

#SANFPC23



25th National Congress
Integrating Primary Care – creating a more connected
health and care system.

Jumpstarting your PhD

17 August 2023

08h30 – 16h30

A pre-conference workshop organised by
the SAAFP ETC PhD Special Interest Group



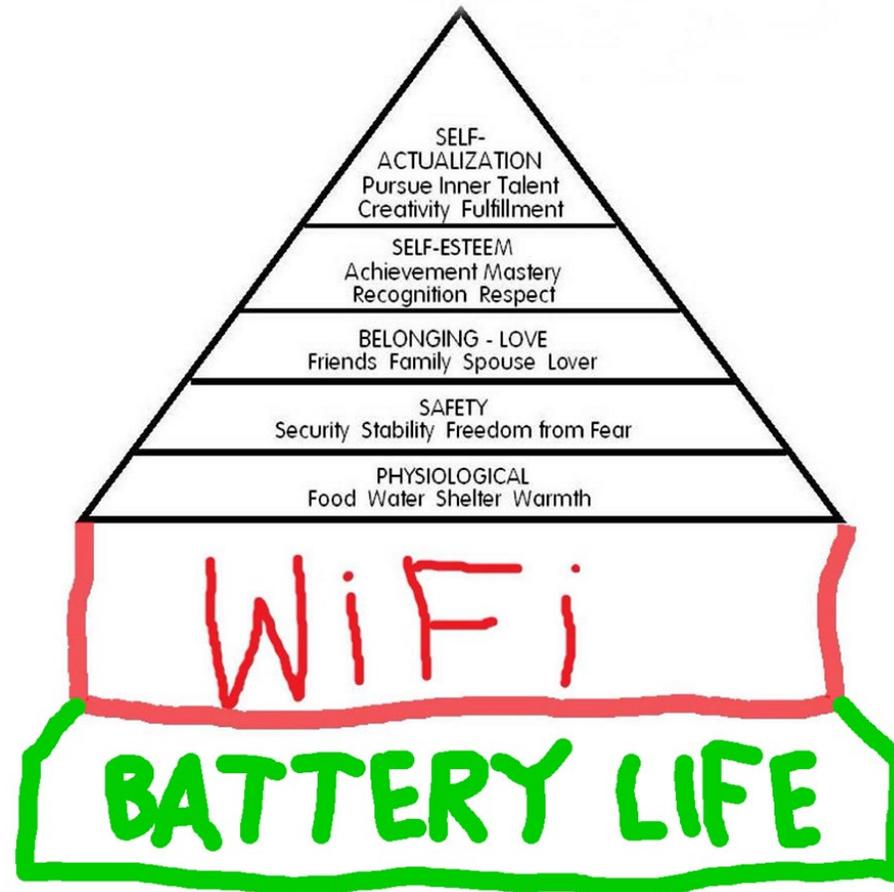
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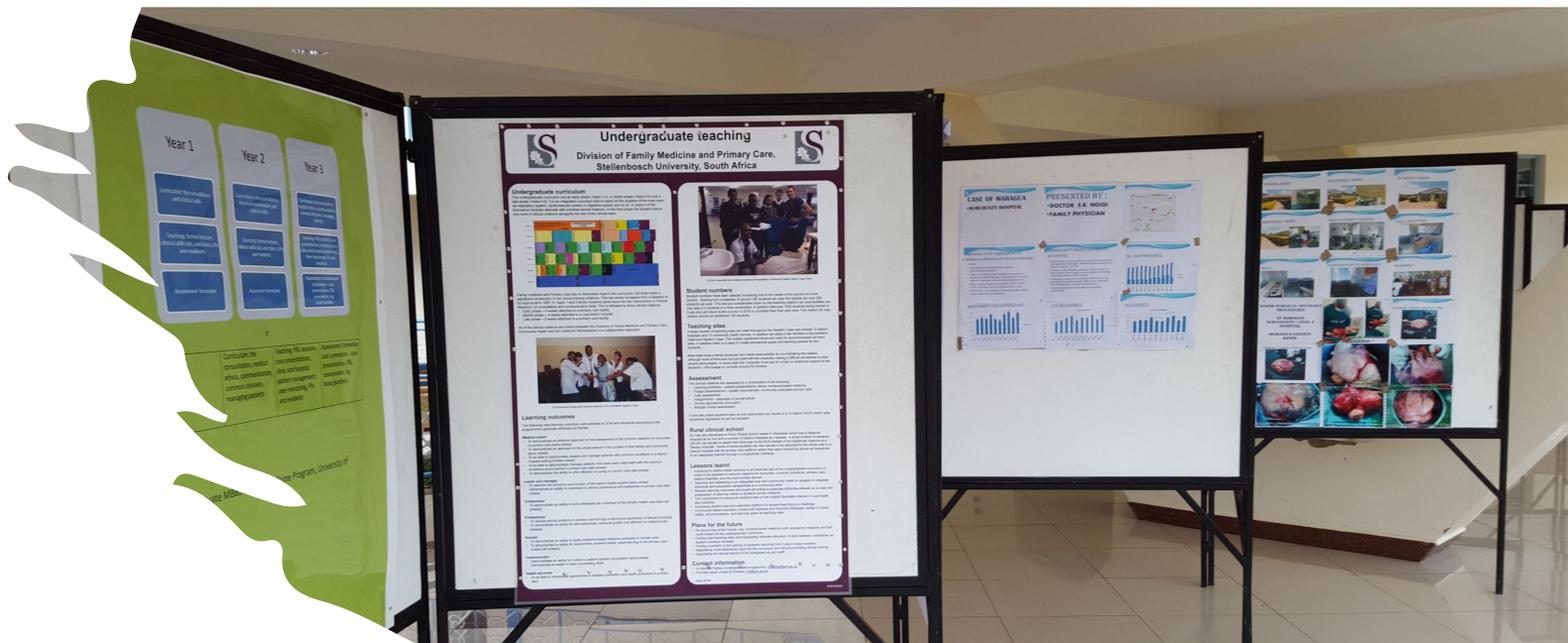
MarriottBonvoy_Conference

