

UNIVERSITY OF THE WITWATERSRAND

JOHANNESBURG

FACULTY OF HEALTH SCIENCES



CENTRE FOR RURAL HEALTH

(INCORPORATING THE DIVISION OF RURAL HEALTH)

**ANNUAL REPORT
2008**



A meeting of the WIRHE "family"

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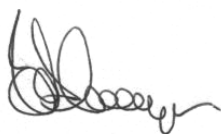
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INTRODUCTION

It gives me pleasure to present this Annual Report, the sixth since I joined the Wits Faculty of Health Sciences. It is now presented as a report for the new Wits Centre for Rural Health, incorporating the Division of Rural Health, and covers the period 1st January to 31st December 2008.

The report is intended to inform Faculty and University, donors, collaborators and other stakeholders 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 developing Centre for Rural health and Division of Rural Health.

There continues to be significant progress over a wide range of areas, which we endeavour to document in this report.



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March 2009

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OVERVIEW

The small core staff team in the Division of Rural Health met at the start of 2008 to review the goals of the previous year and to plan for the year ahead. It was agreed that the **focus** would be on **consolidation of activities** rather than developing new activities. Meeting again in January 2009, we agreed that a lot of consolidation did indeed take place during the year. The review of the goals for 2008 and the new goals for 2009 are set out in Appendix A and B.

The Centre for Rural Health Advisory Board has met regularly during the year. A strategic plan for the Centre was developed and has now been approved. It is likely that the annual report will in future be more closely allied to this plan.

The major achievements in the year were as follows:

- Receipt of the Vice Chancellor's Team Teaching Award 2008 by the IPC block team, which runs the primary care rotation for final year medical students, under the leadership of the Division of Rural Health.
- Receipt of the Discovery Foundation Excellence Award for the WIRHE scholarship programme
- Preparation for the launch of the Bachelor of Clinical Medical Practice degree, with selection of students for the programme
- Strategic plan for the Centre for Rural Health completed
- Centre for Rural Health website established
- Family medicine registrar training launched in North West
- Over 80 GEMP students signed up for rural electives.
- 5 skills courses conducted
- A poster on the WIRHE scholarship programme, presented at the South African Association of Health Educationalists (SAAHE) conference in Cape Town, was awarded second prize.
- The chronic illness forum in Dr Kenneth Kaunda district, under the leadership of Dr Claire van Deventer (Senior Lecturer), won the North West Premier's silver award in the category health service provision.
- Dr John Musonda (Lecturer) was among six finalists in the 19th Boss of the

Year Award in 2008 in recognition of his workplace leadership as clinical manager and chief medical officer of General de la Rey-Thusong Hospital Complex, Lichtenburg

In terms of staff, the team was mostly stable throughout the year. The only change amongst the Wits-based staff was the appointment of Mr Sizwe Dhlamini into a half-time faculty position, to complement his 50% position with the WIRHE scholarship programme. Two new staff joined the division in North West province: in July, Dr Sunny Abizu was appointed Senior Family Physician/Lecturer based in Vryburg, in Dr Ruth Segomotsi Mompoti District, and in September, Dr Indiran Govender was appointed Senior Family Physician/Lecturer based in Klerksdorp, in Dr Kenneth Kaunda District. (The current staff complement is listed in Appendix D.)

Professor Couper's role within the North West Province as Director of Rural Health has been much more effective since being more integrated into the Health Service Branch, under the leadership of the Deputy Director General for Health Services Dr Andrew Robinson.

The WIRHE Scholarship Programme, together with its major partners, the Swiss South Africa Co-operation Initiative (SSACI) and North West Province, reached a total of 41 students being supported.

Professor Couper continued to meet regularly with the district family physicians in all four districts in the Province. Two provincial family medicine forums were held, as well as two provincial clinical skills courses run by the provincial Family Medicine unit, which were very successful. On the other hand, delays in advertising the family medicine registrar posts in the province were a huge challenge.

In April the UK-based charity AMECA Trust informed us of their decision to withdraw from the Lehurutshe Project, around concerns they had about ownership of land. This was a major setback, after AMECA had made the commitment a year earlier and much time and energy had been spent working towards developing a District Educational Campus at the Lehurutshe site. The university was particularly concerned because its name had been used in fundraising on the AMECA website,

an issue the legal office has taken up. Despite this, plans to launch training of clinical associates there in 2009 are moving forward well.

Professor Couper chaired the annual meeting of the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca) during the World Rural Health Conference in Calabar, Nigeria, during which time he was also inducted as an honorary chief of the Okoyong community of Cross River State. In May he participated in an inaugural family medicine training workshop in Malawi, funded by the Scottish Government in collaboration with the University of Edinburgh and the College of Medicine of the University of Malawi. An important meeting of stakeholders agreed on the need to find funding for the appointment of an appropriate family physician to lead the development of a district-based family medicine registrar training programme in Malawi.



In June, Professor Couper was invited to be a keynote speaker at an international Conference on Community Engaged Medical Education in Ontario, Canada, and then to conduct an evaluation of the Comprehensive Community Clerkship for final year medical students at the new Northern Ontario School of Medicine (NOSM). In September he conducted a site visit to Crete in order to prepare for the World Rural Health Conference to be hosted there in June 2009 under the auspices of the Wonca Working Party on Rural Practice. In December, he joined colleagues from the School of Public Health to attend a meeting in Nairobi, Kenya, to discuss the implementation of a project on the training of mid-level medical works in Africa.

From July to November, Professor Couper participated in the Road Map to Health Reform process, led by the Development Bank of South Africa. He contributed specifically to the working group on “Results-based improvements to service delivery”.

In October, the Division was integrally involved with the Faculty in hosting the inaugural annual International Workshop on the Clinical Associates Programme on behalf of the national Department of Health, which went off successfully.

Although the publication output was significantly less in 2008 than in previous years, four writing workshops were held during the year, which can be expected to bear fruit in 2009.



