



SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS

RESPECT, DIGNITY AND COMPASSION –
FROM THE CRADLE TO THE GRAVE

26TH ANNUAL CONFERENCE

7-8 SEPTEMBER 2024

PROTEA BREAKWATER LODGE



MORE INFORMATION

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<https://saaftp.org>

Protea Breakwater Lodge,
Cape Town



WELCOME MESSAGE FOR CONFERENCE ATTENDEES



**Klaus von
Pressentin**

Dear Delegates and Colleagues,

On behalf of the 2024 conference organising committee, I welcome you to the 26th South African Academy of Family Physicians (SAAFP) congress. This year's congress will be held at the Protea Breakwater Lodge in Cape Town, South Africa.

The SAAFP is the national association of family doctors, representing South Africa on the World Organisation of Family Doctors (WONCA). The aim of the SAAFP is to develop the discipline and body of knowledge of family medicine through research, education, and training, provide for the professional needs of its members, such as continuing professional development, and represent the profession's opinion on national and international forums.

The SAAFP's vision is to promote optimal health for the people in Southern Africa through advocacy, support, and the development of the primary health care team, as well as the establishment of an equitable, humane, and integrated district health care system.

The theme of our 2024 congress is "Family Medicine Strengthens Primary Health Care (PHC) – Creating Opportunities from Adversity". As we emerge from the COVID-19 pandemic, our primary care health systems need significant strengthening. Those health systems led by family physicians are bouncing back better, stronger, and more committed to serving vulnerable populations. With this in mind, we plan to focus on the following sub-themes during the congress:

- Strengthening comprehensive PHC from the perspectives of person-centred and population health for all contexts – disease surveillance, health promotion and preventative services, as well as rehabilitative and palliative care.
- Sustainable quality improvement to strengthen PHC, reduce risk and improve clinical outcomes.
- The economics of PHC – optimising financial, intellectual, and social capital.
- The people of PHC: capacity building, interdisciplinarity, teamwork and resilience.
- Embracing digital solutions, health entrepreneurship and the Fourth Industrial Revolution (4IR) to augment the provision of high-quality PHC.

Our comprehensive programme is designed for primary care providers and scholars in both public and private healthcare sectors. With plenary talks, seminars, and workshops, the congress offers a robust lineup of sessions aligned with the themes and sub-themes. Over the two-day event, attendees can earn a total of 27 general and 7 Ethics CPD points. We are privileged to have several esteemed and knowledgeable keynote speakers and panellists representing a range of disciplines relevant to PHC: <https://saafp.org/conferences/conference-speakers-2024/>.

The congress programme will cover various topics such as maternal and fertility care, palliative care, addiction care, anaesthesia, rehabilitation and preventative care, chronic disease management including behaviour change counselling, and hands-on seminars and workshops. Additional workshops and seminars on scholarly development, capacitating early career family physicians and postgraduate training will also be available.

I am grateful to our sponsors, the local organizing committee members from the Universities of Cape Town and Limpopo, everybody else who willingly joined the conference committee and the SAAFP administrative office and leadership for their invaluable support. We hope your participation in the congress is both productive and enjoyable. This is an exceptional opportunity to connect with colleagues and reignite your passion for high-quality care. Join us in strengthening the SAAFP and its vision for PHC in Southern Africa.

Best wishes,
Associate Professor Klaus von Pressentin
Chair, 26th SAAFP Congress Organising Committee



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VISIT US AT

Protea Breakwater Lodge
7-8 September 2024
Portwood Rd, Victoria & Alfred
Waterfront, Cape Town

26th National Family Practitioners Congress 2024

SOUTH AFRICAN ACADEMY OF FAMILY PHYSICIANS

Protea Breakwater Lodge, Cape Town | 7- 8 September 2024

Respect, dignity and compassion - from the cradle to the grave



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Protea Breakwater Lodge, Cape Town | 7- 8 September 2024

Respect, dignity and compassion - from the cradle to the grave



DAY 1: SATURDAY 7 SEPTEMBER 2024

TIME: 07:00 AM - 13:45 PM



The theme of the congress is Family Medicine strengthens PHC - creating opportunities from adversity

DAY 1 : Saturday, 7 September 2024

Time	Auditorium (Plenary Venue - Lower ground)	Breakaway Venue 4 - (First Floor)	Breakaway Venue 5 - (First Floor)	Breakaway Venue 6 - (First Floor) OR Breakaway Venue 1-3 - (Ground Floor Exhibition area)
07h00 - 08h00	Registration - All conference delegates			
08h00 - 08h15	Welcome and housekeeping (15 min) Presenters: Prof G. Marincowitz and Dr R. Mukhinindi			
08h15 - 08h45	PLENARY - Welcoming activity (30 min) Ethics Title: Creating opportunities for Family physicians and also advocating for healthy body, mind and soul Speaker: Dr Luvuyo Bayeni Chair: Dr R Mukhinindi			
08h45 - 09h30	PLENARY 1.P (45 min) Ethics Title: Respectful Maternal Health Speaker: Mr Jason Marcus [JC Coetzee] lecture Chair: Dr R Mukhinindi			
09h30 - 10h15	PLENARY 2.P (45 min) Ethics Title: Respect, Dignity and Compassion in Palliative Care Speaker: Dr Raksha Balbadhur Chair: Dr R Mukhinindi			
10h15 - 10h45	Tea / Coffee Break (E-Posters & Exhibitions available to view)			
10h45 - 12h15	PANEL 3.P (90 min) Ethics Title: Respect, dignity and compassion - from the cradle to the grave Speaker: Mr Jason Marcus, Dr Raksha Balbadhur, Dr Michelle Visser and Prof Bernhard Gaede Chair: Dr P Dibakoane with Prof B Gaede			
12h15 - 12h40	PLENARY 4.P (30 min) Title: From the Presidents Desk Speaker: Prof Andrew Ross / Prof Tasleem Ras [SAAFP] Chair: Prof H Brits			
12h45 - 13h45	Sponsored by SERVIER Lunch Symposia (Venue: Upper-Deck) Clinical Topic: The Diabetes Puzzle: Piecing together the best care for patients with type 2 diabetes Speaker: Dr Elmo Pretorius (Specialist Physician and Endocrinologist) Chair: Dr R Nkonyani			



<https://saafp.org>

DAY 1: PLENARY SPEAKERS



Luvuyo Bayeni

Medical graduate from MEDUNSA, also holding an MBA from Nelson Mandela University. Experienced in public health systems, having spent 7 years in District Health Services as a Clinical Manager before leaving to assist the Eastern Cape Department of Health in various positions of responsibility. He served as Acting CEO at Tower Psychiatric and Livingstone Tertiary Hospitals, Acting District Manager of Joe Gqabi District, Senior Manager of the Circumcision Programme, and Technical Advisor to the MEC of Health. These roles earned him the title "Dr. Fixit" as mentioned in Daily Dispatch articles. Passionate about clinical governance, he is currently Chief Director: Human Resources for Health at the National Department of Health since July 2023.