Password: SAAFP2023



Overview & introduction

- Welcome
- Overview of today's workshop
- Icebreaker & getting to know each other
- Why do we need more PhDs in South African family medicine & primary care?
- Introduction to the SAAFP PhD Special Interest Group



Jumpstarting your PhD:

What this means for where you are in terms of stage of PhD

Workshop objectives



Mapping key concepts and stages in the PhD journey



Learning from experiences shared by those on the journey



Interactive group work to move you forward (stage-dependant)



Tips on writing the PhD proposal to help you succeed at this key step



Linking with fellow travellers and exploring the potential of a community of practice



Informing the SAAFP's role (specifically the PhD SIG) on how better to build doctoral capacity from the student, supervisor and network perspectives

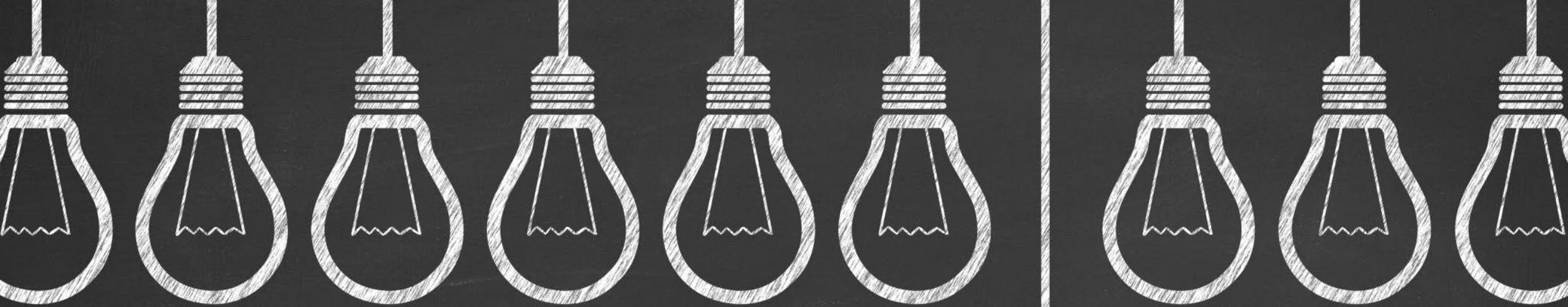
Overview of today's workshop

Session 1: 08h30 – 10h00 <ul style="list-style-type: none">• Introduction & check-in – 30min• Reflecting on the PhD journey – 60 min (including 20 minutes for interaction)	Facilitator(s) <ul style="list-style-type: none">• Klaus• Mergan
Tea break (10h00 – 10h30)	
Session 2: 10h30 – 12h00 <ul style="list-style-type: none">• Feedback from advanced PhD graduates on their PhD journey (Interview/panel discussion format with facilitator, asking question prompts such as, "What did you do well, and what would you do differently?") – 45-min• Group work (dreamers and doers): 11h15 – 12h00	<ul style="list-style-type: none">• Bob• All
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Tea break (15h00 – 15h30)	
Session 4: 15h30 – 16h30 <ul style="list-style-type: none">• Planning of next steps and linking with the community of practice and brainstorming potential specialist interest group activities. – 45-min• Closure – 15 min	<ul style="list-style-type: none">• All

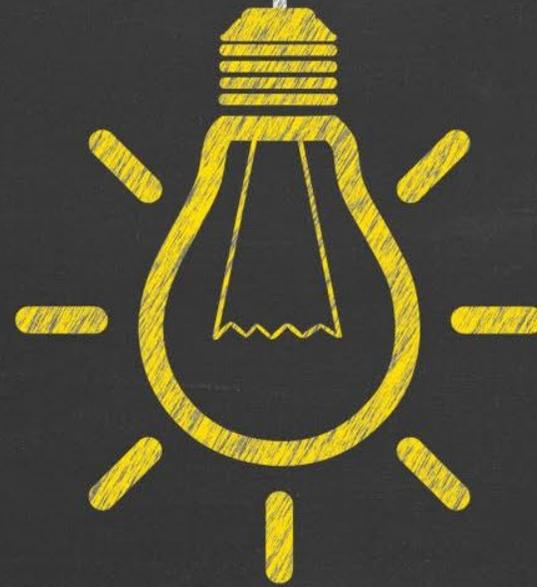


If you were a
superhero,
what would be
your powers?