**Vice Chancellor's Awards 2008:
Members of the IPC team with other recipients**

REVIEW OF FOCUS AREAS

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

The WIRHE scholarship programme is now in its sixth year, and supported 41 students in 2008. Its aim is to address human resource shortages by providing opportunities to disadvantaged students from rural areas of North West and Limpopo Province, where Wits has links, to study for health science professional careers. This is done in collaboration with local health districts in such a way that it maximises the likelihood of students returning to these districts on completion of their studies, not only because of contractual obligations but also because of vacation work experience and relationships developed over the years.

Through the North West scholarship programme component, we supported an increased number of WIRHE students at University of Limpopo (Medunsa campus), and one student at University of Pretoria.

The profile of the WIRHE students is similar to the previous year with the majority of students being registered for medicine:

Programme	Number of Students	Percent of Total
Medicine	26	63,4%
BSc Occupational Therapy	5	13%
BSc Physiotherapy	2	5.3%
BSc Pharmacy	6	14.6%
BDS	1	2.6%
BSc Nursing	1	2.6%

The students achieved a 75% pass rate.

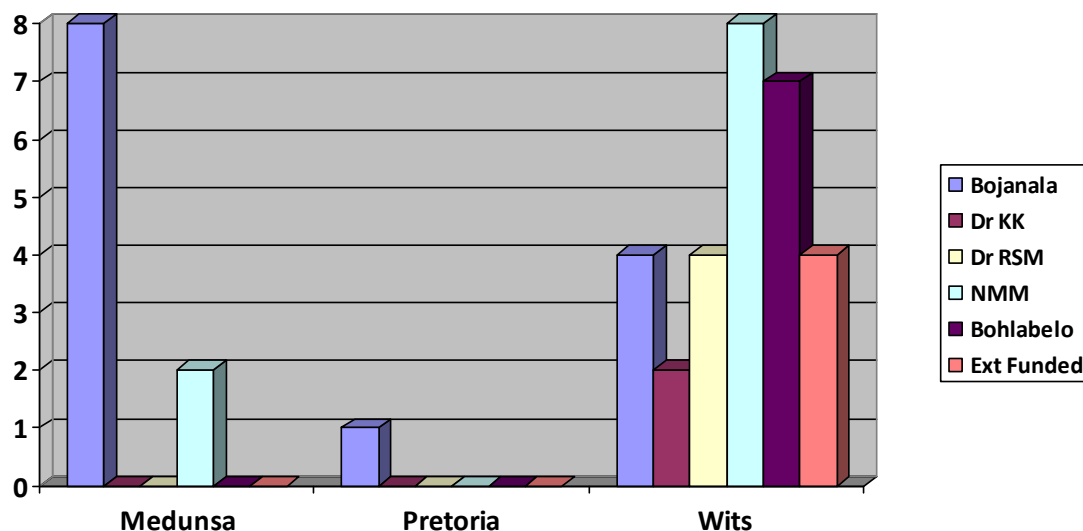
A successful joint meeting was held at Wits bringing together WIRHE students from all three medical schools, a gathering much appreciated by the students.

The WIRHE scholarship programme secured three additional funders; two students were supported by Aspen Pharmacare, and the AMECA Trust and Novartis supported one student each. In addition to that the programme was awarded the coveted Discovery Foundation Excellence award worth R1 million, in June 2008. The prize money will be used to recruit additional students into the existing North West Provincial scholarship programme, seeking to attract a better quality of student through a more active marketing campaign in 2009, and to fund these students in 2010.



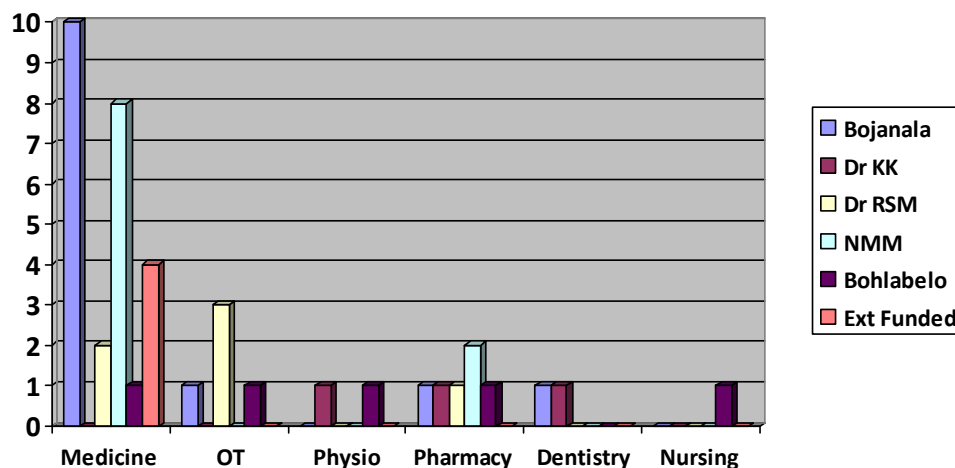
The current profile of students is as follows:

WIRHE students: Registration per District and Institution



Bojanala = Bojanala district (Rustenburg), NWP
 Dr KK = Dr Kenneth Kaunda district (Klerksdorp), NWP
 Dr RSM = Dr Ruth Segomotsi Mompati district (Vryburg), NWP
 NMM = Ngaka Modiri Molema district (Mafikeng), NWP
 Bohlabele = Bohlabele sub-district (Bushbuckridge), Mpumalanga
 Externally funded students supported by WIRHE

Registration per District and Programme



(Key as above)

The good news offset the heartache that came with the passing away of one of our senior students, Ntsako Mthethwa, in a drowning accident whilst engaging in a two week rural block in Bushbuckridge, which was his home. He was the first student to be admitted to our programme and the youngest when he joined. At the time of his death he had just commenced MBChB 5.