Jason Marcus

Jason Marcus is a senior lecturer in undergraduate education in the Department of Obstetrics and Gynaecology at the University of Cape Town. His clinical and public health experience gives him a wide overview of best practices in Safe Motherhood and Perinatal Care, which he harnesses in curriculum design, teaching, and assessment of undergraduate and postgraduate students in the Faculty of Health Sciences. He has extensive programme-based expertise in the clinical aspects of maternal and newborn health in developing country contexts as a specialist midwife with a master's degree in medical education. This expertise enables him to provide technical consulting in Limpopo Province and educational consulting in Lesotho. Jason also holds a Fellowship of the Sub-Saharan Africa Regional FAIMER Institute (SAFRI). He was formerly the director of studies of the Master's in International Public Health (Sexual and Reproductive Health) programme, coordinating the delivery and evaluation of the programme at the Liverpool School of Tropical Medicine. He was the technical lead for the implementation of a multi-country capacity-building programme aimed at improving the quality and availability of emergency obstetric and newborn care in Malawi, South Africa, and Zimbabwe. He has experience in curriculum design, delivery, and evaluation in Africa and Asia.



**Raksha
Balbadhur**

Palliative medical doctor offering home-based care. Holds a master's degree on understanding the dignity experience of patients with advanced disease from a South African perspective. She is a Board Member of Palprac, a Steering Committee Member of PalnetKZN, Director of Beacon of Care, and a volunteer at Verulam Hospice. Founder and Chairperson of VIHASA (the Values in Healthcare Association of SA), she has conducted hundreds of experiential workshops across Southern Africa to support healthcare practitioners. As a student and teacher of meditation, she brings meaning and peace to her patients at the most challenging time of their lives.



Andrew Ross

Prof Andrew Ross, I am the president of the SA Academy of Family Physicians, and currently working in the Family Medicine department as an Associate Professor in Family Medicine. I am responsible for co ordinating the Integrated Primary Health care programme for 5th year medical students. I completed my PhD in April 2017 through the Department of Education. The title of my thesis is: "The educational journey of rural origin health care professionals". I have a research interest in rural health care delivery.



DAY 1: SATURDAY 7 SEPTEMBER 2024

TIME: 13:45 PM – 16:15 PM



The theme of the congress is Family Medicine strengthens PHC - creating opportunities from adversity

DAY 1 : Saturday, 7 September 2024 (CONTINUES)

Time	Auditorium (Plenary Venue - Lower ground)	Breakaway Venue 4 - (First Floor)	Breakaway Venue 5 - (First Floor)	Breakaway Venue 6 - (First Floor) OR Breakaway Venue 1-3 - (Ground Floor Exhibition area)
13h45 - 15h45	1.A WORKSHOP (2 hrs) Clinical Title: People who use drugs: A Practical Guide to improved outcomes Speaker: Dr Shaun Shelly Chair: Dr C Moleko	1.B WORKSHOP (2hrs) Clinical Title: Exercise prescription for health Presenters: Dr Takshita Sookan and Prof Mergan Naidoo Chair: Dr T Thaba	1.C WORKSHOP (2hrs) Clinical Title: Conscious sedation/ Troubleshooting anaesthetics in the district health services Speaker: Dr Roland Duys , Dr Simon le Roux and Dr Jo Park-Ross Chair: Dr A Edet	Venue: Breakaway 3 Clinical 2.A ORAL PRESENTATIONS - (10min each) OA 01 - OA 08 Q&A session (10 min) Assessors: Dr Deidre Pretorius, Prof Bob Mash, Dr Rashiqua Holdman Chair: Dr M Ramavhuya Samantha Dladla - Evaluating the perceived impact of a leadership training module on clinical family medicine practice: a qualitative study Emcy Louw - Registrars' experience with research in family medicine training programmes in South Africa Neetha Erumelda - Evidence of learning in Workplace-based assessments in a Postgraduate Family Medicine training programme Neetha Erumeda - An evaluation of a decentralised Family Medicine training programme at the University of the Witwatersrand, South Africa, using the logic model Simon Whitesman - Sharing mindfulness in context: pedagogy, practice and process C Nkabinde, B Gaede - Sixth year medical students: Experiential learning in a rural district hospital - where we learn Arun Nair - Target-performance comparison for the Free State postgraduate Family Medicine programme Madeleine Muller - Diplomas of HIV-Management candidate preparation: Introducing Learn@CMSA
15h45 - 16h15	Tea / Coffee Break (E-Posters & Exhibitions available to view)			



<https://saafp.org>

DAY 1: WORKSHOPS



1.A WORKSHOP

People who use drugs: A Practical Guide to improved outcomes

During this interactive workshop, we will explore the challenges faced when working with people who use drugs and the practical strategies that improve outcomes. Participants will be provided with a set of principles and will evaluate and demonstrate evidence-based strategies essential for effective medical treatment. The session will introduce the new Pregnancy and Substance Use Toolkit, designed specifically for clinicians to support pregnant patients who use drugs. Attendees will gain insights into the reasons for drug use and dependency, and how to apply these understandings in clinical settings to meet medical needs and foster resilience and resolution. Through case studies, we will illustrate successful interventions and the integration of care pathways that address both general and pregnancy-related drug issues. By the end of the workshop, participants will be equipped with the knowledge and tools necessary to enhance patient engagement and promote healthier outcomes in their practice.

1.B WORKSHOP

Exercise prescription for health

There is overwhelming evidence in the literature that physical inactivity is a major public health concern with an extensive range of detrimental effects. Exercise is an important modality for improving function, activities of daily living, quality of life, and health conditions. Exercise plays a crucial role in the prevention, treatment, and rehabilitation of diseases. The evidence is clear that patients who engage in an active lifestyle live longer, healthier, and better lives. Physicians have an obligation to assess each patient's exercise behaviors and inform them of the risks of being physically inactive. Such an approach is critical to help decrease the burden on health care systems due to noncommunicable diseases, which are closely associated with aging and a sedentary lifestyle. In this workshop, we will use an evidence-based approach for prescribing exercise as medicine for conditions such as metabolic syndrome, cardiovascular disease, musculoskeletal disorders, and pulmonary disorders.

1.C WORKSHOP

Conscious sedation/ Troubleshooting anaesthetics in the district health services

The role of the Family Physician often includes the daunting task of providing safe anaesthesia services in District Hospitals. The need for this essential service has to be met alongside a myriad of other diverse and challenging clinical demands, in an imperfect and already stretched healthcare system.

In this workshop, we will troubleshoot the particular challenges of providing anaesthesia at the District Hospital together. We will explore context-relevant solutions (including a focus on theatre systems, teamwork, as well as clinical skills) to providing safe anaesthesia, particularly in the rural setting.

