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Colleges of Medicine of South Africa NPC
Nonprofit Company (Reg No.1955/000003/08)
Nonprofit Organisation (Reg. No. 009-874 NPO)
Vat No. 4210273191

THE COLLEGE OF FAMILY PHYSICIANS

Appendix C - National Curriculum – College of Family Physicians: FCFP – Revised July 2024

Introduction

The national curriculum for postgraduate family medicine training has been revised and is described here. The five national unit standards with the learning outcomes (See Appendix A) remain the backbone of the curriculum. With the shift to workplace-based assessment at national level, the curriculum for postgraduate family medicine training in South Africa now also reflect the nationally agreed upon 22 Entrustable Professional Activities (EPAs) (See Appendix B). The EPAs are aggregated to the appropriate national unit standard with its expected learning outcomes. The expected professional attitudes and behaviours for a family physician are described in the Preamble to the EPAs (Appendix B) and are found in National Unit Standard 5.

While each EPA has very specific elements and expected knowledge, skills, professional attitudes, and experiences linked to the EPA, the curriculum describes these in more detail. This may lead to a degree of duplication. However, the intention is to keep the EPA descriptions concise (2-3 pages each) with more detail in the curriculum so the registrar and supervisor can know what is expected from each EPA at a glance. The following generic attitudes and behaviours span all 22 EPAs.

We expect registrars to embody the key principles of Family Medicine and for these principles to be visible in their behaviour.

- Being **person-centred** by seeing the person as a whole and in the context of their family and wider social environment. This perspective should be part of the clinical method and therapeutic approach to all clinical encounters.
- Being able to **comprehensively deal with illness** and disease across the life course, the burden of disease, and from health promotion to palliation.
- Taking **continuity** of responsibility for people's care across many disease episodes and over time.
- **Coordinating care** as needed across organisations within and between health and social care.
- We expect registrars to demonstrate an awareness of their **legal and ethical responsibilities** in the provision of care to individuals and populations as described in unit standard 5 and be aware of the **HPCSA ethical guidelines.**

We expect registrars to demonstrate professional values in relationship to society, interpersonal relationships and personal behaviour as described in unit standard 5. Professional behaviours in the workplace that are specifically related to trust have also been described as making A RICH entrustment decision.

- **Agency**: Being proactive towards needs of patients, sharing of relevant information, needs of the team, need for help, own development.
- **Reliability**: Are conscientious, predictable, accountable and responsible. Do what they said and follow through on assigned tasks.
- **Integrity**: Are truthful, prioritise patient welfare, are person-centred and ethical.
- **Capability**: Are competent, have relevant knowledge and skills, efficient, adapt to changing circumstances and new tasks.
- **Humility**: Knows one's limits, willing to ask for help, receptive to feedback.

The registrar and supervisor are also advised to access other specific sources of information, notably the SA Academy of Family Practice homepage on the web, the SA Family Practice Journal and the reference list at the end of this document.

Learning Outcomes for Family Medicine

Unit standard 1

A person who has achieved this standard is capable of effectively managing themselves, their team and their practice, regardless of the sector, shows self-awareness in their personal and professional approach and provides high-quality care based on current evidence.

1.1 Develop him or herself optimally as a leader by:

1.1.1 Demonstrating self-awareness and reflection in terms of one's personality, personal values, preferred learning and leadership styles, and learning and development needs

1.1.2 Demonstrating effective methods of self-management and self-care

1.1.3 Demonstrating a willingness to seek help when necessary

1.1.4 Demonstrating an ability for self-growth and personal development

1.2 **Offer leadership within the healthcare team and district health system by:**

1.2.1 Communicating and collaborating effectively

1.2.2 Demonstrating an ability to build capability, mentor or coach members of the healthcare team

1.2.3 Demonstrating an ability to engage and influence others through advocacy, group facilitation, presentations, critical thinking, or behaviour change counselling

1.2.4 Working effectively as a member of the sub/district healthcare team

1.3 Describe and contribute to the functioning of the district healthcare system by:

1.3.1 Demonstrating an understanding of the principles of the district health system in the context of existing and developing national legislation and policy

1.3.2 Demonstrating an ability to contribute to the management of a facility, sub-district, or district

1.4 **Lead clinical governance activities by:**

1.4.1 Demonstrating the ability to lead a quality improvement cycle in practice

1.4.2 Demonstrating the ability to build capability through training, teaching and mentoring others in the healthcare team [see unit standard 4.1]

1.4.3 Facilitating reflection on health information (eg monitoring and evaluation, national core standards) in order to improve the quality of clinical care (eg rational prescribing and use of investigations) in the sub/district

1.4.4 Facilitating risk management processes and improving patient safety (eg conduct morbidity and mortality meetings, assess the competence of new clinical staff, perform root cause analysis) in the sub/district

1.4.5 Facilitating the implementation of clinical guidelines in the sub/district

1.4.6 Critically reviewing new evidence (e.g. research) and applying the evidence in practice

1.4.7 Contributing to the development or revision of guidelines by generating new evidence (eg perform research) or representing the viewpoint of the district health services in the process

1.5 Understand and influence corporate governance:

1.5.1 Understand the principles of human resource management (eg labour relations, recruitment, disciplinary procedures, and grievances)

1.5.2 Understand the principles of financial management (eg budgets, health economics, financial planning)

1.5.3 Understand the principles of procurement and infrastructure (eg supply chain, equipment, buildings)

1.5.4 Understand the principles of health information and record-keeping systems

1.5.5 Understand the principles of rational planning of health services

1.5.6 Be able to communicate effectively with those responsible for corporate governance

This unit standard and learning outcomes align with EPA 21 and 22 as follows:

EPA 21 - Leading a clinical team

This EPA includes the following elements:

- Leading clinical team activities in the district health services
- Retention and recruitment
- Staff performance management
- Line management duties at the level of the individual employee as well as at the level of the team who report to the family physician
- Shared leadership activities in partnership with the other leaders and managers in the facility and/or sub-district/district
- Overseeing the integration, efficiency and effectiveness of the clinical team
- Coordinating call rosters
- Coordinating leave management in line with the HR policy
- Participating in recruitment and selection process for vacant posts
- Facilitating exit interviews of staff who resign
- Facilitating conflict management and resolution in the workplace
- Identifying and supporting the impaired colleague
- Contributing to a positive institutional culture in the workplace
- Leading and facilitating meetings and team activities in the clinical setting, such as interprofessional ward round

Knowledge and Skills:

- Principles of the district health system in the context of existing and developing national legislation and policy
- Principles of human resource management (e.g., labour relations, recruitment, disciplinary procedures, grievances, as well as performance appraisals of staff)
- Self-management and self-care, including implementing and monitoring strategies for self-growth and personal development
- Communicating and collaborating effectively
- Ability to build capability, mentor or coach members of the healthcare team
- Ability to engage and influence others through advocacy, group facilitation, presentations, critical thinking, or behaviour change counselling
- Ability to contribute to the management of a facility, sub-district, or district
- Communicate effectively with those responsible for corporate governance

Additional Attitudes and Behaviour:

- Self-awareness to develop self-optimally as a leader
- Recognise role as a member of the sub/district healthcare team

EPA 22 - Leading clinical governance activities

This EPA includes the following elements:

- Leading clinical governance activities to improve quality of care
- Leading clinical governance activities to improve patient safety
- Activities can occur at a district/sub-district level, at the district hospital, at the primary care facility or in the community-based services.
- Leading a quality improvement cycle (audit and feedback)
- Contributing to the development of new protocols or guidelines
- Implementing new protocols or guidelines with the clinical team
- Managing risks to patients through leading morbidity and mortality meetings, reviewing patient safety incidents, coordinating antimicrobial stewardship ward rounds and audits, participating in pharmaceutical or therapeutics committees, and managing patient complaints.
- Assessing level of supervision required by team members.
- Supporting disaster management planning.

- Facilitating reflection of the team on routinely collected health information (e.g. routine DHIS reports, Ideal Clinic or Hospital norms and standards, use of investigations, prescribing of medication, CHW household data, perinatal death review meetings)
- Critically reviewing new evidence/research and advising/ presenting to / discussing with the team
- Leading small-scale applied research projects to create new evidence or evaluate services and cost drivers
- Leading structured reflection, root cause analysis, planning and implementation of changes to clinical practice
- Influence those responsible for corporate governance (HR management, performance appraisal, finances, procurement, infrastructure, health information system)

Knowledge and Skills:

- Quality improvement cycle (audit and feedback)
- Critical appraisal of research studies
- Applied research methods
- Rational planning cycle
- Logic models for project implementation and evaluation
- Principles of guideline development, dissemination, and implementation
- Structured approaches to reflection e.g., Gibbs reflection cycle, 5-whys, root cause analysis, fishbone diagrams
- Batho Pele principles, public service complaints and compliments processes
- Basic principles of disaster management planning
- The I-we-it leadership model
- The district health system
- Leading teams in clinical governance activities
- Implementation of changes to clinical practice
- Facilitation of meetings and small group processes
- Presentations to clinical team
- Data collection, analysis and reporting
- Writing reports
- Searching for new evidence
- Identifying key stakeholders and team members
- Engaging facility and district management teams

Unit standard 2

A person who has achieved this standard is capable of evaluating and managing patients, with both undifferentiated and more specific problems, holistically and cost-effectively.

