

College of Family Physicians of East Central and Southern Africa (ECSA-CFP)



Strategic plan 2024-2029

Contact details

Coordinator: Professor Sunanda Ray sunanda28@hotmail.com +267 72708808

Administrator: Cindy Harley cindyp@sun.ac.za +27 21 938 9395

c/o PRIMAFAMED, Division of Family Medicine, Stellenbosch University

7070, Clinical Building, Francie van Zijl Drive, 9395 Tygerberg Campus

Tygerberg South Africa.

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***Family physicians at the Primafamed 14th Annual Conference
15th and 16th August 2023***

Vision

To lead the transformation of primary healthcare in the ECSA region and strengthening the health workforce by providing high quality education, training, research and advocacy in Family Medicine.

Mission

- To increase the availability of specialist Family Physicians in the ECSA region through high quality postgraduate training and assessment
- to enable collaboration between existing postgraduate Family Medicine training programmes and the sharing of expertise in both training and assessment and
- to improve healthcare outcomes for individuals, families and communities through continuous, comprehensive and person-centred healthcare.

Country Representatives (Interim Council)*	
Angola**	Israel Avelino (College of General and Family Medicine, Order of Doctors of Angola, Angolan Medical Council, Luanda)
Botswana	Claire Brockbank (Botswana Association of Family Physicians BAFP) Keneilwe Motlhatlhedhi, Billy Tsimba, Vincent Setlhare (University of Botswana & BAFP)
DR Congo	Jean Pierre Fina Lubaki (Protestant University of the Congo)
Ethiopia	Nitsuh Ephrem (University of Addis Ababa; Ethiopian Association of Family Physicians)
Eswatini	Pawelos Beshah (Raleigh Fitkin Memorial Hospital; South African Academy of FP)
Kenya	James Akiruga Amisi (Moi Campus & Kenya Association of Family Physicians KAFP); Hussein Elias (Moi University); Peter Halestrap (Kabarak University), Gulnaz Mohamoud (Aga Khan University; KAFP); Jacob Shabani (Aga Khan University; KAFP).
Lesotho	Sebaka Malope (Lesotho Boston Health Alliance & Lesotho Medical Association)
Malawi	Martha Makwero (Kamuzu University of Health Sciences Malawi)
Namibia	Zelra Malan (University of Namibia)
Tanzania	Riaz Ratansi (Aga Khan University & RCGP)
Uganda	Innocent Besigye, Ajuk Phillip (Makerere University, Association of Family Physicians Uganda AFPU)
Zambia	Bassim Birkland, Evaristo Kunka, Makasa Chikoya Mpundu, Phillip Mubanga (University of Zambia, Association of Family Physicians of Zambia); Eric Aghan (KAFP)
Zimbabwe	Edward Chagonda, Billy Rigava (University of Zimbabwe; College of Primary Care Physicians Zimbabwe)

Trainee representative: Spyridon Antonios Giannakis (Malawi MMed trainee)

*At the first AGM each country will nominate 2 representatives

** Angola joined in April 2024

Background and context of ECSA-CFP

The Second Africa Regional Meeting of the World Organization of Family Doctors (WONCA), in a consensus statement reflecting the growth of the discipline of Family Medicine in Africa, defined the role of the family physician in Africa as

‘a clinical leader and consultant in the primary healthcare team, ensuring primary, continuing, comprehensive, holistic and personalised care of high quality to individuals, families and communities’[1].

This role was further endorsed at the Third Africa Regional Meeting of WONCA held at Victoria Falls on 19–21 November 2012, where the progress of many countries in Africa in establishing postgraduate training programmes in family medicine was acknowledged [2].