Icebreaker



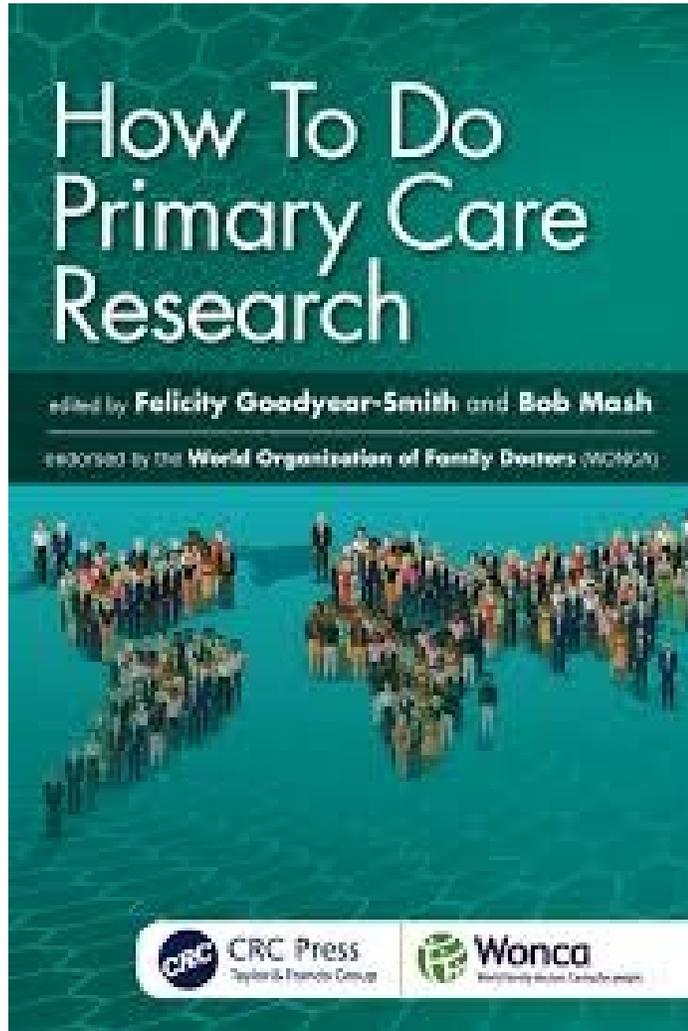
Why do we need
more PhDs in
South African
family medicine &
primary care?

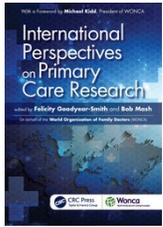


The social and scientific rationale for building academic primary care capacity in Southern Africa

What makes research primary care research?

- *Growing recognition of the need for research that answers questions important to primary care.*
- *Research informs clinical practice, organisation of primary care services and teaching, and developing its own body of knowledge is the hallmark of a maturing academic discipline.*
- *Such research should happen in the primary care context. Evidence generated within the primary care context is more likely to be relevant and applicable.*
- *Unfortunately, much of the evidence applied to the primary care context is generated in other settings such as the tertiary hospital.*





Typology of primary care research

- **Basic research:** focus on the methods used to conduct research in primary care (*e.g., the adaptation of the primary care assessment tool for use in primary care research in the African context*).
- **Clinical research:** focus on the diagnosis and treatment of clinical problems (*focus across the whole local burden of disease*).
- **Health services research:** explores factors that impact the way we deliver care and the organisation of clinical operations (*e.g., the core dimensions of primary care*).
- **Health systems research:** explores the macro-scale economic and political factors that affect primary care (*e.g., human resources for primary healthcare in the African context*).
- **Educational research:** focus on education for students and practitioners for primary care and the health workforce for primary care (*e.g., curriculum development and faculty development*).

Editorial: A review of published research in the South African Family Practice - A clarion call to action

TABLE 1: Findings from a simple descriptive analysis of original research published during 2020–2022 in the SAFP journal (*N* = 117).

Variable	2020 (%)	2021 (%)	2022 (%)	All (%)
Research publications				
Original research	34.2	29.1	36.8	100.0
Primary care research typology				
Basic research	7.5	32.4	2.3	12.8
Clinical research	47.5	41.2	53.5	47.9
Health services	25.0	17.6	20.9	21.4
Health systems	5.0	0.0	16.3	7.7
Educational research	15.0	8.8	7.0	10.3
Study setting				
Urban or metropolitan	70.0	61.8	55.8	62.4
Rural	12.5	17.6	27.6	19.7
Both	17.5	20.6	16.3	17.9
Study population				
Adults	77.5	67.6	86.0	77.8
Adolescent	0.0	2.9	0.0	0.9
Children	5.0	0.0	2.3	2.6
Combined	17.5	29.4	11.6	19.8
Methods				
Quantitative	75.0	61.8	67.4	68.4
Qualitative	22.5	23.5	23.3	23.1
Mixed methods	2.5	14.7	9.3	8.5
Study design†				
Descriptive – survey	70.0	64.7	55.8	63.2
Descriptive – qualitative	22.5	20.6	23.3	22.2
Experimental or quasi-experimental	0.0	2.9	2.3	1.7
Observational analytic	2.5	0.0	4.7	2.6
Research synthesis	2.5	8.8	4.7	5.1
Mixed methods	2.5	2.9	9.3	5.1