2.1 Evaluate a patient holistically:

2.1.1 Taking a relevant history in a patient-centred manner, including exploration of the patient's illness experiences and context.

2.1.2 Performing a relevant and accurate examination.

2.1.3 Deciding on or performing appropriate special investigations where indicated, based on current evidence and balancing risks, benefits and costs.

2.1.4 Formulating a holistic assessment of the patient's problems, taking into account the biological, psychological, spiritual, social and contextual issues

2.1.5 Demonstrating sound clinical reasoning at every point in the consultation.

2.2 Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan, evaluating and adjusting elements of the plan as necessary by:

2.2.1 Communicating effectively with patients to inform them of the diagnosis or assessment and to seek consensus on a management plan.

2.2.2 Establishing priorities for management based on the patient's perspective, biological and socio-economic preconditions, medical urgency and context.

2.2.3 Formulating a cost-effective management plan and appropriate safety netting.

2.2.4 Formulating a management plan for patients with family-orientated or other social problems, making appropriate use of family and other social and community support and resources.
2.2.5 Applying technology cost-effectively and in a manner that balances the needs of the individual patient and the greater good of the community.
2.2.6 Incorporating disease prevention and health promotion.
2.2.7 Performing effectively and safely the procedural and surgical skills necessary to function as a generalist.
2.2.8 Effectively managing concurrent, multiple and complex clinical issues, both acute and chronic, often in a context of uncertainty.
2.2.9 Demonstrating a patient-centred approach to management using collaborative decision-making.
2.2.10 Including the family in the management and care of patients whenever appropriate.
2.2.11 Counselling patients e.g. with regard to bad news, psychosocial issues, trauma, behaviour change and difficult decisions.
2.2.12 Recognising and managing the importance of relationships that affect health, using appropriate tools (e.g. genograms and ecomaps) to identify potential problems and solutions.
2.2.13 Demonstrating the ability to work in collaborative multidisciplinary teams.
2.2.14 Referring patients, where necessary, to the appropriate level of care or expertise.
2.2.15 Coordinating the care of patients with other professionals or health workers.
2.2.16 Demonstrating appropriate record-keeping.

2.3 Provide comprehensive, continuing care throughout the lifecycle, incorporating preventative, diagnostic, therapeutic, palliative and rehabilitative interventions by:

2.3.1 Demonstrating a commitment to building continuity of care and ongoing relationships with patients, as well as an understanding of the chronic care model.
2.3.2 Demonstrating an ability to provide preventive care, using primary, secondary and tertiary prevention as appropriate, and to promote wellness.
2.3.3 Demonstrating the ability to make a functional assessment of a patient with impairment or disability and enable his or her rehabilitation.
2.3.4 Demonstrating the ability to provide holistic palliative care.
2.3.5 Demonstrating an understanding of the emotional and physical aspects of pregnancy, birth, childhood, adolescence, young adulthood, adulthood and ageing.

This unit standard and learning outcomes align with the following EPAs as follows:

EPA 1 Managing women and newborns in the peripartum period

Knowledge:

- Hypertensive disorders of pregnancy in the peripartum period(chronic hypertension, gestational hypertension, preeclampsia, eclampsia, kidney disease)
- Manage emergencies in the peripartum period (Abruption of the placenta, placenta praevia, amniotic fluid embolism etc)
- Relief of pain during labour
- The initiation of labour, normal uterine function
- The management of normal labour
- The newborn, normal baby
- The normal puerperium
- Lactation and breastfeeding
- The stages, mechanism and progress of normal labour and the use of the partogram
- Induction of labour
- Augmentation of labour
- Intrapartum fetal distress
- Preterm and prelabour rupture of membranes
- Abnormal uterine function
- Congenital fetal abnormality
- Birth injuries

- Cord presentation and prolapse
- Obstructed labour
- Malpositions and malpresentations
- Management of a patient with a scarred uterus
- Multiple pregnancies
- Obstetric injuries of the genital tract and repair
- Antepartum haemorrhage
- Postpartum haemorrhage
- Preterm labour
- Puerperal sepsis and other complications
- Shoulder dystocia
- The shocked obstetric patient
- Postdatism and the postmaturity syndrome

Skills

Pregnant Woman

- Examine progress during labour and use of a partogram
- Apply and interpret CTG
- Assess foetal wellbeing during labour
- Perform a normal vaginal delivery
- Deliver a breech delivery
- Perform assisted vaginal delivery (vacuum extraction/forceps)
- Perform a caesarean section
- Perform an episiotomy and suture the episiotomy
- Repair of a third-degree tear
- Manually remove a placenta
- Massage an atonic uterus
- Manage obstetric haemorrhage
- Deliver a woman presenting with shoulder dystocia
- Perform an induction of labour
- Perform procedures to manage peripartum haemorrhage i.e B-Lynch etc

Newborn

- Resuscitation of a newborn
- Umbilical vein/ artery catheterisation
- Assess gestational age at birth
- Well newborn check
- Apgar score interpretation
- Manage the airway in a newborn (clearing mucus from the baby's mouth and throat, airway devices, endotracheal intubation)
- Apply oxygen delivery devices appropriate to the needs of the newborn and including nasal CPAP for the newborn.
- Examination of the newborn baby
- Assess a preterm baby
- Daily assessment of a newborn needing Kangaroo Mother Care

EPA 2 Managing pregnant women

Knowledge

- Physiological changes during normal pregnancy, normal laboratory values
- Antenatal care
- Assessment of fetal wellbeing and diagnostic aids during pregnancy and labour
- Diagnosis of intrauterine pregnancy

- Fetal growth and maturity tests and assessments
- Minor complaints in pregnancy
- The danger of radiation during pregnancy
- The use of drugs during pregnancy and lactation
- Knowledge of the use of ultrasound in normal pregnancy
- Abortion and complications
- Anaemia in pregnancy
- Antepartum haemorrhage
- Blood group incompatibilities
- Recognition of cardiac disease in pregnancy
- Clinical features of advanced abdominal pregnancy
- Conditions of the central nervous system and psychiatric conditions
- Diabetes mellitus-recognition, stabilisation and referrral
- Drug abuse, alcohol and smoking during pregnancy
- Ectopic pregnancy
- Hyperemesis gravidarum
- Hypertensive disorders of pregnancy
- Immunisations during pregnancy effects on fetus/neonate
- Infections in pregnancy
- Intrauterine death
- Liver disease; jaundice
- Placental insufficiency and intrauterine growth restriction
- Polyhydramnios; oligohydramnios
- Primary management of gestational trophoblastic disease
- Sexually transmitted diseases
- HIV in pregnancy
- The acute abdomen in pregnancy
- The grande multipara and elderly gravida
- The pregnant teenager
- Psychosocial health in pregnancy

Skills

- Perform clinical pelvimetry
- Assess foetal and maternal wellbeing using the maternity case record
- Perform obstetric ultrasound
- Perform culdocentesis
- Manage emergencies in the antenatal period- resuscitation, stabilisation and packaging for transfer.
- Elective: external cephalic version, amniocentesis

EPA 3 Managing women and babies in the postnatal period

Knowledge

- Recognition and management of perineal trauma sustained during vaginal delivery
- Management of postpartum haemorrhage
- Mother-baby pain bonding
- Breastfeeding
- Breast engorgement, infection and abscess
- Exercise and nutrition
- Bladder and bowel function
- Contraception
- Sexual health in the postpartum period
- PMTCT

- Routine postnatal care, including immunisation
- Postpartum depression and psychosis
- Common puerperal infections
- Management of secondary postpartum haemorrhage
- Care of the C-Section wound
- Teaching mother mechanical milk expression
- Contraceptive implant insertion
- Teaching kangaroo mother care
- Postpartum depression and psychosis
- Postpartum cardiomyopathy

Skills

- IUCD insertion
- Phototherapy
- Umbilical cord toilet
- Use of the road to health book
- Counselling on family planning, breastfeeding and care of the newborn
- Routine procedures in the newborn: blood draws, insertion of an IV line, insertion of an intra-osseous line
- Daily assessment of a child needing kangaroo mother care

