

# Group B

5 mins presentation and 2 minutes Q&A

Musa Dankyau



THE AGA KHAN UNIVERSITY

## GOING TO SCALE WITH POSTGRADUATE TRAINING



### FAMILY MEDICINE IN TANZANIA:

- The FM training was established in 2004
- 4 years MMED program
- Recognized as a specialty by the Medical council
- FM not part of undergraduate curriculum

### RECOGNITION OF FAMILY MEDICINE

- Recognized by the Medical board as a Specialty.
- Still not included in the Government scheme of service.
- In Tanzania, graduates working in private practice.

### INNOVATIONS TO IMPROVE THE SUCCESS OF REGISTRARS AND TO INCREASE THE NUMBER OF FAMILY PHYSICIANS IN TANZANIA

- For 15 years, the training was fully sponsored by the Aga Khan University
- Interns rotate in FM department
- Shifting clinics from hospital based to primary care clinics
- Collaborating with public institutions in establishing training in FM including curriculum development



# FAMILY MEDICINE TRAINING AT MOI UNIVERSITY



James Akiruga Amisi, MUSOM

## Introduction

- Department: Family Medicine, Community Health and Medical Education
- First FM training program in Kenya – 2005
- Five programs now, fastest growing specialty in the country
- Trained: 50 Family Physicians to date
- Number in training: 6
- Duration of Training: 4 years
- Faculty: 5; 2 specific for FM, 1 adjunct
- Sites: Webuye, Iten, LRIH, MTRH

## Major Challenges

- Recruitment : Low numbers, 4 year hiatus-0 Recruitment
- Training scholarships
- Employer resistance to release Medical Officers for studies

## Innovations to Improve Registrar Recruitment

- Advocacy Approaches: County & National governments, Private sector Players
- Collaboration with external funders: EM:RAP, LRIH, Brown University
- Modifications of Program structure- Opened two additional training sites

# Stellenbosch MMED Family Medicine Group Coaching Programme



The group coaching in the MMED provides an embedded space for registrars to engage with new personal and professional growth possibilities with a trained group thinking partner. Registrar cohorts meet with the group coach during each of the 3 contact sessions of the academic year.

## Structure

- 1.5 to 2-hour sessions
- Embedded in 3 Contact Sessions per year
- Facilitative style with generative listening



## Content:

- Work-life balance and time management
- Self-awareness and Emotional intelligence
- Constructive feedback and difficult conversations
- Communication and healthy relationships
- Building effective teams
- Resilience and motivation

What kind of person do I want to be?  
What am I prepared to sacrifice to do this?

What have I given up because I am too busy?  
What do I enjoy doing but can't get to it?

Who am I?  
What are my core values?  
What am I learning about myself?

What aspirations have I already achieved?  
What motivates me when times get tough?  
Who will support me in my next aspirations?

## Reflections:

Awareness of self & others  
Developing leadership skills  
Personal and professional growth





# FAMILY MEDICINE IN THE GAMBIA: STRATEGY AND PROSPECTS

**ABRAHAM N. GYUSE**

PROFESSOR OF FAMILY MEDICINE, PGM TRAINER & FOUNDING HOD  
DEPARTMENT OF FAMILY MEDICINE,  
EDWARD FRANCIS SMALL TEACHING HOSPITAL, BANJUL, THE GAMBIA



Presented at the PRIMAFAMED Meeting On “GOING TO SCALE WITH POSTGRADUATE TRAINING” In Lusaka, Zambia.

## THE GAMBIA



### COUNTRY BACKGROUND

- It's a democracy at national and local level, a member of ECOWAS and AU
- English is the official language
- Population – 2.4 million made of ~ predominantly a very youthful population with 64% of the population aged 24 or below.
- Has only one Teaching Hospital & the UTG Medical School which produces 25–30 doctors per annum
- Family Medicine dept established in Sept 2021 & training started in early 2022, obtained WACP accreditation in July 2023.

### STRATEGY USED IN OUR PROGRAM – ADVOCACY

- Stake holder engagements/ Advocacy
  - Policy maker/ managers
  - Awareness creation among the medical confraternity
  - Engagement of the UTG medical school for teaching of undergraduate Family Medicine
- Exposure of Junior doctors to Family Medicine concepts and principles
  - Career counselling e.g career day.

- HO posting to Family Medicine
- Identification & Strategic engagement of selected Health facilities to consider Family Medicine training – Barfrow Medical Centre
- Facilitation of the Examination process...centre /fee waivers

### WHERE WE ARE CURRENTLY

- Functional Family Medicine training programs at the EFSTH & Barfrow Medical centre, Serekunda
- There is increasing appreciation & acceptance by Health Sector on the role of Family Medicine in sustainable human resource & quality health services.
- Ten (10) Registrars – (7 second year, 3 first year) @ EFSTH since 2021
- Four (4) Registrars – (1 fellowship (SR), 3 first year @ Barfrow
- Three (3) been prepared for Primary Examinations in August 2025
- Two (2) Registrars for Membership of WACP in August/October 2025
- UTG curriculum review incorporating undergraduate Family Medicine

### OUR SHORT /MEDIUM TERM PROJECTION

- Sustain the WACP Family Medicine accreditation – due in April 2025
- Successful Membership Exam for first 7 Family Medicine Registrars (Specialist) by Oct 2025
- Start undergraduate family medicine at UnivTG.