Institutional collaboration				
Yes	22.5	44.1	32.6	32.5
No	77.5	55.9	67.4	67.5
Interdisciplinary research teams				
Yes	47.5	41.2	32.6	40.2
No	52.5	58.8	67.4	59.8

Discipline of the first author				
Family medicine	55.0	32.4	58.1	49.6
Other medical specialist disciplines	17.5	32.4	9.3	18.8
Public health	10.0	8.8	18.6	12.8
Nursing	15.0	17.6	2.3	11.1
Education	0.0	5.9	4.7	3.4
Pharmacy	0.0	2.9	2.3	1.7
Rehabilitation sciences	2.5	0.0	0.0	0.9
Social sciences	0.0	0.0	2.3	0.9
Business discipline	0.0	0.0	2.3	0.9

Country of the first author				
South Africa	77.5	88.2	93.0	86.3
Eswatini	0.0	2.9	0.0	0.9
Lesotho	0.0	0.0	2.3	0.9
Zimbabwe	2.5	0.0	2.3	1.7
Outside Southern African region but from SSA	12.5	5.9	0.0	6.0
Outside SSA	7.5	2.9	2.3	4.3

Student-driven research				
Yes	22.5	20.6	44.2	29.9
Categories of student-led research (<i>N</i> = 35)				
Undergraduate	0.0	0.0	10.5	5.7
Master's	33.3	100.0	63.2	62.9
PhD	66.7	0.0	26.3	31.4

African Primary Care Research: Current situation, priorities and capacity building

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Introduction

The Sixth PRIMAFAMED (Primary Health Care/Family Medicine Education Network) workshop on 'Capacity Building and Priorities in Primary Care Research' was held in Pretoria, South Africa (SA), from 22 to 24 June 2014. Delegates from the following countries attended the workshop: Ghana, Nigeria, Uganda, Kenya, Tanzania, Sudan, Malawi, Zimbabwe, Botswana, Namibia, SA, Zambia, Ethiopia, Rwanda, Mozambique, Swaziland, Belgium, and Denmark (Figure 1). Delegates were from established or emerging departments of family medicine and primary care in these countries. The central theme of the workshop was primary care research – the current situation, the priorities for research and the need for capacity building. This report gives a summary of the consensus on these matters that emerged from the workshop.

The motivation for the conference was derived in part from the involvement of Professor Bob Mash (SA) and Professor Olayinka Ayankogbe (Nigeria) in the World Organization of Family Doctors (WONCA) Global Working Party on Primary Care Research, which has a goal of promoting primary care research.

Process

A four-step process was followed leading up to this report on the final consensus:

1. **Situational analysis:** Each institution attending the workshop was requested to present a poster summarising their current research activities and output. The delegates reviewed these posters in an interactive poster session (Figure 2).
2. **International perspective:** Professor Felicity Goodyear-Smith addressed the conference on capacity building for primary care research (Figure 3) from her perspective as Head of Department of General Practice and Primary Health Care, University of Auckland; Founding Editor, *Journal of Primary Health Care*; Executive member, WONCA Working Party on Research; and Vice-Chair, International Committee, North American Primary Care Research Group.
3. **Small group discussion:** The delegates were divided into four groups to reflect on the situational analysis, give feedback on the current research priorities, define what capacity building was needed and give suggestions on how this capacity could be attained. Small groups were facilitated by Dr Akye Essuman (Ghana), Dr Riaz Ratansi (Tanzania), Prof Felicity Goodyear-Smith (New Zealand) and Prof Bob Mash (SA).
4. **Consensus building plenary:** Each of the four groups made a short Microsoft® PowerPoint presentation in plenary and these presentations were followed by a general discussion (Figure 4). The comments and additional reflections made during the final plenary were documented.

This report is a summary of the final consensus achieved through this process.

Situational analysis

The workshop considered the current strengths and weaknesses of primary care research in the African context from their perspective of the discipline of family medicine and primary care.

Strengths of current situation

The context of family medicine and primary care researchers

Family medicine and primary care is a generalist discipline which works in communities, primary care facilities and district hospitals. Little research currently takes place within this context and there is therefore a huge potential for almost any research to be useful and to make a difference.

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Conference report [2014]



Strengths and weakness in the current situation



Future priorities: based on the five types of primary care research



How to build capacity of primary care research

Mash R, Von Pressentin K, Malan Z, Essuman A, Ratansi R, Goodyear-Smith F, Van Lancker M, De Maeseneer J. African primary care research: Current situation, priorities and capacity building. *African Journal of Primary Health Care and Family Medicine.* 2014;6(1):1-6.