EPA 4 – Managing children with undifferentiated and more specific problems

Knowledge

- An approach to a child with breathing difficulties, febrile illness, cough, abdominal pain, oedema
- Common gastrointestinal conditions: gastroenteritis. dysentery, worms, constipation
- Ear conditions: discharging ear, perforated ear drum, hearing loss
- Eye conditions: Lid disease (blepharitis, chalazion, stye, ectropion), Refractory errors, Red eye, Discharging eye
- Common skin conditions: eczema, seborrhoeic dermatitis, nappy rash, scabies, Impetigo, viral exanthem, chickenpox, shingles, pityriasis rosea, pityriasis versicolor, purpuric rash, common fungal infections in children, Measles and Rubella
- Behavioural and (ADHD, ASD, ODD, CD, OCD, Generalised anxiety disorder)
- Developmental problems
- Learning disorders in children (Dyslexia Dyscalculia, Dysgraphia)
- Nutritional disorders (Malnutrition, Obesity, vitamins and minerals deficiency)
- Upper respiratory tract infection: pharyngitis, tonsillitis, influenza
- Respiratory disorders: acute bronchitis/bronchiolitis/croup/ pneumonia, asthma, sleep apnoea
- Renal disorders: Acute PSGN, Nephrotic syndrome, haematuria, UTI, Enuresis
- Cardiovascular disorders: Approach to a child with cardiac failure or cyanosis, acute rheumatic fever
- Haematological disorders: Anaemia, Approach to Bleeding Disorders
- Endocrine: Diabetes Mellitus
- Infections: Meningitis, Schistosomiasis
- Central nervous system: Epilepsy and seizure disorders, Acute flaccid paralysis, cerebral palsy,
- Childhood Immunisation Schedule
- Normal Growth and Development

Skills:

- Breaking bad news.
- Assessing hearing
- Performing a lumbar puncture
- Performing blood draws and setting up IV lines
- Performing visual acuity, visual field assessment and fundoscopy,

- Performing skin scraping
- Performing fine needle aspiration of lymph nodes or masses
- Counselling and working with caregivers
- Perform developmental assessment in a child
- Interpret a chest radiograph in a child
- Suprapubic bladder puncture
- Intraosseous line

EPA 5 - Managing children requiring inpatient care and procedures

Knowledge

- Relevant basic sciences: anatomy, physiology, pharmacology, pathophysiology and pathology
- Nutritional disorders
- Infectious diseases: HIV, malaria, gastroenteritis, resp, TB, measles, meningitis, endemic dis (e.g., cholera).
- Non-communicable: allergies, anaphylaxis, eczema, asthma, diabetes mellitus
- Fluid and electrolyte disorders
- Identifying child at risk – Children's Act, Sexual Offences Act
- Burns (as appropriate): wound management and analgesia
- Accidents including poisoning.
- Referral criteria: medical and common surgical conditions in children
- Insect stings, animal bites and wound care.
- Common orthopaedic and surgical conditions
- Rational use and interpretation of radiology and laboratory investigations
- Cardiovascular disorders: A child with cardiac failure or acute rheumatic fever
- Haematological disorders: Anaemia and Bleeding Disorders
- Renal disorders: Acute PSGN, Nephrotic syndrome

Skills

- Administer blood products
- Debridement of burns and wounds
- Acquire basic surgical skills.
- Perform closed reduction and immobilisation of uncomplicated fractures and dislocations.
- Perform a reduction of a paraphimosis.
- Perform a circumcision
- Obtain venous and intra-osseous access.
- Obtain an arterial gas blood specimen.
- Incise and drain any abscesses.
- Perform biopsies – fine needle, excision, punch, core
- Remove foreign bodies – nose, ears, skin, digits.
- Perform debridement and suturing.
- Manage epistaxis.
- Perform a lumbar puncture.
- Perform basic and advanced paediatric and neonatal resuscitation
- Administer oxygen using a variety of devices
- Notify infectious diseases
- Complete discharge summaries
- Counsel parents and caregivers

EPA 6 – Providing anaesthesia in the district hospital operating theatre

Knowledge

- Basic sciences: physics (SI units, humidification, oximetry, measurement of volumes, flow pressures, capnography, electrical safety, temperature, fire and explosions)

- Capnography
- Devices to maintain the airway (laryngoscopes, endotracheal tubes, tracheostomy tubes, face masks, laryngeal masks, airways
- Anaesthesia delivery system, including pressure valves and regulators
- Vaporisers
- Gas supply in bulk and cylinders
- Breathing systems
- Anaesthesia record keeping
- Minimum monitoring standards
- Informed consent
- Infection control in theatre
- Preoperative Assessment
- Application and interpretation of monitored variables and neuromuscular blockade
- Use of muscle relaxants
- Applied pharmacology and variability in drug response
- Application of mechanical ventilation
- Management of the airway and intraoperative complications
- Selection and planning of the anaesthesia technique
- Common regional anaesthesia --spinal anaesthesia
- Routine inhalation and intravenous inductions
- Maintenance of anaesthesia
- Correct use of anaesthesia delivery systems
- Safe recovery transport and handover in the post-anaesthesia recovery room
- Management of postoperative pain, fluid requirements, and nausea and vomiting
- Scoring systems to assess readiness for discharge from the recovery room
- Postoperative consultations
- Recognition of high-risk obstetric patients
- Interpretation of common investigations used in anaesthesia
- Anaesthesia for the shocked patient with a ruptured ectopic pregnancy
- Anaesthesia for miscarriage
- Stabilisation and transfer of patients, including ventilated patients

- **Identification and management of the following problems, which are commonly acute and may be life-threatening:**
  - Inadequate airway; failed intubation, obstructed airway, oesophageal intubation, endobronchial intubation, and
  - unplanned extubation
  - Emergency management of a pneumothorax
  - Laryngospasm
  - Bronchospasm
  - Hypertension
  - Hypotension
  - Arrhythmias
  - Myocardial ischaemia
  - Hypoxia
  - Hypocarbia
  - Hypercarbia
  - Hypoventilation
  - Hyperventilation
  - Hypothermia
  - Hyperthermia
  - Malignant hyperthermia
  - Anaphylaxis
  - Residual neuromuscular blockade
  - Inadequate neuraxial blockade
  - Seizures
  - Gas embolism
  - High ventilator peak inspiratory pressures
  - Pulmonary aspiration

- **Managing the obstetric patient and neonate peri-operatively**
  - Relevant anatomy and physiological changes in pregnancy
  - Resuscitation in obstetric patients with preeclampsia
  - Advanced cardiac life support in the obstetric patient
  - Resuscitation of neonate and meconium or pulmonary aspiration
  - Pharmacology and uterotonic drugs

- Antenatal care relevant to anaesthesia
- Maternal monitoring
- Caesarian section indications and levels of urgency
- **Recognition of high-risk obstetric patients, immediate management, and referral**
  - ASA classification
  - Morbid obesity, difficult airway, thromboembolic disease, bleeding or coagulation disorders, hypertension, sepsis, respiratory disease, diabetes, thyroid disease, renal disease, neuromuscular disease and intracranial pathology.
  - Preeclampsia and its complications
  - Obstetric haemorrhage
  - Septic miscarriage
  - Molar pregnancy
  - Neonatal considerations and resuscitation

Skills

- Perform preoperative anaesthetic assessment and management and identify high-risk patients, including airway assessment and other anaesthetic risks, i.e. co-morbid conditions.
- Obtain informed consent for the anaesthetic.
- Perform anaesthetic and emergency equipment check before the anaesthesia
- Provide anaesthesia induction: rapid sequence induction, intravenous induction, and Inhalation induction.
- Perform ketamine anaesthesia
- Perform a general or spinal anaesthesia
- Maintain anaesthesia with inhalational anaesthesia and IV pharmacological agents
- Monitor and care for a patient intra-operatively
- Monitor vital signs during all anaesthesia i.e. SpO2, HR,RR, ECG, BP, Capnography, MAC etc
- Provide adequate pain management during anaesthesia
- Reverse muscle relaxation (mix drugs)
- Provide a record of anaesthesia
- Perform arterial blood gas collection and interpretation
- Obtain venous access
- Administer oxygen through a variety of devices
- Secure the airway during anaesthesia with OPA, LMA, intubation,
- Ventilate the patient using a variety of devices
- Set airflows (Magill, Circle, T-piece)
- Perform basic and advanced cardiac life support to manage cardio-respiratory compromise and arrest
- Perform a lumbar puncture
- Perform central venous cannulation
- Monitor a patient in the postoperative period.
- Manage the unanticipated difficult airway peri-operatively
- Manage the complications of spinal anaesthesia
- Manage a patient post-failed spinal anaesthesia
- Consider indications and administer blood transfusions

