



UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

FACULTY OF HEALTH SCIENCES

CHAIR OF RURAL HEALTH ANNUAL REPORT 2005

Introduction

This third annual report from the rural health unit covers the period of 1st January to 31st December 2005. The report is intended to inform Faculty, donors, collaborators and other stakeholder of our progress in terms of rural health within the ambit of the Wits Faculty of Health Sciences and specifically in terms of the activities of the Chair of Rural Health.

The appointment of a lecturer, and the establishment of joint family physician posts within North West province, have been important developments, which have changed the range and extent of the work of the unit.

The major foci of the two previous years reported have continued.

Review of the Period

The chair is now securely established within the Faculty, to the extent that formal reporting is no longer required within the Faculty. The support from the Department of Family Medicine and the School of Public Health as well as the Deanery continues to be appreciated.

In terms of staff there has been major progress:

- Ms Nontsikelelo Sondzaba joined the university as a lecturer in rural health, on 1st January 2005. She has particularly taken on major responsibilities in the scholarship programme and the development of the integrated primary care block in GEMP 4, while being involved with and supporting most of the other

university-based activities of the unit. She has made a major difference to the functioning of the unit.

- Dr Alhagi Njie was appointed as principal family physician/lecturer in Central district (Mafikeng), North West province at the beginning of December 2005. He joins the existing joint appointment family physicians in the Southern and Bophirima districts respectively, Drs Claire Van Deventer and Charles Kyeyune.
- Dr Laura Hawkins, a paediatrician from Houston, Texas, doing a public health practicum, spent two months (June and July 2005) as a visiting honorary lecturer in rural health, assisting inter alia with training of field workers for a rotavirus research project being done through the Madibeng Centre for Research.

On the other hand, Ms Kim Alexander (Administrator in the Department of Family Medicine), who was a great support, resigned at the end of December 2005.

Having moved beyond a “one man show”, the rural health unit was able to engage in a strategic planning exercise during the year, giving more direction to our planning.

The Chair continues to play a major role within North West province, as part of his joint appointment responsibilities. Difficulties in communication with the Chief Director for Health Services Delivery have continued, in spite of a weekly report being submitted, at his request, from July onwards. The de facto North West Provincial Family Medicine department continues to meet 6 weekly, and a provincial family medicine forum was held for the first time.

The Joint Management Committee in North West met once during 2005; the Wits-Limpopo JMC appears to be defunct.

The **main developments** over this period fall into the following nine areas:

1. Nurturing rural students: The Wits Initiative Rural Health Education (WIRHE) scholarship scheme

In 2004 nine students were financially supported through the WIRHE scholarship in a

50:50 partnership with MESAB. Two of those students failed outright, one was excluded based on academic performance and two were granted opportunity to write supplementary exams. The communication of the supplementary exam dates was a challenge and as such only one student managed to write the exam, notified only a day or two before the supplementary exam. Thus in the end a total of four students dropped out of their academic programs.

In the 2005 academic year five more students were admitted into different academic programmes within the faculty bringing the total to 10 active students, four registered for medicine, four for pharmacy, and one for BSc OT; one is completing a diploma in medical technology at the University of Johannesburg.

Based on the performance and challenges faced by the 2004 group a plan was developed to address the following:

- Improve communication between the unit of rural health and the students
- Assist students in solving interdepartmental university queries
- Group cohesion and mentoring
- Understanding the application process with special reference to the 2006 applicants

Regular meetings with students, individually as well as some group meetings helped to facilitate these, with Ms Nontsikelelo Sondzaba taking the leading role in this. Students with academic challenges were assisted to join the faculty mentoring programme, supported by MESAB, and senior students were also asked to assist the new intake with academic activities and also to familiarise them with university processes. The unit also met with the student enrolment centre to find solutions for some of the challenges experienced by the scholarship students when processing application forms. Working more closely with the Bophirima Department of Health and starting the process earlier also helped. As a result, the target of 20 students will be exceeded in 2006.

