



# **CHAIR OF RURAL HEALTH**

## **ANNUAL REPORT**

### **2004**

#### **Introduction**

This second annual report from the division of rural health covers the period of 1<sup>st</sup> January to 31<sup>st</sup> December 2004. 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. Although the position has remained largely a solo act during the year under report, that is starting to change and important developments in this regard will mean the nature of this report will change over time. At the moment however it inevitably remains very personally linked to the incumbent in the Chair.

The major change was the appointment of new joint staff in the form of two principal family physicians in North West province, who are joint appointments under rural health.

#### **Review of the Period**

The chair is now securely established within the Faculty, the University and the Province, which provided an important base to extend activities over the past year. Within the Faculty, the support from the Department of Family Medicine and the School of Public Health as well as the Deanery is appreciated.

In terms of staff there has been major progress:

- Dr Claire Van Deventer (senior lecturer) and Dr Charles Kyeyune (lecturer) were appointed as principal family physicians in North West province in the Southern and Bophirima districts respectively.
- Dr Jim Thurley spent three months (July to October 2004) as a visiting lecturer in rural health in order to run a neonatal resuscitation training project, involving the training of trainers around the country.
- Ms Marije Versteeg, researcher at the Madibeng Centre for Research, with whom we have close ties, was appointed as an honorary lecturer.
- Ms Kim Alexander was appointed as Administrator in the Department of Family Medicine in November with a joint responsibility that includes support for the Chair of Rural Health.

Within North West province, the change of a Chief Director for Health Services Delivery in April brought some difficulties in communication. The Chair remains very much a part of this Chief Directorate but seems to be left out of the loop of communication quite often. At the same time, a de facto North West Provincial Family Medicine department has been established; I have been meeting with the Wits joint appointment family physicians together with a third joint appointment family physician linked to Medunsa on a regular basis since August 2004.

The Joint Management Committees in North West and in Limpopo have unfortunately not met in 2004.

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

1. **Nurturing rural students:** The Wits Initiative Rural Health Education (WIRHE) scholarship scheme was formally launched with funding from the Swiss South Africa Cooperation Initiative (SSACI) of R1.3 million over the next three years to fund 20 scholarships. Nine students were funded in 2004, eight at Wits and one at the Wits Technikon (Medicine 3, Pharmacy 3, Physio 1, Nursing 1, Medical Technology 1). The year has been a steep learning curve in terms of the whole process of running and supporting such a scholarship scheme and of admission, which presents major, sometimes insurmountable, obstacles for rural students. A part-time administrator was appointed on a temporary basis for the last three months of the year (Mr Mogale Mpahalele), who assisted in getting updates from students and producing a report to the funders. (Separate report available upon request.)

The Wits Rural Students network was formally established with the constitution and an AGM was held but has not been very active. My role has mainly been a supportive and watching brief, as it is important that the initiative comes from students. Two students from Wits were able to attend the RUDASA conference in September in Thoyohandou.

2. **Undergraduate Education:** I continue to have major involvement in the graduate entry medical programme (GEMP), both in terms of teaching and in terms of curriculum planning. I am involved in the first two pre-clinical years (GEMP I and II) with teaching, problem based learning, 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 has continued to be an important part of their curriculum with each student visiting four sites over the first two years.

I was the internal supervisor for 22 students who chose to do their electives in rural areas, mainly rural district hospitals but also a clinic and general practice (summary of their comments is available).

In terms of the clinical years, I have been leading the team planning the integrated primary care block for GEMP IV and have given input into the planning of the GEMP III family medicine and public health rotations.

The parallel programme for GEMP students in North West province based around Klerksdorp-Tshepong is on hold at the moment but not shelved and will be taken up again in the future.

Outside of the GEMP, I have chaired the Community Based Health Science Education (COBHSE) Committee, which is currently engaged in an audit of community based education in the faculty.

3. **Postgraduate Education:** I have 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.

Discussions with Botswana in terms of developing the programme there have been ongoing although there was no visit paid to Botswana this year because the students preferred to attend at Wits. There are 9 students from Botswana currently registered on the MFamMed programme.

Time has prevented further work on specific rural health teaching in terms of a diploma and a field of study within the Masters in Public Health. This was the biggest deficiency in the year, which needs to be addressed in 2005.