EPA 7 – Providing anaesthesia for minor procedures

Knowledge

- Pharmacology: Local anaesthetics pharmacology, properties, mechanism and determinants of action, additives, dosage, potential side-effects and local and systemic toxicity. Understanding the use of vasoconstrictors, adjuvants and other adjunct medications in local anaesthesia
- Anatomy: Knowledge of the targeted area for the procedure and anatomical orientation of nerves, blood vessels and other structures in the region
- Techniques and approaches to various local anaesthetic techniques, including infiltration anaesthesia, nerve blocks, and other regional anaesthesia approaches.
- Equipment and apparatus for the procedure
- Monitoring procedures and equipment
- Pain management

- Manage the complications of local anaesthetic techniques or selected regional blocks, including:
  - Local anaesthetic systemic toxicity
  - Hypotension
  - High or total spinal block
  - Nausea and vomiting
  - Urinary retention
  - Infective complications
  - Neurological injury
  - Opioid side effect

Skills

- Assess a patient pre-procedural for the performance of appropriate conscious sedation, local anaesthetic technique or selected regional blocks
- Consider and prepare essential drugs pre-procedural
- Test and check (general, resuscitation, intubation) equipment pre-procedural.
- Provide anaesthesia care and pain management for uncomplicated patients undergoing minor procedures
- Administer local anaesthetic techniques and selected regional blocks, including administration of:
  - Topical mucosal/skin anaesthetic EMLA
  - Field blocks of lip and ear
  - Face (supraorbital, infraorbital, mental) blocks
  - Digital nerve "ring" block
  - Wrist block
  - Colles fracture haematoma block
  - Brachial plexus block
  - Intercostal nerve block
  - Femoral nerve leg block
  - Ankle block
  - WALANT (wide awake local anaesthesia, no tourniquet) technique
  - IVRA (intravenous regional anaesthesia of the arm) Bier's block
  - Epidural
- Manage a patient post failed conscious sedation, local anaesthetic technique or selected regional block, including:
- Manage cardio-respiratory compromise and arrest with basic and advanced cardiac life support
- Provide peri-procedural monitoring, care and pain management.
- Perform POCUS or nerve stimulator-guided technique
- Perform ECG recording and interpretation
- Perform arterial blood gas collection and interpretation
- Obtain venous access
- Administer oxygen
- Maintain an adequate airway

EPA 8 – Managing adults and adolescent patients with chronic conditions

Knowledge

- Cardiovascular disease: Cardiac failure; Hypertension; Ischaemic heart disease
- Chronic surgical conditions, e.g. pancreatitis, venous stasis ulcers, peripheral vascular ischaemia
- Common cancers – lung cancer, gastric, colon, thyroid, leukaemia, lymphoma
- Common male and female sexual disorders
- Endocrine: Thyroid disease- hyper, hypo; Diabetes Mellitus; Dyslipidaemia; Obesity
- Haematological: Anaemia, Bleeding disorders
- Liver and GIT: chronic liver disease; Inflammatory bowel disease- Ulcerative colitis and Crohn's disease; Irritable bowel syndrome, Peptic ulcer disease
- Nervous system: Headaches – migraine, tension, cluster, analgesic rebound headaches, epilepsy, Parkinson's disease, cerebrovascular accidents and intracranial bleeds, dementia and delirium
- Renal: chronic renal disease
- Respiratory: Asthma; Occupational lung disease; Chronic obstructive pulmonary disease (COPD)
- Rheumatology: Autoimmune conditions- SLE, Scleroderma; Arthritis – rheumatoid, osteoarthritis, crystal-related, autoimmune arthritis, Fibromyalgia

Skills

- Administer different modalities of oxygen
- Assess and consult families/couples
- Collect specimens (blood/urine/pus swab etc)
- Complete sick certificates
- Demonstrate behaviour change counselling
- Demonstrate skills in breaking bad news
- Interpret barium swallows
- Interpret radiographs CXR/AXR/Back/ Joints
- Insert an intercostal chest drain
- Measure peak expiratory flow
- Nebulise a patient
- Perform a pleural tap
- Perform a pregnancy test
- Perform an exercise stress test
- Perform and interpret an electrocardiogram
- Perform and interpret office spirometry
- Perform fine/ wide needle aspiration biopsy
- Perform point-of-care ultrasound
- Perform routine intravenous access in adults
- Perform urinalysis
- Perform venepuncture
- Perform work assessment and complete disability grant forms
- Performa a femoral vein puncture
- Performa a lumbar puncture
- Set up a syringe driver
- Use a glucometer
- Use a haemoglobinometer
- Use inhalers and spacers
- Write letters to make appropriate referrals

EPA 9 – Managing adults and adolescent patients with undifferentiated problem

Knowledge

• Abdominal pain	• Localised lump(s) or swelling(s)
• Abnormal sputum	• Loss of appetite
• Abnormal vaginal bleeding	• Menstrual pain
• Amenorrhoea	• Mouth, tongue, lip complaints
• Arm pain or symptom	• Nausea
• Back pain	• Neck pain
• Dyspnoea	• Penile symptom/complaint
• Chest pain	• Pruritus
• Constipation	• Red eye
• Cough	• Shoulder pain or symptom
• Diarrhoea	• Skin rashes
• Dysuria	• Shoulder pain or symptom
• Ear discharge	• Nasal complaints
• Ear pain	• Sore throat
• Eye discharge	• Swallowing problem
• Eye pain	• Sweating

• Fever	• Oedema
• Foot and toe pain or symptoms	• Teeth or gum complaint
• Generalised aches or pains	• Urethral discharge
• Generalised rash	• Vaginal discharge
• Genital/pelvic pain	• Vaginal symptoms
• Hand and finger pain or symptom	• Vertigo/dizziness
• Headache	• Visual disturbance
• Heartburn	• Vomiting
• Insomnia	• Vulval symptom/complaint
• Knee pain or symptom	• Weakness/general tiredness
• Leg or thigh pain or symptom	• Weight loss
• Localised rash	• Wheezing/tight chest

Skills

- Assess and consult families/couples
- Collect routine specimens (blood/urine/stool/ pus swab etc)
- Complete sick certificates
- Breaking bad news
- Interpret barium swallows
- Interpret radiographs CXR/AXR/Back/ Joints
- Measure peak expiratory flow
- Nebulise a patient
- Perform a lumbar puncture
- Perform a pleural tap
- Perform a pregnancy test
- Perform a relevant POCUS
- Perform an exercise stress test
- Perform an electrocardiogram (set up, record and interpretation)
- Perform and interpret office spirometry
- Perform brief behaviour change counselling
- Perform femoral vein puncture
- Perform fine and wide needle aspiration biopsy
- Perform fundoscopy
- Perform urinalysis
- Perform venepuncture
- Perform work assessment and complete disability grant forms
- Set up routine intravenous access in adults and children
- Take a sexual history in different contexts
- Use a glucometer
- Use a haemoglobinometer
- Use inhalers and spacers
- Write letters for appropriate referrals (specialists/investigations/MDT etc)

EPA 10 – Managing patients with infectious diseases

- Using a COPC principles approach, coordinate active surveillance, contact tracing, and isolation (where appropriate) for common Category 1 and 2 notifiable conditions in the community.
- Pre- and post-exposure prophylaxis for common Category 1 and 2 notifiable conditions.
- Infection Prevention and Control principles, including isolation and quarantine principles.
- Providing and coordinating initial and ongoing care of common infectious diseases.
- Managing patients with fever of unknown origin
- Diagnosis, management and counselling for Acute Rheumatic Fever, Cholera, Congenital syphilis, congenital rubella syndrome, Enteric Fever, Malaria, Measles, Meningococcal disease, Rabies, Infectious respiratory

diseases other than TB, Bilharzia, Brucellosis, Hepatitis A-E, Tick Bite Fever, sexually transmitted infections, soil-transmitted helminths

- **For HIV/TB/ STIs and Malaria**
  - Describe the HIV epidemic, including the epidemiology, virology and immunology.
  - Diagnose and assess adults and children with HIV infection including initiating first or second-line ART, identifying potential candidates for third-line ART, managing opportunistic infections in HIV
  - Diagnosing and coordinating care of cancers in HIV
  - Develop and institute a comprehensive management plan for adults and children with HIV
  - Diagnose and manage opportunistic infections
  - Manage adults and children on antiretroviral drugs
  - Manage HIV during pregnancy and the PMTCT programme
  - Describe the epidemiology of TB
  - Describe the pathophysiology of TB
  - Describe the DOTS strategy
  - Diagnose TB in adults and children according to evidence-based medicine principles.
  - Consider alternative diagnoses to TB.
  - Prescribe the recommended treatment regime for each of the diagnostic TB categories and manage the side effects.
  - Promote adherence to TB treatment and monitor progress on treatment
  - Describe the MDR/XDR TB problem and have an approach to management of patients
  - Initiating first or second-line TB treatment
  - Managing adverse effects and complications of treatment in HIV & and TB
  - Coordinating multidisciplinary team management of MDR-TB
  - Managing patients with multi-morbidity
  - Managing non-adherence through counselling
  - Describe the epidemiology of STIs
  - Describe the rationale for syndromic management
  - Identify STIs according to the syndromes
  - Identify and deal with complications and treatment failures
  - Screen for STI's (asymptomatic)
  - Assess and manage a patient comprehensively
  - Provide prophylaxis for STI's (post-exposure)
  - Describe approaches to the prevention of and prophylaxis for malaria
  - Describe approaches to the diagnosis and treatment of malaria in both adults and children