A poster on the WIRHE scholarship, presented at the South African Association of Health Educationalists (SAAHE) conference in Cape Town, won second prize.

(A separate report on the WIRHE programme is available on request.)

2. Undergraduate Education

The rural site visits for students in **GEMP 1 and 2** continued. However, there were increasing difficulties in achieving some of the objectives, and time spent travelling had steadily increased due to traffic congestion. A meeting with the Medical Students Council confirmed that there were many problems, despite many positive experiences. A decision was taken to restructure the rural site visits, and a proposal was developed to transform the 2003 rural site visits model into a programme called

Adopting a Community, to be introduced in GEMP 1 in 2009, in which students will work within their own or neighbouring communities (rural or underserved) over a two year period, in groups of 2-4. To prepare for the proposed change Ms Sondzaba was hosted by staff at the Centre for Rural Health, UKZN who have been running a similar program for some time.

The Integrated Primary Care (IPC) Block in **GEMP 4** continued to be a major activity. The support of the 7 departments that contribute to the block is much appreciated. The IPC Team was awarded the Vice-Chancellor's Team Teaching Award for 2008, which was a great encouragement to everyone involved.

The table on the next page presents a summary of the IPC programme in 2008, in terms of sites used and exam results.

The students engaged in a wide variety of quality improvement projects that assisted with service development in their sites.

Presentations were made at a number of national and international conferences on aspects of the IPC block.

Over 80 students in GEMP 1 and GEMP 3 signed up for **rural electives** in 2008 through the Division of Rural Health. (Other students may do rural electives through other departments or divisions.) Portfolio reports submitted by returning students are continuously positive about these as a learning experience, both because of the broader perspective provided by rural health care and because of the particular, hands-on nature of the work. An article based on these reports is currently being drafted.

IPC Block Summary of Academic Activities 2008

Province	Site (All sites used since 2006)	Rot 1	Rot 2	Rot 3	Rot 4	Rot 5	Rot 6	Rot 7	Site Usage in 2008
North West	Delareyville CHC	√	Rest	√	√	Rest	√	Rest	4
North West	Mafikeng Hospital*	Rest	√	√	√	√	√	√	6
North West	Lichtenburg Hospital*	√	√	√	√	Rest	√	√	6
North West	Klerksdorp Hospital*	√	√	Rest	Rest	√	√	√	5
North West	Taung Hospital	Site not used due to lack of a suitable local supervisor					√	Rest	1
North West	Far East Rand Hospital	New Site		√	Rest	√	√	√	4
North West	Zeerust Hospital*	√	Site not used due to lack of a suitable local supervisor						1
North West	Carletonville Hospital	Site not used due to lack of a suitable local supervisor							0
Gauteng	Lillian Ngoyi CHC	Site not used due to lack of a suitable local supervisor							0
Gauteng	Discoverers CHC	Site not used due to lack of a suitable local supervisor							0
Gauteng	Alex CHC	Rest	Rest	√	√	√	√	Rest	4
Gauteng	Dr Yusuf Dadoo Hospital	Rest	Rest	√	Rest	√	Rest	√	3
Gauteng	Germiston Hospital	√	√	Rest	√	Rest	√	Rest	4
Gauteng	Hillbrow CHC	√	Rest	√	Rest	√	Rest	√	4
Gauteng	Kopanong Hospital	√	√	√	√	Rest	Rest	√	5
Gauteng	South Rand Hospital	√	√	√	√	√	√	√	7
Total No of Sites Used per Rotation		8	6	9	7	7	9	8	
									Total
No. of Students per Rotation		30	27	34	31	30	36	32	220
No. of Students who failed		0	2	0	2	2	4	2	12
No. of students achieving distinctions		7	4	3	2	5	3	3	27

5.5 % of the class failed the block (50% of those were Cuban trained students)

12.3 % of the class passed with distinctions

Highest Mark Achieved for End of block Examination = 85.1%

Lowest Mark Achieved for End of block Examination = 42.3%

Highest Number of Distinctions was achieved in Rotation 1 = 7 students

Highest Number of Failures was in Rotation 4 = 4 students



3. Postgraduate Education

Despite preparations being made well in advance for the commencement of Family Medicine registrar training in North West in 2008, the province advertised the posts very late. Finally two registrars were appointed to kick off the programme, in June 2008.

However the provincial family physicians continued to teach on the old part-time MFamMed programme, which is being phased out, assisting also with examination and with supervision of the students who are in the province.

Professor Couper attended a meeting of the PrimaFamMed Network in Uganda in November, with a focus on “Improving the Quality of Family Medicine Training in Sub-Sahara Africa”. The network aims to support the development of family medicine in Southern, Eastern and Western Africa, through linkages and providing technical support as needed. Arising from this, he is involved in a project to support family medicine development in Malawi, as part of a broader twinning project in which 7 of the 8 departments of family medicine in South Africa will be working with universities in SADC states.

The new MPH in the field of rural health was held in abeyance, because there were insufficient applications for 2008, relating to late approval of the field of study, and no MPH intake in 2009.

4. Support and training of rural doctors

Three skills training workshops were held at Wits in 2008. A total of 75 doctors attended the courses, being trained in a wide range of common clinical, diagnostic and procedural skills relevant to primary and secondary care. Since the inception of the workshops in 2003, we had run 15 courses by the end of 2008, with a total of 520 participants. A number of participants have returned frequently.

In 2007 we offered a one day preparatory workshop on the consultation with a focus on clinical reasoning skills, for a small group of participants on the day preceding the skills course. While the participants clearly needed this, there was not a great demand, so this was stopped.

In addition to these, two provincial skills courses were held in North West Province, in Rustenburg in February and Potchefstroom in September. These were attended by one doctor and one nurse from each sub-district in the province. Feedback was very positive

A particular form of skills training that continued in North West is the neonatal resuscitation training programme, particularly in Dr KK district.