How to build capacity for primary care research

Contribution of regional and international networks in family medicine and primary care

- “South-South collaboration, as well as North-South, should be enabled by the existing networks such as PRIMAFAMED, WONCA and MEPI.”

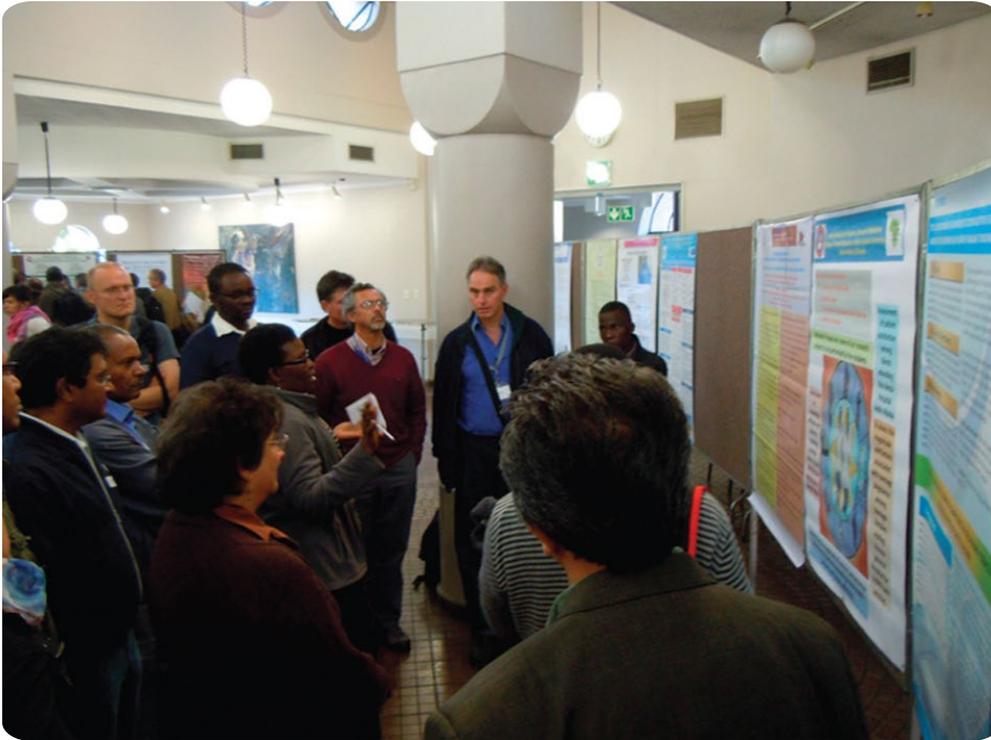
Contribution of the individual countries and academic institutions

- Develop national policy which includes a focus on primary care research
 - “Enable funding mechanisms for emerging primary care researchers”
- Universities should look at building formal links for primary care research
 - “Universities and faculties should look at how orientation to and preparation for research is built into the undergraduate programmes”

Contribution of the departments of family medicine and primary care

- “Each department should develop a clear research agenda and strategy for capacity building, which can give direction to staff and students in terms of their research questions and topics.”

Training issues



Training needs can be met at all levels, for example, distance learning courses from the broader international community, training during PRIMA FAMED or WONCA meetings in the region, by the University or Faculty, or even within the specific department:

- Create opportunities for advanced research training through doctoral degree programmes. Aim for each department to have at least one person with a PhD who is able to supervise and capacitate others. Look for funds to support this initiative, capacity for doctoral supervision and opportunities for training (e.g., Stellenbosch University African Doctoral Academy).
- Provide courses or retreats on scientific writing skills for proposals, grants, reports and publications.
- Provide courses on relevant methodologies for primary care researchers.

Background to SAAFP PhD SIG

- **2019 SAAFP conference**
 - Mini-workshop held.
 - Mapped national supervision capacity at the doctoral level.
 - Identified gaps in capacity to supervise PhDs.
- **SAAFP Education and Training Committee**
 - Workshop report shared at SAAFP ETC meeting in November 2020.
 - Agreed that a SIG is needed to develop skills for the entire PhD process, including supervision.
 - A TOR for the PhD SIG was drafted.



We need
more PhDs
in family
medicine in
South Africa
– or do we?

The discipline of family medicine is gaining traction in South Africa, but more high-quality research is needed to help advocate for the contribution of family medicine and primary care.

Building the capacity for research at doctoral level will generate more robust, multi-centre evidence required by policy makers and healthcare managers.

The expanding role of/ need for clinician-scientists in clinical practice should be explored – contextual alignment, asking real world questions, aligning research with health services needs.



COURTYARD 2

Hybrid Meeting



SOUTH AFRICAN ACADEMY OF
FAMILY PHYSICIANS
24th National Family Practitioners Congress

19 & 20 August 2022
Lagoon Beach Hotel, Cape Town & On-line

PHD WORKSHOP



LAGOON BEACH
hotel | conference | spa
★★★★



A few highlights from 2022 😊



SOUTH AFRICAN ACADEMY OF
FAMILY PHYSICIANS
24th National Family Practitioners Congress

19 & 20 August 2022
Lagoon Beach Hotel, Cape Town & On-line

60 min (incl 20 minutes time for interaction)

Mergan Naidoo

Reflecting on the PhD journey

The background of the slide is a blurred photograph of a graduation ceremony. It shows a large number of graduates wearing black mortarboards with red tassels. The focus is shallow, with the foreground mortarboards being sharper than the ones in the background, creating a sense of depth and a collective atmosphere.