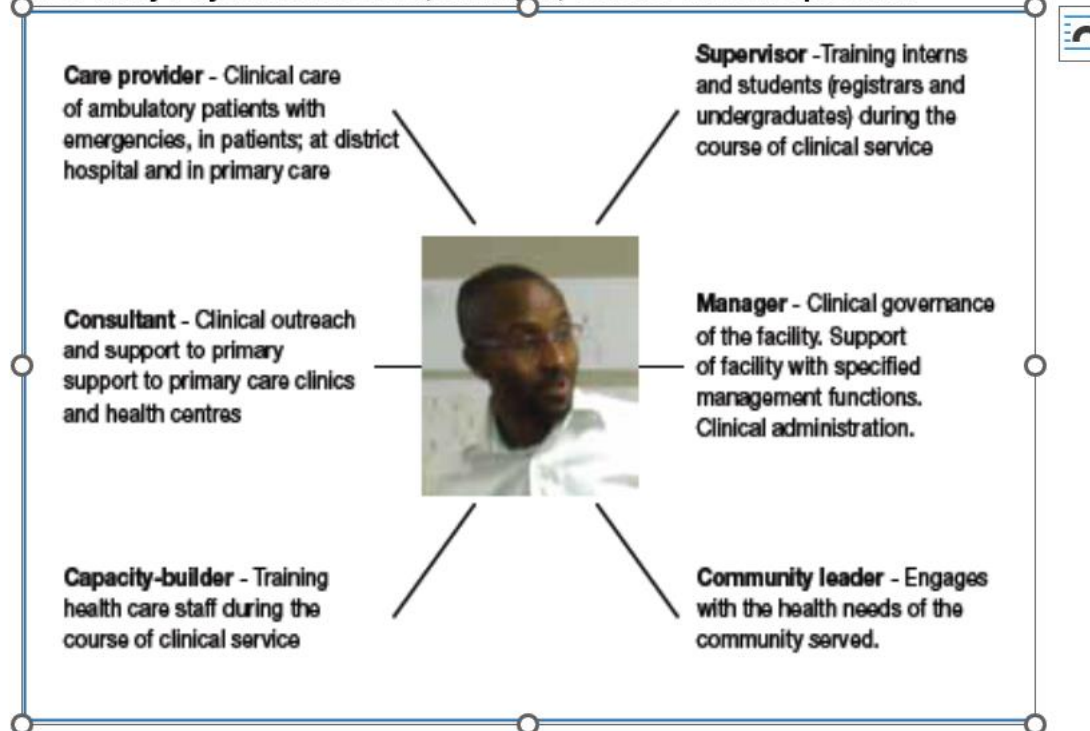
Internationally, research shows that stronger primary care services are linked to better health outcomes and lower overall costs and that the number of family physicians in a community is associated with decreased mortality [3]. The numbers of family physicians trained are, however, constrained by limited postgraduate educational resources available in each of those countries.

There is a relative shortage of doctors in rural areas of Africa, with understaffing of district and provincial hospitals which act as filters for referrals to specialist services in central hospitals. Most doctors working in mission and district hospitals are medical officers. They have little if any postgraduate training, but they manage a wide range of challenging medical and surgical problems with little support, supervision or backup. They are often responsible for managing district health services, including oversight of primary health care provision by nurses and other community-based cadres. They are also increasingly the educators of the next generation of health professionals through community-based education.

District-based family medicine training and specialisation could solve this mismatch of resources. The specialist family physician is a care provider, capacity builder, clinical trainer, consultant and leader of clinical governance, and works in the public and private sector [4]. They see referrals from the rest of the health care team, support community-orientated primary care (COPC) and work closely with the district medical officer on public health matters. Community-oriented primary care is a healthcare approach that focuses on providing comprehensive and coordinated health services to individuals within a specific community or population and emphasises the importance of preventive care and health promotion as well as timely access to curative care. Leadership from family medicine, in a strong partnership with public health, could address many national health priorities. Implementation of COPC could better address, for example, tuberculosis (TB) and human immunodeficiency virus (HIV) programmes, antiretroviral treatment for children and young people, prevention of maternal and neonatal mortality and morbidity, chronic and lifelong disease management, mental health services and trauma. Examples of best practices from one area can be disseminated and emulated in other parts of the region.

The career pathway for specialist Family Physicians includes specialist posts in district and provincial hospitals (medical superintendents for example); academic positions as educators and researchers; senior medical positions in City Health departments overseeing primary and secondary level health services; consultants for international and non-governmental organisations, donors and projects; and private practice providing primary and secondary level care to private patients, mining, industrial and other corporate sectors.

The Family Physician: a leader, manager, teacher and care provider



In the East, Central and Southern Africa (ECSA) regions, several countries (Angola, Botswana, Democratic Republic of Congo, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Tanzania, Uganda, Zambia and Zimbabwe) have embarked on training and employing family physicians at district hospitals in order to improve the quality of care in the services closest to communities. South Africa has several years' experience of specialist Family Medicine training and is working in partnership with several African countries to support their programmes [5].

