



27th Annual National Family Practitioners Congress

5-6 September 2025 | Midrand Conference Centre, Gauteng

Learning and practicing
family medicine in an era of
global change



SOUTH AFRICAN ACADEMY OF
FAMILY PHYSICIANS

Exploring clinician-leadership development for South African primary care through group coaching in a revised leadership and governance module

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Presenter:

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FaCE
Department of Family, Community
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Introduction

- SA commitment to strengthening Primary Health Care to achieve universal health coverage ¹
- Family Physicians in district health systems are pivotal to PHC in both a provider and a leadership role. ^{2,3}
- Previous research using district manager interviews has shown that FPs who lack leadership skills or are unable to integrate into their clinical teams are deemed 'at the mercy of the system' ⁴

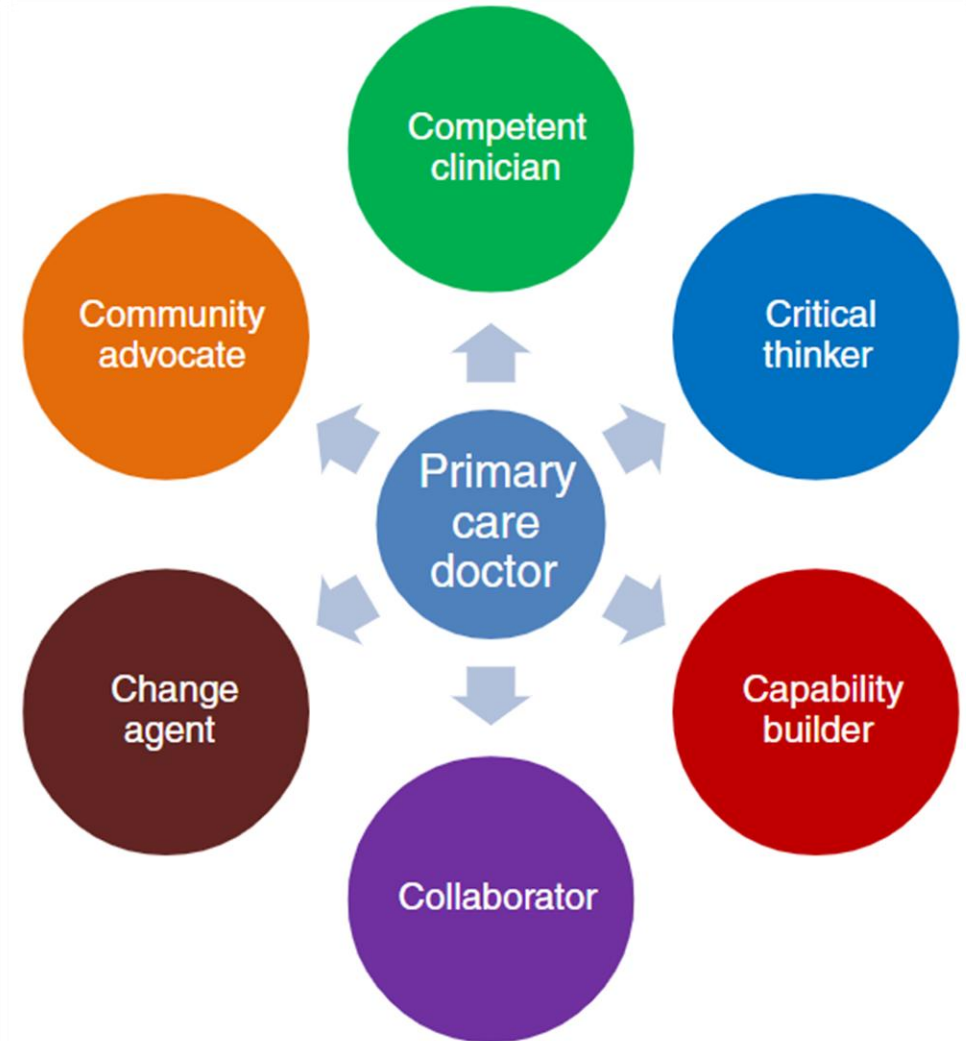


Figure 1 Roles of the South African primary care doctor.