While we continued to appreciate the major support of the Swiss South African

Cooperation Initiative as the major sponsor, and the partnership with MESAB, efforts were made to find other major sponsors; to date we have yet to receive a positive response.

(A separate full report on the programme is available for interested parties.)

2. Undergraduate Education

The Chair continues to have major involvement in the graduate entry medical programme (GEMP), both in terms of teaching and in terms of curriculum planning. This includes involvement in the first two pre-clinical years (GEMP I and II) with teaching, facilitation of problem based learning groups in three blocks, giving input to three of the themes (community doctor, patient doctor, and personal and professional development themes) and with planning and development.

The rural site visits for students have continued to be an important part of their curriculum with each student visiting four sites over the first two years, each focussing on different issues (viz. primary health care, disability, community based research, and health promotion). Ongoing evaluation is being done on these visits, with improvement being made as needed. Research reports based on the students' activities at one site, Madibeng, where they are engaged in data collection around knowledge of communities on HIV-AIDS, are available.

In terms of elective, 34 students in GEMP 1/2 and 6 students in GEMP 3/4 chose to do their electives in rural areas, mainly rural district hospitals, under supervision of the unit. (A summary of their reported experiences is available).

Planning for the Integrated Primary Care (IPC) Block, implemented in GEMP 4 in January 2006, was a major activity, and accelerated as the year came to a close. Regular meetings were held between the rural health unit and the other key players representing the medicine, paediatrics, psychiatry, surgery, obstetrics and gynaecology, public health and family medicine departments, as well as with the CHSE and related structures. Agreements were made with sites in Gauteng and North West province, including a formal Memorandum of Agreement between the

university and the North West Department of Health. A detailed logbook and guidebook were developed. A proposal was submitted to the research committee to evaluate the IPC Block.

A faculty audit on community based education was finalised and presented to the Community Based Health Science Education (COBHSE) Committee, and thereafter to faculty board.

3. **Postgraduate Education**

The chair has continued to be very involved in the planning and teaching of the Wits MFamMed programme. We are seeking to develop a group of full-time trainees in the North West province. As part of this, we participated in various meetings and task teams in the province towards development of primary care and family medicine within the province, as part of establishing the necessary posts and environment for full-time family medicine training, as per the decision of the Medical and Dental Professions board. This is being done in cooperation with the Family Medicine Education Consortium (FaMEC) which represents all 8 departments of family medicine, and the 3 rural health units, in South Africa.

The plan for an MFamMed programme in Botswana was subsumed under a joint proposal by the Family Medicine Education Consortium to support the development of family medicine in Southern and Eastern Africa, which was accepted in December by the Flemish Inter-University Council (VLIR).

The MPH in the Field of Study of Rural Health was again revisited, preparing for the launching of the programme in January 2007.

4. **Support and training of rural doctors**

The **Skills Training Workshops** started in 2003 proved a great success and three more of these were held in 2005. Formal certificates of attendance recognised by the Faculty are issued to participants. On the basis of feedback, some adjustments were made to the course, allowing doctors to participate in 5 separate skills sessions

during the day. In 2005, ninety seven (97) doctors attended the course (some attended all three of them) and were trained in a wide range of common procedural skills relevant to primary and secondary care. Many of these were foreign doctors preparing for the HPCSA exam, a number of whom have continued to attend after being successful and commencing practice in rural hospitals. The evaluations continue to be very positive. Support of teachers for this intensive programme, especially from other departments, is much appreciated.

Continued professional development (**CPD**) is an active part of the role of the joint appointment family physicians in North West province. They established CPD programmes in district hospitals where in many cases these were not in existence prior to their arrival, and continue to support these.

The **national neonatal resuscitation training project** continued to be supported. In North West, particularly, ongoing training is happening on a regular basis. In some cases all trainee PHC nurses are receiving this training and in others all the doctors in district hospitals.

5. **Development of rural health in North West**

The continued presence of the family physicians in the Southern and Bophirima districts and, finally, the appointment of a district family physician in Mafikeng (Central district) have meant that this has moved forward quite actively in terms of support and development of district hospitals, quality of care in rural clinics, training of doctors and primary health care nurses, etc. Regular planning meetings are held to discuss developments, coordinate approaches, support one another, etc., which include the principal family physician in Bojanala who is a Medunsa joint appointment.

