

Welcome to the



Welcome

Outline of presentation

- What the academy is doing
- My story
- 4 asks

What is SAAFP doing (for me)

- Promoting the discipline of FM and advocating for family physicians in public and private sectors
- CPD opportunities for free and discounted
- CPD accreditation services
- Development of clinical trainers
- Discount on resources e.g SA Family Practice Manual
- Mentoring and support for the Next 5
- Vacancies postings
- Provide regular communication about news and important developments that impact the discipline of family medicine and healthcare.



The benefits

- Annual conference at discounted rates
- Receive the SA Family Practice Journal and CPD opportunities
- Reduced APCs in SAFPJ
- Be part of the national and global community of family medicine – WONCA
- Connected with strategic partners SAMA, RuDASA,



Advocating

- One family physician at every district hospital, community health centre and sub-district (with no CHC)
- Increase availability of registrar posts x2 (from 50 to 100 per year across 9 programmes)
- Increase throughput to 70%
- Create 40 new FP posts per year for 10-years (on average 4-5 posts per province, but adjusting for inequity)

Engagement with our position paper

- National Department of Health (Dr Jeanette Hunter, Dr Percy Mahlati, Dr Nicholas Crisp)
- Parliamentary Portfolio Committee on Health
- Provincial Governments
- Civil society – The Conversation

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The contribution of family physicians to district health services in South Africa: A national position paper by the South African Academy of Family Physicians



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The purpose of this position paper by the South African Academy of Family Physicians (SAAFPs) is to inform decision making on human resources for health policy in South Africa and the placement of family physicians (FPs) in the district health system. National policies have been marred by misunderstanding of the roles and contribution of FPs; and there is unhelpful variability in how FPs are positioned in the health services between provinces. In the private sector, medical aid schemes have discriminated against FPs by failing to remunerate them as specialists and to recognise their scope of practice.

Keywords: family physicians; human resources; policy; workforce; district health system; district health services.

Summary

Family physicians (FPs) should be employed in primary health care (PHC) services and district hospitals. The creation of district clinical specialist teams provides an opportunity for most of the districts to obtain an additional FP, but their deployment should not be limited to these teams. Family physicians are not intended to be employed at regional or tertiary hospitals or as clinical managers. Their key roles include that of a clinician and consultant, a capacity builder and clinical trainer and a leader of clinical governance to improve the quality of care and promote patient safety. Family physicians improve individual and population health outcomes through engagement in community-orientated primary care. Their strategic deployment is a cost-effective intervention to strengthen district health systems because they work as the most senior clinician in multidisciplinary, collaborative and team-based practices. Family physicians are well suited to manage the complexity of the system in the best interests of the patients.

Video presentation <https://youtu.be/i-w-cv7UM>



ADVOCACY



Check for updates

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ARTICLE INCLUDES:
 Peer review
 Supplementary material

KEYWORDS:
primary health care, district hospitals, district health system, health reforms, family physicians

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Discussions on Service Delivery



District health service delivery and the contribution of family physicians

Significance:

Most health care in South Africa takes place in the district health system. In the public sector, this includes primary health care and district hospitals. Although there have been improvements in health and health care, there are still inequities, many instances of poor quality, and weakness regarding community engagement and multisectoral action. Service delivery is currently challenged by budget cuts and loss of resources. Ongoing reforms are needed to improve performance and accommodate the introduction of national health insurance. The deployment of family physicians is an overlooked reform that can improve the model of care, quality, and resilience.

In this Commentary, we look at the current state of district health service delivery in South Africa and comment on the potential contribution of family physicians to improving delivery as part of future health reforms.

Understanding district health service delivery

Primary health care (PHC) is at the heart of district health services, with support from district hospitals. Governments around the world re-committed themselves in the 2018 Astana Declaration to strengthening PHC.¹ They stated that

strengthening PHC is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for universal health coverage (UHC) and health-related Sustainable Development Goals.

Following this statement, the World Health Organization (WHO) published an operational plan that defined the key components of PHC as integrated primary care services with essential public health functions, empowerment of people and communities, and multisectoral policy and action.² The operational plan was supported by a new conceptual and measurement framework for the health system through a PHC lens.² This framework defined the essential processes of service delivery as being the model of care, systems for improving the quality of care, and resilient health facilities and services. These processes determine the access, availability, and quality of service delivery. Ultimately, service delivery should enable universal health coverage (UHC), improved health status and health equity.