4. **Support and training of rural doctors:** The **Skills Training Workshops** started in 2003 proved a great success and three of these have been held in 2004. Formal certificates of attendance recognised by the Faculty have been issued to participants. Ninety seven (97) doctors have attended the course (some attended all three of them) and have been trained in a wide range of common procedural skills relevant to primary and secondary care. Support of other 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 new joint appointment family physicians and they have established CPD programmes in district hospitals where in many cases these were not in existence prior to their arrival.

Through the Chair of Rural Health at Wits and in conjunction with the Family Medicine Education Consortium (FAMEC) a **national neonatal resuscitation training project** was facilitated from July onwards. Dr Jim Thurley was appointed a visiting lecturer in Rural Health at Wits and, supported by two Australian workforce agencies, spent 3 months conducting training of trainer programmes in neonatal resuscitation (NNR) that have left behind a network of trainers who can provide neonatal resuscitation and training in NNR in all the provinces. During Dr Thurley's time in South Africa over 400 people were trained in neonatal resuscitation, and 97 trainers were trained. (A full report is available on request.)

Ongoing NNR training is slowly getting off the ground in North West as mannequins are being purchased.

5. **Development of rural health in North West:** The appointment of the family physicians in the Southern and Bophirima districts has meant that this can be 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. Drs Van Deventer and Kyeyune commenced their work with a situational analysis and on the basis of these have been actively engaged in support and training within their districts since then. Due to extensive delays caused by the province, the candidate recommended for the post in Mafikeng turned it down. At the end of the year this post was readvertised and it is hoped it can be filled early in the new year. As mentioned above, in order to have a co-ordinated and integrated approach in the province, the family medicine group in North West includes the principal family physician in Bojanala who is a Medunsa appointment. A proposed plan for the development of family medicine training to support rural health care and health service development at primary care and district hospital level in the province was presented to the North West Departmental Management Committee at the end of November 2004 and it is expected that ongoing discussions around this will be held throughout 2005, relating to the creation of specialist posts as well as registrar posts in district hospitals and sub districts throughout the province.
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.
7. **Research:** I continue to be involved in the Madibeng Centre for Research in Brits, both as a researcher and as a Board member. Work was completed on the role of doctors in clinics (3 separate projects) and submitted to the North West Provincial Department of Health. The work done on the rural origin of students at health science faculties was presented at the Faculty Research Day in August.

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. The first phase of a qualitative research project on understanding the influences on where health care professionals choose to practice was conducted and a protocol for a case control study arising from this was completed. A Cochrane review around the issue of interventions for increasing the proportion of health professionals practicing in rural and underserved areas has been accepted (I am not directly

part of this team although I have had input into the protocol).

A number of research projects are in planning with the North West family medicine team, two of which will probably be funded by the Provincial Research Committee, namely an evaluation of mental health care services and an evaluation of chronic illness care at clinic level.

The research being done with GEMP I and II students on HIV/AIDS knowledge in Madibeng sub-district has been continued with extension of the project into the Segswaelane and Damonsville communities.

8. **Policy:** Input has been given in to the development of the medical assistants programme and specifically the scope of practice of medical assistants. I participated in workshops related to the National Department of Health Quality Assurance Project and the Human Resources Plan. I am engaged in a consultancy, together with colleagues from Stellenbosch and Pretoria, working on the development of guidelines for the management of district hospitals, which was initiated by North West but will be used nationally. I continue to play a role in the Committee for General Practice within the Medical and Dental Professional Board, which is developing policies and regulations for family medicine training in South Africa.

## **Conferences**

I was fortunate in being able to give input to a number of conferences in this period. In June I attended and presented at the Public Health Association of Southern African (PHASA) Conference, the Southern African Conference on Equity and Health, and the International Society for Equity in Health Conference, all held in Durban. I was also able to attend the 11<sup>th</sup> Ottawa International Medical Education Conference in Barcelona in July for which I received support from the Faculty Research Committee (report is available). In September I attended the National Department of Health in HST Health in the Rural Districts Nodes Conference in Durban and the Conference of the Rural Doctors Association of Southern Africa (RUDASA) in Venda. I also attended the launch conference of the Medical Assistants Programme in March 2004.

## **Other noteworthy events**

I was part of the assessment team from the Medical and Dental Professional Board/Department of Health that went to Iran in February 2004 to evaluate training and primary care in Iran and assess doctors wishing to practice in South Africa.