This is a practical, interactive, simulation-based workshop, based on the Anaesthesia Launchpad, which trains and supports rural medical officers.

Topics to be covered:

- Preparing for success with the Anaesthesia Launchpad Mantra
 - A system for approaching any anaesthesia patient
- Managing common emergencies such as:
 - The difficult airway
 - Haemorrhage
 - Management of the high spinal
 - Ventilator troubleshooting
- Principles of procedural sedation



DAY 1: SATURDAY 7 SEPTEMBER 2024

TIME: 16:15 PM – 18:15 PM



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DAY 1 : Saturday, 7 September 2024 (CONTINUES)

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16h15 - 17h15	3.B SEMINAR (1 hr) Clinical Title: The clinical utility of botulinum toxin in the management of spasticity and headache. Speaker: Dr Pearl Thomas Sponsor: Acino Chair: Dr MIH Khan	3.A SEMINAR (1 hr) Clinical Title: SAFPJ Publishing and reviewing Speaker: Prof Klaus von Pressentin, Dr Arun Nair Chair: Dr R Sekgoele	3.C SEMINAR (1 hr) Clinical Title: The Department of Health: current challenges and future solutions Speaker: Dr Jenny Nash Chair: Dr K Mothapo	Venue: Breakaway 4 - Exhibition Area Clinical ePoster: All [no particular order] Assessor: Prof H Brits, Prof Gert Marincowitz Chair: Dr W Seroka Amanda Dlamini - Antiretroviral drug resistance on failing second-line therapy: A retrospective study in a tertiary hospital in Tshwane, South Africa Marietjie Brits - Airborne Alert: Bugs to Blame in Bronchiolitis Nokubongwa Penelope Blose - Enhancing Maternal and Neonatal Outcomes: The Efficacy of Partograph Use in South African Labour Management Kindness Nkumane - Evaluating Emergency Medical Services Response: A Study at Phoenix Community Health Centre Shaheed Mathee - A community supported TPT programme: The Ubuntu experience Doudou Nzaumvila - Family's perceptions of their members who use Nyaope in Tshwane, South Africa Carien Steyn - Diversity of patients logged by clinical associate students engaged in a longitudinal integrated clerkship in four South African provinces in 2022: e-Logbook data Tombo Bongongo - Snuff use: Motivations, tips to quit, and readiness to quit in a South African township Tse'po Motsotsohi - The extent of interruptions to primary care medical officers' consultations in the Western Cape Victoria Mashele - Factors influencing adherence to antiretroviral therapy among young adults at clinics around Mankweng Hospital, Limpopo Province, South Africa Murendeni Faith Sikhau - Adherence to Hypertensive management in adult patients at Voortrekker Hospital, Mokopane, Limpopo Province Hanneke Brits - To pass or not to pass: how defensible is the outcome of high-stakes clinical assessments? Ozo Ibeziako - Performance Management and Development System in South Africa, a necessary evil. Qualitative study George Mahemebe - The capacity and awareness of basic life support among nurses working in district hospitals within the Khayelitsha Eastern Substructure, Cape Town, South Africa Christian Lueme Lokotola - Migration and primary health care in sub-Saharan Africa: a scoping review Tamryn Baytopp - Factors influencing Western Cape community service doctors' choice of whether to seek employment in public, rural practice Frenzar Tshiruruvhela - Factors contributing to delayed diagnosis of Cervical Cancer in HIV-Positive females at Mokopane Hospital, South Africa Helen Grace Gaynor - Feasibility of implementing a decentralised model of care for viral hepatitis in a Correctional Services Facility in Cape Town, South Africa Kabamba John Mbaya - A multidisciplinary approach for people with HIV failing antiretroviral therapy in South Africa Nelly Sharpley - Health user perceptions of Primary Healthcare services in Rural Eastern Cape, South Africa
17h15 - 18h15	3.F SEMINAR (1 hr) Clinical Title: Cardiac failure in public primary care for the family physicians Speaker: Dr Liezel Rossouw Chair: Dr MIH Khan	3.E SEMINAR (1 hr) Clinical Title: Tradition meets innovation: Essential tools for the modern specialist family Physician Speaker: Dr Sheena Mathew Chair: Dr R Sekgoele	3.D SEMINAR (1 hr) Clinical Title: NEXT5 Speaker: Dr Chantelle van der Bijl, Dr Arun Nair, Prof Klaus von Pressentin, and Prof HOFFIE Conradie Chair: Dr K Mothapo	

DAY 1: SEMINARS



3.B SEMINAR

The clinical utility of botulinum toxin in the management of spasticity and headache

Botulinum toxin is a potent neurotoxin of bacterial origin that has been repurposed to treat a wide variety of medical conditions. Its earliest application was in the management of muscle overactivity in blepharospasm and strabismus in 1989. It has become a mainstay in the management of several neurological disorders, including dystonia, stroke-related spasticity, and treatment-refractory chronic migraine. Clinicians continue to push the boundaries of its application.

In this talk, we will discuss its mechanism of action in different clinical settings, including the potential adverse events that may be encountered. We will survey the products available on the market and the characteristics of each.

To address the practical aspects of using botulinum toxin therapy, we will look at drug storage, reconstitution, handling, and dilution, as well as guidance techniques to optimize drug delivery. The management of the main patterns of post-stroke spasticity and treatment-refractory migraine with botulinum toxin will be described in granular detail. It is my hope that this talk will contextualize the role of botulinum toxin in the scope of medicine for family physicians and will enable them to incorporate toxin therapy into their daily practice, whether through referral pathways or the pursuit of formal training in toxin therapy.

3.A SEMINAR

SAFPJ Publishing and reviewing

Primary healthcare research improves patient care and overall health outcomes. High-quality research relies on rigorous reporting standards to ensure transparency, reproducibility, and reliability. This seminar, facilitated by the editors of the South African Family Practice journal, will delve into the critical role of reporting guidelines from the perspectives of authors, reviewers, and readers/users of primary healthcare research.

Objectives:

- To highlight the importance of reporting guidelines in enhancing the quality and impact of primary healthcare research.
- To provide authors with practical guidance on adhering to reporting standards while preparing their manuscripts.
- To equip reviewers with strategies to evaluate the adherence of submissions to reporting guidelines.
- To empower readers and users of research to critically appraise the quality of published studies based on adherence to reporting standards.

Target Audience: This seminar is designed for health sciences students and professionals in the discipline of family medicine and primary care, particularly those involved in research and publication. It is especially beneficial for emerging research scholars and seasoned practitioners who want to enhance their understanding of research reporting standards.