10h00 - 10h30

[Venue: Chess Landing]



Tea / Coffee Break

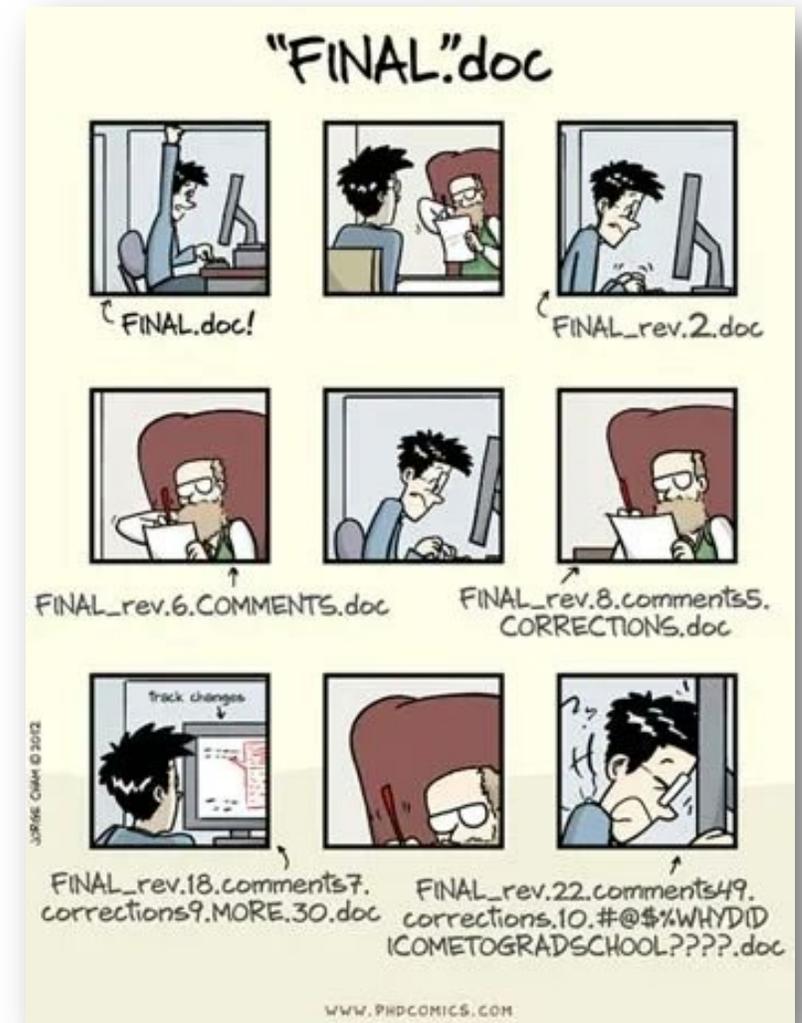
Feedback from advanced PhD students

Panel discussion

Facilitator: Bob Mash

- Honey Mabuza
- Innocent Besigye
- Others in the room 😊

"What did you do well, and what would you do differently?"





