



SOUTH AFRICAN ACADEMY OF  
**FAMILY PHYSICIANS**

# Developing Clinical Leadership Towards Health Service Strengthening – Current Practices and Future Directions

ENHANCING HEALTHCARE THROUGH LEADERSHIP AND  
STRATEGIC INNOVATION

Klaus von Pressentin, Richard Cooke, Ramprakash Kaswa,  
Louis Jenkins, Angela de Sa

27<sup>th</sup> Annual National Family Practitioners Congress  
5-6 September Midrand Conference Centre  
*“Learning and Practicing Family Medicine and Primary Healthcare in an ERA  
of Global Change”*

| Time allocation | Section  | Focus  | Facilitator(s)   |
|-----------------|--|--|--|
| 10              | <b>Welcome and setting the scene</b>   | Clarify the focus of the workshop and facilitate a brief round of introductions  | Klaus  |
| 20              | <b>A brief didactic section in which we present the content of section A</b> | Leadership development for FM in South Africa; linking leadership to CG; linking it to “ways of becoming better leaders” (WBA/EPA)<br><b>Role of emerging CG leaders</b>   | Angela<br>Louis  |
| 20              | <b>Section B: small group discussions</b>                                    | <b>Moving from theory to practice - linking styles with case examples</b><br><b>Foregrounding leadership in addressing CG activities - roles</b><br><b>Ways of becoming better leaders - tools, linking it with WPBA and portfolio, EBDs</b><br>Break out into three groups:<br>1. <b>Role of clinical trainers/workplace registrars and supervisors</b><br>2. <b>Role of the training programmes/university departments</b><br>3. <b>Role of SAAFP and the education &amp; training committee</b> | 1. Ramprakash and Klaus<br>2. Angela and Louis<br>3. Richard |
| 30              | <b>Plenary: feedback from group discussions</b>                              | <b>10 minutes per group</b><br><b>Each group to come up with 1-2 key next steps</b>  | Richard  |
| 10              | <b>Wrap-up and next steps</b>  | <b>Close-out, summary and next steps</b>   | Klaus  |

90 minutes (13:30 – 15:00)

# Workshop overview



## **Background**

Robust leadership qualities and awareness are critical components for successfully implementing the various clinical governance (CG) activities to strengthen health services. Family physicians (FPs) are ideally positioned to lead these processes.

This workshop explores the current national approach to training registrars as leaders within the District Health System (DHS). The focus will be on how this training aligns with Entrustable Professional Activity (EPA) 21, Leading a clinical team.

## **Workshop focus and objectives**

- Understanding how CG relates to leadership
- Exploring and describing ways of growing CG leaders for health systems
- Unpack examples of leading a team in the clinical workplace, such as antimicrobial stewardship ward rounds, multidisciplinary palliative care ward rounds, leading clinical audits, managing staff issues, ensuring a safe learning environment, etc.

# SECTION A

Angela & Louis



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# Developing clinical leadership towards health service strengthening

## Current practices and future directions

### WORKSHOP FACILITATORS

Klaus von Pressentin, Angela de Sá, Richard Cooke,  
Ramprakash Kaswa, Louis Jenkins

**Presenter:**

**Dr Angela de Sá**

**6 August 2025**



**FaCE**  
Department of Family, Community  
and Emergency Care

*Building inclusive communities of care together*



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# Introduction

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Family Physicians in district health systems are  
**pivotal to PHC**  
**in both a provider and a leadership role<sup>1</sup>**

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'<sup>2</sup>**

# Introduction

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**Leader  
Clinical Governance**