Introduction

- Limitations of both undergraduate and postgraduate FP training programmes, hinder the preparation of physicians to effectively manage themselves and others within the health system.⁵
- Revision to UCT L&G module for MFamMed in 2022⁶ – this was updated to align with the new National outcomes (Unit standard 1)⁷
- Went from 7 to 12 sessions, introducing 4 sessions covering leadership development and group coaching to enhance reflective practice and professional growth. This was augmented by a Five Lens Enneagram profile and a debrief for each participant.
- Also invited students from outside the MMed program to participate in the module. (Early career FPs / PGDip Fam Med / Managers and doctors working in the DoH) This intentional diversity served to enhance the group coaching approach.

Introduction

Relevant experts were invited to serve as guest lecturers to speak to the course concepts from a local perspective. (DHS leaders / clinical managers / public health specialists and Family Physicians).

All the enhancements were designed in conjunction with one another and supported the learning outcomes.

Opportunity in 2024 / 2025 to evaluate the new module

Objectives

The participants's overall impressions and understanding of the value of experiencing the group coaching approach, The module's structure and balance of content and group reflection, and The module's perceived influence on the participants's development, their teams, and their practice of leadership and clinical governance skills and principles.

1.5 Corporate governance 13h30 – 15h00	Facilitated reflection 15h15 – 16h45
<p><i>Dr S Naidoo</i></p> <p>Understand the principles of financial management</p> <p>Be able to communicate effectively with those responsible for corporate governance</p>	<p><i>Dr P Pampallis, Dr A de Sa</i></p> <p>The group could look at scenarios where they have had to address the tension between managers and clinicians around cost issues.</p> <p>Possible questions:</p> <ul style="list-style-type: none">• <i>How do we manage a team that feels their value is only measured in quantity and not quality of their work – the eternal stats issue.</i>• <i>How do we present our arguments for the re-allocation of resources... how do we see ourselves in relation to those who hold the purse strings?</i>
<p>Example - 2022</p>	

Methods

- **Descriptive Qualitative design** – wanted to explore participant experiences
- **Nine former students** from 2 cohorts (2022 & 2023) of the revised L&G module for **MMed program** in Family Medicine at UCT.
 - **Purposively sampled** based on student type and current roles (Family medicine registrars / PGDip students / medical officers and managers)
 - Recruitment until **data saturation** achieved.
- **Data collected** - Oct 2024 to January 2025 - in depth **semi-structured interviews** - conducted (MS Teams) and transcribed - **third party trained interviewers**.
- Data - **analysed thematically** - initial round of **inductive coding followed by deductive coding** of emerging themes - guided by the adapted **Kirkpatrick framework⁸** (NVivo v14.0)
- **Member checking** via Powerpoint presentation of initial findings to participants

Results – Kirkpatrick framework

Reaction

Response

Satisfaction

Engagement

Interest

Learning

Knowledge

Skills

Comprehension

Efficacy

Motivation

Behaviour change

Impact

Clinical Work

Transfer

Real World

Results

Organization

Goals

Benefits

Outcomes

Results - Level 1 - Student reaction

Appreciations

Group Coaching Built Depth

*“I **enjoyed group coaching** a lot... it **deepened the discussion** and allowed us to expand our understanding where there were differences.” - Participant 2, Family Medicine Registrar*

Community & Shared Struggles

*“Coming together ... and **sharing the impact of the system... was extremely beneficial**. It helped me realize we’re **all struggling with the same thing**. It lifted it...” - Participant 1, Senior Medical Officer*

Diverse Perspectives

*“I think it's **important to learn from other people**. It was the first time we were exposed to managers and nurses... **everyone had something different to offer**.” - Participant 8, Family Medicine Registrar*

Critiques

Lack of Hard Skills

*“I **was hoping to gain specific knowledge**... the module helped me reflect, but not how to actually do it.” - Participant 2, Family Medicine Registrar*

Outdated Tools

*“The **enneagram** ... I understand the principle of self-awareness, but I didn't enjoy that method. ... I'm generally **not a fan of, trying to classify** people...”*

