

Reflections from the 11th RuDASA annual conference held at Badplaas Forever Resort

Mpumalanga (23- 25 August 2007)



Rural Doctors Association of
Southern Africa
www.rudasa.org.za

Theme: Recruitment, training and retention of healthcare professionals in underserved areas

The conference was well attended by health professionals and managers from all nine provinces of South Africa and outside the country i.e. Swaziland, Australia. Various speakers stressed that the shortage of health professionals in rural and underserved areas is a global problem. It creates a serious challenge to equitable health care delivery as people in rural communities experience more health-related problems. Therefore new strategies were needed to address this old problem. From the presentations on the theme, lively debates and discussions, the following recommendations were made:

Recruitment

A sustainable recruitment plan should be in place for each health facility. A proactive cooperation is needed between the public sector, private companies, civil society and all organisations involved with health matters in the country and abroad. The delegates at the conference were encouraged to support the lobby by RuDASA and Rural Health Initiative at the National level to ensure that all the role-players know about the active recruitment plan of medical doctors into rural South Africa. A working, cooperative relationship between the decision makers and the people on the ground ensures that health professionals are effectively recruited. Recruitment has to start early, targeting people before they enrol for tertiary education. School children from rural and underserved areas should be given priority access to health science education institutions.

Training

The provision of opportunities for excellent continuous education for health professionals is essential in maintaining a high standard of patient care. An innovative method which avoids these obstacles is required and thereby provides

opportunities for all health care workers to grow professionally and maintain a high quality of care. The creation of district health training campuses to break the academic isolation has demonstrated that academic development and learning opportunities is available in the remote areas for health workers. The existing district campuses for training of family physicians and primary health care nurses are to be supported and emulated throughout the country. It will contribute to the development of community engagement, academic service learning and inter-professional learning in all the universities. The final goal being the creation of health sciences district campuses training professionals where the shortage is most felt, in the community, thereby alleviating, to some extent the perpetual crisis of lack of health care professionals in the remote areas. Health professionals in academically isolated rural areas are encouraged to develop effective leadership that creates a positive learning environment and supports clinically relevant training activities for the ultimate benefit of their patients.

Retention

Recommendations regarding recruitment included the optimistic promotion of rural health at university level, improved conditions of service, rural allowances and tax incentives. Informed observations on potential solutions from experienced rural doctors is of benefit in guiding focused recruitment and retention strategies, including improving local infrastructure, and increased government support of rural practitioners. The looming shortage of community service doctors in 2008 will put to the test the planning in place to retain the doctors in the public service and especially in underserved areas. A campaign has been launched called 1000 by 100 meaning that by the last week of September 2007, a call will be made to all the decision-makers that a thousand doctors

are needed in the next hundred days to replace the current community service doctors on completion of their contract at the end of 2007. These decision-makers need to get actively involved in retaining the current community service doctors in the community they are presently working in for a least one additional year. To achieve this, substantial improvement in their conditions of service need to be made. RuDASA has undertaken to lobby the national and provincial departments of health in this regard, as well as the universities, the civil society, the non governmental organisations and the current community service doctors.

Evidence-based experiences have proven that with a novel approach, quality management, ability to recruit, and a strong emphasis on supporting doctors and staff one can recruit and retain Health Professionals to remote and underserved areas, improving patient outcomes.

Dr L. Nkombua

Conference Convenor