**Family physicians  
improve ....**

**Clinical  
Trainer**

**Capacity  
builder**

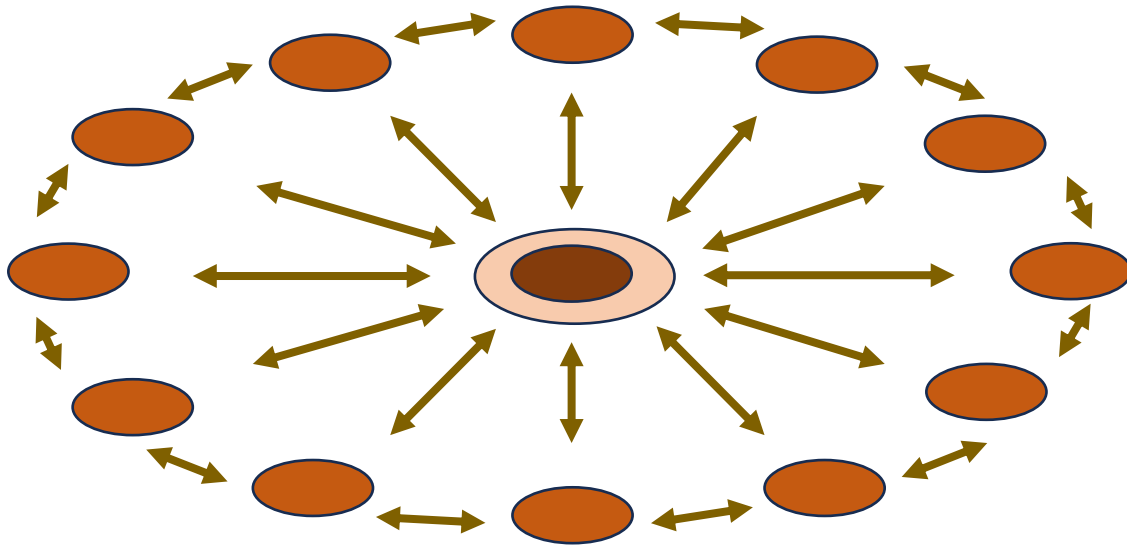
**COPC**

**Consultant**

**Clinician**

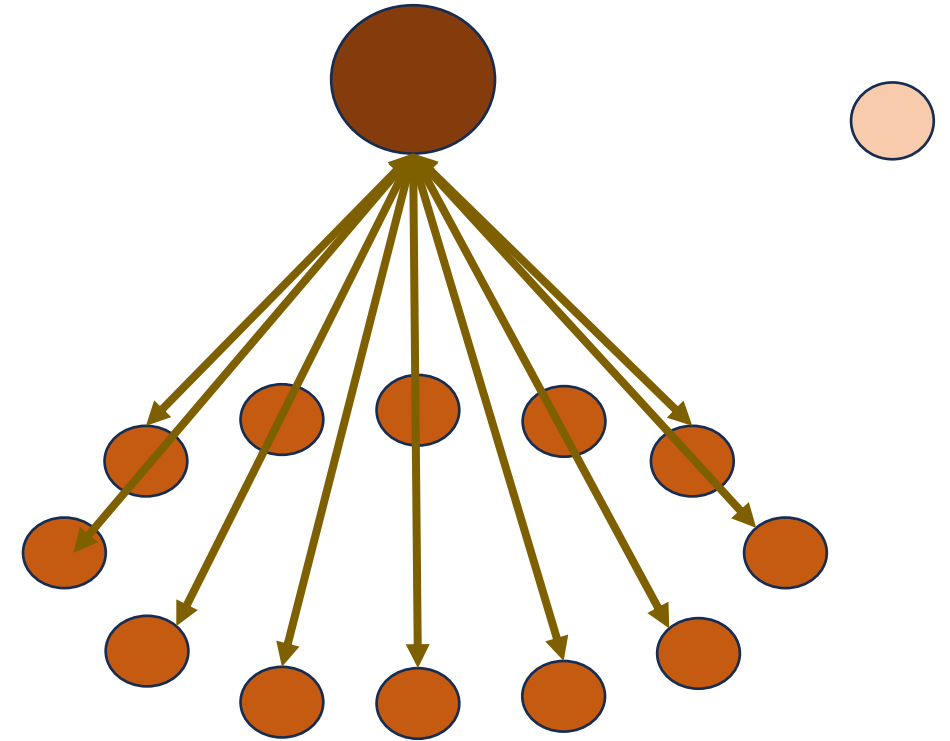
What is the difference between  
**being a leader**  
and a  
**clinical governance lead?**

