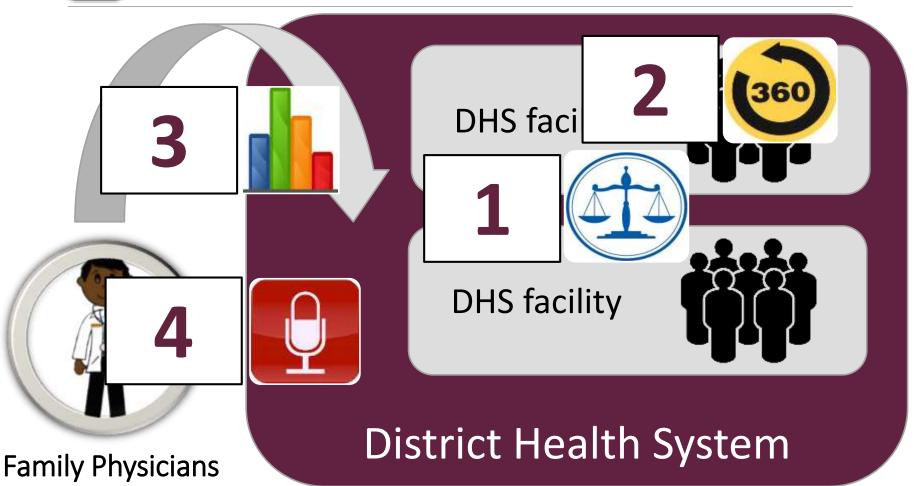
Interpersonal; Institutional; District; National



ECOLOGICAL MODEL



Research project: 4 lenses



ZOOMING IN ON OUR CIRCLE OF INFLUENCE

Analysis of correlation between family physician supply and district health indicators

MACRO

Semi-structured interviews with district managers

Cross-sectional comparison of facility-level indicators for facilities with and without family physicians

Multi-source 360-degree perceived impact assessment survey



Conceptual framework

Health system performance

Agreement on benefits to access, coordination and comprehensiveness of care.

Continuity of care not influenced: requires further research.

Supportive environment which enables quality of care.

Structure

Generic and targeted processes

Aim to add value through leadership ability in all six roles.

Direct and indirect effects on patients interactions.

Clinical processes

Clinical service delivery is strengthened across the spectrum of the quadruple disease burden, within the context of the DHS healthcare team.

Outcomes

The current supply
of FPs is still to low
to make a
measurable impact;
more time required.

Policy interventions

National position paper (2015).

Family physicians

Training and deployment.

Targeted interventions

Roleclarification, mentoring.

Clinical interventions

Clinical care, capacitating the health team and facilitating clinical governance activities.

Key message

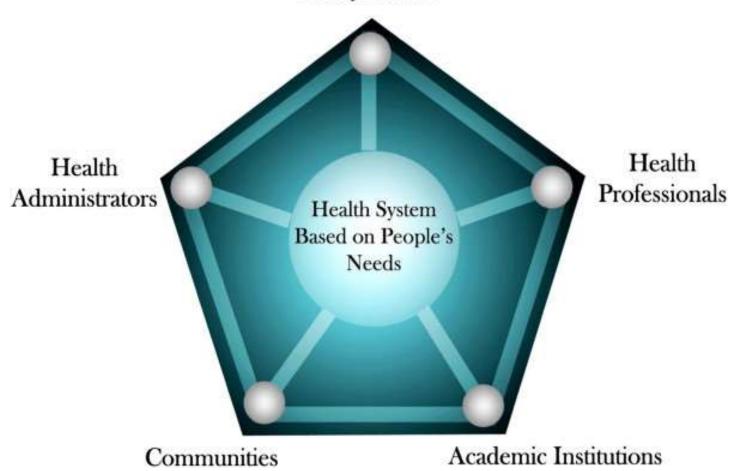
Research on the influence of health workers will advocate for the appropriate training and deployment of HRH teams.

When designing studies to evaluate the impact of a discipline, "it is important to recognize and manage the tension between standardized measurement and the support of desirable heterogeneity based on local needs".

