

Talking rural in Beaufort-West



The month of October 2006 saw a most historical event take place in the middle of the Groot Karoo, at Beaufort West hospital. The local organizing committee under Dr Earl du Plooy, the medical superintendent of this remote district hospital, assisted the secretariat of the Maintenance of Competence (MoComp) project, based at the Ukwanda Centre for Rural Health at Stellenbosch University, to organize the "Beaufort summit". The "Beaufort summit" was the first provincial conference to be held since the inception of the MoComp project in 2004. The MoComp project is a joint initiative by the Western Cape Department of Health and the Universities of Stellenbosch and Cape Town to assist the development and maintenance of clinical competency among health workers. The project was conceptualized after a study by Prof Marietjie de Villiers indicated major knowledge and skills gaps among district medical officers in the Western Cape Province.

The main aims of the conference were: (i) To give feedback from all levels, (ii) To generate enthusiasm and encourage the exchange of ideas, (iii) To identify future plans and commitments within each region, and (iv) To formulate a formal proposal regarding the institutionalization of clinical in-service training in the context of the comprehensive service plan (Health Care 2010). Delegates included doctors and nurses involved in clinical in-service training from all 13 participating district hospitals, regional managers and training coordinators, coordinating clinicians, university representatives, the Provincial Director of Human Resource Development (HRD) and Dr Joey Cupido, the Provincial Deputy Director-General for Health overseeing district health services within the province.

Dr. Cupido gave the opening address and elaborated on the 2010 comprehensive service delivery plan

and the crucial roles set out for clinical nurse practitioners and the family physicians. Prof Therese Fish, head of the MoComp provincial steering committee and deputy dean for community development and interaction at the Faculty of Health Sciences of Stellenbosch University, emphasized the University's involvement in supporting training in the province, especially in the rural areas. Prof Helmuth Reuter, manager of the MoComp project and director of the Ukwanda Centre for Rural Health, reported on the history and progress of the project since its inception in 2004. The MoComp project has entered a transition phase where it should move from being managed as a separate project to full integration with the HRD Skills Development Plan within the province. Prof. Ben Marais, coordinator of the MoComp project within the rural regions, reflected on the lessons learnt during 2006 and emphasized the need for a comprehensive in-service training plan to support the 2010 comprehensive service delivery plan. In addition, there is a definite need for an Essential Skills List that specifies the skills required before a doctor is appointed in a rural location, where support and supervision structures are sub-optimal. Prof Marietjie De Villiers, deputy dean for teaching at the Faculty of Health Sciences of Stellenbosch University and chairman of the CPD committee at the HPCSA, explained the new CPD regulations and how it ties in with the adult-learning principles promoted by the MoComp project.

The rest of the conference was dedicated mainly to sharing ideas, defining local in-service training commitments, addressing the urgent need to train and support a sufficient number of nurse practitioners, and trying to delineate the optimal role of the family physician. Prof Pierre De Villiers, head of Family Medicine in the Faculty of Health

Sciences, Stellenbosch University, led a brainstorming session on the role of the family physician in the public health system. It became clear that while the universities may provide the formal academic training, regional and district hospitals represent the best practical training grounds for these generalist doctors. In order for a doctor (or any health professional) to maintain their essential skills they need to be in a position where these are applied regularly. In other words, we need to place both trainees and trainers at the coalface, where they will be practicing the necessary skills regularly.

Well-functioning regional hospitals may provide an excellent platform for the training family physicians in the necessary consultation and procedural skills. They provide easy access to all the major disciplines, and also provide exposure to outreach and support activities at district hospitals, which in turn should support the primary health care centres and clinics in their vicinity. Decentralized rural health schools, especially in the field of family medicine, may offer a powerful partnership between academia (theory), the locally accredited trainer and exposure to the "real life" demands placed on a generalist within a rural setting.