Outcomes :By the end of this seminar, participants will have a deeper understanding of how reporting guidelines can improve the quality and impact of primary healthcare research. Authors will be better equipped to prepare manuscripts that meet high reporting standards, reviewers will gain insights into effective evaluation practices, and readers will be able to critically assess the quality of research publications

3.C SEMINAR

The Department of Health: current challenges and future solutions

2024 has seen many significant events occurring nationally, including within the health sector. The NHI Bill was signed by President Ramaphosa on 15 May 2024, two weeks before the national election. The election resulted in a Government of National Unity (GNU), which has already demonstrated some teething problems. Dr Aaron Motsoaledi was appointed the Minister of Health, reshuffled from Minister of Home Affairs. Dr Motsoaledi is no stranger to the health ministry, nor to the NHI, having been Minister of Health from 2009-2019. He helped champion the NHI journey which started in 2011.

In July 2024 the courts found former Health Minister MEC Qedani Mahlangu and Dr Makgabo Manamela guilty of causing 9 Life Esidimeni deaths. This has again raised the issue of mental health services in the country, and the reality of corrupt officials. The need for improved health services, including mental health services is a challenge in the current tight fiscal environment. Provinces are facing increasing medicolegal costs further pressurising existing budgets.

The National Department of Health has suggested that for health services to improve, provinces need to concentrate on a number of domains: namely 1. Leadership, organisational development and human resources 2. Financial sustainability 3. Clinical and specialised services 4. Infrastructure and equipment 5. Digitization and litigations.

This seminar will examine some of the current challenges, and provide an opportunity for participants to make suggestions on how to tackle some of these challenges.

3.F SEMINAR

Cardiac failure in public primary care for the family physicians

Background

Heart failure is a major global health problem with 26 million patients worldwide affected. According to the INTERHF study, the African annual heart failure mortality is 34%. Many of our district level beds are occupied by acute cardiac failure patients and few patients can be referred to secondary or tertiary care for further evaluation and imaging. Health care system organization and resources vary greatly. Patients are dependent on the primary care physician to diagnose, manage the cardiac failure and identify those that will benefit from referral and formal echocardiography. New guidelines are not aimed at bridging this gap. A study done at Groote Schuur hospital looked at the adherence to treatment guidelines. Most referring clinicians did not adhere to treatment guidelines on adequate pharmacological treatment. This results in readmissions, high morbidity and mortality for these patients.

Aim of workshop

To present and discuss the relevance of new heart failure guidelines in South Africa primary care public setting. Relevant clinical cases and primary care management strategies would be discussed in an interactive format. The group would explore reasons for primary care non-adherence to current guidelines. The way forward in terms of multidisciplinary health care promotion for heart failure patients would be explored.

Personal back note: I worked as a family physician for 12 years in the district hospital setting. I observed the high number of acute heart failure patients managed in the primary setting. A lack of knowledge to identify causality, optimize medical therapy and advocate for those that would benefit from specialist referral, was evident. I was fortunate enough to learn from Dr. Tony Lachman, a cardiologist reaching out to the District Hospital setting. I developed a passion for the management of these patients.

3.E SEMINAR

Tradition Meets Innovation: Essential tools for the Modern Specialist Family Physician

The integration of innovative approaches with traditional medicine is crucial for the evolution of Specialist Family Physician practices. This seminar aims to explore the intersection of innovation and tradition, emphasizing the indispensable skills necessary for the modern Specialist Family Physician.

Whilst our specialist clinical training has well-equipped us with a unique skillset to manage multiple disciplines, procedural techniques, and patient profiles, it lacked the critical aspects of practice management, business management, financial management, and technology skills required for the private sector. These competencies are increasingly vital in ensuring the successful operation and sustainability of medical practices.

As healthcare continues to evolve, the ability to effectively manage a practice has become as important as providing quality patient care. Practice management skills help streamline operations, improve patient flow, and enhance overall efficiency. Business management knowledge enables physicians to navigate the complexities of the healthcare market, ensuring that their practices remain competitive and financially viable. Financial management skills are essential for budgeting, forecasting, and making informed decisions that impact the practice's bottom line. Additionally, proficiency in technology, from electronic health records (EHRs) to telemedicine platforms, is crucial for modernizing patient interactions and improving care delivery.

This seminar will provide Specialist Family Physicians with a road map for the tools and knowledge needed to integrate these non-clinical skills into their practice. By bridging the gap between clinical excellence and operational expertise, we can enhance the quality of care provided to patients and set the new benchmark for modern medicine physicians with traditional values.

3.D SEMINAR NEXT5

How Can We Be Better Leaders as Family Physicians?

The role of family physicians extends far beyond clinical duties; we are integral leaders within our practices and communities. Hosted by the Next 5, an interest group of the South African Academy of Family Physicians, this seminar aims to support newly qualified physicians during this critical transition period in their careers. The seminar will provide a platform for participants to share experiences and reflections on their leadership roles, as well as the challenges they have encountered. Through interactive discussions, attendees will engage with their peers, fostering a supportive environment for mutual learning and growth. Participants will be paired up to discuss their personal leadership experiences and the obstacles they have faced. These pairings will allow for in-depth conversations, enabling attendees to gain diverse perspectives and insights. Following these discussions, pairs will provide feedback to the larger group, facilitating a comprehensive dialogue on leadership in family medicine. Expert facilitators will guide these sessions, offering practical strategies and tools to enhance leadership skills. Topics will include effective communication, team collaboration, and decision-making in complex healthcare environments. By the end of the seminar, participants will have a deeper understanding of their leadership potential and be equipped with actionable strategies to overcome challenges and excel as leaders. Join us for this dynamic and interactive seminar to become a more confident and effective leader in family medicine.



DAY 1: SATURDAY 7 SEPTEMBER 2024

TIME: 18:15 PM - 19:30 PM



The theme of the congress is Family Medicine strengthens PHC - creating opportunities from adversity

DAY 1 : Saturday, 7 September 2024 (CONTINUES)

Time	Auditorium (Plenary Venue - Lower ground)	Breakaway Venue 4 - (First Floor)	Breakaway Venue 5 - (First Floor)	Breakaway Venue 6 - (First Floor) OR Breakaway Venue 1-3 - (Ground Floor Exhibition area)
18h15 - 18h45	SAAFP AGM			
19h00 for 19h30	Gala Dinner - Sponsored by Standard Bank Chadd Curran - Financial wellness for medical professionals Dawood Miller - What we can do for you and your staff Corrinne Groenewald - Healthcare sector offering Keynote from Mrs Althea de Jongh from Liberty (15 min)			



Standard Bank Private



<https://saafp.org>



DAY 2: SUNDAY 8 SEPTEMBER 2024

TIME: 07:45 AM - 12:00 PM



The theme of the congress is Family Medicine strengthens PHC - creating opportunities from adversity