Participant 5, Family Medicine Registrar

Facilitation Gaps

*“... **needed a stronger facilitator**... a few sessions that I didn't feel I learned **anything** ...” because it just became a vent session. - Participant 3, Family Medicine Registrar*

Results – Level 2 - student learning



Self-awareness, Confidence & Leadership identity

*“I thought I was too sensitive, but **now I see myself as a valuable peacemaker.**” / It actually gave me a little bit more self-confidence. I was always kind of **doubting myself***

Participant 1, Senior Medical Officer

Empathy for others’ perspectives

*“Person in front of you also comes with their own baggage. **I understand my seniors and juniors better now.**” - Participant 4, Senior Medical Officer*

System-level perspective & locus of control

*“I learned to focus on what’s within my control. There was **definitely a shift in my frustration** and as a result my capacity, even my resilience” - Participant 2, Family Medicine Registrar*

“Be bright in the corner that you are” - Participant 1, Senior Medical Officer

Results – Level 3 - Behaviour

Collaborative Reflection

*M&M meeting: “Rather than me presenting what could be improved ...it was **more of a provoking discussion amongst the team...**”* (Participant 2, Family Medicine Registrar)

Shared Responsibility

*SOP Reviews: “... **I started involving the team...**”* (Participant 7, Facility Manager)

Authentic Leadership Identity

*“After [the module] it just **gave me a lot more confidence ... I got put in charge of special groups... I could see my leadership style was valued.**”* (Participant 1, Senior Medical Officer)

Challenging Hierarchies in the workplace

*“Instead of this hierarchy that goes ‘doctor said so’...**the dynamic shifts completely...**”*

“A nurse can inspire a whole revolution...” (Participant 6, Facility Manager)

Results – Level 4 - Results

Participants reported tangible changes in **Organisational Practice** and benefits to both patients and healthcare workers.

Defining Leadership Roles

Shared leadership: *“**Even the cleaner can be a leader...** when asked what their job is, they can say, ‘I have a leadership role to do this and this.’”* – (Participant 6, Facility Manager)

Systems Thinking in Action

Collaboration in context of austerity: *“Instead of protecting our own space, we adjusted ourselves to feed the team after us... **coaching helped us truly listen and ask, is this a systems thing or a ‘me’ thing?**”* – (Participant 4, Senior Medical Officer)

New Structures

*“**We didn’t really have clinical governance...** beginning of last year, I created a portfolio and **assigned it to a clinician.**”* - (Participant 6, Facility Manager)

Results – Level 4 - Results

Patient Benefits – Empowered Relationships

Patient centred care: *“It has **allowed me to be a better listener... empowering the patient to make their own changes.**”* – Participant 1, Senior Medical Officer

Systemic Benefits – Collegial Partnerships

Interprofessional collaboration: *“I don't want to labour the point of the nurse/doctor relationship, **but there's a significant change.** And not only from the nurses' point of view, but also from the doctor's point of view..”* - Participant 6, Facility Manager

Workforce Wellbeing – Renewed Meaning

Improved morale, resilience, and satisfaction: *“I'm **a lot less stressed... I'm enjoying my job more. It has more meaning and fulfilment.**”* – Participant 1, Senior Medical Officer

Discussion – Potential Impact

Potential impact of this approach

- Enhanced **practitioner well-being** and sense of **leadership identity**
- Ripple effects of creating a **more empowering workspace** for HCWs & patients.
- Greater **cohesion** and **sense of comraderie** across the health system
- Creating a **shared language** to **define clinical leadership and governance**
- **Future research** to assess and **understand the longer-term effects** of the course and **direct effects for patients**

Recommendations for similar family physician leadership training programmes

- **Group coaching can be a powerful tool** for leadership development and creating a sense of connection among the participants
- **Student buy-in for methodologies** used and for the **facilitator** are vital for programme success
- **Explicit linkages to examination materials** may help secure buy-in
- **Deepen opportunity for applied learning** by integrating this into course reflection activities



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Acknowledgements

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&

All participants of the L&G modules



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Thank you

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