The joint appointment family physicians played an active role in continuing professional development (CPD) in the province, giving support to and facilitating provision of these programmes.

5. Development of primary health care in North West

The family medicine team engaged in a wide range of activities in the province, from supporting clinical managers to training of doctors and primary health care nurses, quality improvement projects, service development issues, development of protocols, supporting the HIV/AIDS programme, etc.

In July Dr Sunny Abizu was appointed senior family physician/lecturer in Dr Ruth Segomotsi Mompati District (Vryburg area). An offer was made to a principal specialist for the same district but he subsequently turned this down, so that the post remains vacant, and Dr Abizu acts in that position. In September Dr van Deventer was joined in Dr Kenneth Kaunda District (Klerksdorp area) by a senior family physician/lecturer, Dr Indiran Govender, who has made a big difference.

Professor Couper met 6-weekly with Dr Claire van Deventer (Dr KK district/Wits), Dr Alhagi Njie (Ngaka Modiri Molema district/Wits), Dr Sunny Abizu (Dr RSM

District/Wits) and Dr John Tumbo (Bojanala/Medunsa) to coordinate and develop activities. In some of the districts the principal family physician is now playing a key role in co-ordinating clinical services in the district and advising the district Chief Director on all matters relating to clinical care. Their roles in audit, quality improvement and related issues are particularly significant.

Provincial family medicine forum meetings were held during the year in Rustenburg in May and in Ventersdorp in October. The latter focussed on quality improvement; as part of this, a group of Wits final year medical students doing their IPC block based in Klerksdorp presented their current quality improvement project. All family physicians or family medicine students, in public or private practice, in North West province are invited. The meetings provide an opportunity for sharing of information as well as presentation of research and new developments.

A clinical management committee has been started to oversee quality issues in each district with family physicians driving the process. In conjunction with this, the family physicians have facilitated forums for chronic illness and for HIV/AIDS issues in their districts. This has helped the standardization of policies, has ironed out referral issues and is helping with a great deal of operational issues.

In Ngaka Modiri Molema District, Drs Njie and Musonda coordinated the formation of the district clinical committee, a multi-disciplinary team involving managers, clinicians and other health care workers. The purpose of the structure is to improve patient safety, monitor drugs and therapeutics, and promote research. The team met quarterly and hosted a district research conference in November under the leadership of the family physicians.

The chronic illness forum in Dr Kenneth Kaunda (KK) District met quarterly to coordinate a number of activities aimed at improving chronic care to patients in the district. It is co-facilitated by Dr Claire van Deventer. The areas covered by the forum are: community based eye care, quality improvement projects related to chronic diseases, inspections at all clinics to ensure compliance with standards for chronic care, an innovative health education package at Tshepong hospital for discharged chronic patients, a new method of cervical cancer screening, the management of

home based oxygen therapy, the development and acquiring of health education material, the involvement of students in dietetics and pharmacy at the University of the North West in projects, and many more. The forum won both an MEC's gold award and a Premier's silver award for service provision in the province.

A five year quality improvement project (QIP) on diabetic care in Dr KK district is ongoing. A QIP on asthma was started in July with audits, a workshop on asthma and new chronic illness forms being designed. These were part of the quarterly chronic illness forum's activities.

In Dr KK district, Dr van Deventer provided training in neonatal resuscitation for all new doctors at Potchefstroom hospital as part of their orientation, as well as running 3 other sessions for nurses and doctors. She ran a 5-day Integrated Management of Childhood Illnesses (IMCI) Course for doctors in North West,

In the Ngaka Modiri Molema District, Dr Njie has been running a basic antenatal care (BANC) programme in the Tswaing sub-district.

In Dr Ruth Segomotsi Mompati (RSM) district, Dr Abizu organised obstetrics workshops in all the sub-districts to improve the standard of obstetric care in the district. Similarly the PMTCT program was prioritised in this period, resulting in improved PMTCT uptake, from less than 30 % to about 90% in some areas. One sub-district, Lekwa-Temane, was singled out as the best PMTCT programme in the provincial excellence awards. In Dr RSM district, Dr Abizu has formed a PHC Physician Team, consisting of doctors, facility managers and nurses interested in primary health care; the team meets monthly to look specifically at problems in primary health care delivery.

Supervision of interns is ongoing. HPCSA assessments in Klerksdorp, Potchefstroom and Mafikeng were favourable. In the last quarter all interns in Dr KK district had one month of psychiatry exposure, partly at Witrand hospital. The internship programme in Dr RSM district was started in October 2008, with 5 interns, who rotate through Vryburg and Taung Hospitals; their family medicine rotation is supervised by Dr Abizu.

6. Centre for Rural Health

The Centre for Rural Health Advisory Board, chaired by Professor Stephen Tollman, met 3 times during the year, including one longer strategic planning session. The involvement and commitment of the Board members is much appreciated. (See appendix E for the composition of the Board.)

Working with the director, a strategic plan for the Centre and goals for the next 3 years were developed and approved. (See Appendix C for the goals; other documents are available at Centre's website

[http://web.wits.ac.za/Academic/Health/Entities/RuralHealth/.](http://web.wits.ac.za/Academic/Health/Entities/RuralHealth/))

It was decided to plan for a formal launch together with a symposium hosted by the Centre in 2009. The Board agreed that the name should simply remain as the Wits University Centre for Rural Health.

The proposal to develop a District Educational Campus at Lehurutshe hospital, near Zeerust, in North West Province, nearly ground to a halt when AMECA, a UK-based charity with whom the university signed an agreement to form a joint venture section 21 company in 2007, withdrew, ostensibly due to their concerns about land ownership. However, the North West Provincial Department of Health continued to indicate their support for the project and alternative ways of achieving the same goals are being explored. The major focus of the project is the establishment of a rural district training unit, or campus, to bring together training of rural doctors, medical students, family physician registrars, primary health care nurses, and clinical associates, in the context of the broader health team at district level. It is hoped that this will serve as a model for innovative training at district level, and for service development and support, as well as being a base for research activities. Plans are moving forward to launch Clinical Associates training there in 2009.