Group work

Sorting hat: Dreamers & Doers

45 min before lunch and 45 min after lunch



Lunch break

13h15 – 14h00

Overview of today's workshop v2

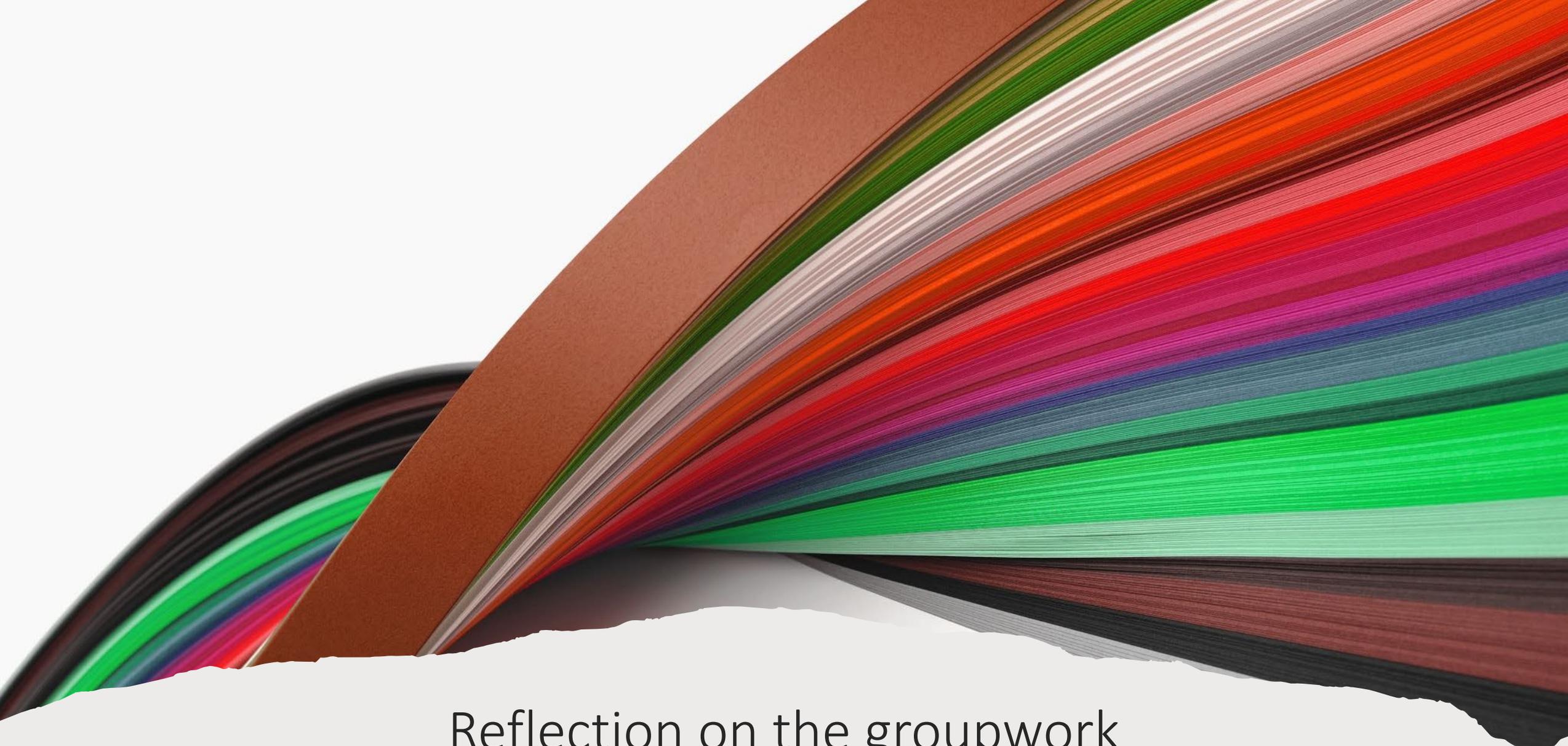
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Group work

Sorting hat: Dreamers & Doers

45 min before lunch and 45 min after lunch



Reflection on the groupwork

30 minutes: Facilitators to present a summary of the key lessons, followed by discussion

Facilitated by Dirk Hagemester

Tips for writing your PhD proposal

Short presentations: 45 min with 15 min Q&A (*15 min per presentation*)

Topic	Presenter
i. Study design – how to design and conceptualise the umbrella (diagram, alignment with objectives)	Bob Mash
ii. Common pitfalls or roadblocks	Deidre Pretorius
iii. Organising yourself to write (scientific writing)	Klaus von Pressentin

15h00 – 15h15

[Venue: Chess Landing]



Tea / Coffee Break



Next steps

Overview of today's workshop

	Facilitator(s)
Session 1: 08h30 – 10h00 <ul style="list-style-type: none">• Introduction & check-in – 30min• Reflecting on the PhD journey – 60 min (including 20 minutes for interaction)	<ul style="list-style-type: none">• Klaus• Mergan
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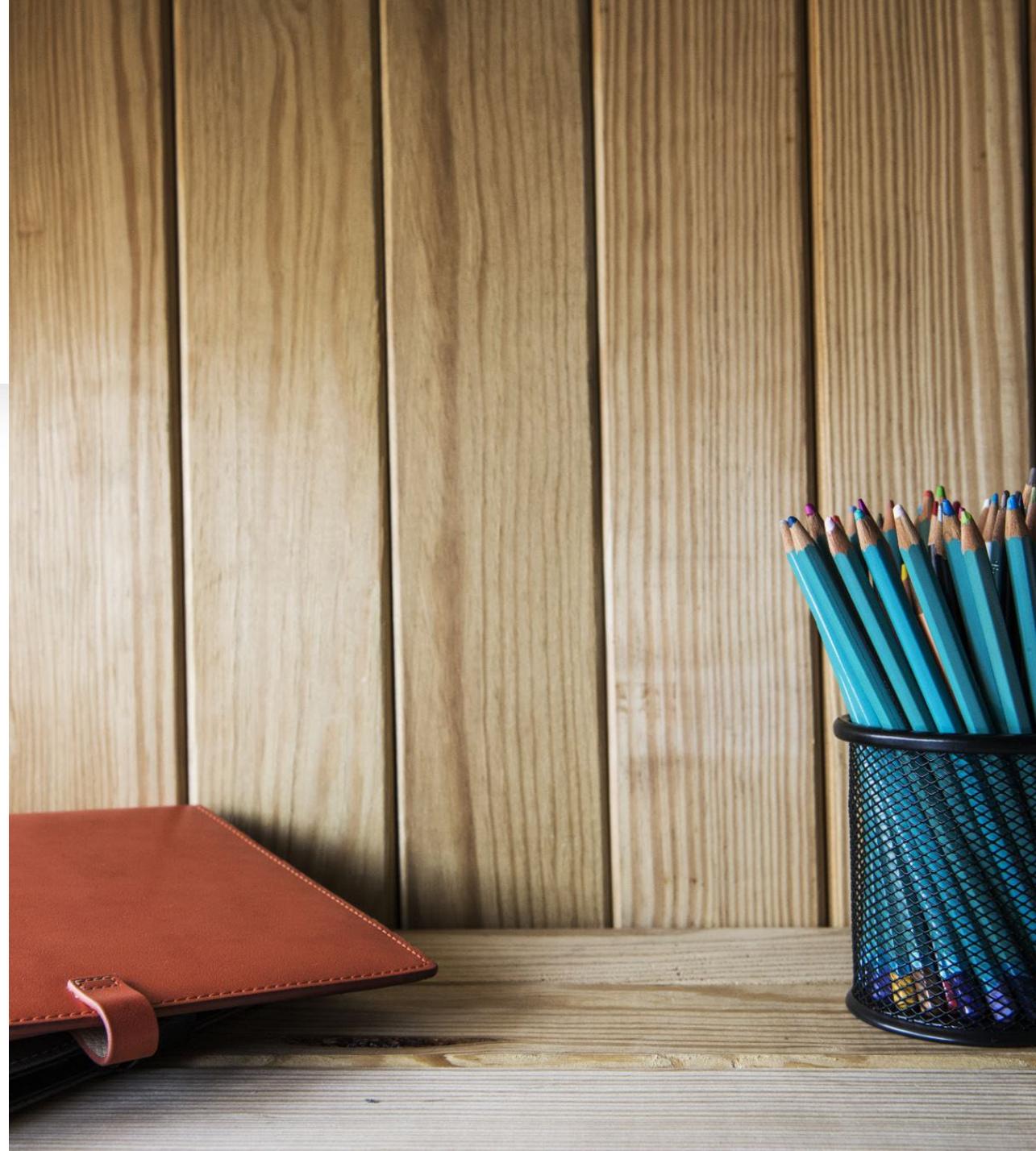