Report back sessions from the three rural regions {Southern Cape/Karoo, Boland/Overberg, and West Coast/Winlands}, as well as from the Cape Town Metropolitan area, indicated that most infrastructure and training activity requirements are in place. The MoComp project provided computers, libraries, internet access and resuscitation models, it also stimulated local academic activity, encouraged regional outreach and assisted with practical short course training within each of the rural regions. What is needed now is not more training and teaching activities, but better coordination and selection of

sustainable, affordable and practically relevant teaching activities that supports the health service delivery at all levels.

For family physicians to fulfil their central role in the 2010 comprehensive service delivery plan it is necessary that a number of issues have to be addressed urgently: (i) defining the exact role of the family physician (this may vary in different settings), (ii) defining essential skill requirements, and (iii) safeguarding against ever present administrative creep, as by virtue of its diversity, all sorts of administrative functions befall the family physician. It is also important to create realistic expectations, to discuss and develop creative new train-

ing models, to attract and retain family physicians in government employment at the district level, and to promote the concept of comprehensive care and the importance of a well functioning health system at all levels of care.

In conclusion, the message that we left with was threefold:

1. The job description of the Family Physician needs to be clearly defined, making provision for the different requirements in an urban versus a rural setting and for this purpose a meeting dedicated to the role family physician alone should be organized,
2. New ways have to be explored on how

policy makers and health practitioners can interact constructively with academic institutions,

3. The need to train a sufficient number nurse practitioners, and
4. The importance of supporting and involving the primary health care team in teaching and training activities.

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Call for nominations

The RUDASA rural doctor of the year (Pierre Jaques Award)

In 2002 the Rural Doctors Association of South Africa (RuDASA) inaugurated an annual award for the rural doctor of the year. The award is given to a rural doctor, working at the coal face, who is judged by the RuDASA Committee to have made a significant contribution towards rural health in the previous year. It is intended to be awarded to a practicing rural doctor rather than to someone who has made achievements in the academic arena. It is also awarded for a specific contribution within the previous year rather than for long service. The nature of the contribution is not defined given the great variety of work and activities of rural doctors.

The award was named after Dr Pierre Jaques, a founder member of RuDASA and a doyen of rural practice in South Africa. He spent most of his working life at Elim Hospital in rural Limpopo province and has been a tireless advocate for rural health and the role of the rural doctor in South Africa.

The award is a RuDASA initiative in

cooperation with the South African Academy of Family Practice/Primary Care and the South African Medical Association. The award is made at the annual RUDASA conference.

The first recipient of the award, in 2002, was Dr Thys von Mollendorf, previously medical superintendent of Rob Ferreira Hospital in Nelspruit, Mpumalanga. Subsequent recipients of the award have been as follows:

- 2003: Dr Victor Fredlund, from Mseleni Hospital in northern Kwa-ZuluNatal
- 2004: Dr Hermann Reuter, from MSF in Lusikisiki in the Eastern Cape
- 2005: Dr Nigel Hoffman from Rietvlei Hospital in the Eastern Cape
- 2006: Dr Vanga Siwisa from Taung, North West Province

The RuDASA Committee is now calling for nominations for the Pierre Jaques Award for 2007. Any interested person may nominate a rural doctor working in Southern Africa for consideration as the 2007 Rural Doctor of the Year.

Nominations should be submitted to Dr Jenny Nash (082 5327537) at jenny@mseleni.co.za, or faxed to 035 574 1559. Nominations should be accompanied by details of the nominee, including his/her place of work and contact details, as well as a clear motivation as to why the nominee should be considered for the award. Nominators should also provide all their contact details in case more information is required. Please note that current members of the RuDASA committee are not eligible for nomination.

The closing date from nominations is 30 July 2007.

The award will be made during the 11th Annual RuDASA Congress to be held at Badplaas, Mpumalanga, from the 23-25 August 2007.

More information about the award or about RuDASA can be obtained on the RuDASA website www.rudasa.org.za.

Dr Jenny Nash