Discussions around the development of a campus at Tintswalo hospital, in Mpumalanga, in cooperation with the University of Pretoria, were revived with a

positive meeting in August. Progress, however, remains slow.

7. Research and related activities

Research presented at the National Family Practitioners' congress in Rustenburg in August 2008 included paper presentations and posters from the provincial family medicine team. A poster presentation entitled "Management of chronic illness in primary care", by Van Deventer, Couper and Sondzaba, based on research completed in Dr KK district, was awarded the prize for best poster (by independent adjudicators). Professor Couper chaired the Scientific Programme Committee for this conference; Drs van Deventer, Njie and Musonda served as reviewers of abstracts.

The above chronic illness research as well as an Evaluation of the Parallel Rural Community Curriculum of Flinders University in Australia by Professor Couper were presented at the Faculty Research Day in August.

GEMP students continued to visit the Madibeng Centre for research in Brits to participate in an ongoing research project, on knowledge of and attitudes to HIV in local communities, as part of their training.

Research on teamwork in the consultation was delayed awaiting approvals from Gauteng authorities.

Professor Couper continued to participate in the national Collaboration for Health Equity through Education and Research (CHEER). As part of this, a meeting of CHEER was hosted by the Centre in October. This was linked to the visit of a CHEER peer review team which looked at community-



CHEER meeting at Wits

based and socially accountable education at Wits in relation to the MBBCh, physiotherapy and occupational therapy programmes.

Professor Couper was also invited to the Northern Ontario School of Medicine in Canada to conduct an evaluation of their third year Comprehensive Community Clerkship, whereby medical students spend an entire year in rural communities of Northern Ontario.

Professor Couper also attended a research planning meeting in Kenya, as part of a group from the Wits School of Public Health, for a Gates Foundation funded project related to training of midlevel medical workers in Africa.

In order to broaden and improve publication output in the Division of Rural Health, four one-day writing workshops were held with the small staff team. They were found to be beneficial and thus will continue in 2009. However, much work is still needed, as evidenced by the small output in 2008. It is hoped that the workshops will begin to bear fruit in the coming year.

(See Appendix G for publications and presentations.)

8. Policy development

Professor Couper participated in a number of meetings with the National Department of Health to discuss finalising the long-awaited Rural Health Strategy. Progress remains very slow.

Working with the national Department of Health and the Vice Dean's office, Professor Couper, Dr Truscott, and Professor Hammond helped to organise the inaugural annual International Workshop for the Clinical Associate Programme, in October. This helped to take policy forward for this cadre.

9. Clinical associates

The year was spent in preparing to start the BCMP course in January 2009, after it became that we could not start the course in July 2008. This included detailed budgeting in discussion with the deanery. More advanced costing, and development of workbooks and teaching notes has been achieved.

Professor Hammond and Dr Truscott had the opportunity of meeting with most of the departments in the Faculty of Health Sciences during the year to get their input into the programme. This proved to be a valuable method of orientating staff to the programme, and of obtaining their support and comments on the programme.

Implementation of the course was approved by the Faculty Board, provisional on the promised financial support being received from the National Department of Health. National educational bodies accredited the course (HPCSA, SAQA, HEQC).

The original plan was only to have 12 students at South Rand Hospital, but subsequently, in consultation with North West province, and particularly with Dr Njie in Ngaka Modiri Molema District, it was agreed also to include training of 12 students at Lehurutshe, using the Lehurutshe-Zeerust Hospital complex. These two District Educational Campuses (DECs) were visited several times. Costing for renovations was undertaken together with representatives of the Provinces and of the European Union who are funding the process. Swartruggens in North West Province, identified as another potential training site, was also visited.

A process for selection of students for the two sites was developed, taking into account the special needs of students from rural areas. The support of the Faculty's Assistant Dean for Students, Professor Ahmed Wadee, and the Faculty Registrar, Mrs Sandra Benn (and their teams) was particularly important because of the very late approval to go ahead with offering the degree in 2009, long after the Faculty's closing date for applications.

The financial support and process of selection and appointing teaching staff for both

Gauteng and North West Province was developed so that in both provinces staff can be appointed to permanent posts with full payment of overtime and scarce skills allowances. Adverts were published in December.

Dr Truscott went to Walter Sisulu University as external examiner for the first summative examination of their Clinical Associates students. He was impressed with the calibre and commitment of the staff and students and what had been achieved despite difficult learning situations.

Dr Truscott also attended the official launch of the Clinical Associates course held at Walter Sisulu University in Mthatha, together with the Vice-Dean, Professor Merryll Vorster.

An inaugural annual International Workshop for the Clinical Associate Programme, organised by the National Department of Health, with our assistance, was held at the Wits Medial School. It included invited speakers from the UK, the USA, Kenya, Mozambique and Malawi. The 3 local schools involved in training (Walter Sisulu, Pretoria and Wits) also made presentations. Arising from this, Wits was asked to host a meeting of the International Forum for Physician Assistant Education in 2009.

The support of Professor Det Prozesky (Director, Centre for Health Sciences Education) and Professor Merryll Vorster (Head, School of Clinical Medicine) has been important in moving the process forward. Amongst other things, this has enabled Professor Kate Hammond to continue provide part-time assistance, particularly in the development of the curriculum and teaching notes.

There has been ongoing discussion and liaison throughout the year between the clinical associate training units of Wits, Pretoria, and Walter Sisulu universities, and the developing units at Medunsa and Free State University.

THE WAY FORWARD

In planning for 2009 the Division of Rural Health is seeing the year as having much potential for growth, particularly as new staff are expected to come on board. Goals for 2009 are set out in Appendix B.

It is hoped that funding can be secured during the year to develop an advocacy unit, in collaboration with the Rural Doctors Association of Southern Africa (RuDASA), and also to develop the Lehurutshe District Educational campus.

