

Exploring Stakeholders' Experiences on Implementing Family Medicine in Urban South Africa - Implications for Universal Health Coverage

Authors: Musonda JM, Moosa S
University of the Witwatersrand,
Johannesburg, South Africa

Background

- FM was recognised as a specialization in 2007.
- Crucial role in strengthening primary care.
- However, experiences of FPs, GPs, and stakeholders remain unexplored
- The study aimed to explore stakeholders' experiences of implementing family medicine in urban South Africa

Methods

- Design: Descriptive, explorative qualitative
- Semi-structured, in-depth individual interview
- Purposively selected 40 from Gauteng, between Oct 2019 – Dec 2020.
- Thematic analysis: MAXQDA 2020 and qualitative data framework analysis.
- Rigour: credibility, transferability, dependability, confirmability, triangulation.

Results (1)

Participate characteristics

- Interviewed 21: eight family physicians, five stakeholders, and eight private GPs & stakeholders.
- The mean age was 57.4 years, with a range of 45 to 78 years.
- Most were male (71%) and black (71%).
- Work experience ranged from 16 to 55 years.

Results (2)

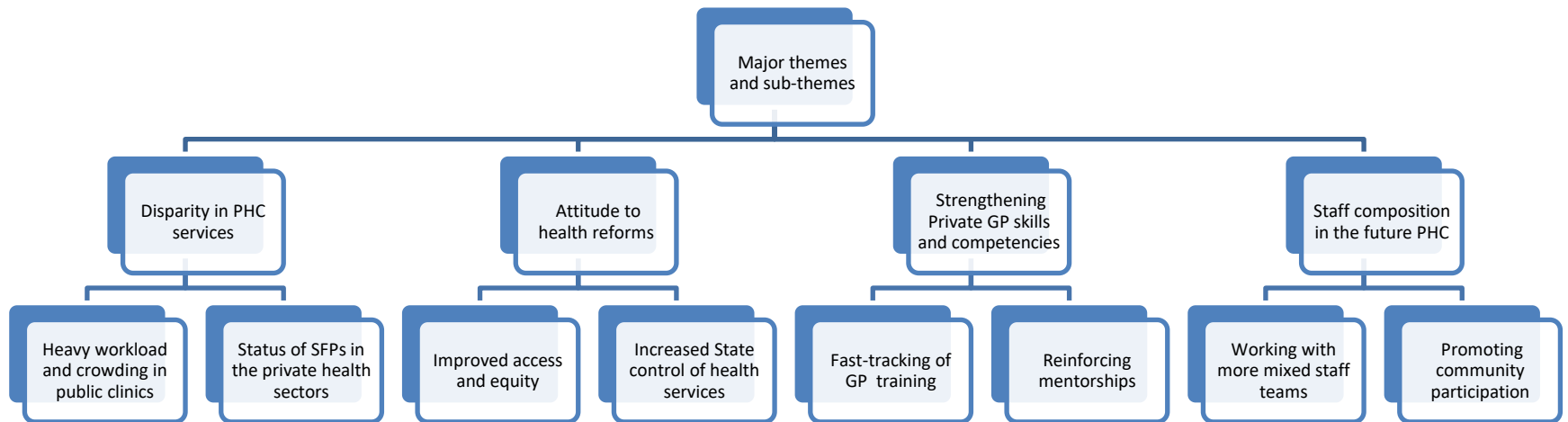


FIGURE I: Thematic map of major themes and subthemes depicting participants' experiences

Theme 1 – Disparity in PHC services

Subthemes

- High workload and overcrowding

“When you reach a public facility, there will be huge crowds, backlogs, and people always feel the service is terrible, like the booking system doesn’t work, and they stay in the facility for four or five hours.”[FPSH2]

- Status of specialist family physicians in the private sector

"But in private practice, there’s no recognition of the family physician, starting from the medical schemes. There’s no difference in payment-wise, which is now demotivating for family physicians." [GP4]

Theme 2 – Attitude to health reforms

Subthemes

- Improved access to primary care services

“Okay, I think NHI is okay; let me explain what I think. From one point of view, improving access to the inequalities and injustices which is happening in South Africa, we need to change that. We need to do it now.” [FP3]

- Increased State control of health services.
- *“About NHI, and I don’t think it will happen in my lifetime. And I don’t know whether there will be any difference for family practice. The NHI will meet resistance because it’s trying to impose things and take control of doctors.” [GPSH3]*

Theme 3 - Strengthening GP clinical skills and competencies

Subthemes

- Fast-tracking GP training is seen as essential

“You know, things were very different years ago. That’s why I decided to enroll in a diploma. It’s wonderful to receive updates, and the way medicine is taught has changed completely. I think everyone should be training and improving quickly.” [GPSH2]

- Reinforcing mentorships

“I had to learn much of the family medicine being mentored; it didn’t come through in the degree. “So, get experienced family doctors to come and support, and teach younger doctors, which we’re doing informally on our WhatsApp groups. And via emails and conversations.” [GP7]

Theme 4 - Staff composition in the future PHC clinic

Subthemes

- Working with more mixed staff teams

“Ja, you need a family physician in the centre because they can connect to any discipline. We also need to train and empower our nursing staff. We also need support staff. Don’t forget the public health specialists, also.” [FP2]

- Promoting behaviors that favor community participation

“So, the community does not understand the difference between me as a GP and a family physician. Let’s talk to them, partnering, explaining, and educating them about all these things to get a better outcome for their medical conditions.” [GP5]

Discussion (1)

- Four major themes emerged: Disparity, attitude to NHI, GP skills, and mixed staff
- Gauteng created FP posts over 18 years ago.²¹
- The NHI Act no. 20 of 2023 is law, but requires dialogue, time, and clarification.¹¹

Discussion (2)

- Some studies have supported contradictory views on NHI. ^{9, 10.}
- Accelerating skills acquisition demands a multi-pronged approach.^{22, 23}
- Access, skills, efficient teams, and community participation may be all important in universal healthcare coverage
- Strengths: value and insights
- Limitations: sampling, biases

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