

MASTER of MEDICINE in Family Medicine MMed (FamMed)

Information Brochure for 2020

Division of Family Medicine
Department of Public Health and Family Medicine
www.publichealth.uct.ac.za

University of Cape Town



HEAD OF DIVISION
A/Professor Derek Hellenberg

CONVENORS

Dr Tasleem Ras (first to fourth year)
A/Professor Derek Hellenberg (third and fourth years)

The MMed (Family Medicine) along with the fellowship in the College of Family Medicine [FCFP (SA)] is the degree required to register as a Specialist Family Physician with the HPCSA. Registrars rotate through various clinical disciplines in district level hospitals and community health centres over four years.

The UCT programme is associated with the Metro West Training Complex in the Western Cape.

Contents

1. SUMMARY OF THE 4 YR MMED PROGRAMME	2
2. WHO SHOULD DO THE COURSE?	3
3. ENTRY REQUIREMENTS for MMed(FamMed)	3
4. APPLICATIONS FOR REGISTRAR POSTS AND TRAINING	3
5. TRAINING REQUIREMENTS	4
7. LEAVE	5
STUDY LEAVE	6
8. GRADUATES OF FOREIGN UNIVERSITIES	6
9. COURSE RULES	6
ASSESSMENT	6
EXCLUSIONS	6
TIME COMMITMENT	7
ATTENDANCE	7
ASSIGNMENTS	7
10. APPLICATION FOR DEFERRED EXAMINATIONS	8
11. GENERAL INFORMATION	8
FEES	8
FINANCIAL ASSISTANCE	8
CAREER OPPORTUNITIES	8
PRESCRIBED AND RECOMMENDED READING	8
FAMILY MEDICINE CORE TEXTBOOKS AND RESOURCES:	8
OTHER RECOMMENDED TEXTBOOKS:	8
ANNEXURE A: COURSEWORK	10
a) <i>Principles of Family Medicine</i>	11
b) <i>Family and Community Oriented Primary Care</i>	12
c) <i>Prevention, Health Promotion and Chronic Illness</i>	13
d) <i>Evidence Based Medicine</i>	14
e) <i>Professional Practice</i>	11
f) <i>Clinical Medicine A</i>	16
g) <i>Clinical Medicine B</i>	16
h) <i>Research Methods</i>	16
i) <i>Leadership and Management</i>	17
j) <i>Teaching and Learning</i>	18
ANNEXURE B: CLINICAL TRAINING	19

1. SUMMARY OF THE 4 YR MMED PROGRAMME

This degree is designed to produce multi-skilled clinicians who are able to practise across all clinical disciplines in the District Health System of South Africa, at hospital and primary care level, while maintaining a strong focus on the biopsychosocial wellbeing of individuals and communities. The MMED, together with the Fellowship exam of the College of Family Physicians of SA [FCFP(SA)], is a requirement to register with the Health Professions Council of South Africa (HPCSA) as a Specialist Family Physician.

The Family Physician who graduates through this programme will be able to assume clinical leadership responsibilities in the State sector or establish a Family Medicine practice in the private sector. The HPCSA has some limitations on private practice for non-SA citizens (www.hpcsa.co.za).

The programme at UCT spans a 4 year registrar period. The accepted candidate is appointed onto the staff establishment of the Provincial Department of Health, and separately registers with UCT as a Master's of Medicine (MMed) student in Family Medicine. As such, applications must be made to both the Provincial Department of Health and the University of Cape Town.

UCT contact person:

Convenor: Dr Tasleem Ras
Tasleem.ras@uct.ac.za
0027 21 650 5221

Department of Health contact person:

Clinical manager: Dr K Murie
Katie.murie@westerncape.gov.za
021 797 8194

The successful applicant to our programme will have the following characteristics:

1. A commitment to improving the health of individuals and communities
2. A desire to learn and participate actively in dynamic and varied teams
3. Aspire to excellence in clinical ability, patient care and professional behaviour

To earn a UCT MMed (Fam Med) degree, the following must be completed:

- A clinical rotation that spans all clinical disciplines found on the District Health platform in South Africa (Psychiatry, Primary Care, Emergency Medicine, Surgery, Obstetrics and Gynaecology, Anaesthetics, Paediatrics, Internal Medicine). In addition, we have the first and most developed Palliative Medicine rotation in the country.
- Coursework that covers Principles of Family Medicine; Medical Ethics; Evidence based medicine; Research methods; Teaching and Learning; Community Oriented Primary Care; Family Oriented Primary Care; and Leadership and Governance.
- A research component that is fully mentored and supervised by an experienced researcher from start to completion, with the goal of publishing an article in a peer-reviewed journal with the student as lead author.