Skills

- Point of care HIV testing
- Venesection for blood cultures
- Behaviour change counselling (lifestyle, adheernce)
- Sexual history and counselling
- Urine testing for LF-LAM
- Urine testing for Schistosomiasis haematobium
- Rapid testing for malaria and other infectious diseases (Syphilis, HIV, COVID-19 etc)
- Nasopharyngeal swabbing

These skills are used in this EPA, but will be summatively assessed in other EPAs:

- Skin biopsy
- Pus swab
- Lymph node excision biopsy
- Wide needle aspiration biopsy
- Male medical circumcision
- Assess and consult families/couples

- Break bad news
- Counselling skills for HIV
- Assess chest radiograph
- Cervical Smear
- Point of care ultrasound (Splenic micro-abscesses)
- Urine testing for UTI
- Lumbar puncture including measurement of opening pressures

EPA 11 – Managing adults with conditions that may require surgery or procedures

Knowledge

- Understanding and application of the anatomical, pathological, and microbial bases of common surgical problems.
- Knowledge and effective use of relevant surgical instruments and equipment
- Application of basic surgical techniques including haemostasis, surgical dissection, suturing, wound dressing, etc in the management of common surgical conditions encountered in PHC and DHs.
- Principles of fluids and electrolyte balance and homeostasis.
- Use of blood and blood products including management of adverse reactions.
- Interpretation of the results of laboratory and radiological investigations.
- Rational use of antimicrobials and stewardship
- Principles of medical ethics.
- Family oriented primary care.
- Communicating bad news
- Prevention and management of medical errors
- Knowledge of common surgical conditions: Manage abdominal conditions like, peptic ulcer disease, appendicitis, gallstones, gastrointestinal bleeding like hematemesis, melena and haematochezia, bowel obstruction and perforation, incarcerated hernias, diverticulitis or mesenterial thrombosis.
- Manage patients with symptoms of intracranial space occupying lesions pending neurosurgical intervention.
- Manage patients with acute urological obstruction and symptoms of renal colic before a surgical procedure.
- Manage patients with facial symptoms in need of urgent surgical intervention.
- Manage patients presenting with radiculopathy
- Manage a patient with an acute ischaemic limb.
- Manage a patient with a compartment syndrome.
- Stabilise a patient who presents acutely with a surgical condition that needs referral to the next level of care
- Manage the patient who has generalised/localised abdominal pain
- Manage the patient who has difficulty in swallowing.
- Managing patients with constipation and anal symptoms.
- Manage a patient with signs of obstructive jaundice.
- Managing the patient with common upper gastrointestinal symptoms like constipation, nausea, vomiting, heartburn with and without the presence of red flags.
- Managing the patient presenting with a non-fluctuating, cold lump or swelling according to anatomic region.
- Managing patients with a neck lump that might need a surgical intervention.
- Managing the patient presenting with symptoms both venous and arterial insufficiency.
- Assess and manage the patient with a swollen limb.
- Managing patients presenting with an abscess in any anatomical region of the body.
- Manage patient presenting with localised joint pain and tendonitis.
- Able to care for patients complaining of a painful throat or an oral condition in need of a surgical procedure.
- Able to assist patients with ear and nose pain and other symptoms that will require a surgical procedure.
- Managing the patient with facial pain and other conditions of the head that will require a surgical procedure.
- Managing the patient with a red eye.
- Interpretation of special investugations: abdominal and chest X-rays,an intravenous pyelogram, CT-Scan of the brain with a mass lesion, barium swallows,

- Obtaining informed consent from the patient for elective surgical, urological, ear nose and throat, ophthalmological, dermatological, or orthopaedic procedures
- Obtaining informed consent for surgery in an emergency.
- Communicating a management plan to patients with conditions needing surgery or a theatre procedure.
- In case of a planned surgical procedure, how to communicate it correctly to the receiving consultant surgeon, per telephone and in writing.

Skills

- Perform general surgical procedures:
    - incision and drainage of abscess, including a breast abscess,
    - insertion of a nasogastric tube
    - wide-needle aspiration biopsy lymph node
    - fine needle aspiration of a mass as an office procedure
    - liver biopsy
    - incision and drainage of perianal haematoma.
    - Haemorrhoids injection/ rubber banding.
    - proctoscopy
    - sigmoidoscopy
    - lymph node biopsy or excision
    - do an appendectomy
    - repair a hernia
- Perform orthopaedic and musculoskeletal procedures:
    - Application of splints and plaster of Paris for fractures
    - Perform the reducation of dislocations e.g, shoulder, knee, hip, elbow, finger, toe etc and immobilisation after that.
    - Debride and clean an open fracture in the theatre
    - measure shortening of the legs
    - aspirate and inject the knee joint
    - inject a carpal tunnel
    - inject a shoulder and subacromial bursa
    - inject a trochanteric bursitis
    - inject De Quervain's tenosynovitis
    - inject golfers or tennis elbow
    - excise a ganglion
    - do a phenol ablation of a great toenail
    - How to do a finger amputation
- Perform ENT Procedures:
    - peritonsillar aspiration,
    - nasal and aural foreign body removal,
    - management of epistaxis,
    - ear syringing.
    - take a throat swab
    - dry swob an ear
    - assess for hearing loss
    - perform indirect laryngoscopy
- Perform urology procedures:
    - Urinary catheter insertion,
    - suprapubic catheterisation,
    - urethral catheterisation,
    - male medical circumcision.
    - reduce a paraphimosis.
    - drain a hydrocele or do a hydrocelectomy.
    - do a vasectomy
    - do a penile block

- Perform ophthalmology procedures
    - fundoscopy with and without dilatation.
    - slit-lamp examination
    - measure intraocular pressure with a Schiotz tonometer screening for glaucoma.
    - instil eye drops to allow fundoscopy or tonometry
    - assess for visual acuity
    - test for a squint
    - drain a chalazion
- Perform gynaecology procedures:
    - laparotomy for ectopic pregnancy,
    - dilatation and curettage of uterus,
    - endometrial biopsy,
    - cervical biopsy
    - mini-laparotomy for sterilisation
    - insertion of an IUCD
    - insertion of a hormonal implant
- Perform dermatological procedures
    - excise a sebaceous cyst and other lumps and bumps
    - do a skin biopsy
    - inject keloids
    - apply a pressure dressing to a lower leg ulcer
    - do skin scrapes
    - do cryotherapy or cauterisation
- Communicative skills
    - Obtain informed consent
    - Communicate with families.
    - Communication with colleagues and the multidisciplinary team
- Assess, stabilise and refer patients who need immediate surgical intervention e.g, acute abdomen.
- Use of point of care ultrasound (POCUS) confirming the diagnosis

EPA 12 - Managing patients with mental health disorders

Knowledge and Skills

- Conducting child and adolescent mental health-oriented consultations in primary and emergency care contexts;
- Implementing appropriate clinical and ethico-legal decisions and actions when managing mental health users
- Manages own subjectivity using debriefing, reflective skills and asking for help;
- Implementing family-oriented assessments and interventions;
- Taking a mental health-specific history
- Doing a mental state examination
- Doing a mental health risk assessment
- Holistic, patient-centred consultation that may include simple psychotherapeutic techniques
- Motivating behaviour change
- Mini-mental state examination
- Certification of patients under the Mental Health Act
- Managing adverse effects of psychotropic medications
- Completing MHCA forms as appropriate
- Conducting family meetings to obtain collateral information and plan interventions
- Make a holistic assessment of the patient and specific psychiatric diagnoses.
- Prescribe appropriately, use relevant psychological therapies and refer to other resources.
- Be more self-aware of one's own values, beliefs and attitudes towards patients with mental problems.
- Know common mental health problems in adults and children, according to the Diagnostic criteria DSM V: including emergencies, diagnostic criteria, management options, medico-legal and ethical issues

