



## South African Health Review 2018 Series

### Chapter 4: Strengthening the district health system through family physicians

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- In 2007, family medicine was recognised as a new speciality in South Africa, and all eight medical schools began training specialist family physicians. The first graduates became available for deployment from 2011.
- Family physicians can be seen as a generic intervention in the District Health System (DHS) because they potentially impact all clinical processes as well as health system performance. They are trained in the same model as other specialists, with four years of supervised postgraduate clinical training as part of a Master of Medicine degree that culminates in a national fellowship examination conducted by the College of Family Physicians.
- The national learning outcomes for family physicians are aligned with the six key roles envisaged for them within the DHS, namely: clinician, consultant, capacity-builder, clinical governance, community-oriented primary care (COPC), and clinical trainer.
- Family physicians have been deployed in a variety of ways, which reflects both their breadth of training and the confusion in national and provincial policy regarding their roles in the health system.
- In 2011, the national Human Resources for Health policy identified a gap of 888 family physicians in the public sector. By 2017, only 158 new family physicians had graduated from the nine training programmes in the country. The output of new family physicians was limited by a lack of interest in, and awareness of the new discipline, a lack of registrar posts, a lack of family physicians as clinical trainers in the DHS, difficulty completing the research component of the degree, and a low pass rate in the national clinical examination. Lack of recognition for family physicians in the private sector, both in terms of scope of practice and remuneration, may also have reduced interest in the training programme, and lack of family physician posts within the DHS may be creating the perception of limited career opportunities.
- Despite these limitations, the number of family physicians in the DHS has increased, which has allowed training to shift from regional and tertiary hospitals to the appropriate context.
- Government policy has been mixed with regard to family physicians. On the one hand, the National Development Plan recognised family physicians as custodians of clinical governance in the health district, and papers on National Health Insurance (NHI) recognised them as key role players in district hospitals. On the other hand, policymakers appear to have been confused by the notion of medical generalists who are trained and registered as specialists in family medicine.

- National policy is clearer on the contribution of family physicians to district hospitals than on their contribution to primary health care (PHC). The role of family physicians in strengthening primary care facilities and ward-based outreach teams (WBOTs) has not been as clearly conceptualised.
- Perhaps as a result of this confusion at national level, provinces have been unsure about employing family physicians. Family physicians are also expensive and provinces have had to consider the opportunities against the costs of investment. The different employment strategies in different provinces has led to a heterogeneous picture and a lack of uniformity in approach.
- Nevertheless, evidence suggests that, in the short-term, that family physicians have already had a positive impact on health system performance and key clinical processes.
- In a national survey of family physicians, which was adapted from a family physician impact assessment tool validated in the Western Cape, district managers reported that employment of family physicians led to improved patient access to more comprehensive care at lower levels of the health system. As clinicians, they were seen to bring a more advanced skill set to manage complicated patients, resulting in fewer referrals to regional or tertiary hospitals. As consultants and capacity-builders, family physicians were seen to share their skills and competence, which also resulted in fewer and more appropriate referrals. Within facilities, they were credited with improving patient flow and triage, particularly in emergency centres. In some provinces, family physicians are reported to have shaped the development of COPC and shared their expertise with the WBOTs in the community.
- Policy on the role of family physicians in the health system has been largely positive, although sometimes contradictory and confusing. The supply of family physicians has been limited by a range of factors affecting the recruitment of registrars, clinical training, assessment, and career progression. There is little evidence of impact on health outcomes as yet, as it is still too early to measure. A longer time-frame and larger numbers of family physicians are needed.
- In order to strengthen PHC, teams with higher-level expertise and greater breadth of engagement at community level are required. Family physicians should provide PHC teams with the additional expertise they need to provide effective COPC.
- National government should ensure a congruent understanding of the role of family physicians in HR, PHC, DHS and NHI policy documents.
- Provincial government should employ family physicians at scale in the DHS, in district hospitals, community health centres and sub-districts. Provinces should plan to create more family physician posts within the DHS as well as more registrar posts to enable a greater supply of family physicians. The numbers need to double to be on a par with Brazil, and increase by a factor of 30 to meet the World Bank target (three family physicians per 10 000 population).
- District managers and their management teams should understand and support the different roles of the family physician, avoid using them as 'gap fillers', and create a supportive environment within which they can maximise their impact.
- Researchers should continue to monitor and evaluate the impact of family physicians on the DHS in order to inform policymakers, district managers and educational programmes.

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