The term 'model of care' refers to the design, selection and planning of services.³ What services should be offered in the community, in primary care facilities and at district hospitals? It also includes the organisation of services and how they are managed. In addition, it includes attention to community-based services, community linkages and engagement, and not just facility-based services.

Systems for improving quality of care should be organised in a systematic manner across all the services, measure the core functions of primary care, and monitor patient safety.³ Sometimes this is referred to as clinical governance. Performance management systems should not just measure performance, but should also enable critical reflection, planning and implementation of interventions to improve quality and safety.⁴ These processes should be cyclical

Other advocacy issues

- Impact of budget cuts
- Removal of CSMO's
- Cutting of overtime and impact that that is having on service
- Participation The **South African** Learning Alliance for District Health Systems (**SALAD**) – Navigating resource management at the District level
- NHI – workshop end of July 2024
- Humanitarian crises in Palestine

Advocacy in the private sector – Sheena Mathew

Advocacy in
public and
private
sectors



SAAFP Private Family
Physician Forum

CPD -Opportunities for SAAFP members

- Access to free and reduced eCPD courses
- Free CPD via the SA Family Practice Journal
- Monthly webinars
- Collaboration with Global Ultrasound Institute (GUSI) on point of care ultrasound training
 - SAAFP Pre-Conference PoCUS workshop
 - SAAFP PoCUS Special Interest Group

Specialised PoCUS Online Courses



1st Tier Fundamental [6 CPD points]

2nd Tier Comprehensive [14 CPD points]

3rd Tier Extended [5 CPD points]

Instagram account SAAFPMED

The screenshot shows a web browser displaying the Instagram profile of SAAFPMED. The browser's address bar shows 'instagram.com'. The Instagram interface includes a left-hand navigation menu with options: Home, Search, Explore, Reels, Messages, Notifications, Create, Profile, and More. The main content area features a post with a blue background. At the top of the post is a photograph of a young girl with a shocked expression, her hands clasped near her throat. Below the photo, the text reads 'Laryngospasm' in a large, white, serif font, followed by 'COMMON ANAESTHETIC EMERGENCY' in a smaller, blue, sans-serif font. At the bottom of the post, it says 'Scroll for more' and includes the SAAFP logo. Below the post, there are icons for likes, comments, and shares, along with the text '18 likes'. The caption below the post reads: 'saafpmcd A few words on laryngospasm #familymedicine #anaesthesia'. On the right side of the screen, there is a list of suggested users: bongiwemgwaba, phumelele_buthelezi, ncomekamhlongo, and christine_schmidtgen, each with a 'Follow' button. At the bottom of the page, there is a footer with the SAAFP logo and the text 'SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS'.

Education and training (ETC)

- To improve the pass rate in the Part A FCFP examination to 70% or more
- **Scorion – the electronic log book**
- TCT training
- Implement **formative assessment** visits to clinical trainers
- **Training around EPAs**
- Run National WBA workshops through the CMSA
- Evaluate the implementation of internship training

PhD special interest group

- Prof Klaus von Pressentin
- Promoting research capacity building at all universities
- Pre-conference workshops
- Linking students and supervisors

SAAFP Research Committee

- A. Promote the development of practice-based research networks (PBRN) to establish a South African Family Physician Research Network (SAFPREN)
- B. Coordinate and promote primary care and family medicine research
- C. Coordinate and enable collaborative research at a national level that is aligned with the vision and mission of the SAAFP

Next 5 Support to newly qualified family physicians

Next 5

- Mentoring
 - Webinars
 - Journal articles
 - Workshops
 - Advocacy for FP post creation
 - Advertising posts
- On website



CONFERENCES



SAFP | SOUTH AFRICAN FAMILY PRACTICE

Klaus von Pressentin (Editor-in-Chief), Indiran Govender, Ramprakash Kaswa, Shane Murphy, Arun Nair (Assistant Editors)

 AOSIS | Publishing

Strategic partners

Strategic partners



Successful bid for WONCA World Conference in 2027

Strategic
partners



My story

- Mprax Med (MEDUNSA) 1990 – 1996
- 2003 – appointed as lecturer in the Department of FM at UKZN
- 2004 FM recognized by the HPCSA –I registered as a specialist Family Physician