# What is leadership?



**Self aware – servant – puts patient at centre**  
**Empathic - Trustworthy – listens – character –**  
**builds community and trust – commits to growth**  
**Enables team – leadership and followship**

**VS**



**Hierarchy – patient not always considered**  
**Position of power – demands respect & action**  
**Instructs team – rigid perspective**

# Developing Leadership

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- Becoming a leader - Developmental journey – psychological  
(Natural vs Constructed hierarchies)
- Chicken and egg conundrum – responsibility of those in the know to bring us closer to the next step ... stress the need for creating the opportunities for a developmental approach to be integrated into our curriculums.
- Spiral learning – How do we integrate this into our courses?
- Need to ensure we are exploring personal awareness and leadership to support our professional leadership roles – so these roles can be explored / developed.  
(Focus in junior years – self exploration / senior yrs – professional roles)



# Leadership – self awareness

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## What hinders us?

Clinicians and **focus on the other**

Narratives, Training and our Context focus **entrenches** this

Intentionally create the **spaces to look at self** to create awareness

- **Limitations** of both undergraduate and postgraduate FP training programmes, hinder the preparation of physicians to effectively manage themselves and others within the health system. <sup>3</sup>
- **Revision** to UCT L&G module for the postgrad Fam Med program in 2022<sup>4</sup> – this was **updated to align with National outcomes** (Unit standard 1)<sup>5</sup>
- **Expanded** from 7 to 12 sessions,
  - Added 4 sessions which covered **leadership development** and
  - Added **group coaching** to **enhance reflective practice** and **professional growth**.
  - Augmented this with a Five Lens **Enneagram profile** and a debrief for each participant.

# UCT L&G module revision

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- **Students from outside the MMed program** to participate in the module. This **intentional diversity** served to **enhance the group coaching approach**.
- **Guest lecturers** - spoke to the course concepts from a **local perspective**.
- All the enhancements were **designed in conjunction with one another** and supported the learning outcomes.

# Leading Clinical Governance

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- Leadership is the **presence and soft skills** we bring to our roles. It is a way of being rather than what we do.
- It shows up in our **self awareness** / our **character** / the way we **communicate** / how we see ourselves and others...
- **Clinical Governance** is one of the **professional roles** we assume and we can do this much more effectively when we have **leadership presence**.

**LEADING A PTC** – (focus on Sodium Valproate audit)

- Theory content of how to set it up, run it, do audits, run qips, implement policies etc...

**LEADERSHIP STYLE** - INFLUENCED BY OUR NARRATIVES (“World needs fixing”)

- **Quality** – excessive fixation on the detail and key learning / action may be lost.
- **Discernment** – Teasing out the key message and focus and engaging with the team to see the value and ethical imperative. Come up with a collective solution that works.

*Intent of reflective exercise is to raise our*

- **Self – awareness** - this allows us to move from excessive fixation on the detail and only one way to discernment. Which allows us to invite the team into a collaborative space of defining a collective solution that works.

What is the difference between  
**being a leader**  
and a  
**clinical governance lead?**

How do we **move ourselves** from being clinical governance **leads to “leadership”** in our clinical governance responsibilities?



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# Acknowledgements

Klaus von Pressentin, Angela de Sá, Paddy Pampallis, Katie Bradley, Emma Daitz, Fundi Genu, Siyabonga Khubeka, Tasleem Ras

&

All participants of the L&G modules



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Thank you

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Developing clinical leadership towards health service strengthening – current practices – national WBA & EPA

Prof Louis Jenkins, Dr Angela De Sa, Prof Klaus von Pressentin, Prof Richard Cooke, Dr Ramprakash Kaswa

