Blueprinting of the assessment for the FCFP(SA)

Purpose of the assessment

To assess whether the candidate has met the learning outcomes to practice as a specialist family physician

Mapping of learning outcomes and components of the assessment – content validity

Types of assessment planned in the FCFP(SA)

1. Multiple Choice Question (MCQ) paper
2. Short Answer Question (SAQ) paper
3. Critical reading paper
4. OSCE
5. Portfolio

The following table matches the predetermined assessment criteria for each of the five main learning outcomes with the most useful forms of assessment.

The College of Family Physicians introduced the Entrsutable Professional Activities-based curriculum in 2024, so the adjusted blueprints have been adapted.

Please refer to Appendix B and C of the FCFP(SA) Regulations.

EPAs (1-22) for postgraduate family medicine training in South Africa

Number	EPA Title - see description and knowledge and skills under each EPA
1	Managing women and newborns in the peri-partum period
2	Managing pregnant women
3	Managing women and babies in the postnatal period
4	Managing children with undifferentiated and more specific problems
5	Managing children requiring inpatient care and procedures
6	Providing anaesthesia in the district hospital operating theatre
7	Providing anaesthesia for minor procedures
8	Managing adult and adolescent patients with chronic conditions
9	Managing adult and adolescent patients with undifferentiated problems
10	Managing patients with infectious diseases
11	Managing adults with conditions that may require surgery or procedures
12	Managing patients with mental health disorders
13	Managing patients with emergency conditions
14	Managing patients with forensic problems
15	Managing adults and children with palliative care needs
16	Managing care for older patients
17	Managing patients with impairments & rehabilitation needs
18	Supporting community-based health services
19	Supporting and providing health promotion and disease prevention services
20	Providing training and continuous professional development
21	Leading a clinical team
22	Leading clinical governance activities

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
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						21 & 22
1.1 Developing self optimally as a leader: 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 willingness to seek help when necessary 1.1.4 Demonstrating an ability to implement and monitor strategies for self-growth and personal development		X			X	
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		X			X	
1.3 Describe and contribute to the functioning of the district healthcare system: 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		X	X		X	
1.4 Lead clinical governance activities: 1.4.1 Demonstrating the ability to lead a quality improvement cycle in practice 1.4.2 Facilitating reflection on health information (e.g. monitoring and evaluation, national core standards) in order to improve quality of clinical care (e.g. rational prescribing and use of investigations) in the sub/district 1.4.3 Facilitating risk management processes and improving patient safety (e.g. conduct morbidity and mortality meetings, assess competence of new clinical staff, perform root cause analysis, manage patient complaints) in the sub/district 1.4.4 Facilitating the implementation of clinical guidelines in the sub/district 1.4.5 Critically reviewing new evidence (e.g. research) and applying the evidence in practice		X			X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
1.4.6 Contributing to the development or revision of guidelines by generating new evidence (e.g. 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 (e.g. labour relations, recruitment, disciplinary procedures, grievances) 1.5.2 Demonstrate the ability to complete performance appraisals of staff 1.5.3 Understand the principles of financial management (e.g. budgets, health economics, financial planning) 1.5.4 Understand the principles of procurement and infrastructure (e.g. supply chain, equipment, buildings) 1.5.5 Understand the principles of health information and recordkeeping systems 1.5.6 Understand the principles of rational planning of health services 1.5.7 Be able to communicate effectively with those responsible for corporate governance		X			X	
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						1-17, 19
2.1 Evaluate a patient holistically: • Taking a relevant history in a patient-centred manner, including exploration of the patient's illness experiences and context. • Performing a relevant and accurate examination • Performing appropriate special investigations where indicated, based on current evidence and balancing risks, benefits and costs • Formulating a bio-psycho-social assessment of the patient's problems, informed, amongst others, by clinical judgment, epidemiological principles and the context • Demonstrating sound clinical reasoning at every point in the consultation	X			X	X	
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: • Communicating effectively with patients to inform them of the diagnosis or assessment and to seek consensus on a management plan • Establishing priorities for management, based on the patient's perspective, medical urgency and context	X			X	X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
• Formulating a cost-effective management plan including follow-up arrangements and re-evaluation • Formulating a management plan for patients with family-orientated or other social problems, making appropriate use of family and other social and community supports and resources. • Appling technology cost -effectively and in a manner that balances the needs of the individual patient and the greater good of the community. • Incorporating disease prevention and health promotion • Performing effectively and safely the technical and surgical skills necessary for functioning as a generalist. • Effectively managing concurrent, multiple and complex clinical issues, both acute and chronic, often in a context of uncertainty. • Demonstrating a patient centred approach to management using collaborative decision making • Including the family in management and care of patients whenever appropriate • Counselling patients with regard to a variety of distressing situations such as dreaded diseases and loss, and the need to make difficult decisions. • Recognising and managing discord in relationships impacting on health, using appropriate tools eg genograms, ecomaps where necessary to identify potential problems • Collaborating and consulting with other health professionals as appropriate • Referring patients to practitioners who are more appropriately qualified than he/she is to manage certain conditions. • Co-ordinating the care of patients with multiple care providers • Demonstrating appropriate record-keeping						
2.3 Provide comprehensive, continuing care throughout the life cycle incorporating preventative, diagnostic, therapeutic, palliative and rehabilitative interventions. • Demonstrates a commitment to building continuity of care and on-going relationships with patients as well as an understanding of the chronic care model • Demonstrates the ability to provide preventive care, using primary, secondary, and tertiary prevention as appropriate, and to promote wellness • Demonstrates the ability to make a functional assessment of a patient with	X			X	X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
impairment or disability and enable their rehabilitation • Demonstrates the ability to provide holistic palliative and terminal care • Demonstrates an understanding of the emotional and physical aspects of pregnancy, birth, childhood, adolescence, young adulthood, adulthood and aging.						
Unit standard 3: A person who has achieved this standard is capable of leading and implementing integrated and comprehensive community-orientated primary care						18
3.1 Lead and support the implementation of community-orientated primary care (COPC) 3.1.1 Explain the principles of COPC to other health care 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	X	X			X	
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 standard 1#) for the whole PHC team, including the CHW teams in the community.	X	X			X	
33.3 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.		X			X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
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						
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						20
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.		X		X	X	
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						1-22
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.	X	X		X	X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	EPA
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.		X		X	X	