2. WHO SHOULD DO THE COURSE?

The course prepares doctors to practice as Specialist Family Physicians at a district level of care (this includes primary care and district hospitals).

Besides comprehensive clinical patient care, the curriculum includes theoretical aspects of Family Medicine, management, teaching and research.

The PG Diploma in Family Medicine offers training for Primary Care only, but does not allow one to register as a Specialist in Family Medicine. For more information please see: www.publichealth.uct.ac.za/phfm_postgraduate-diploma-family-medicine

3. ENTRY REQUIREMENTS for MMed (FamMed)

- Appointment as a registrar by the Metro District Health Service in the Western Cape.
- Registration with the Health Professions Council of SA as a medical practitioner and a letter of good standing from the HPCSA.
- Computer literacy – basic knowledge of a word processing package and use of email and internet.
- Proficiency in English at an academic level.
- Clinical skills to the level equivalent to that of a doctor who has completed community service in South Africa – these will be assessed as part of the selection process.
- Completion of internship and community service requirements.
- Previous experience after community service in Primary Care or District Hospital in Obstetrics and Anaesthesia will be an advantage

4. APPLICATIONS FOR REGISTRAR POSTS AND TRAINING

You will need to apply to:

1. The Provincial Government of the Western Cape Department of Health for a registrar position
2. The University of Cape Town for the MMed Family Medicine Academic programme.

(1) Enquiries and requests for application forms for the registrar post, must be directed to:

The Chief Director: Metro Health Services, The Green Building, cnr Frans Conradie and Mike Pienaar Boulevard, 2nd Floor, North Block, Bellville 7535. **For attention: Mr JJ Van Staden.**
Telephonic enquiries: Dr K Murie: Katie.murie@westerncape.gov.za; 021 797 8194
Website: www.westerncape.gov.za/health

Applications must be submitted by 30th September and interviews will take place in October/November for the course starting the following year.

Please supply the following with your application form:

- A recently updated curriculum vitae
- Academic transcripts from your basic medical degree and any other university course that you have undertaken.

- Certified copies of identity documents
- Proof of permanent residence in SA
- Names and contact details of 3 contactable referees
- Z83 obtained from <https://www.westerncape.gov.za/documents/forms/A>

The selection process will include an interview and an academic reading exercise. The interview is conducted by a team consisting of representatives of the Metro District Health Services, the Division of Family Medicine at UCT and the Department of Family Medicine at the University of Stellenbosch.

(2) Application for the MMed (Family Medicine) degree at UCT should be done online:
<http://applyonline.uct.ac.za>

If you have any problems with the online application please contact: Ms Thobeka Mngaza. Postgraduate Office: Academic Administration, Faculty of Health Sciences, University of Cape Town, Anzio Rd, Observatory, 7925.

Tel: +2721 4047768, Email: thobeka.mngaza@uct.ac.za

For further information:

Please contact:

- Admin assistant: Ms Fundiswa Mpetsheni on +27 21 406 6510 / email: Fundiswa.mpetsheni@uct.ac.za
- Professor Derek Hellenberg on +27 21 406 6510 or email: derek.hellenberg@uct.ac.za
- Dr Tasleem Ras on +27 21 650 5221 or email: tasleem.ras@uct.ac.za

5. TRAINING REQUIREMENTS

Registrars require the equivalent of a four year rotation. At least 3 of the years need to be in approved registrar training sites. Registrars are allowed a maximum of 4 years in a registrar post to complete their clinical training and dissertation.

