16th National Family Practitioners' Conference, 10-11 May, 2013

Prof Bob Mash, Convener, Division of Family Medicine and Primary Care, Stellenbosch University

Introduction

Over 200 family practitioners gathered in Cape Town for the annual conference organised by the Academy of Family Physicians. The conference offered 12 continuing professional development workshops, five plenary speakers and 44 research presentations over one-and-a-half days. It enabled family practitioners from all over South Africa, from the private and public sectors, health centres and district hospitals, as well as registrars in training and university professors, to come together and engage in dialogue on the contribution that the discipline can make to health care in South Africa. We are grateful to the conference sponsors and to Prof Sam Fehrsen for speaking at the social evening.

Reclaiming generalism

The theme of the conference was "Reclaiming generalism", and the topic of generalism in South Africa was tackled by both plenary speakers and associated workshops. In part, the theme was inspired by the notion that despite many professional and contextual differences, primary care providers in South Africa are united by the need to be competent generalists. This is true whether or not one is in private or public practice or is a clinical nurse practitioner or doctor. The theme also alludes to the idea that we need to reclaim the importance of the generalist doctor within the primary healthcare team in the national plans for the re-engineering of primary health care and to ensure that all such doctors are competent generalists. There is also a need for the community of generalist doctors to make sense of the new speciality of family medicine and the training of "specialist" family physicians.

Prof Amanda Howe

The first plenary speaker was Prof Amanda Howe, who was recently appointed as the president elect of the World Organization of Family Doctors. She was invited as the editor of a recent report in the UK, entitled *Medical generalism: why whole person medicine matters.* Her key definition of a generalist practice was a

"practice which is person, not disease-centred, continuous, not episodic, integrates biotechnical and biographical perspectives and views health as a resource for living, not as an end in itself".

Breaking this down, she listed the key attributes of medical generalism as:

- Viewing the person as a whole, and in the context of his or her family and wider social environment.
- Using this perspective as part of the approach to all clinical encounters.
- Being able to deal with undifferentiated illness and the widest range of patients and conditions.
- Taking responsibility for people's care across many disease episodes and over time.
- Co-ordinating the care of individual patients as needed, within and across organisations.

She characterised the challenges of realising such generalist care in South Africa as being limited infrastructure, supply chain difficulties and staffing levels. In addition, a high clinical workload leads to problems with motivation, burnout and poor performance. Many generalists have biomedical task orientation and patients bypass primary care to go directly to secondary care.

Prof Howe asserted that patients like generalist care when it is performed well because they can receive a comprehensive service in one setting, or from one team, and avoid fragmented care for different specific conditions. Generalist care can be particularly valuable for complex and chronic conditions. Patients can receive continuity of care over time, benefit from preventive opportunities, and receive a balanced integrated approach to risks, treatment and care shaped by the person's needs and priorities. The generalist can also be community-orientated and respond to health issues in the population that he or she serves. Generalists also like people and primarily use the consultation and their knowledge of people in their context as their clinical method, as opposed to more procedural and technical approaches. At heart, this constitutes a person-orientated, therapeutic and healing relationship.

In order to produce primary care providers who strive for this type of generalist care, it is clear that basic and undergraduate training of nurses and doctors should embrace generalism in a more fundamental way from the beginning. This would then feed into attractive and respected careers for generalists within the healthcare system. Family physicians must be utilised as clinical leaders and there should be better use of primary care research to support the development of generalism.

Prof Jannie Hugo

Following on from this international perspective, Prof Jannie Hugo, Pretoria University, continued the discourse on generalism. Prof Hugo outlined the revolution in health care that is currently underway in South Africa as we move to a re-engineered primary healthcare system that is more focused on the community, dependent on generalists working within a primary healthcare team, and implemented at scale throughout the country. It is envisaged that this primary healthcare team will include community health workers, nurses and a doctor. There has also been a shift in thinking from a facility-based reactive approach to care to a community-based proactive approach to the health needs of households.