Overall distribution of assessment

The blueprint has now been aligned to the Entrustable Professional Activities (EPAs). The overall distribution of assessment between the learning outcomes (and excluding the portfolio) is shown below:

EXAMINATION COMPONENT		MCQ	SAQ	CRJ	OSCE	TOTAL
% of the total examination		**20(%)**	**16(%)**	**4**	**60(%)**	**100**
Leadership and governance	1	0	3.2(20)	4	0	7.2
Clinical	2	16(8)	3.2 (20)	0	39(65)	58.2
Community	3	0	3.2(20)	0	0	3.2
Teaching and Learning	4	0	3.2(20)	0	9(15)	12.2
Ethics/Professionalism	5	4(20)	3.2(20)	0	12(20)	18.2
TOTAL		**20(100)**	**16(100)**	**4**	**60(100)**	**100**

Blueprinting of each component of the assessment

The contents are listed and weighted along the vertical axis and the learning outcomes on the horizontal axis in a matrix. The matrix should be used to plan and select the questions for the examination. The % given are a guide to the weighting, but the exact allocation in any specific exam can vary by up to 5% for any component.

Blueprint for the MCQ paper

Learning outcome			**2.1 Evaluate a patient according to the bio-psychosocial approach**	**2.2 Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan**	**5.1 Demonstrate an awareness of the legal and ethical responsibilities in the provision of care to individuals and populations**	**TOTAL NO OF QUESTIONS**
Key issues (refer to the detailed description in outcomes)			**History Examination Assessment Diagnosis:Acute Chronic Emergency**	**Counselling Therapy Medication Procedures Referral Acute, Chronic, Emergency**	**Legal and ethical rules regarding professional practice**	
Weight	**EPAs**	**UNIV**	**40% (56)**	**40% (56)**	**20% (28)**	
Trauma & Ortho (20)	**11,13**					
HIV/AIDS, TB, and Malaria (10)	**10,13**					
ENT, eye, skin (10)	**4,5 ,8 ,9 ,3**					
Child Health (20)	**1,3,4,5,13**					
Women's Health (20)	**1,2,3,13,**					
Surgery (10)	**11.13**					
Anaesthetics (10)	**6 ,7,13**					
General adult medicine (20)	**8,9,13,16**					
Mental Health (20)	**12,13**					
TOTAL =140			EMQ = 12 SBA = 44	EMQ = 24 SBA = 32	20 EMQ 8 SBA	EMQ= 56 SBA = 84

BLUEPRINT FOR FCFP SAQ PAPER (3 + 1 hr paper – online)