The MMED degree will be awarded when all components of the degree has been successfully completed. The three components are as follows:

5.1 Part 1 (PPH7072W): This comprises coursework and clinical training and spans the first two years of the programme. The Part 1 assessment comprises assignments and class tests, and a clinical and theoretical internal examination at the end of the second year of study. Students are expected to achieve a minimum of 50% for the classwork to ensure admission to the Part 1 examination. For details of the coursework, see Annexure A.

5.2 Part 2 (PPH7073W): This comprises clinical training and coursework, with a final external examination spanning theoretical and practical aspects of training, and can be attempted at the end of 36 months of training. This external examination is convened by the College of Family Physicians. For more details on clinical training, see Annexure B. For

details on the Part 2 examination as convened by the College:
http://www.collegemedsa.ac.za/view_exam.aspx?examid=102

5.3 Part 3 (PPH7074W): This is the research component of the degree. Original research must be undertaken under the supervision of an experienced researcher. A standardised project report must be submitted for external examination. It is very strongly recommended that the research be completed before the 4 year training programme is completed. Although the clinical training component expires at the end of 4 years, a maximum of 2 years will be allowed to ensure that the student completes the research. During this additional time, the candidate will no longer be employed as a registrar, and will have to source his/her own employment. Details of the research component can be accessed at the School of Public Health and Family Medicine's research website: (<http://www.publichealth.uct.ac.za/departamental-research-committee>).

6. ASSESSMENTS

1. Continuous assessments:

- a. Portfolio: The portfolio of evidence of learning documents the learning journey of the registrar throughout the 4 years. This evidence is evaluated by the Head of Division annually. Four annual portfolio assessments need to be passed with a minimum of 60% to be eligible to receive the MMED degree and College of Family Physician Fellowship.
- b. All end of clinical rotation assessments need to be passed. In addition, a satisfactory report by the clinical supervisor of each rotation is required. Registrars who do not have the required competencies at the end of the clinical rotation will be required to spend more training time in the discipline. If a registrar fails more than two rotations or the same rotation twice, they will not be allowed to continue with the programme.
- c. A clinical competency committee meeting comprising clinical and academic supervisors are held six monthly. This committee will make decisions about whether progress is satisfactory, and will make recommendations for ongoing enrolment in the programme, or not.

2. Final examinations: Pass Part 1 and Part 2 exams.

3. Successful completion of Research

7. LEAVE

Registrars are required to organise annual and research leave 12 months in advance. Your chance of being granted vacation leave, or research leave at the time of your choice, is decreased if you put in your application later than this.

Registrars are required to take two weeks leave in each half of the year. If you obtain special permission to take leave for longer than 2 weeks at a time, you may be expected to make up calls for that time. Please note that MDHS requires you to take a period of two weeks of leave at least once a year. The other 10 days can be taken as shorter periods.

Application for leave needs to be submitted to the Head of Department where you will be placed at the time of the proposed leave. Please look at the coursework roster when planning leave to ensure that you will be available to do scheduled assessments. Coursework that is missed while you are away must be caught up.

STUDY LEAVE

Registrars may request study leave only when doing a final examination. This means that study leave may be taken for the Part 1 and Part 2 examinations. A motivation needs to be submitted 12 months in advance.

RESEARCH LEAVE

Registrars are also entitled to two research leave periods of two weeks each during the 4 year programme. This is very strictly administered and a detailed plan must include the leave application, with a detailed report indicating progress made after the leave period. This should also be motivated for 12 months in advance.

Registrars are required to do calls as usual when on research leave.

8. GRADUATES OF FOREIGN UNIVERSITIES

It is a university rule that all graduates of foreign universities who have English as a second language must produce evidence of having passed an accredited test of English as a foreign language. The definition of a "non-English speaking country" is defined in the rulebook as is the list of tests acceptable. Information for prospective international students can be obtained from the International Academic Programmes Office (<http://www.iapo.uct.ac.za/>)

9. COURSE RULES

ASSESSMENT

See under modules for specific assessments.

Years 1 and 2: you will be assessed at the end of each module. The average mark of all the classwork needs to be 50% or more to allow entry into the Part 1 examination at the end of the second year.

EXCLUSIONS

Candidates who fail more than one end of block assessment, or the same end of block assessment more than once, will not be allowed to continue with the programme. The clinical competency committee will be convened to make a recommendation in this instance.