The training model, derived from the South African Family Physician specialist training programme, depends on learning taking place on a distributed platform, often in rural areas, usually at district hospitals. Faculty from the university support and supervise the local family physician clinical trainers and provide an academic programme across all training sites. Specialists train via the MMed programmes at university medical schools and sit the fellowship examination of the CMSA, which is recognised by the Health Professions Council of South Africa (HPCSA) for specialist registration. This allows for the standardisation of the quality of training and assessment across the nine different medical schools in South Africa.

Outside of South Africa, there are very limited resources available for these training programmes, especially for assessment and quality assurance of the training processes. Individual countries in the region have limited capacity to develop high-stakes assessment with sufficient validity and reliability. The implication of this is that the number of trainers is small, the quality of clinical training and workplace-based assessment is limited and the ability of the final examination to distinguish competent from incompetent family physicians is problematic. There are few family physicians with qualifications in Health Professions Education who can design distributed learning modules and assess trainees in the range of skills they must acquire.

Table 1: Family Physicians registered in various ECSA countries:

Country	Population estimate (millions)	Family Physicians registered	Family Physicians per 100 000 population
Angola	36	40	0.11
Botswana	2.6	50	1.9
DRC	95	61	0.06
Kenya	53	146	0.28
Lesotho	2.01	10	0.5
Malawi	20	14	0.07
Tanzania	63.6	12	0.02
Uganda	45	70	0.16
Zambia	19.5	12	0.06
Zimbabwe	16	2	0.01

Drawing inspiration from the successes of other medical specialist training programmes in developing a critical mass of trainers and assessors through ECSA Colleges (COSECSA, CANECSA, ECSACOP for instance), a proposal was made to set up a College of Family Medicine for the region along similar lines. The Primary Care and Family Medicine Network for Sub-Saharan Africa (PRIMAFAMED), the international institutional network that aims to develop and strengthen family medicine higher education and training in Africa through capacity building, curricula enhancement and academic research development, will continue to support training and assessment of Family Medicine throughout the region in collaboration with the ECSA-CFP. Colleges of remote and rural medicine, such as in Australia and Canada, have expertise in the education of trainees who are dispersed across wide geographical areas have indicated interest in partnerships with a regional College rather than individual associations. The Irish College of General Practitioners has also expressed support for this initiative. In addition, family physicians who are part of the African Diaspora working in those countries could contribute through this single route of engagement.

Benefits and resources that could be gained through regional collaboration are:

- offering of examinations at an international level of assessment, validity and reliability
- use of external examiners to ensure a uniform quality of training programmes
- development of an examination question bank repository for written and oral scenarios
- enhancing the quality of training of trainers' workshops
- agreement on a single common curriculum
- increased numbers of qualified family physicians, trainers and educators
- collaborative research funding and joint applications for grants to benefit the region, with joint publications in scientific journals.

References

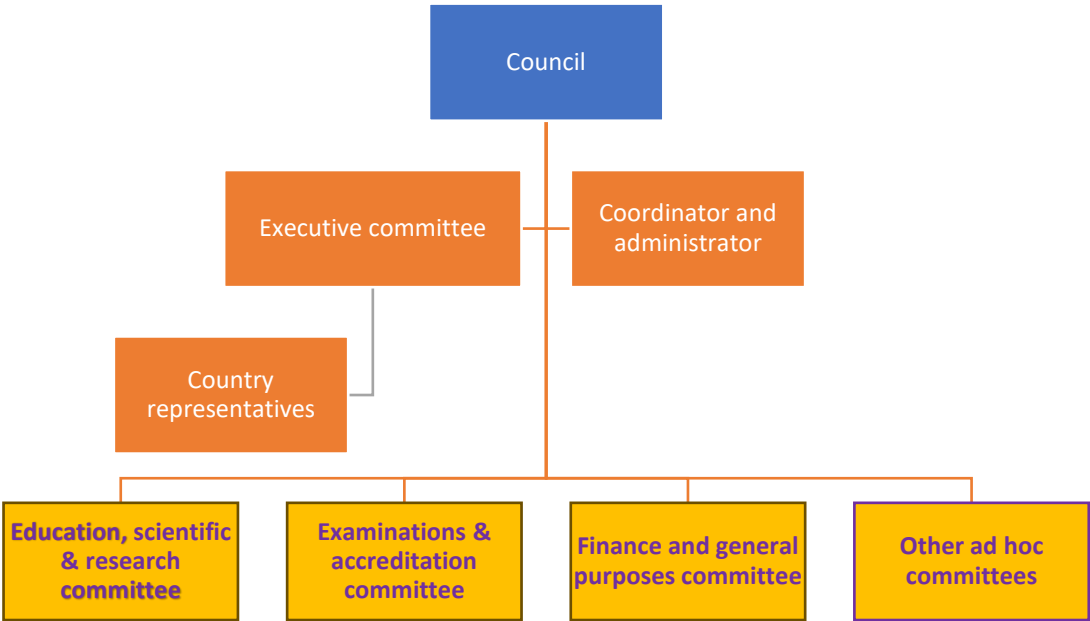
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A comprehensive strategic plan for establishing and developing the College of Family Physicians of East Central and Southern Africa (ECSA-CFP) has to be a dynamic and collaborative entity. The plan will require regular reviews, ongoing evaluation and adjustments to ensure it is aligned with the College's evolving goals and priorities. As a starting point, it is important that the complex and multifaceted process is guided by the core values, goals and objectives of the College which are included here.

