



## Blueprinting of the assessment for the FCFP(SA)

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### **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) Part A

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.

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
<b>1. Effectively manage him/herself, his/her team and his/her practice, in any sector, with visionary leadership and self-awareness, in order to ensure the provision of high-quality, evidence-based care.</b>						
<b>1.1 Manage resources and processes effectively by:</b> <ul style="list-style-type: none"> <li>• Describing and applying the applicable laws with respect to employment practices, labour relations, accounting and running a dispensing practice</li> <li>• Interpreting basic financial statements, understanding and applying principles of budgeting, health economics, tax management and principles of financial planning</li> <li>• Planning viable health services in a systematic and rational way, incorporating the appropriate use of resources, including human and material resources.</li> <li>• Planning, implementing and maintaining information- and record-keeping systems.</li> </ul>		X			X	
<b>1.2 Describe, evaluate and manage health care systems by:</b> <ul style="list-style-type: none"> <li>• Demonstrating the ability to contribute to the management of a facility, sub-district and professional practice.</li> <li>• Working effectively as a member of the district health care team, in any sector</li> <li>• Demonstrating an understanding of the principles of the district health system, in the context of the national health system.</li> <li>• Demonstrating the ability to plan and conduct a practice audit</li> <li>• Implementing ongoing quality improvement activities</li> </ul>		X			X	
<b>1.3 Facilitate clinical governance by:</b> <ul style="list-style-type: none"> <li>• Critically reviewing research articles and applying the evidence in practice</li> <li>• Demonstrating the implementation of research and literature review findings in the management of problems in practice by, for instance, developing protocols for the practice</li> <li>• Adapting and implementing appropriate local, national and international clinical guidelines</li> <li>• Engaging in monitoring and evaluation to ensure high quality care</li> <li>• Implementing rational prescribing and diagnostic testing</li> <li>• Facilitating risk management processes</li> </ul>		X	X		X	
<b>1.4 Work with people in the health care team to create an optimal working climate by:</b> <ul style="list-style-type: none"> <li>• Communicating and collaborating effectively with members of the health care team and peers</li> </ul>		X			X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
<ul style="list-style-type: none"> <li>• Demonstrating the ability to manage and motivate personnel</li> <li>• Facilitating the development and implementation of a strategic plan</li> <li>• Demonstrating leadership skills within the context of a team</li> <li>• Dealing with conflict (with peers, staff and / or patients)</li> </ul>						
<b>2. Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the bio-psycho-social approach</b>						
<b>2.1 Evaluate a patient according to the bio-psycho social approach by:</b> <ul style="list-style-type: none"> <li>• Taking a relevant history in a patient-centred manner, including exploration of the patient’s illness experiences and context.</li> <li>• Performing a relevant and accurate examination</li> <li>• Performing appropriate special investigations where indicated, based on current evidence and balancing risks, benefits and costs</li> <li>• Formulating a bio-psycho-social assessment of the patient’s problems, informed, amongst others, by clinical judgment, epidemiological principles and the context</li> <li>• Demonstrating sound clinical reasoning at every point in the consultation</li> </ul>	X			X	X	
<b>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:</b> <ul style="list-style-type: none"> <li>• Communicating effectively with patients to inform them of the diagnosis or assessment and to seek consensus on a management plan</li> <li>• Establishing priorities for management, based on the patient’s perspective, medical urgency and context</li> <li>• Formulating a cost-effective management plan including follow-up arrangements and re-evaluation</li> <li>• 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.</li> <li>• Applying technology cost -effectively and in a manner that balances the needs of</li> </ul>	X			X	X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
<p>the individual patient and the greater good of the community.</p> <ul style="list-style-type: none"> <li>• Incorporating disease prevention and health promotion</li> <li>• Performing effectively and safely the technical and surgical skills necessary for functioning as a generalist.</li> <li>• Effectively managing concurrent, multiple and complex clinical issues, both acute and chronic, often in a context of uncertainty.</li> <li>• Demonstrating a patient centred approach to management using collaborative decision making</li> <li>• Including the family in management and care of patients whenever appropriate</li> <li>• Counselling patients with regard to a variety of distressing situations such as dreaded diseases and loss, and the need to make difficult decisions.</li> <li>• Recognising and managing discord in relationships impacting on health, using appropriate tools eg genograms, ecomaps where necessary to identify potential problems</li> <li>• Collaborating and consulting with other health professionals as appropriate</li> <li>• Referring patients to practitioners who are more appropriately qualified than he/she is to manage certain conditions.</li> <li>• Co-ordinating the care of patients with multiple care providers</li> <li>• Demonstrating appropriate record keeping</li> </ul>						
<p><b>2.3 Provide comprehensive, continuing care throughout the life cycle incorporating preventative, diagnostic, therapeutic, palliative and rehabilitative interventions</b></p> <ul style="list-style-type: none"> <li>• Demonstrates a commitment to building continuity of care and on-going relationships with patients as well as an understanding of the chronic care model</li> <li>• Demonstrates the ability to provide preventive care, using primary, secondary, and tertiary prevention as appropriate, and to promote wellness</li> <li>• Demonstrates the ability to make a functional assessment of a patient with impairment or disability and enable their rehabilitation</li> <li>• Demonstrates the ability to provide holistic palliative and terminal care</li> <li>• Demonstrates an understanding of the emotional and physical aspects of pregnancy, birth, childhood, adolescence, young adulthood, adulthood and aging</li> </ul>	X			X	X	
<p><b>3. Facilitate the health and quality of life of the family and community.</b></p>						