Students who fail the Part 1 examination more than once will not be allowed to continue.

Unprofessional conduct may also result in exclusion.

TIME COMMITMENT

It is estimated that preparation for the weekly contact sessions, self-study, research and assignments will require 6 to 10 hours per week. This is in addition to your time spent reading on your current clinical rotation.

ATTENDANCE

Registrars should inform the administrative assistant or relevant lecturer if they are unable to attend the afternoon coursework sessions. Registrars will need to make arrangements to catch up on the material missed.

ASSIGNMENTS

Assignments need to be uploaded to Vula (UCT's online platform) by the specified date. Under exceptional circumstances a one week extension may be given. No further extension nor mark will be given beyond that date. Request for an extension must be made in advance to the convenor of the particular course.

If an assignment is not passed, the course convenor may allow a re-submission. The maximum mark for a resubmitted assignment is 50%.

10. APPLICATION FOR DEFERRED EXAMINATIONS

[Applications for deferred examinations](#) need to be submitted via the Course Administrator.

Applications need to be handed in within one week of the missed exam. A doctor's certificate is required if the deferment is required on the grounds of ill health.

11. GENERAL INFORMATION

FEES

See **Fees Booklet** at <http://www.uct.ac.za/apply/fees/>

FINANCIAL ASSISTANCE

Contact the Postgraduate Scholarships Office.

Website: <http://www.uct.ac.za/apply/funding/postgraduate/applications/>

CAREER OPPORTUNITIES

The public sector and Universities all over South Africa offer family physician posts at specialist level for registered family physicians. Alternately the specialist family physician may work in the private sector.

PRESCRIBED AND RECOMMENDED READING

Prescribed textbooks (as per the **CMSA website**):

FAMILY MEDICINE CORE TEXTBOOKS AND RESOURCES:

1. **Handbook of Family Medicine (Latest Edition)*** [Authors: Bob Mash and Julia Blitz (Eds), Publisher: Oxford University Press]
2. **South African Family Practice Manual (Latest Edition)*** [Authors: Bob Mash and Julia Blitz (Eds), Publishers: van Shaik Publishers]
3. **Textbook of Family Medicine (3rd edition)** [Authors: Ian McWhinney and Thomas Freeman, Publisher: Oxford University Press]
4. **Essential Medicine List and Standard Treatment Guidelines for South Africa – primary and secondary level (latest editions) [available as free smartphone apps]**
5. South African Medicines Formulary (Latest edition) [Produced by: Department of Pharmacology, Medical School, University of Cape Town, Publisher: Publications Department of the South African Medical Association]
6. **South African Family Practice Journal** [www.safpj.co.za]
7. **African Journal of Primary Health Care and Family Medicine** [www.phcfm.org]
8. **CME Journal** [www.cmej.org.za]

OTHER RECOMMENDED TEXTBOOKS:

1. Handbook of Dermatology (Latest edition) [Editors: Norma Saxe, Sue Jessop, Gail Todd, Publisher: Oxford University Press]

2. Concise Oxford Textbook of Medicine: (Latest edition) [Editors: JGG Ledingham and DA Warrell, Publisher: Oxford University Press]
3. Clinical Examination (Latest edition) [Authors: Nicolas Talley and Simon O'Connor
4. Publisher: Blackwell Scientific Publication]
5. Hutchinson's Clinical Methods (Latest edition) [Author: Michael Swash, Publisher: Bailliere Tindall]
6. MacLeod's Clinical Examination (Latest Edition) [Author: Munro, Publisher:Harcourt Publishers Limited]
7. General Practice (Latest edition) [Author: John Murtagh, Publisher: Mc Graw-Hill Companies]
8. Textbook of Family Medicine: (Latest edition) [Editor: Robert E Rakel; Publisher: Saunders Elsevier, Philadelphia] – Available as an e-book via UCT Libraries

ANNEXURE A: COURSEWORK

Year	Semester 1	Semester 2
1	Principles of Family Medicine Professional Practice	Family and Community Oriented Primary Care
2	Research Methods Clinical Med A Clinical Med B Evidence based medicine	Chronic Disease & Health Promotion
3	Principles of Teaching and Learning	Leadership and Management
4	No Coursework	

a) Principles of Family Medicine

Convenors: Dr Graham Bresick

Structure: Sessions will take place on Wednesday afternoons (14h00-17h30)