Major highlights of 2009 will be the launch of the Clinical Associates Programme as well as the launch of the Centre for Rural Health; the latter will take place in August. We also hope the North West province will finally launch the North West Scholarships Programme, officially at least.

The Centre will also be co-hosting the annual RuDASA conference, in North West, together with the Wits Reproductive Health and HIV Research Unit.



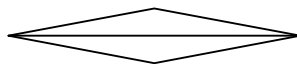
Family medicine training programme, Malawi

CONCLUDING REMARKS

The Centre can only continue to progress because of the contributions of many people. The support given thus far to the Division of Rural Health – both at Wits and in North West – is gratefully acknowledged. At the same time, the hard work and dedication of the small team which make up the Division is impressive.

The support of many people in the Faculty and beyond is important; these include Professor Bruce Sparks (Head, Department of Family Medicine), Professor Merryll Vorster (Head, School of Clinical Medicine), Professor Helen Laburn (Dean, Faculty of Health Sciences), and Dr Andrew Robinson (DDG, North West Department of Health).

Much of what we do would not be possible without external funders. A list of these funders is provided in Appendix F. We are very grateful to them for their generous contributions.



APPENDIX A

DIVISION OF RURAL HEALTH

GOALS FOR 2008: ASSESSMENT

1. **IPC block**
 - Received the Vice-Chancellor's Team Teaching Award
 - Draft evaluation report completed for 2006
 - Way forward for evaluation of 2007-8
 - Purchased basic domestic equipment for 3 IPC block sites.
 - Sourced reference books for distant sites
 - Partial external review by CHEER
 - Article submitted on teleconferences
2. **Clinical Associates**
 - Received approval for implementation
 - Development of workbooks progressing
 - Student selection a major step forward
 - Posts for teachers advertised
 - Good support from Gauteng and North West provinces
 - Hosted the national workshop on clinical associates.
3. **Lehurutshe Project**
 - Provincial government supportive of the programme
 - Site selected for Clinical Associates training
4. **WIRHE Scholarship**
 - Received Discovery Foundation Excellence Award
 - Attained a 75% pass rate
 - Five students entering final year
 - Secured additional funding (Aspen, Novartis, AMECA)
 - Still waiting for formal launch of the North West programme
5. **Marketing**
 - Leaflet for the CRH and the WIRHE scholarship developed
 - Annual report disseminated
 - Website for Centre for Rural Health established
6. **Centre for Rural Health**
 - Regular board meetings held
 - Strategic plan approved
7. **Research and publications**
 - 4 writing workshops
 - 2 publications
 - 12 conference presentations
8. **MPH in Rural Health**
 - Only one applicant for 2008 due to late approval and no MPH intake for 2009.
9. **Foundation for Health Certificate**
 - In abeyance
10. **Family medicine registrar programme in North West**
 - Implement of the programme in 2 districts.
 - Offered places to 12 registrars in 2009 (9 for Wits)

11. Consolidation of activities.

- Over 80 GEMP students signed up for rural electives
- North West Family Medicine (FM)
 - 2 Family Medicine forum meetings held
 - Support of HOD for provincial FM plan.
- Skills course
 - 3 held at Wits
 - 2 held in North West province

APPENDIX B

DIVISION OF RURAL HEALTH

GOALS FOR 2009

1. **Clinical Associates**
 - Identify sites for 2010 (1-2 more sites)
 - Launch the BCMP degree
 - Appoint appropriate teaching staff
 - Get students selection right
 - Achieve 100% pass rate amongst students
2. **District Educational Campuses (DECs)**
 - Facilitate the development of peripheral district teaching sites
 - Source funding for development of the Lehurutshe site
 - Send students to Tintswalo
3. **GEMP**
IPC Block (GEMP 4)
 - Complete evaluation of 2006-8
 - Publish 2 articles
 - Arrange signage for sites
 - Conduct support visits to all sites**Rural site visits (GEMP 1 and 2)**
 - Restructure site visits into a 2-year "Adopt a Community project"
4. **Marketing**
 - Plan a marketing strategy
 - Includes development of a logo and standard banners
 - Develop brochure for MPH programme
5. **Centre for Rural Health**
 - Launch the Centre for Rural Health
 - Initiate advocacy project
 - Arrange 2 symposia during the year
 - Explore the possibility of a logo
6. **Special projects**
 - Host RuDASA conference
 - Host International Physician Associate Educators Association meeting
 - Launch the Basic Emergency Skills Training (BEST) course
 - Train instructors for neonatal resuscitation training courses
 - Strategise on issue of hospital management
 - Establish a model chronic illness clinic
 - Support development of family medicine training in Malawi
7. **WIRHE**
 - Develop a logo
 - Launch NW programme
 - Identify and approach new sponsors
 - Improve the selection process
 - Explore the possibility of an essay competition
8. **Research and Publications**
 - At least one article to be published by each academic staff member
 - Arrange a 3 day writing workshop
 - Carry out consultation research
 - Finalise protocol for impact of district-based blocks research

- Develop a research proposal around the BCMP
 - Employ a research assistant
- 9. Post-graduate training**
- Develop the MPH in Rural Health further, with a clear direction
 - Explore Master of Rural Health/MSc in rural health
 - Explore a Clinical Course
 - Arrange an exploratory meeting regarding PHC Nursing Masters programme
- 10. Foundation for Health Care Certificate**
- Explore Funding Possibilities.
- 11. North West Family Medicine (FM)**
- Train FM registrars in all districts
 - Arrange 2 provincial FM forum meetings
 - Arrange 2 provincial skills courses