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
<p><b>3.1 Integrate and co-ordinate the preventive, promotive, curative, rehabilitative and palliative care of the <u>individual</u> in the context of the family and the community by:</b></p> <ul style="list-style-type: none"> <li>Knowing the resources available in the community and being able to co-ordinate and integrate team efforts.</li> <li>Considering the family in assessment and engaging the family in management at an appropriate level</li> <li>Providing family- and community-oriented care to patients</li> <li>Conducting home visits when feasible</li> </ul>	X	X			X	
<p><b>3.2 Identify and address problems influencing the health and quality of life of the <u>community</u> in which the family physician works, by:</b></p> <ul style="list-style-type: none"> <li>Demonstrating an understanding of the concept of and an ability to work a “community”</li> <li>Demonstrating the ability to identify community health problems and make a ‘community diagnosis’</li> <li>Demonstrating an awareness of socio-economic and environmental determinants of ill health and the limits of the biomedical approach to addressing these</li> <li>Demonstrating surveillance skills and an understanding of the processes and procedures for monitoring the health of a community</li> <li>Demonstrating the ability to engage in appropriate community-based research</li> <li>Involving others and planning an integrated approach to addressing problems identified in a community</li> <li>Influencing attitudes in a community towards safer health practices</li> </ul>	X	X			X	
<p><b>3.3 Be an advocate for individuals and communities to ensure informed decision making on health matters based on evidence by:</b></p> <ul style="list-style-type: none"> <li>Ensuring co-ordination of care and that the holistic needs of a patient are being addressed at any level of care</li> <li>Working together with patients in resolving issues relating to public or private</li> </ul>		X			X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
organisations which impact on patients' well-being <ul style="list-style-type: none"> <li>Supporting patients and communities in standing up for their health rights</li> <li>Speaking on behalf of patients and communities when required</li> <li>Using research findings to inform health interventions and advocacy</li> <li>Promoting intersectoral interventions that improve the health of a community</li> </ul>						
<b>4. Facilitate the learning of others regarding the discipline of family medicine, primary health care, and other health-related matters</b>						
<b>4.1 Demonstrate the role of the family physician as a teacher, mentor or supervisor by:</b> <ul style="list-style-type: none"> <li>Describing relevant principles of adult education and learning theory</li> <li>Assessing the learning needs of others and planning educational activities</li> <li>Conducting effective learning conversations in the clinical setting (clinical mentoring)</li> <li>Using educational technology effectively</li> <li>Making an effective educational presentation</li> <li>Facilitating small group learning</li> <li>Eliciting course evaluation and feedback from participants or students</li> <li>Applying the principles of student assessment</li> <li>Applying evidence to the content and methods of teaching</li> </ul>		X		X	X	
<b>5. Conduct all aspects of health care in an ethical and professional manner</b>						
<b>5.1 Demonstrate an awareness of the legal and ethical responsibilities in the provision of care to individuals and populations by:</b> <ul style="list-style-type: none"> <li>Identifying and defining an ethical dilemma using ethical concepts</li> <li>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</li> <li>Formulating possible solutions to the ethical dilemma</li> <li>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</li> </ul>	X	X		X	X	
<b>5.2 Demonstrates professional values in relationship to society, interpersonal relationships and personal behaviour</b>		X		X	X	

Outcome	MCQ paper	SAQ paper	Critical reading paper	OSCE	Portfolio	
<ul style="list-style-type: none"> <li>• Demonstrates professional values in relationship to society: e.g. strives for equity in health care delivery, strives for quality in health care delivery, stands up for human rights of patients and colleagues</li> <li>• Demonstrates professional values in interpersonal relationships: e.g. deals courteously with patients, colleagues and the public, having regard for cultural issues and individual dignity</li> <li>• Demonstrates professional values in personal behaviour: e.g. delivers health care of a consistent high standard irrespective of his/ her own perceptions or prejudices, and the background (with respect to gender, ethnicity, religion or sexual orientation) of his/her patient</li> </ul>						