### CHALLENGES

- Steep competition for few graduates
- Young doctors' procrastination to join training –
- High drop-out rate/low drive to complete, migration
- No clear career path for graduates of the Training program in the Public service along with commensurate financial compensation
- Funding – retention of Qualified Faculty

### CONCLUSION

With the anticipated graduation at Membership level of Gambian Family doctors, we hope this could attract more young doctors to enroll into the Family Medicine training program

## Building a sustainable training program : case of the Democratic Republic of the Congo



### Historical perspective

#### Historical perspective

- A private initiative at one private university
- Non traditional route of training
- Delayed recognition by Ministry of Higher education
- Lack of career plan at the Health system

#### Fragile training system

- Few uptake of the training by State universities
- Low output of trained health professionals
- Lack of advocacy groups

### Motivation for change

- Interest from the health planners on the family medicine based on experiences from abroad
- Advocating on the country need to reach universal health coverage and Sustainable Development Goals
- Recognition of the discipline by the National Council of Medicine

### Strategies

- Definition of a career plan by the Ministry of Health
- Introducing family medicine in other universities
- Making the Congolese Society of Family Physicians operational



# UL STRATEGY

## SETTING

Limpopo Medical School started in 2014  
The province has 37 geographical service areas (GSA)  
Each GSA has a hospital with PHC facilities



## VISION

Train Family Physicians for all GSAs



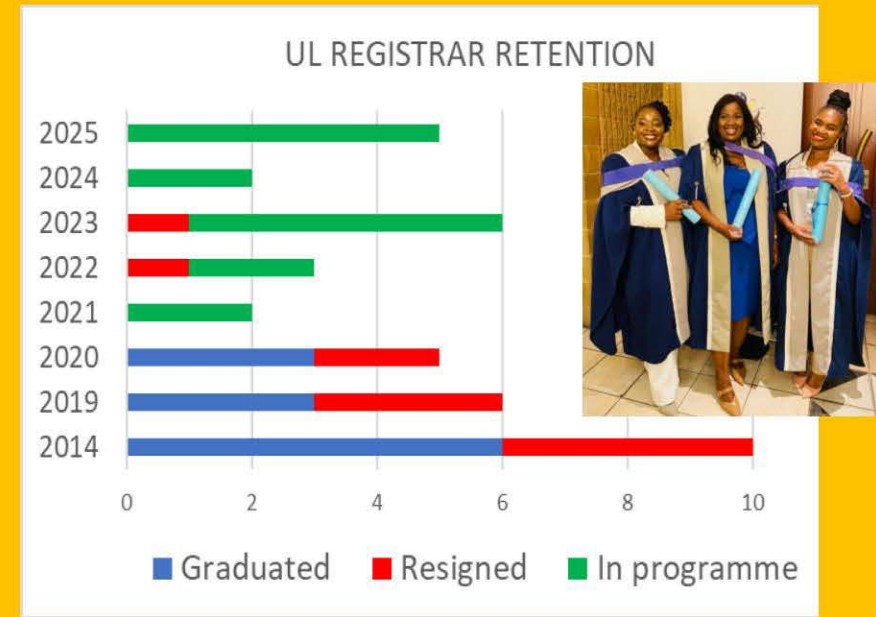
## TRAINING ACTIVITIES

- Morning hand over rounds
- Monthly M&M
- Monitoring health indicators
- Palliative Care Teams
- Mentor junior doctors
- Participate in undergraduate training

## TRAINING STRUCTURE

- Supportive environment
- Weekly virtual learning sessions
- Monthly one full day face-to-face session
- Weekly work-based assessments
- Yearly exams
- Quarterly portfolio reviews
- Experiential research proposal development
- Monthly wellness sessions

## SUCCESSES



**STRATEGY FOR SUCCESS**  
Structured programme,  
with regular group contact  
and regular progress  
feedback set in a nurturing  
environment



Riha Mukhinindi and Gert Marincowitz  
Department of Family Medicine  
University of Limpopo





# Going to scale with postgraduate training in Family Medicine: Namibia

DR. FELICIA CHRISTIANS, FAMILY PHYSICIAN & ASSOCIATE DEAN:  
UNAM SCHOOL OF MEDICINE

**Objective:** An innovation from our training programme that has been shown to be successful in terms of ultimately increasing the number of family physicians available to the country.

**Background:** FM was introduced in the undergraduate MBChB programme in 2015.

Students spend 16 weeks (1 semester) in 2nd year, 16 weeks in 3rd year, 8 weeks in 4th, and 4 weeks in 6th years with two community/rural hospital placements in 3 and 4th year of 4 weeks respectively. The first cohort qualified in 2016. To date the school of medicine has produced 520 doctors.

We noticed an increased interest in family medicine because of the undergraduate exposure. It was decided to introduce a post graduate Diploma in FM in 2024.

To design the diploma at a national level, we conducted a survey of learning needs of existing primary care doctors, relative to their anticipated future roles, to guide the process of designing the diploma. 71 doctors completed the survey. Namibia is sparsely populated with a total population of 3.2 mill people and a surface of 824,300 km<sup>2</sup>

We designed and developed an online 18-month Diploma with one contact session at the onset. The final exit exam, with quality assurance from the Colleges of Medicine (SA), will be conducted. The first cohort of doctors to qualify in 2025.



Our future aim is to use the Diploma to assist us in developing an MMed programme to increase the footprint of FM in Namibia.



Sebaka Malope, Lesotho?