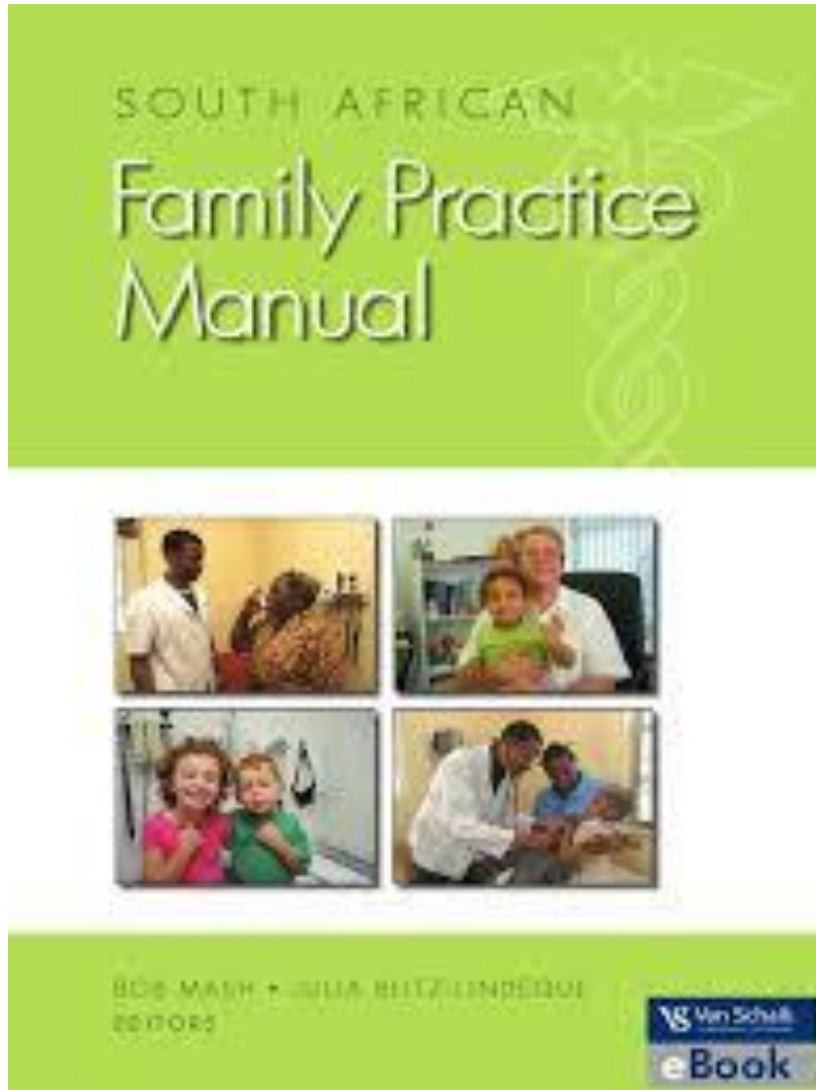
Standing on the shoulders of giants

IF I HAVE SEEN FURTHER,
IT IS BY STANDING
**ON THE SHOULDERS
OF GIANTS.**

- ISAAC NEWTON



FAMEC



SAAFP and the Education and training committee (ETC)

- Innovate
- Proactive
- With passionate colleagues with a vision of the role of FM in service delivery in SA

I have walked that long road to freedom. I have tried not to falter; I have made missteps along the way. But I have discovered the secret that after climbing a great hill, one only finds that there are many more hills to climb. I have taken a moment here to rest, to steal a view of the glorious vista that surrounds me, to look back on the distance I have come. But I can only rest for a moment, for with freedom come responsibilities, and I dare not linger, for my long walk is not ended.

