

## Clinical skills for future family physicians *New definitions, collaboration and resources*

One characteristic of an emerging discipline is the ability to clearly define its body of knowledge and clinical skills. As the burden of disease and role of the family physician varies from country to country it is necessary to do this for different contexts. I was reminded of this recently when two newly trained GPs from Scotland spent 6-months at a local community health centre. On leaving they commented on how they had to learn and perform many new clinical skills in this context.

In this edition of the journal we report on a study that defines the clinical skills required of family physicians in South Africa.<sup>1</sup> This study reaches a national consensus on 214 core skills at different levels of competency and 23 elective skills. The study assumes that a family physician may need to practice within all components of the district health system; from the first-contact with a patient in primary care clinics and health centres to the wards and operating theatres of the district hospital. It therefore takes the broadest definition of the skills required and expects that after training family physicians will persist with the skills relevant to their career choices. For example the urban private GP will need a different subset of skills as compared to the rural doctor.

The study will help to standardize and define the clinical skills curriculum for the M Med (Fam Med) degree and specialization in family medicine throughout the country. We will be able to answer with some authority the question "What clinical skills am I meant to learn in this programme?" Likewise the study will help to shape both formative and summative assessments of registrars and may be extrapolated backwards to define what we expect of interns or medical students.

Public healthcare managers frequently lament the fact that previous generations of family physicians have had a variable skills base. One might be able to perform a caesarian section, while the next can barely remove a sebaceous cyst. The creation of formal training complexes and registrar posts in the near future will help to rectify this situation as well as having a clearly defined set of clinical skills outcomes. We hope that this study will contribute to the training of family physicians with a more predictable set of competencies in which employers can trust.

While this study helps to define the clinical skills expected of family physicians and their training programmes the recently published *South African Family Practice Manual* describes how to perform these clinical skills and is a new and valuable resource.

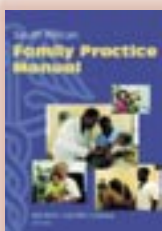
Despite the fact that Tom Clancy has said that "collaboration on a book is the ultimate unnatural act", this one seems to have succeeded – maybe that's because it's not a political thriller! The first step in collaboration is that the partners get to know each other and overcome the barrier of "stranger danger". For the South African organisations representing the academic interests of Family Medicine, namely the *South African Academy of Family Practice/Primary Care*, the *Family Medicine Education Consortium* and the *College of Family Practitioners*, this was brought about by the Flemish funded VLIR project which sought to optimise post-graduate training for Family Medicine in South Africa.

The second step in collaboration is compatibility between the aims of the organisations. We are all currently striving to change the nature of post-graduate Family Medicine training to more clearly supervised registrar training, which would include training in the clinical skills relevant for Family Physicians working in all sorts of practices within the districts of South Africa.

The personal preconditions required for collaboration comprise the ability to communicate and a willingness to share ideas and develop them further in new directions. While there was a precedent for this in the form of the first *SA Family Practice Manual*, published in 1995, this new edition takes a new direction and focuses more on "how to do" things in family practice. It serves as an excellent complement to the *Handbook of Family Medicine*, edited by Professor Mash, and also recently published in its second edition. The central characteristic of both of these books is the collaborative South African effort that created them.

**Bob Mash**  
**Julia Blitz-Lindeque**

1. Building consensus on clinical procedural skills for South African family medicine training using the Delphi technique. Mash R, Couper ID, Hugo J. SA Fam Pract 2006; 48(10): 14



The focus of this book is on practical skills that family physicians should obtain during their training and that are required in primary care as well as at the district or rural hospital. This includes aspects of clinical examination, all common procedures as well as key skills in the areas of communication, occupational health, research, teaching and health care administration.

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