A provincial family medicine forum, including other family physicians and postgraduate family medicine students was held in Potchefstroom, hosted by the District Department of Health, and it was agreed this should continue on a regular basis.

6. Rural Health Centre

A proposal was submitted to the Faculty Executive regarding the possible establishment of a rural health centre and I was requested to take the proposal forward in discussions with key stakeholders. As a result of that two open seminars were held to discuss key issues related to rural health policy and strategy as they particularly relate to the Faculty and a working group was set up to take the concepts further. It has been agreed that an entity in rural health is a need in the Faculty but the nature of this entity and the process to establish it still needs to be worked out.

A proposal was approved by the board of the Faculty of Health Sciences for a Centre for Rural Health, with possible hubs in North West and Limpopo provinces. This proposal is awaiting consideration at Senate. In the meantime, a funding proposal in this regard has been submitted to key funders. The focus will be on human resources for rural health. As part of this, a literature review on International Strategic Initiatives to address human resources challenges in rural areas was conducted.

7. Research:

The link with the Madibeng Centre for Research in Brits, in terms of students visiting there, and in terms of ongoing research activities, was maintained.

As part of that link, members of the unit participated in an evaluation of HIV and AIDS programmes in the North West province by Madibeng Centre in the first quarter of the year.

An evaluation of mental health care services in North West province was conducted, with the report currently being finalised, and an evaluation of chronic illness care at clinic level in the Southern district of the province was commenced.

The national Collaboration for Health Equity through Education and Research (CHEER), which involves representatives from all health science faculties, continued to do some exciting work together, with the Chair representing Wits in the grouping.

The first phase of a qualitative research project on understanding the influences on where health care professionals choose to practice was completed, and presented in a number of fora, and the second phase was commenced. The case control study arising from this was commenced.

A chapter on human resources in district hospitals was researched and written for the Health Systems Trust's South African Health Review 2004.

8. Policy:

Input was given directly and on behalf of Faculty to the human resources plan of the National Department of Health.

The chair continued to be involved, together with colleagues from Stellenbosch and Pretoria, in the development of a Guidebook for District Hospital Managers, initiated by North West province but which the national Department of Health now wants to use.

Contributions were also made, through the Committee for Family Medicine of the Medical and Dental Professional Board, to developing policies and regulations for family medicine training in South Africa.

9. Clinical associates

Arising from involvement in policy development, a major new focus in the year was involvement in planning for the implementation of the new midlevel medical worker programme. The new cadre of worker, to be called a Clinical Associate, is a strategic priority of the national department of health. We have been centrally involved with FaMEC, and with the national task team, in developing the curriculum for clinical associates training. Various presentations were also made to Faculty committees in this regard.

Simultaneously the unit has also been developing a foundational certificate to upskill learners from rural areas, who might be considered for such a course, or other health


science courses.

The way forward

The major developments of 2005 which will continue to impact on, and occupy the unit, in the year ahead are the ongoing developments in terms of the scholarships scheme, the launch of the integrated primary care block in GEMP 4, the development of the clinical associates programme (including approval of the degree to be offered by Wits), and preparation for full time family medicine training.

Strategic goals have been set for the year ahead. (See appendix A)

With the team that is in place in the province and in the faculty, it is expected that we can make progress on a number of these areas and consolidate what has already been developed.



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APPENDIX A

RURAL HEALTH UNIT

GOALS FOR 2006

1. Implement a “successful” integrated primary care Block as well as an evaluation of the block
 (“Successful” includes:
 - achieving our aims and objectives,
 - positive feedback from stakeholders such as supervisors, other Wits staff, and staff at the facilities used in North West and Gauteng, and
 - positive feedback from students.)
2. Wits Initiative Rural Health Education:
 - Further develop group cohesion amongst scholarship students,
 - reach financial stability, and
 - provide additional (non-material) support needed to students.
3. North West Scholarships Programme – to launch the programme officially and to roll it out smoothly, in cooperation with NWDOH, and universities of Limpopo and Pretoria.
4. Develop North West District training centres in the 3 Wits-linked districts.
5. Launch Centre for Rural health.
6. Obtain approval for the MPH field of study in rural health.
7. Obtain approval for and launch “Foundation for health care” certificate programme.
8. Sign up more than 60 students for rural electives.
9. Launch the African section of the International Rural and Remote Health Journal and ensure it is viable.