DAY 2: Sunday, 8 September 2024

Time	Auditorium (Plenary Venue - Lower ground)	Breakaway Venue 4 - (First Floor)	Breakaway Venue 5 - (First Floor)	(Breakaway Venue 6 - First Floor)
07h45 - 08h00	Registration - All conference delegates			
08h00 - 08h10	Welcome and housekeeping Presenters: Prof K von Pressentin and Dr R Mukhinidi (10 min)			
08h10 - 08h30	Welcome (20 min) Speaker: Dr Keith Cloete - Western Cape DOH Chair: Prof K von Pressentin			
08h30 - 09h15	PLENARY 5.P (45 min) Ethics Title: Gift of the givers Speaker: Dr Imtiaz Sooliman [KM SEEDAT] Chair: Prof K von Pressentin			
09h15 - 10h45	PLENARY 6.P (1.5 hrs) Clinical Title: Non-communicable diseases: a pandemic or opportunity? Speaker: Dr Asafika Mbangata, Dr Mabowa Makhomisanane and Sr Buyelwa Majikela-Dlangamandla Chair: Prof K von Pressentin			
10h45 - 11h15	Tea / Coffee Break (E-Posters & Exhibitions available to view)			
11h15 - 12h00	4.A SEMINAR (45 min) Clinical Title: The Burden of Pneumococcal pneumonia and Pneumococcal Vaccination Benefits Speaker: Prof Sipho Dlamini Sponsored by: Pfizer Chair: Dr L Profitt	4.B SEMINAR (45 min) Clinical Title: Neurodivergence? Don't wait Speaker: Dr Nick Davies Chair: Dr M de Swardt	4.C SEMINAR (45 min) Ethics Title: Brief behaviour change interviewing skills Speaker: Prof Olufemi Omole and Dr Deidre Pretorius Chair: Dr M Klocke	2.C ORAL PRESENTATIONS OA 09 - OA 11 - (10 min each) Q&A session (10 min) Assessors: Dr Deidre Pretorius, Prof Bob Mash, Dr Rashiqua Holdman Chair: Dr H Dicks Gilbert Mubangizi - Health user perceptions of primary care services in KwaZulu-Natal, South Africa Pfunzo-Theblessed Machimana - An Audit of the completeness of the road to health booklet at Tema community Bob Mash - Key lessons on primary health care service delivery from the work funded by the Global Alliance on Chronic Diseases Bob Mash - The sustainability of Group Empowerment and Training (GREAT) for people with type 2 diabetes in South Africa



DAY 2: PLENARY SPEAKERS



Keith Cloete

Dr. Keith Cloete was appointed as Head of Health for the Western Cape Government on 1 April 2020. He led the Western Cape COVID-19 pandemic response, including the COVID-19 vaccination programme.

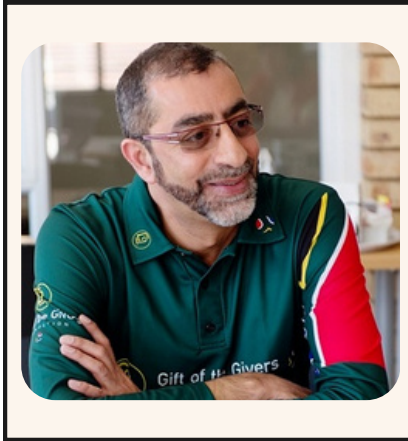
Dr. Cloete was appointed as DDG: Chief of Operations for Western Cape Government: Health, effective 1 March 2015. He was the Chief Director for Metro District Health Services since 2007, and prior to that, the Director of HIV/AIDS/STI and TB since 2003. He is a qualified medical doctor and has worked as a medical officer at various health facilities in the Western Cape Government: Health from 1989 to 1996, and as a Chief Medical Officer in the Cape Metro Region from 1996 to 2003.

He has extensive experience working in the Western Cape public health sector in many different capacities over the past 30 years. He is a founding member of the Western Cape Reference Group for Health Promoting Schools and has been involved in numerous inter-sectoral initiatives to address a wide range of social challenges affecting the health and well-being of communities in the Western Cape.

Since 2017, he has been closely involved with the Whole of Society Approach (WoSA) on behalf of the Western Cape Government: Health, a multi-sectoral approach across Western Cape departments for collaborative action across all spheres of government and sectors, guided by a shared purpose to improve the well-being of citizens. He is currently convening the Western Cape Government multi-sectoral violence prevention and mental health intervention strategies.

He has been involved in a range of leadership initiatives towards a more resilient and people-centred Department of Health & Wellness, as part of a collective learning and organisational culture journey.

Dr. Keith Cloete's qualifications include an MBChB degree from the University of Cape Town, a Postgraduate Diploma in Child Health (SA), the Oliver Tambo Fellowship, a Postgraduate Diploma in Health Management (with distinction), and a range of short courses.



**Imtiaz Ismail
Sooliman**

Dr. Sooliman was born in Potchefstroom, in South Africa's North West Province, on 7 March 1962. He attended Sastri College in Durban and matriculated in 1978, going on to study medicine at the University of KwaZulu-Natal's Medical School, qualifying as a medical doctor in 1984. Dr. Sooliman commenced private practice in Pietermaritzburg in 1986 but chose to close his flourishing practice in mid-1994, choosing instead to focus his attention on the Gift of the Givers Foundation, which he had founded in early August 1992. His establishment of Gift of the Givers Foundation was the consequence of a message Dr. Sooliman, then aged 30, received from Sufi Sheikh Muhammed Saffer Effendi al Jerrahi, his spiritual leader in Istanbul, Turkey, who called on him to serve all people of all races, religions, colors, classes, political affiliations, and geographic locations—a calling he honored then and continues to honor today.

His endeavor in this regard has seen Gift of the Givers Foundation emerge as one of the most respected humanitarian organizations in the world and today is the largest disaster response agency of African origin anywhere on the continent. Since 1992, Dr. Sooliman has steered the organization to many notable achievements and world firsts, including implementing 21 different categories of projects, delivering well in excess of R5 billion worth of aid, and assisting millions of people in no fewer than 46 countries across the globe, including South Africa. He designed and developed, in 1993, the world's first and only containerized mobile hospital of its kind, which was deployed in Bosnia and has been compared by CNN to any of the best hospitals in Europe. In 1994, he designed the world's first containerized primary health-care unit. He led the first organization in the history of South Africa to receive R60 million in 2003 from the government for the design and successful roll-out of 204,000 food parcels in KZN and Eastern Cape during a hunger crisis. He has alleviated problems associated with a ravaging drought in South Africa by drilling 550 boreholes in recent years to assist both humans and animals.

More recently, he assisted 210 hospitals during Covid-19, including the delivery of 3,500 oxygen machines. Dr. Sooliman has received 10 Honorary Doctorates. A notable achievement includes rescuing 64-year-old Ena Zizi alive after being trapped under rubble for eight days without food or water, with little oxygen and a fractured hip, in the aftermath of the Haiti earthquake of 2010—a world first for an African organization involved in earthquake search and rescue outside Africa.