Objectives: On successful completion of this module you should be able to:

1. Interpret and apply the principles of family medicine
2. Understand the dynamics of the primary care consultation
3. Form and maintain a therapeutic doctor – patient relationship with a variety of patients

Content: This module will include the philosophical basis of Family Medicine and the principles on which it is based. The consultation and the doctor-patient relationship will be addressed. Role play and video review will be used to help integrate learning into practice

Assessment: Patient study

b) Professional Practice

Convenor: Dr Tasleem Ras

Structure: Weekly seminars

Objectives: Students will gain an understanding of the theoretical background to ethical analysis, Acts of law that affect clinical practice, and professional regulatory mechanisms, and will be able to apply this knowledge to their practice.

Assessment: Assignment

c) Family and Community Oriented Primary Care

Convenors: Drs Tasleem Ras, Prof Steve Reid & Dr Elma de Vries

Structure: This course is run on A Wednesday afternoon, using small group learning.

Objectives: On completion of this module you should be able to:

- a) Demonstrate a family-orientated approach to primary care
- b) Understand and apply principles of the human life cycle to clinical practice
- c) Demonstrate the ability to conduct a family consultation
- d) Describe the concept and steps of community-oriented primary care
- e) Define and characterize a community within which your practice is situated
- f) Prioritize the major health issues of that community
- g) Design an intervention that would address one of the high priority health issues

Structure: There will be seminars and field work which includes a family conference, home visit and discussion with members of the community.

Content: Family Oriented care studies the impact that family dynamics have on the illness experience of patients, and the impact that illness has on the family.

Community oriented care focusses on defining the community context for a particular health issue, and critically evaluating the barriers and facilitators to good health.

Assessment

Each aspect of the assessment must be passed in order to pass the module. This includes:

- h) Individual contributions to group discussions
- i) One written assignment
- j) The report backs from home and community visits will be assessed. The final assessment will include a presentation of the community assessment and prioritisation of the needs.

d) Prevention, Health Promotion and Chronic Illness

Convenors: Dr Beverley Schweitzer

Structure: This is a 12-week web-based course. We will also have contact sessions on clinical topics where you will be allocated to present patients.

Objectives This module includes key topics in chronic disorders, health promotion and disease prevention.

At the end of this module you should be able to:

- Describe current theories of disease prevention and health promotion
- Implement a quality improvement cycle in your practice to improve the quality of care, promote health and prevent complications for a chronic condition
- Diagnose and manage patients with common chronic medical conditions according to the principles of family medicine
- Describe the principles of ageing and caring for the elderly
- Manage common clinical problems in the elderly
- Describe the principles of rehabilitation and perform a functional assessment of a patient
- Manage patients with common disabilities and impairments
- Perform Clinical and procedural skills related to the chronic care

Content:

- Introduction to principles of chronic care, health promotion, disease prevention and the QI cycle
- Chronic medical conditions: ischaemic heart disease, hypertension, diabetes, obesity, asthma, COPD, smoking, occupational lung disease
- Rheumatology, the Elderly, Cancer, Palliative Care, Rehab and the Doctor-patient relationship.

Assessment:

Formative self-assessment will be by means of weekly MCQ questions.

Summative Assessment:

You will be required to pass (50% minimum) the end of module MCQ examination, as well as both assignments in order to pass the module as a whole.

Audit project – 40%

MCQ exam – 40%

Rehabilitation assignment – 20%

e) Evidence Based Medicine

Practicing medicine means that one is constantly faced with decisions regarding diagnostic tests and treatment. This module helps one to ask clear questions and then identify and evaluate the evidence from the literature in order to come up with answers appropriate for one's practice. It also teaches a critical approach to reading journal articles.