APPENDIX B

CHAIR OF RURAL HEALTH ADDENDUM TO ANNUAL REPORT 2005

Summary of scholarly activities

1. Research, Publications and Related:

Publications:

- Couper I. Facing and Dealing with Burnout (Editorial) SA Fam Pract 2005; 47(2):3
- Couper ID. Approaching burnout (Open forum) SA Fam Pract 2005; 47(2):5-8
- Couper ID, Hugo JFM, Van Deventer WV. The role of clinic visits: Perceptions of doctors SA Fam Pract 2005; 47(8):60-65
- Couper ID, Hugo JFM. Management of district hospitals - exploring success Rural and Remote Health 2005; 5: 433 (Online) Available from: <http://rrh.deakin.edu.au>
- Couper ID, Thurley JD, Hugo JF. The Neonatal Resuscitation Training Project in Rural South Africa Rural and Remote Health 2005; 5: 459 (Online) Available from: <http://rrh.deakin.edu.au>
- Couper ID. The most rural conference (Conference report) Rural and Remote Health 2005; 5: 494 (Online) Available from: <http://rrh.deakin.edu.au>
- Hugo J, Couper I. The consultation: a juggler's art Education for Primary Care 2005; 16 (5): 597-604
- Couper ID, de Villiers MR, Sondzaba NO. Human Resources: District Hospitals. In Ijumba P (Ed) South African Health Review 2004. Durban: Health Systems Trust, 2005
- Van Deventer C. Participatory Action research in the training of primary health care nurses in Venda. SA Fam Pract 2005;47(2) 57-60
- Van Deventer C. Interns in South Africa – a new two year challenge for family physicians (Editorial). SA Fam Pract. 2005;47(3) :3
- Moosa SA, Conradie HH, Morris G, Van Deventer C, Van Rooyen M, Derese A, De Maeseneer J. Family Medicine training: Ideas from Belgium. SA Fam Pract 2005;47(10) 5-9
- Conradie HH, Moosa SA Morris G, Van Deventer C, Van Rooyen M, Derese A, De Maeseneer J. The Flemish model of training and supervision. SA Fam Pract 2005;47(10) 10-13
- Morris G Conradie HH, Moosa SA, Van Deventer C, Van Rooyen M, Derese A, De Maeseneer J. Educational Ideas and lessons learnt. SA Fam Pract 2005;47(10) 14-16
- Van Deventer C. Morris G Conradie HH, Moosa SA, , Van Rooyen M, Derese A, De Maeseneer J. The learning plan as a reflective tool for trainers of family medicine registrars. SA Fam Pract 2005;47(10) 17-21
- Van Rooyen M Van Deventer C. Morris G Conradie HH, Moosa SA, Derese A, De Maeseneer J. Evaluation systems of family medicine trainees in Belgium. SA Fam Pract 2005;47(10) 17-21

Presentations:

- Couper I, Hugo J, Van Deventer W. Doctors' Attitudes Towards Clinic Visits. (Free paper) North West Provincial Department of Health Research conference, Rustenburg, May 2005
- Ian Couper. Beyond 'see one, do one, teach one': learning and teaching procedural skills (Workshop) 13th National Family Practice Congress, Umtata, August 2005
- Sondzaba NO, Couper I. WIRHE Scholarship: More Than Just Rands and Cents: An initiative to alleviate some of the human resource challenges facing rural district hospitals. (Free paper) 13th National Family Practice Congress, Umtata, August 2005
- Couper I. Understanding Influences on Where Health Care Professionals Choose to Practice (Free paper) 13th National Family Practice Congress, Umtata, August 2005
- Couper I, Hugo J, Van Deventer W. Doctors' Attitudes Towards Clinic Visits. (Invited presentation) Primary Health Care Conference, Nelspruit, Mpumalanga, September 2005
- Ian Couper, Mzukisi Kolosa. Planned Primary Health Care Training Complexes in North West Province. Primary Health Care Conference, Nelspruit, Mpumalanga, September 2005
- Ian Couper. Balancing professional care and self destructive burnout (Invited keynote address) Annual Scientific Convention of the Royal Australian College of general Practitioners, Darwin, Australia, October 2005
- Ian Watts, Ian Couper. Improving patient care by learning from 'near misses' (Workshop) Annual Scientific Convention of the Royal Australian College of general Practitioners, Darwin, Australia, October 2005
- I D Couper, J F M Hugo, K Mfenyana, H F Conradie. Understanding Influences on Where Health Care Professionals Choose to Practice. (Poster presentation) The Network: Towards Unity for Health International Conference, Ho Chi Minh City, Vietnam, November 2005
- I D Couper. Service Learning Through Community Based Research. (Poster presentation) The Network: Towards Unity for Health International Conference, Ho Chi Minh City, Vietnam, November 2005

2. Teaching Activities:

Undergraduate:

2.1.1 GEMP.

- Facilitation of problem based learning (3 blocks in GEMP 1)
- Lectures to GEMP 1 and 2 on aspects related to rural health.
- Planning and delivery of personal development sub-theme within the personal and professional development theme (7 sessions), in GEMP 1 and 2.
- Participation in, planning of and teaching on patient doctor theme.
- Teaching of sessions within community doctor theme.
- Internal supervision of electives - GEMP 1 (35 students) and GEMP 3 (6 students)

- Medical school day for GEMP 3 (the undifferentiated patient)
- 2.1.2 BHSc
- Lectures to BHSc 2 and 3 (Fundamentals of health and disease)

Postgraduate:

- Participation in regular departmental teaching for MFamMed students.
- Participation in planning and rearticulation of MFamMed programme
- Supervision of research - MFamMed and MPH

Wits Emergency Medicine Training Centre:

- Delivered two Heartsaver CPR courses at Wits.
- Delivered one CPR for Family and Friends course at Vryburg

Neonatal resuscitation (NNR) training

- Presented ten one-day NNR training sessions: trained seven doctors and 84 professional nurses

Skills courses

- Presented 3 skills courses
- Taught a range of skills session within these courses.

3. Conferences attended

Prof ID Couper

- North West Provincial Department of Health Research conference, Rustenburg, May 2005
- 13th National Family Practice Congress, Umtata, August 2005
- 9th RuDASA Annual Conference, Bulungula, Eastern Cape, August 2005
- Primary Health Care Conference, Nelspruit, Mpumalanga, September 2005
- Annual Scientific Convention of the Royal Australian College of general Practitioners, Darwin, Australia, October 2005
- The Network: Towards Unity for Health International Conference, Ho Chi Minh City, Vietnam, November 2005

Ms NO Sondzaba

- 13th National Family Practice Congress, Umtata, August 2005
- Health Graduate Symposium, University of the Witwatersrand Faculty of Health Sciences, November 2005

Dr C Kyeyune

- SA Hypertension Society Congress, Cape Town, March 2005
- North West Provincial Department of Health Research Conference, Rustenburg, May 2005

4. Courses attended

Dr C van Deventer

- Basic Life Support and Paediatric Advanced Life Support, August 2005

Dr C Kyeyune

- Assessing and Evaluating Theses and Dissertations, University of the Witwatersrand Faculty of Health Sciences, Jan 2005
- Integrated Management of Childhood Illness (IMCI), June 2005
- Clinical HIV Management, July 2005

Ms NO Sondzaba

- MESAB Gauteng Regional Mentor Workshop, Johannesburg, February 2005
- Research Techniques, University of the Witwatersrand Faculty of Health Sciences, May 2005
- Qualitative Research Methods, University of the Witwatersrand Faculty of Health Sciences, June 2005