### Overall distribution of assessment

The overall distribution of assessment between the learning outcomes (and excluding the portfolio) is shown below:

EXAMINATION COMPONENT		MCQ	SAQ	CRJ	OSCE	TOTAL
<b>% of total examination</b>		<b>20(%)</b>	<b>16(%)</b>	<b>4</b>	<b>60(%)</b>	<b>100</b>
Leadership and governance	1	0	6.4(40)	4	0	8.4
Clinical	2	17(85)	0	0	39(65)	56
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	3(15)	3.2(20)	0	12(20)	18.2
<b>TOTAL</b>		<b>20(100)</b>	<b>16(100)</b>	<b>4</b>	<b>60(100)</b>	<b>100</b>

### 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-psycho social approach	2.2 Formulate and execute, in consultation with the patient, a mutually acceptable, cost-effective management plan	2.3 Provide comprehensive, continuing care throughout the life cycle	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 detailed description in outcomes)		History Examination Assessment Diagnosis Acute Chronic Emergency	Counselling Therapy Medication Procedures Referral Acute Chronic Emergency	Preventative, diagnostic, therapeutic, palliative and rehabilitative interventions	Legal and ethical rules regarding professional practice	
<b>Weight</b>	<b>%</b>	<b>30%</b>	<b>40%</b>	<b>15%</b>	<b>15%</b>	
Trauma and Orthopedics	14,3%					Trauma =10 Ortho =10
Surgery	7.1%					10
HIV/AIDS, TB and Malaria	7.1%					10
Child Health	14.3%					20
Women's Health	14.3%					20
ENT, eye, skin	7.1%					10
General adult medicine	14.3%					20
Anaesthetics	7.1%					10
Mental Health	14.3%					20
<b>TOTAL</b>	<b>100%</b>					<b>140</b>

**BLUEPRINT FOR FCFP SAQ PAPER (3hr paper)**

**BLUEPRINT FOR FCFP SAQ PAPER (3hr paper)**



<b>Unit standard</b>	Unit standard 1  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 1 & 3  Combined question unit standard 1 and unit standard 3.	Unit standard 3  A person who has achieved this standard is capable of facilitating the health and quality of life of the community.	Unit standard  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  A person who has achieved this standard is capable of conducting all aspects of health care in an ethical and professional manner.
<b>Key issues (see outcomes for detailed description)</b>	Leadership and clinical governance	Leadership and clinical governance & Champion of COPC	Champion of COPC	Capacity builder, role model, teacher, trainer, supervisor	Ethical and professional decision making and behaviour
<b>Weight</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>	<b>20%</b>
<b>Clinical domains:</b>					
<b>Question 1</b>  25 marks					
<b>Question 2</b>  25 marks					
<b>Question 3</b>  25 marks					
<b>Question 4</b>  25 marks					
<b>Question 5</b>  25 marks					
<b>MARKS ALLOCATED</b>	25	25	25	25	25

..... is looking after the CRJ – could you see if you can find something in .....

..... is hosting the exam

Nine universities participating in setting questions (5+1 questions) - previous semester host university and next round host university are exempt from setting a question in this round, but will still need to provide feedback – .....

### **Clinical domains:**

-Adult General Medicine

-Women's Health

-Mental Health

-Child Health

-ENT/eyes/skin

-Infectious diseases – HIV/TB/Malaria

-Surgery and anaesthetics

-Emergencies

-Orthopaedics & Trauma

### **Unit standard definitions: (National programmatic learning outcomes for family medicine - 2021)**

**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 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

## **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:**

- 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:**

- 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
- 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 record-keeping 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

**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 Recognizing 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 Co-ordinating the care of patients with other professionals or health workers.
- 2.2.16 Demonstrating appropriate recordkeeping.

**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 aging.

**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 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 prioritization 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 standard 1#) for the whole PHC team, including 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.

**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.

**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.

**Blueprint for the OSCE**

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

1. Evaluate a patient according to the bio-psycho social approach
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.



<b>HIV/AIDS , TB, malaria and other infections</b>														
<b>Mental health</b>														
<b>Surgery &amp; orthopae dics</b>														
<b>Trauma &amp; emerge ncy</b>														
<b>Woma n's health</b>														

**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 B, Derese A. Development of a portfolio of learning for postgraduate family medicine training in South Africa: a Delphi study. BMC Family Practice 2012, 13:11 <http://www.biomedcentral.com/1471-2296/13/11>

**JOHANNESBURG  
July 2022**