Ponka D, Rouleau K, Arya N, Redwood-Campbell L, Woollard R, Siedlecki B, Dunikowski L. Developing the evidentiary basis for family medicine in the global context: The Besrour Papers: a series on the state of family medicine in the world. Canadian Family Physician. 2015;61(7):596-600.

Socially accountable perspective

Policy Makers



The Partnership Pentagon: Charles Boelen



Perspective on how a FP perceives his influence within the local context





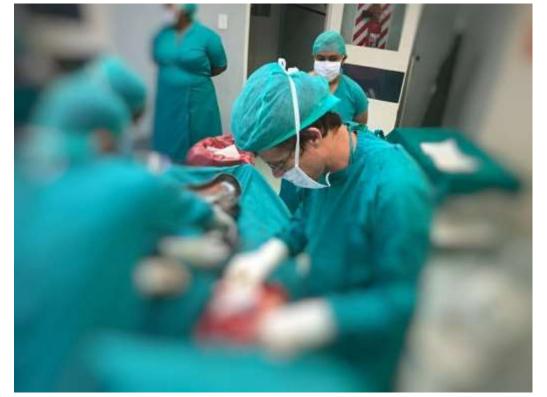
Kevin Pasio





"The reality of limited access to scarce resources means that sometimes our patients need their lower limb fractures treated conservatively rather than operatively. We do that by providing traction, but to really do so optimally, you need a Balkan Frame. Our family physicians Hans and Kev built one this weekend!"

Facebook page: Clinical team at Zithulele Hospital (posted: 25 June 2017)



"Theatre saw some out of the ordinary action this morning. A young man who was stabbed last night arrived with bowel hanging out, dirty and full of holes. (Apologies to the squeamish!) He was in too much pain to simply put on an ambulance, and not too well either, so it seemed best to take him to theatre ourselves. The laparotomy even included bowel resection! Not something we do often. All went well! A rather unusual referral thereafter, but the surgeon on call graciously accepted him for post op observation! Well done doctor Kev and the theatre team! (Sorry to those who got lost in the blur necessary to avoid being too graphic!)

Facebook page: Clinical team at Zithulele Hospital (posted: 6 Nov 2017)

Perspective on how a FP perceives his influence within the local context

- Brainstorm ideas on how to advocate for FM and posts in provinces like the EC, for example:
 - Getting buy-in from HoDs and academic institutions
 - Strengthening our body of family physicians and "making more of a noise"
 - Be clear about our scope of practice = this creates a sense of trust in our discipline
 - Be confident in who we are "we need to stop accepting B- or C-grade status" - it reflects badly on us and is uninspiring, especially to the younger generation."



Small group discussion

How do we measure or report on the contribution of FPs, using the tools mentioned or using other methods?

 The discussion is not so much about generating evidence, but rather focusing on how to best present and share this evidence / knowledge translation with policy or decision makers (local and district managers, colleagues, potential registrars, other health professionals, students, the community served).

20 minutes







Feedback

25 minutes



Closure and way forward

Workshop outputs

SAAFP policy brief

References

- Von Pressentin KB, Mash RJ, Baldwin-Ragaven L, et al. The perceived impact of family physicians on the district health system in South Africa: a cross-sectional survey. BMC Fam Pract 2018; 19: 24.
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- Von Pressentin KB, Mash RJ, Baldwin-Ragaven L, et al. The influence of family physicians within the South African district health system: A cross-sectional study. Ann Fam Med 2018; 16. DOI:10.1370/afm.2133.
- Von Pressentin KB, Mash RJ, Esterhuizen TM. Examining the influence of family physician supply on district health system performance in South Africa: An ecological analysis of key health indicators. African J Prim Heal Care Fam Med 2017; 9. DOI:10.4102/phcfm.v9i1.1298.
- Mash R, Ogunbanjo G, Naidoo SS, Hellenberg D. The contribution of family physicians to district health services: A national position paper for South Africa. South African Fam Pract 2015; 57: 54–61.





Thank you!

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