**WORKSHOP**

# EPA 21 – Leading a clinical team

## Specifications

- Leading clinical team activities in the district health services
- Retention and recruitment
- Staff performance management
- Line management duties at the level of the individual employee and at the level of the team who report to the family physician
- Shared leadership activities in partnership with the other leaders and managers in the facility and/or sub-district/district
- Overseeing the integration, efficiency and effectiveness of the clinical team
- Coordinating call rosters
- Coordinating leave management in line with the HR policy
- Participating in recruitment and selection process for vacant posts
- Facilitating exit interviews of staff who resign
- Facilitating conflict management and resolution in the workplace
- Identifying and supporting the impaired colleague
- Contributing to a positive institutional culture in the workplace
- Leading and facilitating meetings and team activities in the clinical setting, such as interprofessional ward round

# Potential risks in case of failure

- Low staff morale.
- Poor team spirit and performance.
- Conflict within the team and workplace.
- Medico-legal consequences.
- Loss of staff/resigning

# Link with FM Nat Unit Standards 1 and 5

A person who has achieved this standard is capable of effectively managing themselves, their team and their practice, regardless of the sector, shows self-awareness in their personal and professional approach and provides high-quality care based on current evidence.

1. Develop him or herself optimally as a leader by:

- Demonstrating self-awareness and reflection in terms of one's personality, personal values, preferred learning
- and leadership styles, and learning and development needs
- Demonstrating effective methods of self-management and self-care
- Demonstrating a willingness to seek help when necessary
- Demonstrating an ability for self-growth and personal development

2. Offer leadership within the healthcare team and district health system by:

- Communicating and collaborating effectively
- Demonstrating an ability to build capability, mentor or coach members of the healthcare team
- Engage and influence others through advocacy, group facilitation, presentations, critical thinking, or behaviour change counselling
- Working effectively as a member of the sub/district healthcare team

3. Describe and contribute to the functioning of the district healthcare system

4. Lead clinical governance activities

5. Understand and influence corporate governance

# Skills needed

1. Good communication, including attentive listening, within the clinical and managerial teams.
2. Lead collaboratively, recognizing all team members during EC shifts, ward rounds, handover rounds, clinic meetings, etc.
3. Lead and facilitate meetings and team activities in the clinical setting, such as interprofessional ward rounds.
4. Make proactive and effective decisions around workplace challenges.
5. Coordinate professional relationships, manage conflict, and foster a positive team culture.
6. Make clear the roles and responsibilities of team members and have clear (SMART) goals.
7. Value diversity, respect and trust in the team.
8. Show good reflective skills and understanding of complex-adaptive systems (I-we-it).
9. Show good self-management and self-care, implementing strategies for personal development.
10. Contribute and communicate effectively with the management of a facility, sub-district, or district.

# Attitudes and Behaviour

- Self-awareness to develop self optimally as a leader
- Recognize role as a member of the sub / district healthcare team
- Attitudes related to A-RICH acronym (See preamble)

Agency: Being proactive towards needs of patients, sharing of relevant information, needs of the team, need for help, own development.

Reliability: Are conscientious, predictable, accountable and responsible. Do what they said and follow through on assigned tasks.

Integrity: Are truthful, prioritize patient welfare, are person-centred and ethical.

Capability: Are competent, have relevant knowledge and skills, efficient, adapt to changing circumstances and new tasks.

Humility: Knows one's limits, willing to ask for help, receptive to feedback.

# Experience

- Need to at least be part of a specific team, e.g. working as a "FP" -
- managing a ward, call rosters, dealing with staff absenteeism, dealing with conflict.
- The registrar should be given these responsibilities from 2nd or 3rd year of the programme. This must be built into the learning plans.