Convenor: Mr James Irlam and Dr Tasleem Ras

Structure: Weekly class based, small group teaching using a problem-based methodology

Objectives:

- To understand what Evidence Based Practice (EBP) is and why it is needed
- To gain skills in searching for the evidence online
- To be able to apply the rules of evidence for appraising the validity and applicability of research into the effects of interventions.
- To be able to apply the rules of evidence for appraising the validity and applicability of research papers that summarise other research.
- To be able to apply the rules of evidence for appraising the performance of diagnostic and screening tests
- To understand how to appraise the validity of prognostic information for use in counselling patients
- To be able to assess the validity and applicability of guidelines for clinical practice.

Content

- Definition of EBP
- Need for EBP
- Lessons from history
- Principles of EBP
- Cochrane Library
- PubMed Clinical Queries
- Search examples
- Review design features of Randomised Controlled Trials (RCTs)
- Review measures of outcome (RR, RRR, ARR, NNT)
- Critically appraise the validity of an RCT and its applicability to a given clinical scenario
- Review systematic reviews vs. traditional reviews
- Review basic principles of meta-analysis
- Critically appraise the validity of a systematic review and its applicability to a given clinical scenario
- Review purpose of diagnostic and screening tests
- Review measures of test performance (sensitivity, specificity, PPV, NPV, likelihood ratios, nomogram)
- Critically appraise a cross-sectional validation study of a diagnostic test and its applicability to a given clinical scenario
- Review understanding of prognosis and prognostic factors
- Critically appraise a cohort study of prognosis and its applicability to a given clinical scenario

- Critically appraise the validity and applicability of clinical guidelines.

Assessment:

Presentation on the critical appraisal of a journal article

f) Clinical Medicine A

Convenor Dr Beverley Schweitzer

Objectives: To help gain clinical competence primary care approaches to patients with problems related to surgery and surgical specialities such as Orthopaedics, ENT, Eyes, Urology; acute medicine, rheumatology, emergency medicine, occupational Health.

Structure: Learning is by discussion of patients seen during the course of one's work, with input from discipline specialists; self-study including the use of MCQs.

g) Clinical Medicine B

Convenor: Dr Bev Schweitzer

Objectives: To help gain clinical competence in the primary care approach to patients with issues related to Women's Health, Mental Health, HIV, TB, STIs, Pharmacology, Radiology, Medical specialities e.g. Geriatrics, Neurology, Dermatology.

Structure: Learning is by discussion of patients seen during the course of one's work, with input from discipline specialists; self-study including the use of MCQs.

h) Research Methods

Convenor: Dr Liz Gwyther

Objectives: The aim of this module is to equip family medicine and palliative care professionals with the knowledge and understanding of research methods and to develop the skills to conduct independent research.

Structure: It covers the topics of research methods, biostatistics and epidemiology, qualitative methodology, research ethics, scientific writing skills. These topics are explored through interactive workshops, focused readings, and practical examples with web-based support of learning.

UCT FHS Human Research Ethics Committee SOP on Ethical and Regulatory Requirements for Human Research includes the statement that "Researchers who perform human research must be suitably qualified by experience and/or training to safeguard participants' rights in their research, and all others involved in a study share this responsibility in varying degrees."

Competence to conduct ethical research is assessed through the Research Ethics assignment to be completed following the Research methods workshop. Alternatively, a current Good Clinical Practice (GCP) certificate is recognised (RPL) as competence in research ethics.

Assessment: Assignment

i) Leadership and Management

Convenor: Professor Derek Hellenberg

Structure: Sessions will take place on Thursday afternoons (14h00-17h30)

Objectives:

1.1 Manage him/herself optimally by:

- 1.1.1 Addressing his/ her personal learning needs continually
- 1.1.2 Demonstrating growth and learning in response to identified needs
- 1.1.3 Demonstrating responsible and efficient methods of self-management and self-care
- 1.1.4 Demonstrating willingness to seek help when necessary
- 1.1.5 Describing activities to enhance self-growth and development
- 1.1.6 Demonstrating ability to develop his/her own capacity to perform at the level expected of a family physician

1.2 Manage resources and processes effectively by:

- 1.2.1 Describing and applying the applicable laws with respect to employment practices, labour relations, and running a dispensing practice
- 1.2.2 Accounting and Interpreting basic financial statements
- 1.2.3 Understanding and applying basic principles of budgeting, health economics, tax management and financial planning
- 1.2.4 Planning viable health services in a systematic and rational way, incorporating the appropriate use of resources, including human and material resources
- 1.2.5 Planning, implementing and maintaining information- and record-keeping systems.