Unit standard	**Unit standard 1,** **EPA 21 or 22** A person who has achieved this standard is capable of effectively managing himself or herself, his or her team and his or her practice, regardless of the sector, shows self-awareness in his or her personal and professional approach and provides high-quality care based on current evidence.	**Unit standard 2,** **EPA 14, 17,19** 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.	**Unit standard 3,** **EPA 18** A person who has achieved this standard is capable of facilitating the health and quality of life of the community.	**Unit standard 4,** **EPA 20** 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.	**Unit standard 5,** **EPA cross-cutting 1-22** **See skills section: attitudes and behaviour** A person who has achieved this standard is capable of conducting all aspects of health care in an ethical and professional manner.
Key issues (see outcomes for detailed description)	Leadership and clinical governance	Health promotion and Disease prevention Forensic problems Patients with impairments and rehabilitation needs	Champion of COPC	Capacity builder, role model, teacher, trainer, supervisor	Ethical and professional behaviour
Weight	**20%**	**20%**	**20%**	**20%**	**20%**
Clinical domains:	**EPA 1-13, 15-16**	**EPA 1-13, 15-16**	**EPA 1-13, 15-16**	**EPA 1-13, 15-16**	**EPA 1-13, 15-16**
Marks allocated	25	25	25	25	25

Critical Reading of a Journal – EPA 22

1 hour to read, 1 hour to answer – 2hrs, about 25-30 marks, 10% of total mark.

Blueprint for the OSCE

The main focus of the OSCE is to test the following learning outcomes:

1. Evaluate a patient holistically

2. Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan

3. Provide comprehensive, continuing care throughout the life cycle incorporating preventative, diagnostic, therapeutic, palliative and rehabilitative interventions

However, as the OSCE forms the clinical component of the FCFP national examination, candidates are expected to be able to demonstrate integration of their knowledge, skills and attitudes across the outcomes in the context of providing health care to patients in collaboration with colleagues. Thus candidates are expected to demonstrate the patient-centred clinical method with appropriate communication skills, the integration of competent clinical skills within a consultation, and clinical reasoning in terms of assessment and management.

The exam is held over two days, with two sets of stations:

1. Integrated consultation stations, dealing with the greater complexity of problems typically encountered in district level and primary care

2. Focused task stations, dealing with specific skills, be they procedural skills or aspects of the consultation.

The exact format of these stations may vary from time to time, but currently the two sets consist of 6-8 20-mintue integrated consultation stations on one day (usually on an online platform such as Zoom) and 10 9-10-mintue focused task stations on the other day.

The two days are considered as a whole i.e. as one OSCE exam. Each station has clear competencies that need to be demonstrated, against which the candidate is assessed, and each of these contributes to the overall whole. Candidates need to achieve a pass mark based on the set standard for the OSCE across all stations together.

The blueprint is set out in the table below. OSCE stations are set in relation to the domains listed in the first column (in alphabetical order), with the foci of different stations listed in the first row. The blueprint is linked to the EPAs.

Mapping across the domains and foci is done to ensure all area are covered at least once. Some may be covered more than once, and some may be combined in a station, but each station will have one clear focus.

FCFP OSCE BLUEPRINT: INCORPORATING EPAs															
		INTEGRATED CONSULTATIONS 6 stations: 60% of final mark								**FOCUSSED TASKS 10 stations: 40% of final mark**					
		a. 2.1 bio-psycho social approach								a. 4.1 Teacher, mentor or supervisor					
		b. 2.2 mutual decision-making								b. Procedural and clinical skills					
		c. 2.3 comprehensive, continuing care								c. Acute presentations					
		d. 5.1 legal and ethical responsibilities								d. Clinical management					
		e. 5.2 professional values													
		Shared decision making	**Difficult patient/ complaint**	**Admin task / ethics / legal**	**Multi-morbid / Chronic**	**Complex**	**Counselling**	**Rehabilitation Paliative Care**		**Logbook skills**	**Acute present**	**Clinical mangement**	**Supervision and teaching**	**Prevention & Promotion**
				EPA14,21,22				**EPA15,17**					**EPA20**	**EPA19**
WOMENS HEALTH	EPA 1,2,3													
CHILD HEALTH	EPA 1,3,4,5													
ANAESTHETICS	EPA 6.7,16													
ADULT HEALTH	EPA 8,9,16													
INFECTIOUS DISEASES	EPA 10,16													
SURGERY AND ORTHOPAEDICS	EPA 11,16													
MENTAL HEALTH	EPA 12,16													
TRAUMA AND EMERGENCY	EPA 6,7,11,13													
ENT/EYES/SKIN	EPA 4, 8,9													

Blueprinting of the portfolio

The content of an acceptable portfolio has been defined and is an entry requirement for the examination. For more information refer to the portfolio itself or **Jenkins L, Mash R, Naidoo M, Motsohi TE. Developing an electronic portfolio of learning for family medicine training in South Africa. African Journal of Primary Health Care & Family Medicine. 2024;16(1):1-4.**

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