    - Depression and anxiety disorders
    - Suicide and parasuicide
    - Medico-legal issues
    - Substance abuse (alcohol and drugs)
    - Paediatric and adolescent mental health
    - Eating disorders
    - Mental handicap
    - Delirium and dementia
    - Personality disorders
    - Schizophrenia
  - Unexplained somatic complaints
  - Chronic tiredness
    - Sleep problems
    - Learning and behavioural disorders in children
- Risk factors for mental health
- Social determinants for mental health
- Mental health manifestations of metabolic/physical disease
- Referral criteria and pathways
- Family and Community-based resources
- Ethics and Laws pertaining to the mental health user
- History taking and examination in Mental Health
- Manage behaviourally disturbed patients in an emergency setting
- Engaging with adult patients and their families
- Engaging with child and adolescent patients and their families
- Working within a multidisciplinary team
- Managing self and other team members in crisis
- Psychoeducation

EPA 13 – Managing patients with emergency conditions

Knowledge and skills

Trauma, injury or accidents

- Triaging
- Burns
- Animal bites & human bites; insect bite, scorpion stings and spider bites and snake bites
- Exposure to poisonous substances including overdose of medicines, ingestion of caustic substances, alcohols, pesticides, rodenticides, anticoagulants, carbon monoxide poisoning, heavy metal etc.
- Chemical substance abuse emergencies such as alcohol and illicit drugs
- Eye injuries including chemical burns eyes & blunt/ penetrating foreign bodies.
- Post exposure prophylaxis to occupational and inadvertent (non-occupational)
- Sexual assault including provision of PEP
- Soft tissue injuries including the management of wounds and lacerations, the use of tetanus prophylaxis and the management of sprains and strains.
- Severely ill child
- Polytrauma including the primary and secondary survey
- Trauma related hypovolaemic shock
- Suspected choking / foreign body aspiration in children
- Severe epistaxis
- Fractures
- Penetrating wounds to the chest, abdomen or head
- Thermoregulatory, near drowning, & diving emergencies

Medical emergencies

- Cardiac arrest including post cardiac arrest care.
- Cardiac emergencies
  - Cardiac dysrhythmias in the emergency setting including bradycardia and tachydysrhythmias
  - Acute chest pain, including acute coronary syndromes.
  - Hypertensive emergencies including hypertension in pregnancy in the emergency setting.

  - Acute heart failure and pulmonary oedema
- Respiratory emergencies
  - Acute Shortness of Breath, including asthma and status asthmaticus
  - Managing Acute pulmonary embolism
- Angioedema and anaphylaxis
- Severely ill, undifferentiated patient in the emergency room
  - Delirium
  - Coma of unknown origin
  - Management of SEPSIS and SIRS (Systemic Inflammatory Response Syndrome)
- Endocrine emergencies
  - Hypoglycaemia, diabetic ketoacidosis (DKA) and hyperosmolar hyperglycaemic state (HHS)
  - Thyroid emergencies including thyrotoxic crisis / storm & myxoedema coma
- Non-traumatic shock including hypovolaemic, distributive, cardiogenic and obstructive shock
- Renal & electrolyte emergencies including acute kidney injury, & electrolyte abnormalities.
- Haematological disorders in the emergency setting.
- Gastrointestinal emergencies including Upper gastrointestinal bleeding, acute abdomen
- Neurological emergencies including status epilepticus and the management of acute stroke
- Infectious emergencies including severe malaria, meningococcal disease, cryptococcal meningitis, pneumocystis pneumonia, septic arthritis and the prevention of rabies

Candidates should be able to:

- Respond in a logical and systematic way to common emergencies eg ABC approach
- Perform a primary survey and emergency resuscitation
- Perform a secondary survey
- Manage your own limitations and organise safe transfer of patients
- Take a leadership role in the emergency team (Also in EPA 21)
- Describe the equipment needed for out of hospital emergencies

The following specific clinical skills are required:

1. CPR adult advanced support
2. CPR child advanced support
3. Intubate and manage airway
4. Cricothyroidotomy
5. Give oxygen
6. IV cutdown
7. Gaining IV access – peripheral line / central venous line
8. Intraosseous line
9. Measure the GCS
10. Interpret x-rays in trauma
11. Immobilise spine
12. Remove a splinter, fish-hook
13. Suture lacerations
14. Administer rabies prophylaxis
15. Selecting emergency equipment for doctors bag or emergency tray
16. Certifying patient under mental health care act (Also in EPA 12)
17. Risk assessment on a patient with suicidal ideation
18. Restraining / sedating of the aggressive patient
19. Relieve cardiac tamponade
20. Peritoneal lavage
21. Suturing lip with tissue loss from human bite
22. Tracheostomy
23. Clean, debride and irrigate wounds
24. Calculate the percentage of burns
25. Nasogastric / Orogastric lavage including inserting a nasogastric tube
26. Removing a foreign body from an eye

27. Removing foreign bodies in ears, nose, bronchus, throat
28. Remove percutaneous foreign bodies
29. Packing a nose (for epistaxis)
30. Apply plaster casts and splints and do closed reduction of common limb fractures
31. Reduce dislocations of shoulder, elbow and hip
32. Inserting an intercostal drain / relieving a tension pneumothorax
33. Giving a massive blood transfusion
34. Point of care ultrasound to assess a patient with trauma
35. Transport a critically ill patient from primary to secondary care
36. Suspected choking / foreign body aspiration in children
37. Cardio-pulmonary resuscitation including appropriate use of defibrillator
38. Blood gas analysis
39. Lumbar puncture and measuring IC pressure
40. Emergency dialysis (?elective)
41. Confirmation of death

EPA 14 - Managing patients with forensic problems

Knowledge and Skills

- Clinical presentation of forensic cases and management protocols
- Medico-legal terminology
- Traumatology terminology and management
- Relevant anatomy and anatomical trauma variations
- Record keeping and correct medico-legal forms, including Completing J88 forms
- Legal and social processes available in child and elderly abuse
- Clinical examination and management of a sexual assault survivor
- Clinical examination of an abused child or elderly patient
- Assess, manage and document drunken driving
- Assess, manage and document interpersonal violence
- Clinical record keeping
- Training staff in forensic management
- Communication skills, e.g. negotiating a postmortem for unnatural death
- Working closely with police, courts, and social workers
- Competent and professional to testify in court

EPA 15 - Managing adults and children with palliative care needs

Knowledge and Skills

- Providing comprehensive end-of-life care
- Assessing and managing bereavement and linking with bereavement care when complicated bereavement is identified
- Identifying and appropriate referral of vulnerable individuals e.g children at risk.
- Enlisting and working within a multidisciplinary team
- Doing Advance Care Planning
- Conducting a family meeting
- Pain and symptom control
- Identifying potential tissue and organ donors and integrating specialist requesting into end-of-life discussions
- Providing appropriate bereavement care
- Collaboration with the healthcare team for the best possible outcome

An approach to all of the following conditions is needed:

- management of all major malignancies
- End stage renal disease
- End stage heart disease

- End stage respiratory disease
- End stage liver disease
- End stage and untreated infectious diseases
- End stage peripheral vascular disease
- Brain injury or severe trauma clinically deteriorating and no benefit to surgical interventions.
- Progressive neurological conditions
- Dementia care and frailty care
- Pain management in all of the above conditions
- Approach to common symptom management
    - Dyspnoea
    - Constipation
    - Cachexia
    - Delirium
    - Diarrhoea
    - Nausea and/ vomiting
    - Depression and anxiety
    - Common symptoms at the end of life
- Assess, consult and include families
- Break bad news
- Compassionate prognostication
- Having a serious illness conversation
- Assess organ and tissue donation potential and refer appropriately
- Assess bereavement needs, provide basic bereavement care and refer appropriately
- Assess spirituality and refer appropriately
- Work within a multidisciplinary/ interdisciplinary team
- Advocating for patients and families to other colleagues
- Advocate for palliative care within their own context
- Complete sick certificates
- Appropriate networking with available resources
- Performing minor procedures e.g. placing a syringe driver or subcutaneous infusion
- Ascites and pleural taps

Additional Attitudes and Behaviours

- Managing an ethical dilemma
- Advocacy for patient and family centred care
- Practicing the principle of non-abandonment
- Able to practice self-care, reflective behaviour and able to identify transference and countertransference

EPA 16 - Managing care for older patients

Knowledge and Skills

An approach to all of the following conditions in the elderly is required:

- Renal and urological diseases and their complications, e.g., urinary incontinence, drug contra-indications/ dosage adjustments with kidney impairment
- Cardiac disease. E.g., hypertension, ischemic heart disease, chronic cardiac failure
- Respiratory disease e.g., pneumonia, COPD, destructive lung disease, TB
- Screening, diagnosis, and management of all major malignancies
- Frailty, Arthritis and mobility impairment
- Malnutrition
- Stroke, Depression, Dementia and Alzheimer's disease
- Peripheral vascular disease with or without amputations
- Medico-legal aspects of caring for the elderly

Procedures / Consultation skills

- Manage common presenting symptoms
- Perform procedures to assist with diagnosis e.g., pleural and ascites taps, fine needle aspirations, FAST
- Interpret special investigations in the context of elderly care
- Assess and consult families