Using the analogy of a soccer game, he emphasised the point that if you want to score goals and succeed in making

a difference to health outcomes, you need to have a strong primary care team in the front line, and that goals are difficult to score from district and other referral hospitals. He argued for greater emphasis on training and planning for the role of family physicians in primary care teams and away from district hospitals. Echoing Prof Howe, he asserted that the key attributes of a generalist are the ability to handle complexity, see the whole picture and prioritise, integrate issues and be intuitively aware of the broader environment. These skills can be applied to the individual patient and practice, as well as the community served.

The key characteristics of community-orientated primary care are to investigate, analyse and respond to the health needs of a geographically defined community, and to be comprehensive in terms of the approach to these needs in a way that embraces health promotion, disease prevention, rehabilitation and palliation, as well as curative care. Community-orientated primary care promotes equity in terms of access and coverage and matching needs with resources. The community-orientated primary care approach involves a primary healthcare team that offers person-centred generalist care. In terms of scale, this means sufficient primary care providers are needed to enable at least 7 000 such teams.

Prof Tony Westwood

Two of the biggest challenges in meeting the Millennium Development Goals in South Africa are maternal and child mortality. At this year's conference, Prof Westwood considered issues surrounding child mortality in depth. Despite a fall in fertility rates, South Africa remains a young nation, with a median age of 25 years and 18.5 million children. Almost 19% of children have lost one or both parents and 60% of all children live in poverty. One in six children live in households in which they experience hunger, and one in 10 live in shacks or informal settlements. Six million children do not have sanitation and 3.5 million have no running water in the house.

Infant mortality and under-five mortality have been decreasing in the last few years, but are still at high levels (in 2011, 30 and 42 per 1 000 live births respectively) and with wide variation between provinces. Overall, diarrhoeal disease (22%), neonatal causes (15%) and acute respiratory infections (14%) are the leading causes of childhood deaths. Malnutrition and human immunodeficiency virus (HIV) are often underlying factors in these deaths. Up to half of hospital deaths and 43% of neonatal deaths are potentially avoidable.

In order to build a more resilient child population, Prof Westwood recommended:

- A focus on the socio-economic issues that create "toxic" environments for children.
- An approach that looks at the whole life cycle, from foetus to adolescent.
- The promotion of universal breast feeding.
- The goal of eliminating childhood HIV infection.
- Taking a family-oriented approach to child health that eliminates vertical silos.

Finally, he strongly supports the current policy for national health insurance and the re-engineering of primary health care, and in particular, recommended a health system that:

- Reaches into homes.
- Extends to early learning sites.
- Expands into schools.
- Emphasises prevention, promotion, early intervention and quality care for common life-threatening problems.
- Is led by competent generalists in primary health care within a strong district health system, supported by paediatricians and other child health specialists.

Other themes and topics

Dr Simon Whitesman presented a plenary on the mindful brain and the doctor-patient relationship. He presented an argument that patient-centered awareness is the thread that binds brain, self and the other in the service of a more integrated and compassionate clinical encounter.

Prof Keymanthri Moodley delivered a plenary on medical ethics and generalism. She discussed three challenges that face generalists. The first is negotiating the way through the evidence presented for best practice and the claims of the pharmaceutical industry. The second pertains to issues in communication between generalists and specialists, as well as use of social media and electronic records, and the third is the challenges created by other professions who take on additional generalist responsibilities, such as pharmacists.

Continuing professional development workshops dealt with a broad range of topics, including emergencies in primary care, cancer care, geriatrics, brief behaviour change counselling, child health, ophthalmology and building resilience.

Research

Dr Shabir Moosa, winner of the best prize for an oral research presentation, is highlighted elsewhere in this edition. Overall, a wide range of primary care research was presented that addressed the burden of disease, health services and educational issues.

Next conference

Next year's conference is planned for 9-11 May 2014, and will be held in Pretoria. Don't forget to diarise the dates and ensure that your membership of the Academy is up to date so that you can obtain a significantly reduced registration fee. The Academy of Family Physicians looks forward to seeing you there.

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