## **The way forward:**

The year ended with interviews for a lecturer in rural health post within the faculty, with the appointee Mrs Nontsikelelo Sondzaba starting on 1<sup>st</sup> January 2005. With her

support and hopefully an additional joint appointment principal family physician in North West in Mafikeng, the potential for further development in this year is good.

Already with the team that is in place in the province and the additional support in the faculty, it is expected that we can make progress on a number of the areas that need further work.



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February 2005.

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**CHAIR OF RURAL HEALTH**  
**ADDENDUM TO ANNUAL REPORT 2004**

**SUMMARY OF ACTIVITIES: PROFESSOR I D COUPER**

**1. Committee Work:**

Committees within Wits:

- Faculty Board
- Faculty Executive
- University Senate
- Community Based Health Sciences Education Committee (Chair)
- Undergraduate Committee
  - Subcommittees of Undergraduate Committee, including:
    - Community Orientated Sub Committee (Chair)
    - GEMP Examinations and Assessment Committees
    - Integrated Primary Care Block Planning Committee (Chair)
    - Clinical Competencies Review Group (Co-Chair)
    - Core Competencies Committee
    - GEMP III and IV Review Group
- Admissions Committee
- Professional and Ethical Standards Committee
- Faculty Teaching and Learning Committee

Committees on Behalf of Faculty:

- Wits Limpopo Joint Management Committee:
  - Wits Northwest Joint Management Committee
- (Both did not meet during 2004)

National Committees:

- Member, Committee for General Practice of the Medical and Dental Professional Board, HPCSA
- Member, Committee of the Rural Doctors Association of Southern Africa (RUDASA)
- Board member, Rural Health Initiative.
- Member, National HIV Treatment Monitor Reference Group
- Member, Family Medicine Educational Consortium.

International committees:

- Health for all Rural People (WHO – WONCA Consultation) Committee
- Wonca Working Party on Rural Practice.

Editorial Boards and related:

- Member of Editorial Board, S A Journal of Family Practice, and reviewer.
- Member of Editorial Board, International Journal of Rural and

- Remote Health, and reviewer.
- Reviewer for the Medical Education Journal.
- Reviewer (sentinel reader) for McMaster Online Rating of Evidence (MORE) project.
- Reviewer for WHO Bulletin.

Other:

- Board member, Madibeng Centre for Research
- Chairman of Board, Bertoni Mercy Clinic

## 2. Research, Publications and Related:

Publications:

- Couper I. Seeking quality: Some experiences in South Africa. (Personal view) Rural and Remote Health 3 (online), 2004. Available from <http://rrh.deakin.edu.au>
- Ross AJ, Couper ID. Rural Scholarship Schemes: A solution to the human resource crisis in rural district hospitals. (Open forum) SA Fam Pract 2004; 46(1): 5-6
- Couper ID. Medicine in Iran: A brief overview (Open forum) SA Fam Pract 2004; 46(5): 5-7
- Couper I. Rural Primary Health Care in Iran. SA Fam Pract 2004; 46(5): 37-39
- Couper ID. Reframing the HIV/AIDS debate in developing countries I: setting the scene. Rural and Remote Health 4 (online), 2004: 280. Available from: <http://rrh.deakin.edu.au>
- Moosa SAH, Couper ID. "Doctor! Go for a course in HR management" (Open forum) SA Fam Pract 2004; 46(8): 5-8

Presentations:

- Couper I. Working in South Africa. Presentation to potential applicants. Tehran, Iran, February 2004.
- Couper I. Primary health care in Iran. Wits School of Public Health, April 2004.
- Couper I, Hugo J, Van Deventer W. Doctors' Attitudes Towards Clinic Visits. Public Health Association of South African Conference Durban, June 2004.
- Couper I. Scaling up ARVs', the Rural Challenge. Equinet Conference, Durban, June 2004.
- Couper I. The role of civil society in improving health care (poster). Equinet Conference, Durban, 2004.
- Couper I. The Melbourne Manifesto. A code of practice for the recruitment of health care professionals (poster) International Society for Equity in Health Conference, Durban, June 2004.
- Couper I, Hugo J. Juggling Concepts in Teaching the Patient Centred Consultation, (poster and presentation) Ottawa Medical Education Conference, Barcelona, July 2004.
- Couper I. Service learning through community based research (poster) Ottawa Medical Education Conference, Barcelona, July 2004.



