

South African human resources for health policy on family physicians



Justification and purpose

The district health services have several recognized weaknesses that can be addressed by family physicians.¹ These include the availability of doctors in primary care, questionable clinical quality, skills gaps at district hospitals with medical errors and litigation, poorly implemented referral protocols, ineffective support from specialists, variable clinical governance, and inadequately implemented community-based services.

Family physicians are proven to enable more comprehensive care within district health services, enhance the quality of care throughout clinical teams, improve surgical and maternal care capacity at district hospitals, reduce the need for referral to the next level of care, provide specialist support and capacity building, lead systems for clinical governance and implementation of community-orientated primary care.^{2,3}

The current Human Resources for Health 2030 strategy mistake the role and correct deployment of family physicians in the district health services.⁴ In primary health care it only considered placing family physicians in District Clinical Specialist Teams and in calculating the number needed per 100,000 population only considered them in relation to tertiary hospitals (recommends 2/100,000).

Table 1: Provincial achievement of goals for deployment of family physicians

Province	Total n/N (%)
Total	132/700 (18.9)
Gauteng	33/60 (55.0)
Western Cape	40/116 (34.5)
Limpopo	15/64 (23.4)
North West	13/62 (21.0)
KwaZulu-Natal	18/93 (19.4)
Free State	3/50 (6.0)
Eastern Cape	6/121 (5.0)
Mpumalanga	4/84 (4.8)
Northern Cape	0/50 (0)

Key policy goals

The SA Academy of Family Physicians recommends policy goals of:²

- one family physician per district hospital (N=256)
- one family physician per community health or day centre (N=351)
- one family physician per subdistrict without a community health or day centre (N=95)

The latest research study finds that we are only 19% of the way to achieving this goal (N=702) and family physicians are inequitably deployed by province (Table 1) and district (Figure 1). Deployment ranges from 0% in the Northern Cape to 55% in Gauteng according to these goals.⁵

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Discussion of policy goals

Do we have enough family physicians?

A key question is the feasibility of 570 family physicians available to fill this gap. Currently there are 1100 on the HPCSA register and training programmes collectively graduate an average of 30 new family physicians per year.⁵ Currently 44% of new graduates are retained in the public sector but this proportion would increase if more opportunities were available.⁶ Table 2 shows that the goal can be achieved over a 5–7-year period (by 2030–2032) with the following assumptions:

- An increase in the national number of registrar posts from 60 to 120. Across the nine training programmes this is an increase of seven posts per programme. Registrar posts can be created by converting medical officer posts within the district health services, by re-purposing registrar posts from other disciplines or creating new posts.
- A throughput of 70% of new registrars successfully completing the 4-years of training on time. In 2024 the number of graduates exceeded the intake in 2021 suggesting throughput is now at least 70%.
- That 70% of the new graduates would take up posts in the district health services if they are available.
- That 158 of the posts would be filled by family physicians that are already qualified and on the register. Currently only 154 of the 1100 available are employed in district health service posts.

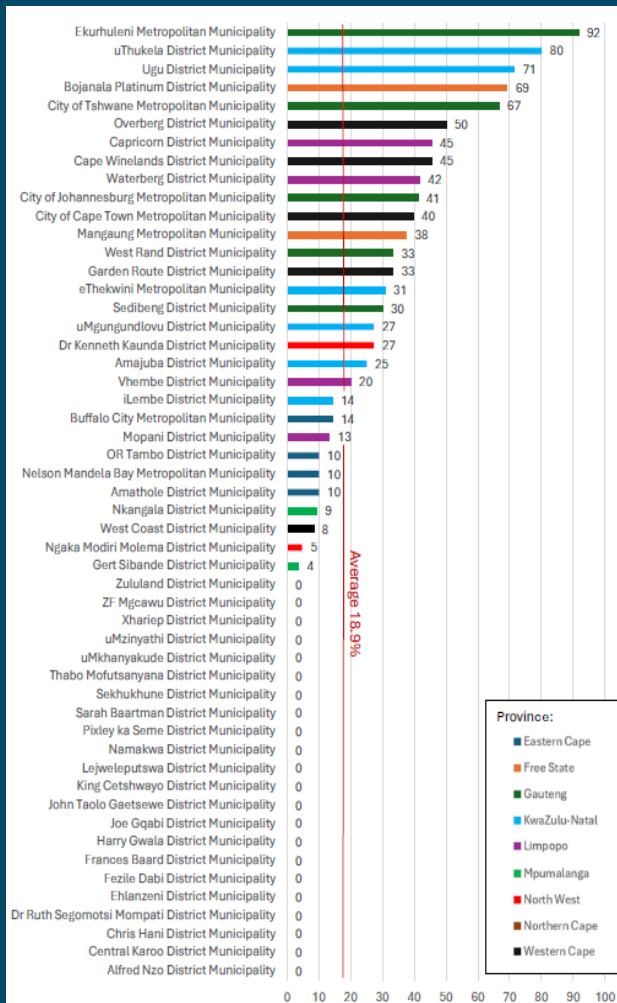


Figure 1: District achievement of goals for deployment of family physicians⁵

New registrars per year	Through-put	Family physician graduates per year	Retention in public sector	Number per year in public sector	Years to target	New family physicians entering the DHS	Number of FPs from existing register
60	50%	30	40%	12	5	60	510
60	60%	36	50%	18	5	90	480
60	70%	42	60%	25	7	176	394
120	70%	84	70%	59	7	412	158
120	70%	84	70%	59	10	588	0
120	80%	96	70%	67	10	672	0

Further important considerations

To incentivise provinces to appoint family physicians we believe that funding should be ring fenced for this purpose. Family physicians should be appointed at district hospitals, community health/day centres or subdistricts without community health/day centres.

Family physicians are currently deployed in district hospitals more than primary care (Odds ratio 8.5), and in metropolitan areas more than non-metropolitan (Odds ratio 20.9). These inequities should also be addressed in the deployment of new family physicians.

What will be the cost?

If one assumes that the gap would be filled over 7 years with 81 new family physician posts a year the annual cost at today's salary package would be R105 million. If this cost was shared equally by provinces, then it is R11 million per province per year. Given the current inequity between provinces in deployment of family physicians the investment would need to be stratified. The total incremental cost over 7 years with a 5% increase for inflation per year comes to R857million. When compared to the annual cost of a tertiary hospital (R3-4billion per annum) or social grants (R20billion per month) then this represents a good buy.

If it was necessary to create all 60 new registrar posts de novo, then this would be an investment of R70.3 million taking a mean salary of R1171602 pa. Divided equally between provinces this is an amount of R7,8 million pa.

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3. South African Academy of Family Physicians. The contribution of family physicians to district health services in South Africa: A national position paper by the South African Academy of Family Physicians. South African Fam Pract. 2022;64(1):1–7.
4. National Department of Health. 2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health Coverage. Pretoria; 2020.
5. Rubler T, von Presentin K, Mash R. Mapping the proportion of district health entities with a family physician in South Africa. [MMed dissertation] University of Cape Town, 2025
6. Tiwari R, Mash R, Karangwa I, Chikte U. A human resource for health analysis of registered family medicine specialists in South Africa: 2002–19. Family Practice. 2021 Apr 1;38(2):88–94.
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