

Letters

The UFS Faculty of Health Sciences Faculty Forum a Critical Evaluation by Heads of Department

To the Editor: Most faculties of health sciences at South African universities host annual research days at which staff and postgraduate students present their research projects. In 2005 we conducted a study to determine the profile of presentations at the annual two day Faculty Forum of the Faculty of Health Sciences, University of the Free State over the past five years.¹ Fluctuations were seen from year to year but it was found that the number of presentations had decreased in the period 2001 to 2005 from 80 to 69. In 2006 the number was down to 66. Furthermore it was found that only eight departments in the School of Medicine and two in the School for Allied Health Professions had at least one presentation at each forum during the period 2001 to 2005. To enable us to make recommendations so as to strengthen the Faculty Forum, the aim of this study was to determine the opinion of and approach to the forum of heads of department in the faculty.

This cross-sectional study had quantitative and qualitative components. A purposive stratified sample was used. In the School of Medicine the following selection was made:

- five heads of department randomly selected from the eight departments which were found to be annual forum participants in our previous study;
- all five heads of department of the five departments which never took part in the forum, and
- five heads of department randomly selected from the 18 departments with intermediate forum participation.

In the School for Allied Health Professions, the four heads of department were included. In the School of Nursing, the head of the school and two other appropriate staff members were included. From the Dean's Office the heads of the divisions of student learning and development and educational development were included.

For simplification we will use the term department throughout the remainder of the report, where the terms school or division would be more technically correct.

Information was collected through individual interviews conducted by the two researchers using a structured interview with some open-ended questions. Interviews were in Afrikaans or English, depending on the preference of the interviewee.

A pilot study was conducted with two heads of department not included in the sample, and the questionnaire adapted thereafter.

All respondents gave written informed consent before the interview. The protocol was approved by the Ethics Committee of the Faculty of Health Sciences and permission was obtained from the Vice-Rector Academic Planning of the UFS.

Results will be indicated for all 24 respondents but where differences between subgroups were found, these will be mentioned. All 24 participants indicated that the forum still has a place in the activities of the faculty. The most common motivation was because it provides an opportunity for young researchers to present their work (46%), and some respondents firmly stated that senior researchers should not present. Other comments were that the forum gives an opportunity for

staff to see what is going on in the faculty, and that it is a showcase of the faculty.

Table I indicates the respondents' answers regarding who in their department always and who never presents at the Forum. In each case, the denominator used was the number of departments who had that specific category of staff member.

Table I: Types of presenters at Faculty Forum:

Who in the department always presents?	
Medical scientists	67%
Postgraduate students	50%
Lecturers	46%
Consultants	27%
Registrars	0%
Technologists	0%
Who in the department never presents?	
Technologists	75%
Registrars	38%
Consultants	27%
Lecturers	9%
Medical scientists	0%
Postgraduate students	0%

Just more than half of the respondents (54%) indicated that their department specifically prepares for the forum, mainly by discussing who will be presenting what. This happened more commonly in those departments who present at the forum regularly.

Only 14% of respondents indicated that clinical/routine work was cancelled on the two forum days, whereas the majority (58%) indicated that it was scaled down on those two days, and 29% indicated that the work had to carry on as usual. The latter departments were the ones who presented at the forum less frequently.

Only a third of respondents indicated that conference presentations of the department were always presented at the forum as well. The main reason for this not being done was the timing of the forum and conferences. Departments who regularly present at the forum were more likely to answer yes. Few respondents indicated that their conference presentations are inappropriate for forum presentation.

Only 4% of respondents did not agree that the Faculty Forum is declining, whereas 63% did, and 33% were unsure. The researchers who did agree that there was a decline gave the decline in attendance, and a general decline in research in the faculty as reasons. A list of possible factors contributing to the decline was presented to the respondents who felt that there was a decline. Around 60% indicated that the following were indeed contributing: a general lack of enthusiasm, too much routine work and teaching load, followed by insufficient infrastructure (mentioned by 40%). Private practice and use of free time were chosen as reasons less frequently.

Nearly half of the respondents (42%) indicated that their department experiences specific problems with regards to presentation at the Forum. This answer was associated with less participation. The most common reasons given for this were: too little time to do research, that they and their discipline are not seen as equal partners in the faculty, and issues relating to the ethics committee.

On the question of whether incentives would promote their department's participation at the forum, 46% of respondents said yes, 46% said no and 8% were unsure. Possible incentives could include:

funding travel to enable researcher to give a presentation at a conference; a research assistant; a gift voucher; or that forum participation be viewed positively during staff evaluation.

Other themes that came to the fore in the open responses were the need for research assistants (25%), issues concerning the ethics committee (33%, all from the School of Medicine) and feeling isolated in terms of their area of research (21%).

From the responses it is clear that the forum must remain part of the activities of the faculty, and it was encouraging to note that in 2007, the number of presentations were on the increase again. It must, however, be ensured that it is a forum for the whole faculty, and that researchers of all schools and divisions are seen as equal partners.

Although a common comment was that the forum was an ideal place for a young researcher to present, it was clear that registrars in the School of Medicine are not regular presenters. With the introduction of a compulsory research component in the MMed programme from

2008, registrars should be actively encouraged to present at the forum. The newly introduced prize for the best case presentation at the forum is a way of encouraging young researchers.

The research infrastructure in the faculty needs attention. The call for applications for research assistance in the School of Medicine in November 2007 was definitely timely.

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Letters

Family medicine in an African context

To the Editor: I read with profound interest the editorial, 'The African Family Physician', by Steve Reid in the September 2007 issue of South African Family Practice.¹

In the editorial, it is stated that one of the key foundational issues for our discipline is the development of a home-grown and locally owned concept of what family medicine means in an African context.

Family medicine, as a medical discipline, refers to the first or primary level of contact medical services.²

Most African countries, if not all, have adopted Primary Health Care (PHC) based on the Alma-Ata Declaration of 1978³ as the health care strategy within which the first level of contact medical services is delivered to individuals, the family, and community. Steve Reid is absolutely correct in saying that the focus of Family Medicine in Africa is sine qua non, the PHC team.¹ However, I do not think that it is necessary to clearly define the Family Physician's role in the team in terms of appropriate amounts of teaching, management, support, consulting, monitoring and evaluation, in addition to the generalist clinical role as suggested by him.¹

What is necessary in Africa is proper training of family physicians on the concept and practice of PHC, equipping them with all of the necessary skills and knowledge to be able to fit like a glove into the PHC team and play different roles such as those mentioned above within the team according to local settings, conditions and demand.

Family medicine in an African context, therefore, should mean a medical discipline that is committed to the provision of the first level of contact medical services based on the 1978 Alma-Ata Declaration on PHC³. The Alma-Ata Declaration on PHC should be summarised and adopted as Family medicine principles for Africa.

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References

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3. WHO. Declaration of Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. Available at: http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf (accessed January 14, 2008).

Reply by the author: I agree completely that the principles of the PHC approach need to be better taught and understood by family physicians, so that they better appreciate their particular role in the PHC team. However, the relative proportion of clinical versus non-clinical input to the team by the Family Physician should not just be determined by local conditions. The non-clinical roles tend to be poorly carried out, if at all, and are seen to be of lesser significance than the more urgent clinical matters. They therefore need greater elucidation and routine attention in teaching and in practice in the African context, if the PHC team is to receive the attention that it needs and deserves.

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