- Couper I. Family Medicine and Primary Clinical Care - National Training Development. Mafikeng, August 2004.
- Couper I, Hugo J, Van Deventer W. Doctors' Attitudes Towards Clinic Visits. RuDASA Conference, Thohoyandou September 2004.
- Couper I. Some concerns of rural doctors. Presentation to South African Medical Association full time practice workshop, October 2004.
- Couper I, Hugo J, Van Deventer W. Doctors' Attitudes Towards Clinic Visits. Bojanala district workshop, Rustenburg, November 2004.
- Couper I, Scope of practice of mid level medical workers. Presentation to scope of practice workshop, November 2004.
- Couper I, Hugo J. Family Medicine Development in North West. Presentation to departmental management committee meeting in Northwest Province, November 2004.

Other Research Activities:

- Collaboration for Health Equity through Education and Research (CHEER). Project funded by the Medical Research Council. Participation in two teleconferences, one planning meeting and two protocol development meetings.
- Supervision of masters research for Wits MFamMed (2 students), Wits MPH (2 students) and Medunsa MMed (Family Medicine) (5 students).

### 3. Teaching Activities:

Undergraduate: GEMP.

- Relief facilitation of problem based learning groups.
- Lectures to GEMP I and to aspects related to rural health.
- Planning and delivery of personal development sub-theme within the personal and professional development theme (7 sessions).
- Participation in planning of and teaching on patient/doctor theme.
- Teaching of sessions within community doctor theme.
- OSCE examiner (November 2004)
- Internal supervisor for electives GEMP I (22 students)

Postgraduate Teaching:

- Participation in departmental training sessions for MFamMed students.
- Participation in planning and re-curriculation of MFamMed programme
- Supervision of research MFamMed and MPH (as above)

AHA Certified BLS Instructor (CPR):

- Delivered two Heartsaver service CPR courses at Wits.

### 4. Wits Family Medicine Activities Apart from the Above:

Other Wits departmental activities included the following:

- Monthly departmental meetings

- Postgraduate review meetings
- Patient/doctor theme planning meetings
- Planning development of family medicine training in North West Province (see below)
- Family Medicine Internship: assisting plans for family medicine rotations internship in Northwest Province (see below).
- Acting as head of department in absence of Professor Bruce Sparks.

## 5. Assessment and Examinations:

Internal Examiner:

- Three dissertations for MMed (FamMed), Medunsa.
- Research report for MPH, Wits x 1.

External Examiner:

- MMed (FamMed) dissertation, Medunsa, January 2004.
- MMed (FamMed) dissertation, Medunsa, November 2004.
- MPhil (Palliative Medicine), UCT, September 2004.
- Sixth year family medicine exam, Pretoria, May 2004.

Examiner, Medical and Dental Professional Board exam for foreign doctors – May and September 2004. Responsible for setting OSCE exam, moderating exam and reviewing process and results.

Member of HPCSA team sent to Iran in February 2004 to assess doctors from Iran.

## 6. Other North West Departmental Activities:

In addition to activities covered above the following were also undertaken.

- Hospital visits to a number of hospitals within the province including regular visits to Mafikeng complex and Klerksdorp- Tshepong complex.
- Participation in Chief Directorate meetings.
- Participated in Chief Directorate Health Service Delivery retreat in February 2004.
- Meetings with Regional Directors regarding appointment of family physicians and participation in the interview panel.
- Since September, Monthly meetings with family physicians in North West to develop and plan support and development in the province.
- Selection Committee for WIRHE students, Bophirima district Department of Health, May 2004 and ongoing planning processes.
- Clinical Skills Course held for doctors within the province (but open to all doctors) – organised and taught on courses in March, July and October 2004.
- Organised and co-ordinated neonatal resuscitation training within the province from July onwards.

- Attended National Family Medicine Training Workshop organised by FAMEC in August 2004.
- Meetings with Mafikeng Hospital Board.
- Attended Rural District Nodes conference in Durban on behalf of province.

## **7. Miscellaneous:**

Scholarship Scheme: The Wits Initiative for Rural Health Education WIRHE Scholarship Scheme funded 9 students during the year (see above).

Neonatal resuscitation project: Co-ordinated the National project during the year and continuing to co-ordinate ongoing processes around this.

Honorary assistant professor, James Cook University, Queensland, Australia.

Attended Disease Control Priorities Project workshop in July 2004. Attended meeting held at Zebra Lodge.

Drafting team for scope of practice of medical assistants document, for National Department of Health.