**Asafika
Mbangata**

Dr. Asafika Mbangata is a Family Medicine Specialist currently working as a Medical Advisor for Diabetes and Established Products at Sanofi. She is also the Medical Lead for the Diabetes Patient Support Program and Managed Access Program. Dr. Mbangata serves as the Deputy Chairperson for Rural Doctors Association of South Africa (RUDASA) and was featured as one of the Women Changing South Africa in 2019 by the Mail & Guardian. She was voted one of the 200 Young South Africans class of 2017 by Mail and Guardian and chosen as one of the Core Participants in the Indlulamithi 2030 Scenarios. She obtained her MBChB degree at Walter Sisulu University in 2013, an Obstetrics Diploma from the Colleges of Medicine of South Africa in 2017, an HIV Diploma from the CMSA in 2019, and Fellowship of the Colleges of Family Medicine in 2022. She is completing her MMed at the University of Pretoria. Dr. Mbangata is passionate about empowering people through health education and advocates for standardized quality healthcare services accessible to all, not just the elite.



Dr Mabowa Makhomisane is a graduate from the University of Kwazulu-Natal : Nelson R Mandela school of Medicine class of 2005. He holds a higher certificate in travel Medicine from Wits(SASTM) and a Higher certificate in Health practice management from the Foundation of professional development. Dr Makhomisane is also a SAHPRA approved principal investigator, involved in conducting numerous clinical trials and providing supervision of sub investigators and other clinical trial staff. His area of study interest is diabetes. He recently completed his post graduate diploma in diabetes with the university of South Wales, and has published on international journal.

**Mabowa
Makhomisane**



Buyelwa is a registered nurse who obtained her BA Cur degree at the University of South Africa. She has worked in various clinical areas for many years at Groote Schuur Hospital as a professional nurse. In year 2000 she joined the Division of Endocrinology and Diabetes Unit, Department of Medicine at the University of Cape Town (UCT) as a Diabetes educator. In 2014 she obtained a master's degree (MSc) Nursing at UCT and was involved in several research projects for the chronic disease initiative for Africa (CDIA). She currently works as a Diabetes coordinator at GSH. Buyelwa was a member of the diabetes education consultative section of the IDF for many years and contributed to the update of the IDF education modules. In 2019 she was a committee member of the 2019 IDF Education and Integrated Care team

**Buyelwa
Majikela-
Dlangamadla**

DAY 2: SEMINARS



4.B SEMINAR **Neurodivergence? Don't wait**

Neurodevelopmental conditions like autism (ASD) and attention-deficit/hyperactivity disorder (ADHD) profoundly impact individuals' cognitive, social, and emotional development. Early intervention has emerged as a crucial strategy in mitigating the long-term challenges associated with these conditions.

Despite its evident advantages, challenges persist in accessing appropriate interventions timeously. One of the barriers is the missing or misinterpreting of early signs of neurodevelopmental conditions. This presentation will highlight potential indicators of some neuro-developmental conditions.

Research indicates that timely intervention not only improves immediate developmental trajectories but also fosters long-term gains in adaptive functioning and independence. Early intervention at an eco-systemic level extends beyond the individual, encompassing primarily the home, but extending to the school environment and the broader community. Early intervention should equip caregivers not only with practical tools to support their children effectively, but an authentic understanding of their child's presentation to the ends of reducing family stress, enhancing overall family functioning and thereby providing an environment in which nervous systems can "flow" rather than spike.

In conclusion, early intervention represents a pivotal opportunity to positively and significantly influence the developmental trajectories of children with ASD, in particular. By prioritizing early recognition, identification and intervention, the chances of a child actualising their potential is significantly increased.

4.C SEMINAR **Brief behaviour change interviewing skills**

Unhealthy lifestyle behaviours such as smoking, unhealthy diets, physical inactivity, etc., are prevalent among patients in primary health care (PHC) and are significant risk factors for morbidity and premature mortality. Healthcare providers in PHC are therefore in a unique position to intervene by offering lifestyle behavioural counselling to patients as part of ongoing health promotion and prevention.

While most are aware of the risks of these behaviours and are willing to embark on the change process, many are not, yet. The latter group requires a different approach from the conventional 5As used for those contemplating change.

The 5Rs approach finds its development in smoking cessation counselling and holds promise in motivating unwilling individuals to consider embarking on the journey of behavioural change. The 5Rs approach is not a stand-alone checklist of tasks implemented in isolation but is embedded within theoretical behavioural change frameworks. In this interactive and scenario-based seminar, we review the components of the 5Rs, situate them within the context of the four commonly used health-related behavioural change theoretical frameworks, and demonstrate how this approach could be implemented during the clinical encounter.



DAY 2: SUNDAY 8 SEPTEMBER 2024

TIME: 12:00 PM - 17:45 PM



The theme of the congress is Family Medicine strengthens PHC - creating opportunities from adversity

DAY 2: Sunday, 8 September 2024 (CONTINUES)

Time	Auditorium (Plenary Venue - Lower ground)	Breakaway Venue 4 - (First Floor)	Breakaway Venue 5 - (First Floor)	(Breakaway Venue 6 - First Floor)
12h00 – 12h45	4.D SEMINAR (45 min) Clinical Title: Fertility work-up in a resource-limited primary care setting Speaker: Dr Rendani Tshikosi Chair: Dr L Profitt	4.E SEMINAR (45 min) Clinical Title: Training of Clinical Trainers Speaker: Prof Hanneke Brits, Prof Bob Mash and Prof Richard Cooke Chair: Dr R Mukhinindi	4.F SEMINAR (45 min) Clinical Title: The role of primary care in primary immunodeficiencies Speaker: Prof Andre van Niekerk Chair: Dr M Klocke	2.C ORAL PRESENTATIONS OA 12 - OA 14 - (10 min each) Q&A session (10 min) Assessors: Dr Deidre Pretorius, Prof Bob Mash, Dr Rashiqua Holdman Chair: Dr H Dicks Doudou Nzaumvila - An exploration of the perspectives and experiences of users on the factors underlying the use of and dependency to Nyaope in Tshwane, South Africa Siphesihle Mlambo - A survey on factors for late antenatal bookings amongst pregnant women attending a community Health Care Centre in Tembisa, Gauteng Province, South Africa Andrew Wilkins - Comparing outcomes between vacuum extractions and second stage caesarean deliveries at a rural South African district hospital
12h45 – 13h45	Sponsored by SANOFI Lunch Symposia (Venue: Upper-Deck) Clinical Speaker: Dr Amith Ramcharan (Paediatric Endocrinologist) Topic: Pending Chair: Dr AMbangata			
13h45 - 15h15	7.P PLENARY (1.5 hrs) Clinic / Ethics Title: Embracing digital solutions health entrepreneurship and the Fourth Industrial Revolution (4IR) to augment the provision of high-quality PHC Speaker: Dr Robin Dyers, Dr Cyril Nkabinde , Darren Sweidan and Dr Abongile Qamata Chair: Prof Tasleem Ras			
15h15 - 15h45	Tea / Coffee Break (E-Posters & Exhibitions available to view)			
15h45 - 17h15	2.D WORKSHOP (1.5 hrs) Clinical Title: Ethical Considerations of Human Microbiome Research Speaker: Dr Reinhard Boehmer Sponsored by: Pathcare Chair: Prof T Ras	2.E WORKSHOP (1.5 hrs) Clinical Title: MDR - TB New development Speaker: Dr Madeleine Muller Chair: Dr J Porter	2.F WORKSHOP (1.5 hrs) Clinical Title: CMSA - Entrustable Professional Activities Speaker: Prof Mergan Naidoo Chair: Dr R Mukhinindi	2.D ORAL PRESENTATIONS OA 15 - OA 19 - (10 min each) Q&A session (10 min) Assessors: Dr Deidre Pretorius, Prof Bob Mash, Dr Rashiqua Holdman Chair: Dr H Dicks Marthinus Heystek - Genogram, Breast Cancer and BRCA Genetics - A case study Grace Brain - Enabling access to medical abortion in South Africa: the case for reform and innovation
17h15 - 17h45	Prize giving and closure: Prof G Marincowitz and Prof K von Pressentin			