The core values of ECSA-CFP reflect the commitment of family physicians in Africa to the principles of family medicine, which emphasize comprehensive, personalized, and community-oriented care. Family physicians play a vital role in primary healthcare, and these values guide their efforts to improve the health and well-being of individuals and communities in the region.



Proposed Organisational Structure



ECSA-CFP Strategic Plan: Goals and Objectives

Vision

To lead the transformation of primary healthcare in the ECSA region and strengthening the health workforce by providing high quality education, training, research and advocacy in Family Medicine.

Mission

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The founding objectives for which the College has been established are:

- To promote and advance the discipline of Family Medicine in East Central and Southern Africa
- To train and assess medical doctors in the discipline of Family Medicine throughout the region.
- To organise and conduct postgraduate education and training in Family Medicine, related specialties and disciplines, set standards and facilitate the highest level of skills, culturally responsive attitudes, compassionate and efficient care.

Goals and objectives

Goal 1	Deliver effective and ethical governance and oversight of ECSA-CFP (the College)
Objective 1.1	Develop the organizational structure, bylaws, and governance framework for the CFP-ECSA.
Objective 1.2	Regular and thorough meetings of Council and sub-committees supported by comprehensive documentation
Objective 1.3	Review and regularly update policies and regulations of the College
Objective 1.4	Engage with the views of Fellows, academics, associations, partners and other stakeholders to inform governance of the College including its strategies and priorities;
Objective 1.5	Create mechanisms for obtaining feedback from stakeholders to make adjustments and improvements to the plan as needed
Objective 1.6	Establish the group of Trustees for the College as per the Constitution
Objective 1.7	Secure initial funding and resources for operations
Goal 2	Education, Training and Examinations
Objective 2.1	Provide a platform for the exchange of knowledge, skills and experiences, to share best practices and for fellowship between Fellows of the College, to advance the science and practice of Family Medicine
Objective 2.2	Finalise the curriculum for family medicine education and training programmes
Objective 2.3	Establish training of trainers and training of examiner courses
Objective 2.4	Collaborate with academic institutions and healthcare facilities for training
Objective 2.5	Establish accreditation and certification processes, including site visits