Nelson Mandela

4 Asks / challenges

1. Get involved – do something (for yourself) and for the SAAFP
2. Do something about planetary health
3. Become a stem cell donor
4. Take time to smell the roses

1. Get involved

If you are unhappy about- posts in the public sector for FPs, role of FM in the public sector, remuneration for FP in the private sector, NHI, passionate about PoCUS, teaching medical students/ registrars, CPD, etc

GET INVOLVED, MAKE IT HAPPEN, develop synergy with others

Ask ‘What can I do to make it happen’ rather than ‘what can the SAAFP do for me”

2. Do something for the planet– time for action is NOW





Tornado displaces over 1200
4 June 2024



Do something today

- Turn off lights and taps
- Start with the R's
- Include climate change in your lectures
- Join a task team
- Do the course- Africa climate health responder course
- You don't have to be a tree hugger BUT DO SOMETHING

**Do
Something
JUST DO IT.**

*Refuse, reduce, re use,
repurpose, recycle*



FREE REGISTRATION

AFRICA CLIMATE AND HEALTH RESPONDER COURSE

SEPTEMBER 17 - OCTOBER 22, 2024
Tuesdays & Thursdays



4:00 - 5:30 PM

South African Standard Time



CERTIFICATE BASED COURSE
EN/FR/PT INTERPRETATION AVAILABLE

ABOUT:

Climate change is a health crisis escalating negative impacts on the lives and health of global communities, widening health disparities, increasing poverty, and threatening healthcare delivery. Contributing the least to this cause, the African Region bears the greatest burden of suffering. This course will equip African health professionals with the skills to identify, communicate, respond to, and prepare for climate-related health impacts. Through expert-led lectures and case studies, it delivers comprehensive information on climate science and health impacts, adaptation strategies, and health system resilience. Video recordings will be available following each session for asynchronous viewing. We hope you join us!

ALL PROFESSIONALS INTERESTED IN CLIMATE CHANGE AND HEALTH ARE WELCOME!

COURSE SCHEDULE:

- **SEPT 17** : Climate Change for the Health Professional
- **SEPT 19** : Extreme Weather Hazards: Tropical Cyclones and Flooding
- **SEPT 24** : Water- and Food Related Illness
- **SEPT 26** : Heat Related Illness and Mortality
- **OCT 1** : Degraded Air Quality
- **OCT 3** : Vector-borne and Zoonotic Diseases
- **OCT 8** : Climate Extremes, Agriculture and Food Security
- **OCT 10** : Climate Change, Mental Health and Forced Migration
- **OCT 15** : National Adaptation Planning and Vulnerability Assessments
- **OCT 17** : Health Service Delivery Sustainability and Adaptation
- **OCT 22** : Climate and Health Research and Funding in Africa



Contact:
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Website:
bit.ly/africaresponders2024



REGISTER

3. Become a stem cell donor

Take a friend and be part of someone's solution

BE PART OF PROF. ANDREW'S \$1000 MISSION!

Make a difference and help give hope to Prof. Andrew Ross, a beloved father, husband, and esteemed Professor.

He was recently diagnosed with an aggressive Myelodysplastic Syndrome (MDS), a serious condition that affects the bone marrow and blood cells. The best chance for Prof. Andrew to overcome this disease is through a stem cell transplant. He has dedicated his life to education and research, inspiring countless students and colleagues. Now, he needs our help to continue his work and be there for his family.

You could be Prof. Andrew's match.

"He is campaigning to recruit **1 000 new donors** to register and help him and/or other patients who are currently in need of a stem cell transplant."

Are you between the ages 17years – 55years?
Leading a healthy lifestyle?
Willing to help any patient in need?

Scan the QR code to register and your swabs will be delivered to you, do the 3 mouth cheek swabs and they will be collected.

If you are identified as a matching donor, DKMS Africa medical team will contact you. Stem cells are collected from your blood by drawing blood from one arm and the blood is returned through the other arm, it's a non-invasive procedure.

Join us in our effort to give Prof. Ross a fighting chance. Together, we can make a difference.



BECOME A STEM CELL DONOR

DONOR REGISTRATION DRIVE

Date: 27-28 Aug (Tues and Wednesday)

Time: 08:30am

Venue: K-RITH Building, Medical Campus

Specimen received
Tests requested:

Full Blood Count:

White Cell Count

Red Cell Count

Haemoglobin

Haematocrit

MCV

MCH

MCHC

Red Cell Distribu

Platelet Count

MPV

Differential Cour

White Cell Count

Neutrophils

Lymphocytes

Monocytes

Eosinophils

Basophils

Immature Cells



K-RITH
TOWER
BUILDING



4. Take time to smell the roses



THANK YOU!

THANK YOU!

THANK YOU!

4. Take time to smell the roses