- Compassionate prognostication
- Assess and refer appropriately
- Work within a multidisciplinary/ interdisciplinary team
- Advocating for patients and families
- Appropriate networking with available resources
- Completion of documentation e.g., old age home application, pension and medical aid forms

Additional Attitudes and Behaviours

- Managing an ethical dilemma
- Advocacy for patient and family-centred care
- Able to practice self-care reflective behaviour and able to identify transference and countertransference
-

EPA 17 - Managing patients with impairments & rehabilitation needs

Knowledge and Skills

- Mechanisms of functions and their limitations in physical and mental impairment
- International Classification of Functioning, Disability and Health (ICF)
- Approaches to rehabilitation and integration
- Identify and manage complications and risks of deterioration in specific conditions of impairment.
- Pathways of access to rehabilitation and support services.
- Medico-legal aspects pertaining to impaired people.
- Diagnose and manage conditions of impairment, including physical, mental, hearing, speech, and visual.
- Manage common acute presenting symptoms.
- Diagnose and manage chronic medical conditions in the context of impairment
- Appropriate clinical physical, psychological and mental assessment skills
- Identify and manage patients that need urgent referral
- Identify and manage patients that need referral to allied health services
- Identify and manage patients that need to obtain assisting devices
- Assess and consult families
- Compassionate prognostication
- Assess and refer appropriately
- Work within a multidisciplinary/ interdisciplinary team
- Advocating for patients and families
- Early identification of palliative care needs (See EPA15)
- Identify and utilise available community and home-based care
- Appropriate networking with available resources
- Completion of documentation e.g., old age home application, pension, medical aid and insurance forms.

Additional Attitudes and Behaviour

- Support or guide the patient and family in appropriate placement if the need arises.

EPA 19 – Supporting and providing health promotion and disease prevention services

Knowledge and skills:

Providing primary preventative services, which includes lifestyle modification and immunisations

- Implementing and overseeing a childhood immunisation program, including catch up immunisations and HPV vaccine roll out in schools
- Able to identify relevant individuals for vaccinations including Hepatitis B, Influenza and Pneumonia vaccines, COVID 19 vaccines.
- Managing adverse events following immunisation, including reporting (AEFI)
- Sexual health – STI & HIV prevention
    - Medical male circumcision, Pre-exposure prophylaxis, Barrier methods

- Oral health, School health
- Health promotion interventions across key target audiences across the lifecycle including
    - Children <5 years, Women of child bearing age, Men, Youth: addressing risky behaviours and promoting lifestyle practices
    - Older people: focus on community-based programs and support groups to promote regular health and self-management of chronic health conditions – big 5
    - Marginalised populations – focus on specific health needs and improving access by providing sensitive targeted health care; Sex workers, Transgender and Gender Diverse people, Drug users

Providing secondary prevention (early detection of disease or precursors to disease)

- Evaluation of screening and case finding – interpreting the use of a screening test / procedure
- Screening and appropriate referral for prostate cancer
- Screening and appropriate referral for cervical cancer
- Screening and appropriate referral for breast cancer
- Screening and appropriate referral for skin cancer
- Screening and appropriate referral for testicular cancer
- Identifying who is eligible for screening and appropriate referral for colorectal cancer
- Identifying healthy patients that may have an increased cardiovascular risk including diagnosing metabolic syndrome and using cardiovascular risk calculators.
- Screening for non-communicable disease such as hypertension and diabetes
- Health promotion including weight management, reduction of salt and increase in exercise.
- Cervical examination, taking of a cervical smear and interpreting results
- Digital Rectal Examination for prostate screening
- Breast examination / teach a breast examination
- Examining moles and screen for suspicious lesions
- Stop smoking counselling session
- Brief behavioural intervention to modify lifestyle in patients with increased cardiovascular risk
- Visual acuity screening in children
- Hearing tests in children
- Neurodevelopmental assessments
- Working with the multidisciplinary team

Procedures

- Inserting IUCDs and implanon and removal
- Medical male circumcision

Additional Attitudes and Behaviours

- Taking a sexual health history (in the prevention setting) – sensitive and appropriate for different populations.
- Explaining the need for vaccination to a person (including those who are hesitant)
- Appropriate communication and gender affirmation in transgender and gender-diverse people
- Adolescent-friendly communication strategies
- Explaining the result of a screening test and how it relates to risk
- Using motivational interviewing techniques to encourage change in behaviour

Unit standard 3

A person who has achieved this standard is capable of leading and implementing integrated and comprehensive community-orientated primary care.

3.1 Lead and support the implementation of community-orientated primary care (COPC)

3.1.1 Explain the principles of COPC to other healthcare workers and managers

3.1.2 Collaborate with the local management team to plan and implement COPC

3.1.3 Assist with the interpretation of data on the community's health assets and health needs
3.1.4 Assist with the prioritisation of health issues in the community
3.1.5 Assist with the planning of responses or interventions to address these health issues in the community
3.1.6 Participate in the implementation of these responses or interventions in the community
3.1.7 Assist with the evaluation of these responses or interventions

3.2 Provide support to the PHC teams in your community

3.2.1 Act as a clinical consultant to the whole PHC team, including issues arising from CHW teams in the community.
3.2.2 Be able to conduct home visits in support of the PHC team when necessary.
3.2.3 Lead clinical governance activities (see unit std 1) for the PHC team, incl the CHW teams in the community.

3.3 Link the PHC teams to the rest of the health system, other sectors and community

3.3.1 Ensure coordination of care within and between PHC teams.
3.3.2 Ensure coordination of care between PHC teams and the district hospital and higher levels of care with clear referral pathways.
3.3.3 Build relationships between the PHC teams and other sectors, particularly social services, in order to enable inter-sectoral engagement in health issues and improve safety for the PHC teams.
3.3.4 Build relationships between the PHC teams and community structures or forums in order to enable community engagement and participation in health issues and improve safety for the PHC teams.

This unit standard and learning outcomes align with EPA 18 as follows:

EPA 18 – Supporting community-based health services

Knowledge and Skills:

- Make a community diagnosis
  - Map geospatial boundaries of a community including their position in relation to health catchment, district and municipal ward areas
  - Carry out a local institutional assessment
  - Conduct a local health status assessment
  - Explore the data (what the community feels, thinks and does about its health needs)
  - Use health indicators to assess the health needs of the community
  - Compare the main health related problems in the area/community/practice you work in with the rest of South Africa
  - Analyse and prioritise the data to determine the health needs of the community
- Develop adaptive action plans to address identified health priorities of the community
  - Identify local resources (potential partner organisations, institutions and individuals).
  - Plan activities to address the most important health related community problems
  - Constitute team(s) appropriate to the priority issue(s) (in consultation with the district management team or interest groups)
  - Facilitate and work with teams
  - Practice coordinated care
  - Incorporate health promotion, disease prevention, treatment support, and health surveillance into primary healthcare interactions with patients, families and communities.
- Create a monitoring framework for COPC activities and plans.
  - Use a capability approach to learning (Evaluate, review, reflect, reprioritise, replan and react).
  - Monitor and respond to team and partner practices and needs
  - Monitor changes of the experiences of individual patients
- Train and develop capacity
  - Build primary health care providers, clinicians and other professionals' health and social knowledge, attitudes and practices in community-based person/family centered primary health
  - Build primary health care teams' knowledge of priority health issues
  - Develop healthcare professionals understanding' of individual, family and community actions, choices and constraints
- Apply the principles and approach of COPC practice

- Conduct home visits and sufficiently describe family, household and social contexts in which health is maintained, illness develops and is managed
- Facilitate and support the work of ward-based primary health care outreach teams
- Actively develop competencies of healthcare professionals, workers, families and patients through a capability approach to learning.
- Advocate and actively participate in system wide quality improvement activities
- Facilitate and actively participate in care coordination multidisciplinary team (MDT) ward rounds or meetings
- Ensure cultural competence in community-oriented practice, including. accessing interpretive or culturally focused services