Brainstorming additional activities

SAAFP PhD SIG

Primafamed list serv

- Bob (Primafamed listserv):
cindyp@sun.ac.za for e-workshops
{rm@sun.ac.za}



Next steps



- Shared resources
 - funding opportunities → Slides of workshop
 - writing skills → Templates → examples concert/ proposals
 - Defining terminology → Primatanned list serv. → e-workshops.
 - Mentorship / advisors / peer support
 - Work in progress meeting
- Series of PhD articles - PHCFM
 - Name: Jump starting your PhD
 - research skills related stages
- PhD supervisor Capacity building
- MAP supervisor → examiners

Revisiting these potential steps

Summary after 2022 workshop

Activities via the SAAFP PhD SIG – frequency and format.

Planning for 2023 SAAFP conference: pre-conference workshop.

Maintaining an up to [database](#) of PhD supervisors, their experience, availability and interest areas.

Creating a database of resources for PhD students (planned and current) as well as supervisors.

Linking with other PhD networks in Primafamed, Wonca Africa and academic primary care networks?



Closure

Final reflection

Feedback form

Attendance register

Staying in touch

Selected references for further reading 😊

- Von Pressentin KB, Kaswa R, Murphy S, Nair A. A review of published research in the South African Family Practice-A clarion call to action. South African Family Practice. 2023;65(1):a5777. DOI: <https://doi.org/10.4102/safp.v65i1.5777>.
- Mash R, Essuman A, Ratansi R, Goodyear-Smith F, Von Pressentin K, Malan Z, Van Lancker M, De Maeseneer J. African primary care research: current situation, priorities and capacity building. African Journal of Primary Health Care and Family Medicine. 2014;6(1):1-6.
- Schneider H, Kredo T, Odendaal WA, Abdullah F. What are health policy and systems research priorities for universal health coverage in South Africa?. South African Medical Journal. 2023;113(2):61-4.
- Mash R. The contribution of family physicians to African health systems. African Journal of Primary Health Care & Family Medicine. 2022;14(1):1-9. DOI: <https://doi.org/10.4102/phcfm.v14i1.3651>.
- Reeve J, Beaulieu MD, Freeman T, Green LA, Lucassen P, Martin C, Okada T, Palmer V, Sturgiss E, Sturmberg J, van Weel C. Revitalizing generalist practice: the Montreal statement. Available from: <https://www.annfammed.org/content/16/4/371>.
- Bierman AS, Tong ST, McNellis RJ. Realizing the dream: the future of primary care research. The Annals of Family Medicine. 2022;20(2):170-4.
- Regional family medicine and primary care websites and journals:
 - WONCA Africa: <https://www.woncafrica.org/>
 - PRIMAFAMED: <https://primafamed.sun.ac.za/>
 - African Forum for PHC: <https://afrophc.org/>
 - African Journal of PHC and Family Medicine: <https://phcfm.org/index.php/phcfm>
 - South African Academy of Family Physicians: <https://saafp.org/>
 - South African Family Practice journal: <https://safpj.co.za/index.php/safpj>

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