DAY 2: SEMINARS



4.D SEMINAR

Fertility work-up in a resource-limited primary care setting

Infertility is defined as inability to conceive after 12 months of unprotected and regular intercourse. It is a global health issue affecting millions of people of reproductive age. Estimates of the precise number of people affected by infertility differ based on definition and methods of estimating it. Generally, it affects 1 in 6 couples globally.

Infertility has important demographic, social and health implications. Infertility may be caused by female factors (45-60%), male factors (30-40%) or may be unexplained (25%).

Primary female infertility refers to infertility in a woman who has never achieved a clinical pregnancy, while secondary female infertility refers to infertility in a woman who has had a clinical pregnancy. The distinction between primary and secondary is important for prevention, diagnosis and treatment purposes.

In poor resource settings, the need for cost effective strategies to evaluate ovulation dysfunction, to assess tubal patency and evaluation of the man remains crucial and necessary. Therefore, the aim of the presentation is to address these key issues in the work-up of infertility in limited resource settings.

4.F SEMINAR

Training of Clinical Trainers

Time and timing in clinical training

The message: Time is not a training limitation – timing is

In our busy life, it is easy to say that I do not have time for training. However, you only need 30 seconds to convey a message. Make sure it is the message that you intended to convey.

In this session, we will focus on feedback as the training method.

Therefore, timing is important when you give feedback to your registrar/student. Refrain from giving feedback when you are Hungry, Angry, Late or Tired. The mnemonic HALT should be kept in mind.

We plan to introduce and use a few tools that can assist you when you have limited time for training and feedback.

- The 1-minute preceptor tool
- SNAPPS for presenting patients
- Teaching with time constraints – blog

It will be an interactive session with an icebreaker, practical assessment and feedback.

Time is not a training limitation – timing is



4.F SEMINAR

The role of primary care in primary immunodeficiencies

Inborn Errors of Immunity: The Role of the General Practitioner

We thought that these conditions were rare. Now we know that they are not.

New DNA-based technology has opened our eyes to a group of diseases that we encounter daily but were not aware of. The International Union of Immunological Societies (IUIS) renamed their Primary Immunodeficiency Diseases (PID) committee to Inborn Errors of Immunity (IEI) committee in 2017 to better reflect the nature of these conditions. There are now more than 500 well-documented IEIs, and patients typically present with a spectrum of immune system disorders involving problematic infections, allergy, autoimmunity, autoinflammation, and malignancies. IEIs result from variations in the genes that direct immune function.

While some IEIs may be individually rare, they collectively contribute significantly to the health burden. Most patients are only diagnosed late due to various reasons, including the common (and often trivial) nature of infections they present with, leading doctors to overlook the link between increased infection burden, allergy, and autoimmunity.

The general practitioner (GP) plays a critical role in identifying IEI patients. Most will present repeatedly to their GP and receive repeated courses of antibiotics and corticosteroids without addressing the underlying immune error. Simple everyday screening can flag patients, and many can be managed without specialist referral.

The goal of this presentation is to equip general practitioners to be alert, test, diagnose, and offer basic care. We will define the IEIs and introduce you to this exciting 'new' field in medicine. Failure to identify these patients, unfortunately, often results in irreversible organ injury.

DAY 2: PLENARY SPEAKERS



Robin Dyers

Dr. Robin Dyers is a public health medicine specialist in the Western Cape Government: Health and Wellness department. He qualified as a medical doctor at Stellenbosch University in 2006 and has since pursued post-graduate studies in Epidemiology and Community Health. Additionally, he serves as a senior lecturer in the Division of Health Systems and Public Health at Stellenbosch University.

While actively involved in supporting the development of electronic medical record systems for the province, Robin completed a PhD in Public Health using Design Science Research methods to advance the practice of User Experience Design in Data Visualization. His diverse interests include health policy analysis, geographic information systems, blockchain cryptography for health, health terminological systems, diagnosis-related groups, interventions to support continuity of care, and health professions education.



Darren Sweidan

Darren Sweidan is the Head of the Health Professional unit at Discovery Health. His undergraduate training was in clinical physiotherapy. After completing training in business administration, Darren joined the Netcare Hospital group in 1999. He spent three years in hospital administration and an additional two years in group hospital finance. In 2004, he transitioned into healthcare funding upon joining Discovery Health.

Until the end of 2014, Darren was responsible, supported by the Health Professional strategy team, for engaging with Medical Specialists, General Practitioners, Dental and Dental Specialists, as well as Allied and Therapeutic Professionals. Currently, Darren oversees the Health Professional unit, where he continues to engage with medical professionals. He also manages the Discovery Health Value Based Care, Professional Billing Intelligence, Health Quality, and Auditing Risk Management units.



**Cyril
Nkabinde**

Qualifications: MBChB (UKZN), MMed Family medicine(UKZN), FCFP (CMSA). Dr. Nkabinde is a qualified Family Physician, a Fellow in the College of Family Physicians (CMSA), and holds a Master's degree in Family Medicine. He is a PhD candidate with his research focused in medical education. He has extensive clinical experience in both urban and rural settings, and is involved in academia at UKZN's Department of Family Medicine. He operates a multidisciplinary private practice, and serves as the Principal Medical Officer at Quro Medical, a digital health company that provides innovative alternative health solutions, with the first and biggest hospital at home platform in SA. His role at Quro Medical focuses on clinical excellence and clinical governance through supervising clinical operations nation-wide. His interest in medical education involved him in various projects aimed at enhancing medical education and collaboration in rural district hospitals. His work in this field includes a recent publication on medical doctors' learning needs. He has authored a chapter on facilitating small group learning in the 4th edition of the South African Family Practice Manual and co-authored a chapter on experiential learning for medical students in a WONCA book published in 2023. He has previously been a key contributor to an internationally funded project at UKZN aimed at strengthening interprofessional education (STRIFE), and was the South African ambassador for AFRHealth. He collaborates closely with UCLA's David Geffen School of Medicine's Global Health Program (GHP), where he contributes to student exchange programs and lectures. He is dedicated to social justice. He chairs the Durban-based NPO, Hope Nation, which aims to empower South African youth through education. He also serves as a Trustee for Umthombo Youth Development, an organization that supports underprivileged students in pursuing health science degrees.