- Define COPC
- Understand the principles of COPC
- Understand COPC practices as stepwise continuous cycles of improvement
- Know the value and goals of home visits
- Understand the purpose and functioning of community-based health care worker CHW teams (ward-based outreach teams WBOT / ward health teams WHT)
- Understand the key elements of effective care coordination
- Be familiar with the purpose and ways to conduct local health assessments and institutional analyses
- Understand and interpret health status, community data and information
- Define and apply comprehensive care
- Have an approach to community health promotion
- Understand individual, familial, community and population levels of disease prevention
- Understand a capability approach to learning
- Know how to develop and build service provider, patient, family and community competencies and capacity.
- Know how to approach and apply COPC as scientifically informed practice
- Understand health indicators and their measurement
- Know the main challenges facing healthcare in South Africa
- Know the main challenges facing healthcare in your defined community
- Define inter-disciplinary and multi-professional practice
- Understand service integration components of person centred healthcare, (people & practitioners in partnerships and continuity of care)
- Understand the concepts and difference between horizontal/vertical equity and equality
- Know and practice cultural safety in all communities
- Cross-cultural knowledge
- Identify, understand, accept, respect and take account of relevant cultural or religious beliefs and practices (such as diet, burial practices or processes) for decision making.
- Know Batho Pele Principles and public service complaints and compliments processes
- Know the South African health care system and policy reform initiatives
- The organisation and the levels of governance
- Re-engineering of primary health care
- The ideal clinic initiative
- Universal health coverage and the NHI

Skills applying to COPC practice: Include four main performance areas:

1. Clinical practice (delivering and supporting the delivery of person/family-centred primary health care to people in their homes/places of work)
2. Education and Training (building own and others' competencies) in an integrated way to create capability
3. Information (Gathering, Interpretation, Application for informed Adaptive Planning and Practice)
4. Relationship building (between people, tiers and levels, services and organisations)

Unit standard 4

A person who has achieved this standard is capable of educating, teaching, mentoring or supervising others regarding the discipline of family medicine, primary health care, and other health-related matters. For example, this may involve the supervision of clinical associates, interns or registrars, teaching of medical students or mentoring of clinical nurse practitioners and junior medical officers. The capability also extends to interaction with community groups and patients.

4.1 Demonstrate the role of the family physician as a teacher:

4.1.1 Contribute to the development of an organisational learning environment
4.1.2 Assessing the learning needs of others and planning educational activities.
4.1.3 Conducting effective learning conversations in the workplace
4.1.4 Using appropriate and up-to-date educational technology effectively.
4.1.5 Deliver an effective educational presentation.
4.1.6 Facilitating small group learning.
4.1.7 Eliciting course evaluation and feedback from participants or students.
4.1.8 Applying the principles of assessment of learning.
4.1.9 Conducting an evidence-based approach to teaching.
4.1.10 Managing the learner in difficulty.

This unit standard and learning outcomes align with EPA 20 as follows:

EPA 20 – Providing training and continuous professional development

Knowledge and Skills

- The ability to design and plan educational opportunities for health care professionals, focussing on their learning needs, goals and the context of the learning environment.
- Contribute to the development and/or implementation of educational curricula or programs for junior staff, ensuring alignment with educational objectives and competency requirements.
- Engaging in ongoing learning and continuous professional development (CPD) activities to enhance and maintain growth, clinical knowledge and skills.
- Deliver teaching sessions, including didactic lectures, case-based discussions, workshops, and bedside teaching to enhance the knowledge and skills of junior healthcare workers.
- Constructive feedback and assessment to junior colleagues, facilitating their professional development and identifying areas for improvement.
- Utilising various assessment methods, such as direct observations, case presentations or written evaluations.
- Professional behaviour, ethical conduct and communication skills as a positive role model for junior colleagues
- Supervision and guidance to junior colleagues, ensuring patient safety.
- Facilitate progressive independence in clinical decision-making and patient care.
- Reflective practice to continually evaluate and improve teaching strategies, feedback techniques and mentorship skills.
- Facilitate journal clubs and participate in evidence-based discussions where current research literature is reviewed and critically appraised to help understand the latest evidence and its application to clinical practice.
- Attend educational courses, workshops, conferences or webinars to remain updated on advances, guidelines and emerging trends
- Engage in quality improvement initiatives, collaborating with interdisciplinary teams to identify areas for improvement and implement changes that will enhance patient care and safety.
- Academic rounds with refined communication skills to share knowledge and contribute to the professional community.
- Participate in simulation-based training and skills workshops to refine technical skills, enhance decision-making abilities and practice complex procedures in a controlled environment
- Manage a learner in difficulty
- Principles of adult learning, educational theories, instructional design and assessment methods
- Differentiating between the scope of WPBA and classroom-based learning and teaching

- Familiarity with professional standards, guidelines and statutory requirements for education
- Familiarity with current research and evidence-based practices as it pertains to education and professional development (scholarship of teaching and learning)
- Design constructively aligned educational activities
- Utilise varied teaching strategies
- Facilitation and presentation skills to effectively deliver educational content
- Facilitation of small group discussions and adapting teaching methods to different learning styles
- Designing and implementing assessment methods
- Providing constructive feedback
- Evaluating learners' progress and competence
- "Bedside" teaching and mentoring – learning encounters in the clinical space, linked to patient care
- Patient centeredness – keeping the needs of patients at the forefront – ensures training and CPD will contribute to improved patient care

Additional Attitudes and Behaviours

- Communication and collaboration skills to interact with learners, colleagues and interdisciplinary teams
- Commitment to lifelong learning, embracing new knowledge and skills and recognising the need for continuous professional development
- Openness to innovation with a willingness to explore innovative teaching methods, technologies and educational approaches
- Professionalism upholding values, ethics and standards of conduct in all aspects of teaching and CPD
- Empathy, respect and cultural sensitivity towards learners, understanding their individual needs, and fostering an inclusive and supportive learning environment

Unit standard 5

A person who has achieved this standard is capable of conducting all aspects of health care in an ethical, legal and professional manner.

5.1 Demonstrate an awareness of the legal and ethical responsibilities in the provision of care to individuals and populations by:

5.1.1 Identifying and defining an ethical dilemma using ethical concepts.

5.1.2 Applying a problem-solving approach in which the law, ethical principles and theories, medical information, societal and institutional norms and personal value system are reflected.

5.1.3 Formulating possible solutions to the ethical dilemma.

5.1.4 Implementing these solutions in order to provide health care in an ethical, compassionate and responsible manner that reflects respect for the human rights of patients and colleagues.

5.1.5 Demonstrating adherence to Health Professions Council of South Africa ethical guidelines.

5.1.6 Apply relevant law to clinical practice.

5.1.7 Demonstrate the ability to effectively manage patient complaints and advise on medico-legal risks and media enquiries.

5.2 Demonstrates professional values in relationship to society, interpersonal relationships and personal behaviour by:

5.2.1 Demonstrating professional values in relationship to society, e.g. striving for equity in healthcare delivery, striving for quality in healthcare delivery and defending the human rights of patients and colleagues.

5.2.2 Demonstrating professional values in interpersonal relationships, e.g. dealing courteously with patients, colleagues and the public and having regard for cultural issues and individual dignity.

5.2.3 Demonstrating professional values in personal behaviour, e.g. delivering health care of a consistent high standard irrespective of his or her own perceptions or prejudices and the background, with respect to gender, ethnicity, religion or sexual orientation, of his or her patient.

National Unit Standard 5 and learning outcomes relate to all 22 EPAs as set out in the Preamble to the EPAs (See Appendix B).

READING/REFERENCES:

FAMILY MEDICINE CORE TEXTBOOKS AND RESOURCES:

- Handbook of Family Medicine (Latest Edition)
  - Authors: Bob Mash (Eds)
  - Publisher: Oxford University Press
- South African Family Practice Manual (Latest Edition)
  - Authors: Bob Mash, Hanneke Brits, Mergan Naidoo, Tasleem Ras (Eds)
  - Publishers: van Shaik Publishers
- General Practice (Latest edition)
  - Author: John Murtagh
  - Publisher: Mc Graw-Hill Companies
- Textbook of Family Medicine: (Latest edition)
  - Editor: Robert E Rakel
  - Publisher: Saunders Elsevier, Philadelphia
- South African Family Practice Journal www.safpj.co.za
  - Mastering your Fellowship series
- African Journal of Primary Health Care and Family Medicine www.phcfm.org
- South African National Department of Health Guidelines: STG and EML, HIV, TB etc
- National Adult and Child Primary Care Guidelines? APC/PACK etc.

OTHER RECOMMENDED TEXTBOOKS:

- Handbook of Dermatology (Latest edition)
  - Editors: Norma Saxe, Sue Jessop, Gail Todd
  - Publisher: Oxford University Press
- 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
- Concise Oxford Textbook of Medicine: (Latest edition)
  - Editors: JGG Ledingham and DA Warrell
  - Publisher: Oxford University Press
- Clinical Examination (Latest edition):
  - Authors: Nicolas Talley and Simon O'Connor
  - Publisher: Blackwell Scientific Publication
- Hutchinson's Clinical Methods (Latest edition)
  - Author: Michael Swash
  - Publisher: Bailliere Tindall
- MacLeods Clinical Examination (Latest Edition)
  - Author: Munro
  - Publisher:Harcourt Publishers Limited

Links to websites and apps:

- EM Guidance
- National HIV Guidelines
- National TB Guidelines
- National Maternal Care Guidelines

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