

## Educating the whole Primary Health Care Team

#### Primafamed Workshop: 19th October 2022

Innocent Besigye Makerere University, Kampala-Uganda



https://primafamed.sun.ac.za/

### A team is...

A small number of people
with complementary skills who are
committed to a common purpose,
performance goals and
approach for which
they hold themselves mutually accountable.

Katzenbach & Smith, The Wisdom of Teams

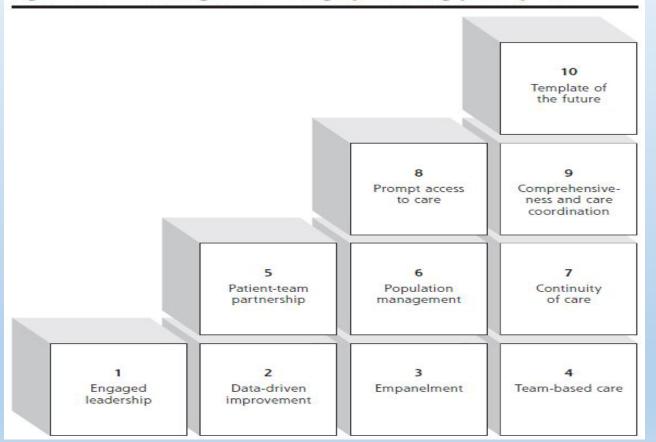
### **Primary Health Care**

- Entails a wide range of responsibilities
- Responsibilities change from place to place & sometimes from time to time



### Primary Care Team Performance Requirements

Figure 1. Ten Building blocks of high-performing primary care.



Adapted from the Annals of family Medicine www.annfammed.org vol. 12, no. 2 March/April 2014

### What a Primary Health Care Team Does

- Understand 'upstream' factors affecting their patients' health
- Make clinical care decisions
- Identify patients in need of referral
- Advocate for resources for better health by providing data showing the need for such services



### A scoping review on family medicine in sub-Saharan Africa: practice, positioning and impact in African health care systems



Maaike Flinkenflögel<sup>1,2,34</sup>\*, Vincent Sethlare<sup>45</sup>, Vincent Kalumire Cubaka<sup>4,67,8</sup>, Mpundu Makasa<sup>4,9</sup>, Abraham Guyse<sup>4,10</sup> and Jan De Maeseneer<sup>3,4</sup>

### Critical role of Family Physicians

#### Abstract

**Background:** Family medicine (FM) is a relatively new discipline in sub-Saharan Africa (SSA), still struggling to find its place in the African health systems. The aim of this review was to describe the current status of FM in SSA and to map existing evidence of its strengths, weaknesses, effectiveness and impact, and to identify knowledge gaps.

Methods: A scoping review was conducted by systematically searching a wide variety of databases to map the existing evidence. Articles exploring FM as a concept/philosophy, a discipline, and clinical practice in SSA, published in peer-reviewed journals from 2000 onwards and in English language, were included. Included articles were entered in a matrix and then analysed for themes. Findings were presented and validated at a Primafamed network meeting, Gauteng 2018.

**Results:** A total of 73 articles matching the criteria were included. FM was first established in South Africa and Nigeria, followed by Ghana, several East African countries and more recently additional Southern African countries. In 2009, the Rustenburg statement of consensus described FM in SSA. Implementation of the discipline and the roles and responsibilities of family physicians (FPs) varied between and within countries depending on the needs in the health system structure and the local situation. Most FPs were deployed in district hospitals and levels of the health system, other than primary care. The positioning of FPs in SSA health systems is probably due to their scarcity and the broader mal-distribution of physicians. Strengths such as being an "all- round specialist", providing mentorship and supervision, as well as weaknesses such as unclear responsibilities and positioning in the health system were identified. Several studies showed positive perceptions of the impact of FM, although only a few health impact studies were done, with mixed results.

**Conclusions:** FM is a developing discipline in SSA. Stronger evidence on the impact of FM on the health of populations requires a critical mass of FPs and shared clarity of their position in the health system. As FM continues to grow in SSA, we suggest improved government support so that its added value and impact on health systems in terms of health equity and universal health coverage can be meaningfully explored.