# Sources of information to support entrustment decisions - captured in portfolio of learning

1. Direct observations by: FP supervisors, other senior colleagues and management team members. See evidence of doing a call roster, managing a ward, managing conflict, leading a clinic team meeting.
2. Educational meetings and Entrustment-based discussions with supervisors
3. Assignments: reflections by the registrar in their role as a team leader in managing an issue, such as an interpersonal conflict in the team
4. Allocations assessment reports by supervisor
5. 360-degree evaluation - NB for this EPA

# SECTION B

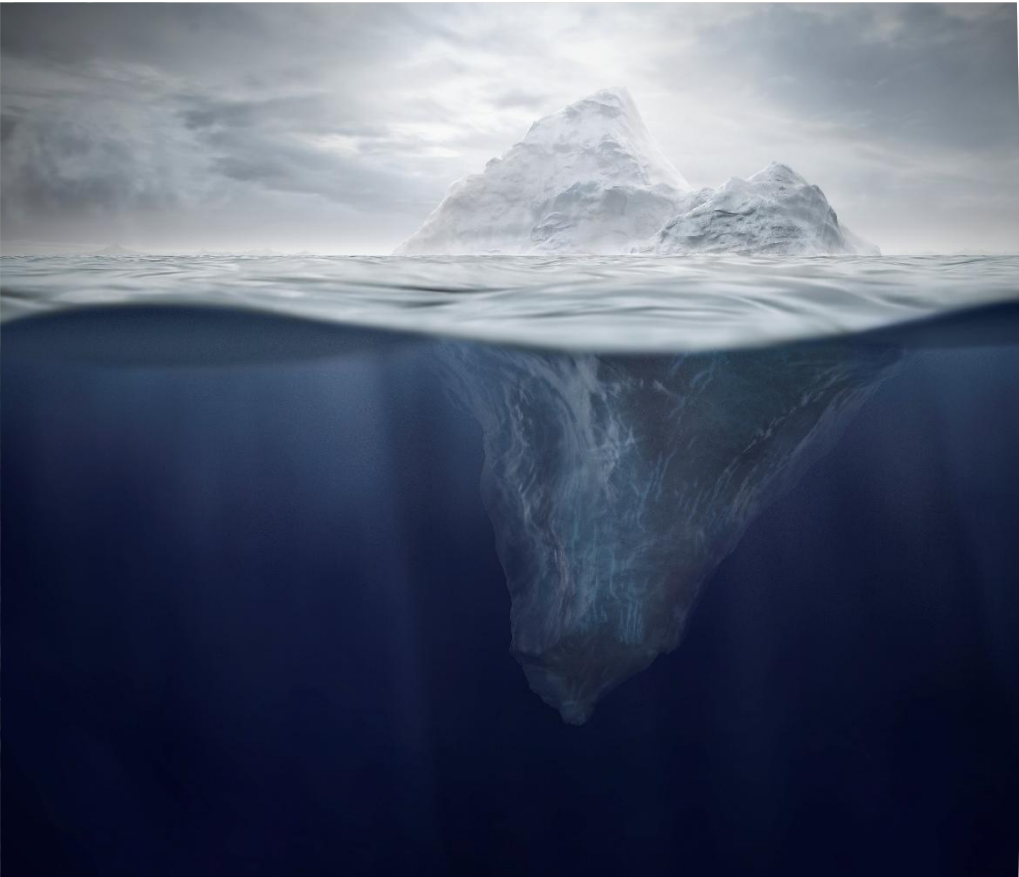
Group work

# Group work



- 1. Role of clinical trainers/workplace registrars and supervisors**
- 2. Role of the training programmes/university departments**
- 3. Role of SAAFP and the education & training committee**

Guiding questions to  
prompt the discussion



In your (1, 2, or 3) context:

1. How can we facilitate the self-awareness needed to improve our leadership?
2. Are there other qualities of leadership that need to be explored?
3. What are practical barriers to, and facilitators of, good leadership?
4. What are 1-2 key steps for the future?



## Feedback from the group work

1. Role of clinical trainers/workplace registrars and supervisors
2. Role of the training programmes/university departments
3. Role of SAAFP and the education & training committee



Outputs & Next Steps

**Leadership Development**

**Workplace Learning  
Enhancement**

**Support for New Family  
Physicians**

**Dissemination of Findings**



## Thank You & Staying in Touch

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