1.3 Describe, evaluate and manage health care systems by:

- 1.3.1. Demonstrating the ability to contribute to the management of a facility, sub-district and professional practice.
- 1.3.2. Working effectively as a member of the district health care team, in any sector
- 1.3.3. Demonstrating an understanding of the principles of the district health system, in the context of the national health system
- 1.3.4. Demonstrating the ability to plan and conduct a practice audit
- 1.3.5. Implementing ongoing quality improvement activities

1.4 Facilitate clinical governance by:

- 1.4.1. Critically reviewing research articles and applying the evidence in practice
- 1.4.2. Demonstrating the implementation of research and literature review findings in the management of problems in practice by, for instance,

- developing protocols for the practice
- 1.4.3. Adapting and implementing appropriate local, national and international clinical guidelines
- 1.4.4. Engaging in monitoring and evaluation to ensure high quality care
- 1.4.5. Implementing rational prescribing and diagnostic testing
- 1.4.6 Facilitating risk management processes.

1.5 Work with people in the health care team to create an optimal working climate by:

- 1.5.1 Communicating and collaborating effectively with members of the health care team and peers
- 1.5.2 Demonstrating the ability to manage and motivate personnel
- 1.5.3 Facilitating the development and implementation of a strategic plan
- 1.5.4 Demonstrating management and leadership skills within the context of a team
- 1.5.5 Effectively managing conflict (with peers, staff and / or patients).

Assessment:

1. MCQ: 60% of total mark
2. Assignment on Leadership: 40% of total mark

j) Teaching and Learning

Convenor Faculty of Health Sciences – Dept of Health Sciences Education

Structure: On-line

Aim: The course aims to prepare educators of health sciences students to facilitate learning, through developing their knowledge base of educational principles as well as supporting the integration of the concepts learned.

Content: The course consists of two modules. Module 1, with a focus on best evidence teaching and module 2, centres on assessment of student learning. The first week of module 1 is compulsory, there after you may choose to sign up for the topics in the remaining weeks that are most applicable to you. We estimate the time you will spend on readings and online activities is 2 hours per week, per topic. Participants will receive a certificate of completion at the end of the course. To receive the certificate of completion, participants need to demonstrate activity online within the week they have registered through accessing the weekly activities i.e. the readings, power points, responding to questions online, communicating with peers, creating blogs when required and participation in the online discussion when scheduled.

ANNEXURE B: CLINICAL TRAINING

The 4-year rotation includes:

- 18 months at a District Hospital supervised by a Family Physician
- A 3 month rotation in Palliative Medicine and Specialist TB hospital
- 3 months in a Psychiatric Unit under supervision of a Psychiatrist
- 6 months in an Anaesthetic Unit under supervision of a specialist Anaesthetist
- 6 months in Obstetrics and Gynaecology under supervision of a specialist Obstetrician and Gynaecologist
- 6 months at a primary care clinic
- 6 months elective

Clinical learning is divided into 10 domains:

1. Child health
2. Women's health
3. Emergencies
4. Mental health
5. Surgery
6. Orthopaedics
7. ENT, Dermatology and Ophthalmology
8. Infectious diseases - HIV/AIDS, TB, STIs and malaria
9. Anaesthetics
10. General adult medicine

Elective

Elective plans must be submitted in writing, six months before your planned elective. You should include a motivation for your selection. You will need the approval of Metro District Health Services (MDHS) for your elective and will need to continue to do approved overtime.

Palliative Medicine

All registrars will do a 6 week clinical attachment in Palliative Medicine with St Luke's Hospice

During the Palliative Medicine and Elective attachments registrars will still be required to fulfil their overtime requirements within the MDHS.

Assessment of Clinical Competence:

Each clinical rotation has a continuous assessment component that documents a registrar's progress in knowledge, skills and professionalism. The second component of the assessment is a clinical examination at the end of the rotation.

Registrars are expected to pass both components. Should a registrar fail the same clinical rotation more than once, or fail more than one rotation, they will be excluded from the programme.