Keywords: Family Medicine, Family physician, Primary Health Care, Africa, Health systems strengthening

### Curriculum design

#### How teams develop: Tuckman's model

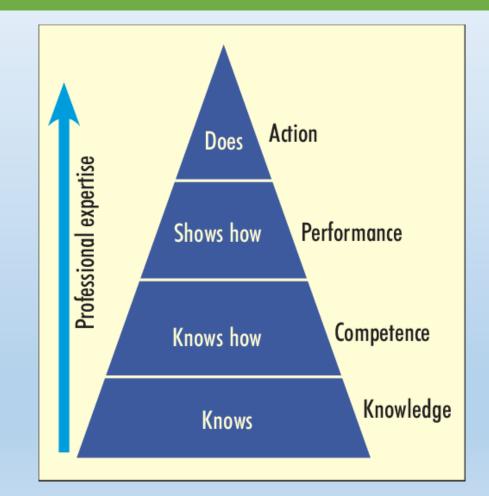


#### • Biomedical knowledge

- Clinical skills
- Leadership & management
- Curriculum implementation
- Programme evaluation

### Assessment

- Validity and reliability of assessment methods
- Competences Vs Outcomes
- Entrustable Professional Activities (EPAs)



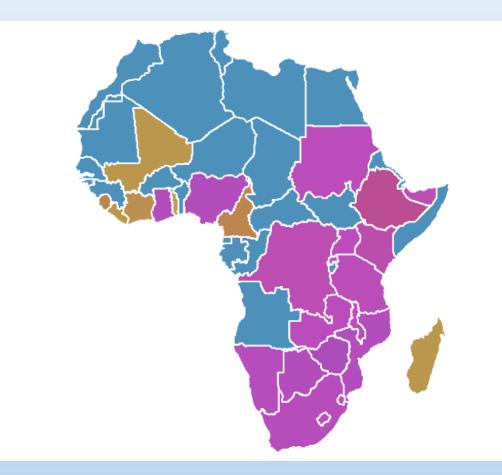
# Barriers to Primary Health Care team Education

- Training institutions
- Practice-based issues



### What is our role?

- Advocate for more time in the curriculum
- Faculty development for primary care
- Practice-based research and educational capacity development
- Advocating for primary care friendly policies



## How do we succeed?



# Inter-professional Education

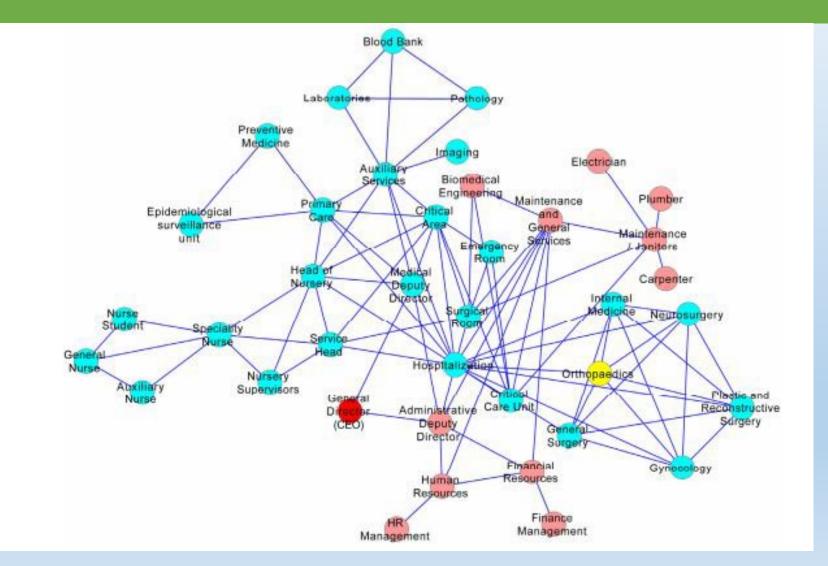
# Networks & collaborations

### Leadership of complex systems



See Workbook page 20

### Health care complex



### Leadership of complex systems

A complex system is one where even knowing everything there is to know about the system is not sufficient to predict precisely what will happen. *King's Fund Paper, Leadership of Whole Systems, 2012* 

..challenges for which there are no simple, painless solutions problems that require us to learn new ways. We have many such problems: drug abuse, poverty, poor public education, climate change & environmental hazards etc *Leadership Without Easy Answers, Heifetz, 1994* 

### New Perspectives-Leadership in VUCA Environment





### Take home messages

- 1. Educating the primary health care team should take into consideration its broad and complex nature
- 2. Curriculum design and assessment should be guided by the health needs of the communities, eventually guiding the competences & training outcomes
- 3. Particular attention should be paid to education for leadership of the PHC team

### Questions