**Abongile
Qamata**

Dr. Abongile Qamata earned her MBChB from Walter Sisulu University and pursued a Master of Public Health Nutrition at Stellenbosch University, motivated by a deep appreciation of the critical role of nutrition in public health. Her experience spans public, private, and non-governmental sectors, making her a well-rounded and knowledgeable leader in her field. In her role as Alternatives to Hospital Lead at Medscheme, Dr. Qamata draws on her clinical expertise, academic skills, and entrepreneurial drive to spearhead innovative healthcare solutions. "It is an honour to contribute to a company that is transforming healthcare by building Southern Africa's largest virtual hospital," she remarks. As a marathoner and triathlete, she understands the resilience and determination essential for such an endeavour. In addition to her corporate role, Dr. Qamata chairs the Medical Advisors Group (MAG), a community of healthcare professionals in the funding sector. Through MAG, she leads initiatives aimed at creating sustainable healthcare solutions and champions the principles of universal health coverage. Dr. Qamata's diverse contributions reflect her unwavering commitment to advancing healthcare and making a meaningful impact on the industry.

DAY 2: WORKSHOPS



2.E WORKSHOP MDR - TB New development

The NDOH TB Guidelines in South Africa for adults and children are over ten years old. Since then, we have seen the introduction of GeneXpert as our primary testing modality, dramatic changes to our management of Rif-resistant TB, new WHO recommendations on managing children with TB, and a guideline on managing TB infection (latent TB).

This workshop will give an overview of the changes and additions to the diagnosis and management of TB in South Africa and discuss possibilities for the future.

2.F WORKSHOP CMSA - Entrustable Professional Activities

Workplace-based assessment (WPBA) in health education is receiving global priority. The College of Family Physicians of South Africa (CFP) and the various family medicine (FM) departments has developed 22 EPAs and have rolled out these EPAs in all nine medical schools in South Africa since January 2024. Currently, monthly webinars allow engagement with academics and registrars, and the Train the Clinical Trainer (TCT) course has been specifically adapted for an EPA-based curriculum. This workshop hosted by the CFP will provide an update on the 2024 progress and explore some of the new tools available on the Scorion platform. Potential participants would include trainers and registrars and those interested in workplace-based assessment.

The SAAFP workshop will provide an update on the various developments and progress of the rollout and will engage participants in using workplace-based assessment (WBA) tools and making entrustment decisions. The workshop will cover the following topics:

1. CFP update on the rollout of EPAs for FM training in RSA.
2. Use of new WBA tools- entrustment-based discussions using scenarios.
3. Use of new WBA tools- one minute preceptor.

Take-home messages

Rolling out EPAs is a new educational experience for family physicians in SA. Sharing our experiences may help us understand this process better and hopefully help others at similar points in the journey.

Plenary speaker abstracts

Title: Operationalising RMC for Better Birth Experiences

Speaker: Jason Marcus

Respectful maternity care (RMC) has been on the global agenda for more than a decade. Disrespect and abuse of women in labour particularly is still widespread in all settings. Awareness, defining it, and training around it have been on the SA maternity landscape for close to 10 years, in response to reports and research on disrespect and abuse during labour. The implementation and operationalising of RMC appear to be a challenge, especially at the coalface of health care, despite national and local policies to support its use.

Historically, slow or no progress in labour was thought to be caused by “the 4P’s” when using the partogram. These “P’s” referred to the passage, powers, passenger, and patient needing to be assessed to determine the possible cause of the slowly progressing labour with a view to intervening if any of these were thought to contribute to the problem. Labour is a complex process with many factors contributing to its progress and the woman’s experience thereof; the mere mechanics cannot be viewed as the be-all and end-all of influencing how well or slowly labour progresses.

The traditional 4 P’s do not consider all reasons for a slowly progressing labour. Eight additional P’s to consider and address are: (1) Partner presence (2) Psyche of the woman (3) Personnel behaviour and attitudes (4) Position of the mother during labour and birth (5) Paraphernalia (6) Pain relief (7) Place (8) Paedagogy

There is good evidence that these aspects, when considered and acted upon, have a positive influence on the needs of a woman in labour. There is good evidence about beneficial care for the labouring woman, yet the available evidence has not been clearly assimilated into the practices of labour care in the South African public health context.

Title: Respect, Dignity, and Compassion in Palliative Care

Speaker: Dr. Raksha Balbadhur

Healthcare providers (HCPs) can optimize dignity-conserving care to improve the quality of life for patients living with serious illness by being aware of the biopsychosocial and spiritual concerns and coping mechanisms that affect their total dignity experience. While having a greater influence on extrinsic sources of dignity in advanced disease, HCPs can offer kindness, compassion, and respect that acknowledges and honors the unconditional value and worth of patients beyond the labels placed on them by their body, illness, and challenging circumstances.

Patients wish to be seen as living beings, not as disease entities that need fixing, and to be supported in creating meaning and purpose in their last days. It is not about what they have become, but about who they are. This study, which aimed to understand the dignity experience of South African patients from diverse socioeconomic and cultural backgrounds in KZN, highlighted the need to affirm intrinsic dignity in dying patients, affirming their personal unique worth as nonphysical entities, irrespective of the failing biopsychosocial and existential systems.

We may never be able to fully correct these external systems, but we can offer patients dignity through an experience of their intrinsic untouchable worth. In this study, Guided Imagery focused on intrinsic dignity is shown to be a novel, relevant, feasible, acceptable, and beneficial short psychotherapeutic intervention that can be conducted at the bedside. This intervention can augment Dignity Therapy or be used on its own to affirm and strengthen the experience of patients’ intrinsic dignity.

Organising committee

Conference Committee:

Prof Klaus von Pressentin (Chair) from the University of Cape Town

Prof Tasleem Ras from the University of Cape Town

Dr Riha Mukhinindi from the University of Limpopo

Dr Sheena Mathew from Private Practice

Dr Palesa Dibakoane from the University of Limpopo

Dr Dianne Mathews from the University of Cape Town

Dr Magdaleen de Swardt from the University of Cape Town

Dr Marina Klocke from Stellenbosch University

Dr Rashiqua Holdman from the University of Cape Town

Scientific Committee:

Dr Riha Mukhinindi (Chair) from the University of Limpopo

Dr James Porter, who is affiliated with the University of Cape Town

Prof Hanneke Brits from the University of the Free State

Dr M Ramavhuya from the University of Limpopo

Prof Andrew Ross from the University of Kwa-Zulu Natal

Prof Gert Marincowitz from the University of Limpopo

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