Objective 2.6	To arrange and conduct examinations of candidates on completion of training and for admission as Fellows to the College and such other examinations in the various branches of Family Medicine as may from time to time be deemed appropriate
Objective 2.7	Effectively brief candidates about examinations through webinars, a briefing pack and an updated website
Objective 2.8	Expand the use of standard setting in examinations
Objective 2.9	Offer examiner support for universities providing MMed programmes, as external examiners and in design of examination process and upskilling local examiners
Objective 2.10	Build and expand accredited professional Diploma programmes of excellence with thorough credentialling of workplace learning sites
Goal 3	Research and Innovation
Objective 3.1	Encourage relevant research in Family Medicine, including quality improvement audits, that contributes to improved health outcomes and quality of care.
Objective 3.2	Create partnerships for research initiatives
Objective 3.3	Disseminate research findings, best practices and innovations in addressing health needs
Objective 3.4	Identify innovative methods of researching educational issues in Family Medicine training
Objective 3.5	Organise training workshops to improve writing and publishing skills
Objective 3.6	Build capacity to identify under-researched areas in Family Medicine and develop studies to address these
Goal 4	Advocacy and Policy
Objective 4.1	Raise the profile of Family Medicine in the region as a discipline that prioritizes disease prevention, health promotion, rehabilitation and palliative care, that promotes equitable access to healthcare, identifies and meets the evolving needs of our diverse communities.
Objective 4.2	Advocate for the recognition and integration of family medicine in healthcare systems
Objective 4.3	Engage with government agencies and policymakers to influence healthcare policy especially in relation to universal health access
Objective 4.4	Promote the importance of family medicine in addressing public health challenges
Objective 4.5	Collaborate with national and international organizations in matters related to family medicine and primary healthcare, to influence and advise on the health agenda in the region through education, research, and advocacy.
Objective 4.6	Advocate on health workforce priorities, to fill the shortfall in health professionals, addressing facilities, equipment and service needs, increasing in the number of academic and specialist training posts
Objective 4.7	Host events such as conferences, forums, workshops and webinars to advance the purpose of the College in addressing unmet health need
Goal 5	Membership and Professional Development
Objective 5.1	Recruit and engage Fellows and Trainees
Objective 5.2	Provide ongoing professional development opportunities (CPD) including certification of CPD activities
Objective 5.3	Foster a sense of community and networking among the membership, with pride in belonging to the College
Objective 5.4	Broaden the involvement of College membership, including as examiners, in preparation of courses and in building question databases, and as ambassadors for the College

Goal 6	Professional and ethical practice
Objective 6.1	promote and maintain integrity, professionalism and continuous professional development among family physicians, including the highest standards of ethical practice.
Goal 7	Stakeholder engagement
Objective 7.1	Grow mutually beneficial partnerships with other colleges, organisations and associations with similar aims and objectives in the region and internationally
Objective 7.2	Network through international fora and showcase the work of the College through presentations and poster displays
Objective 7.3	Communicate effectively with all internal and external stakeholders



Dr Martha Makwero (centre), Head of Department of Family Medicine, Kamuzu University of Health Sciences, Malawi with Family Medicine registrars (trainees/residents)

Timeline for implementation of strategic plan for ECSA-CFP

Overarching activities

<p>Year 1: Foundation and building College infrastructure</p> <ul style="list-style-type: none"> ▪ Develop the founding team and formalize the governance structures, including application process to become a College within ECSA ▪ Plan for AGM inaugural meeting, election of executive committee and officers ▪ Continue development of the strategic plan and objectives for the five-year plan, including budget for activities ▪ Begin fundraising and resource mobilization efforts ▪ Initiate engagement with potential partner institutions and diaspora networks for educational programmes ▪ Develop communication strategy including use of PRIMAFAMED website ▪ Recruitment of Founding Fellows and Fellows by Election and establishment of membership database, launch recruitment materials.
<p>Year 2: Curriculum Development, examinations, accreditation and education programmes</p> <ul style="list-style-type: none"> ▪ Develop assessment and examination processes including identification of external examiners, and support for university MMed examinations ▪ Develop initial accreditation and certification framework for training sites and plan site visits ▪ Finalize the curriculum for family medicine training through the College ▪ Begin early-stage educational programmes, training of trainers' workshops and seminars ▪ Continue fundraising efforts and seek grants and partnerships ▪ Develop research initiatives and partnerships and knowledge sharing activities ▪ Strategy for raising the profile for Family Medicine, including by writing articles for publication
<p>Year 3: Membership engagement</p> <ul style="list-style-type: none"> ▪ Expand education and training programmes, certifications, short courses to reach a wider audience ▪ Continue advocacy for the recognition of family medicine within healthcare systems, including development of job descriptions, sponsorship for trainees and career paths ▪ Strengthen collaborations with healthcare organizations ▪ Expand the reach and impact of the College within the region especially to Lusophone countries (Mozambique and Angola)
<p>Year 4: Evaluation and CPD programmes</p> <ul style="list-style-type: none"> ▪ Consolidate knowledge sharing platforms, including e-learning workshops ▪ Enhance services for Fellows and trainees, such as professional development opportunities ▪ Evaluate training of trainers' courses and examinations process. ▪ Evaluate the impact of the educational and research programmes
<p>Year 5: Sustainability and Growth</p> <ul style="list-style-type: none"> ▪ Plan for the next strategic planning cycle and long-term sustainability ▪ Continue expansion and growth of educational and research initiatives ▪ Reflect on the achievements and challenges of the first 5 years against the strategic plan's goals.