APPENDIX C

Centre for Rural Health

SUMMARY OF KEY GOALS FOR 2009-2011

GOAL	ACTIVITY	TIMEFRAME	OUTPUT	POTENTIAL IMPACT
1. Support undergraduate education in rural health care, for medical and other health science students.	Extend scholarship scheme through additional funding past 2010	2010	Finances for 12 students per year on continuing basis from 2011	Increasing rural students studying health professions
	Evaluate impact of scholarship scheme	2010	Develop funded proposal for longitudinal evaluation of graduating WIRHE students	Monitor success of programme
	Develop rural training site in North West	2010	Establishment of a training site where undergraduate students from different disciplines are accommodated and trained together	Increased exposure of undergraduate students to rural practice in a positive environment, increasing chance of later recruitment.
	Develop rural training site in Mpumalanga	2010	Establishment of a training site where undergraduate students from different disciplines are accommodated and trained together	Increased exposure of undergraduate students to rural practice in a positive environment, increasing chance of later recruitment.
	Works towards establishing a rural clinical school in North West province	2011	Concept proposal accepted by University and Province, with firm commitment to implementation	Training of medical students from North West for North West in North West.
2. Develop, deliver, research and evaluate postgraduate programmes in rural medicine and rural health (clinical and non clinical areas) for all health care professionals.	Implement the MPH in the field of Rural Health	2010	Students enrolled on MPH programme	Train cadre of professionals with public health understanding to work in rural areas
	Develop and submit a proposal for the Masters in Rural Health (MRH) or MSc in Rural Health.	2011	Approved Masters degree programme for rural health	Developing opportunities for further study for rural health care workers

	Develop a Postgraduate Diploma in Rural Medicine	2011	Approved Postgraduate Diploma	Develop opportunities for skills training for rural doctors
	Explore Postgraduate Clinical Nursing training programmes with the Department of Nursing Education.	2010	Plan for development of new course(s)	Potential for training opportunities for nurse clinicians
3. Conduct collaborative research in the area of rural health, especially with respect to human resources for rural health, and engage in evaluation and monitoring of selected rural health services.	Submit proposal for appropriate research call	Annually, 2009-2011	Ongoing research plan	Research findings to impact on human resources development
	Employ a research assistant	2009	Support for ongoing research	Development of further research proposals
	Investigate collaborative research with other institutions	Ongoing	Submit research proposal	Research findings of broader significance
	Investigate the optimum skills mix for rural district hospitals	2011	Proposal for discussion	More rural friendly HR policies
4. Advocate for improvements in rural health care, in cooperation with rural communities and other relevant stakeholders.	Establish rural health advocacy unit	2010	Rural health advocacy strategy	Rural health is accorded higher priority in policy development and planning
	Develop process of “rural proofing” of policy initiatives, in collaboration with other units.	2011	Awareness of need to examine policies with a rural lens	All new health and social policies are “rural-proofed”
	Conduct 1 symposium or workshop related to rural health care issues in 2009 and 2 per year thereafter	Ongoing	Reports of symposia/ workshops	Development of human resource for rural health related policies and plans

IDC
31/10/08

APPENDIX D

STAFF

As at 31st December 2008, the following staff were members of the Division of Rural Health

Name	Position(s)	Main activities	Main location	Email address
CORE UNIT				
Prof Ian Couper	Head of Division of Rural Health/Director of Centre for Rural Health/Director of Rural Health, North West Province/Principal specialist, North West province	Coordination and leadership of Division, Centre, and North West team.	Wits Medical School/North West province	ian.couper@wits.ac.za
Ms Nontsikelelo Sondzaba	Lecturer	Coordinator, WIRHE programme Coordinator, IPC block Coordinator, rural site visits	Wits Medical School	Nontsikelelo.Sondzaba@wits.ac.za
Dr Andrew Truscott	Lecturer Principal specialist, National Department of Health	Coordinator, Clinical Associates programme	Wits Medical School	Andrew.Truscott@wits.ac.za
Mr Sizwe Dhlamini	Secretary	WIRHE programme (50%) PA to Prof Couper (50%)	Wits Medical School	Sizwe.Dhlamini@wits.ac.za
Prof Kate Hammond	Part-time consultant	Clinical Associates programme	Wits Medical School	Kate.Hammond@wits.ac.za
NW PROVINCIAL UNIT				
Dr Claire van Deventer	Senior lecturer Principal family physician, Dr Kenneth Kaunda district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Potchefstroom	cvandeventer@nwpg.gov.za

Dr Indiran Govender	Lecturer Senior family physician, Dr Kenneth Kaunda (Southern) district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Klerksdorp	indiran.govender@gmail.com
Dr Alhagi Njie	Lecturer Principal family physician, Ngaka Modiri Molema (Central) district, North West province	Primary care service delivery Health service development Undergraduate and postgraduate training	Mafikeng	ANjie@nwpg.gov.za
Dr Dammika Ratnayake	Lecturer Senior family physician, Mafikeng hospital, North West province	Health service delivery and development Undergraduate and postgraduate training	Mafikeng	jdratnayake@yahoo.com
Dr John Musonda	Lecturer Medical Manager, General de la Rey-Thusong Hospital Complex, Lichtenburg, North West province	Health service delivery and development Undergraduate and postgraduate training	Lichtenburg	JMusonda@nwpg.gov.za
Dr Sunny Abizu	Lecturer Senior family physician, Dr Ruth Segomotsi Mompati (Bophirima) district, North West province	Health service delivery and development Undergraduate and postgraduate training	Vryburg	dr.abizu@gmail.com

APPENDIX E

BOARD OF THE CENTRE FOR RURAL HEALTH

January 2009

Function: To provide strategic direction and governance oversight for the Centre for Rural Health

Frequency of meeting: 3 times a year

Members:

1. Chair: Prof Steve Tollman (Nominated by the Dean)
2. Director of Centre (Ex officio) – Prof Ian Couper
3. Head of School of Clinical Medicine – Prof Merryll Vorster
4. Representative of School of Therapeutic Sciences – Prof Pat de Witt
5. Representative of School of Public Health – Dr Mosa Moshabela
6. Head of Community Paediatrics – Prof Haroon Saloojee
7. Head of Wits/MRC Rural Public Health Research Unit – Prof Steve Tollman
8. North West Department of Health – Ms Mmule Rakau, Chief Director, Central District
9. Mpumalanga Department of Health – Ms Ida Makwetla, Chief Director, Primary Health Care
10. NGO sector – Mr. Junior Potloane, CEO, Water Institute of South Africa
11. NGO sector – Mr. Ken Duncan, CEO, Swiss South Africa Cooperation Initiative
12. Private sector – Mr. Jackie Tau, Group CSI Manager, Aspen Pharmacare
13. Private sector – Mr. Wallace Mayne, Consulting Engineers South Africa (CESA)
14. Research sector – Mr. Dan Mosia, COO, Reproductive Health and HIV Research Unit

APPENDIX F

LIST OF FUNDERS

We are grateful to the following donors for their support during 2008:

<i>Donor</i>	<i>Focus</i>
Dr Ronald Ingle	Division of Rural Health
Swiss South Africa Cooperation Initiative (SSACI)	WIRHE
North West Province Department of Health	WIRHE
Dr Marion Bergman	WIRHE
Aspen Pharmacare	WIRHE
Novartis	WIRHE
AMECA Trust	WIRHE
Mrs. Baskind	Clinical Associates programme (Equipment)

APPENDIX G

SUMMARY OF SCHOLARLY ACTIVITIES

1. Research, Publications and Related:

Publications:

- Ogunbanjo GA, Couper I. The Rustenburg Resolution: Inequality in Health Care in South Africa [Editorial] SA Fam Pract 2008; 50(5): 42
- Couper I, Mash B. Obtaining consensus on core clinical skills for training in family medicine. SA Fam Pract 2008; 50(6):69-73

Research reports:

- Van Deventer C, Couper I, Sondzaba N. Chronic Patient Care at North West Province Clinics. July 2008

Presentations:

- Couper I. RURAL MEDICINE: Is it necessary (as part of academic training)? Invited seminar address, UCT Faculty of Health Sciences, February 2008.
- Couper I. Status of Rural Health. (Invited keynote address) 8th Wonca International Rural health Conference: Frontline Medicine - from Man-made and Natural Disasters to Daily Care. Calabar, Nigeria, February 2008.
- Couper I. Community of Learners. (Invited Keynote Address) International Conference: Community Engaged Medical Education in the North (ICEMEN), Sudbury and Thunder Bay, Ontario, Canada, June 2008.
- Couper I, Worley P. Evaluation of the Parallel Rural Community Curriculum (Plenary presentation) International Conference: Community Engaged Medical Education in the North (ICEMEN), Sudbury and Thunder Bay, Ontario, Canada, June 2008.
- Couper I, Sondzaba N. An Innovative Primary Care Rotation for Final Year Medical Students (Plenary Presentation) International Conference: Community Engaged Medical Education in the North (ICEMEN), Sudbury and Thunder Bay, Ontario, Canada, June 2008
- Sondzaba NO, Couper ID. WIRHE Scholarship: More Than Just Rands and Cents (Poster) South African Association of Health Educationalists (SAAHE) conference, Cape Town, June 2008. (Awarded second prize.)
- Sondzaba NO, Couper ID. Teleconferencing IPC Block: Lessons Learnt. SAAHE conference, Cape Town, June 2008
- Sondzaba NO, Couper ID. An Innovative Primary Care Rotation for Final Year Medical Students (Free Paper) SAAHE conference, Cape Town, June 2008
- Couper I. The Rural PHC Team: Tales and Trials. (Invited keynote address) RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.
- Couper I. Evaluation of the Comprehensive Community Clerkship Programme at the Northern Ontario School of Medicine. (Free Paper) RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.

- Truscott A, Mahlo M. The Role of Doctors in training of Primary Health Care Nurses (Workshop). 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- Govender I. Successfully Climbing Kilimanjaro and other mountains in Africa. 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- Govender I. Stress among General Practitioners in Kwa-Dukuza, Kwa-Zulu Natal. 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- Couper I. Evaluation of the Flinders Parallel Rural Community Curriculum (PRCC) (Free paper) Faculty of Health Sciences Research Day, August 2008
- Truscott A, Mahlo M, The Role of Doctors in training of Primary Health Care Nurses (Workshop). RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.
- Sondzaba NO, Couper ID. Rural Site Visits: Sowing the Seed for Future Teams (Poster) RuDASA Annual Rural Health Conference, Beaufort West, September 2008
- Hammond K. Clinical Associate curriculum development at the University of Witwatersrand. International Workshop for the Clinical Associate Programme, Wits Medical School, October 2008
- Couper I. Where to teach: The role of local training sites. (Plenary presentation) Primafamed conference: Improving the Quality of Family Medicine Training in Sub-Sahara Africa, Kampala, Uganda, November 2008
- Couper I, Mash B. Assessment and Evaluation in postgraduate family medicine training programmes (Workshop). Primafamed conference, Kampala, Uganda, November 2008
- Couper I, Mash B. The PHC Team (Workshop) Primafamed conference, Kampala, Uganda, November 2008
-

2. Conferences attended

Prof ID Couper

- 8th Wonca International Rural health Conference: Frontline Medicine - from Man-made and Natural Disasters to Daily Care. Calabar, Nigeria, February 2008.
- International Conference: Community Engaged Medical Education in the North (ICEMEN), Sudbury and Thunder Bay, Ontario, Canada, June 2008
- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.
- International Workshop for the Clinical Associates Programme, Wits Medical School, October 2008
- Primafamed conference: Improving the Quality of Family Medicine Training in Sub-Sahara Africa, Kampala, Uganda, November 2008

Ms NO Sondzaba

- South African Association of Health Educationalists (SAAHE) conference, Cape Town, June 2008.
- RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.

Dr C van Deventer

- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008

Dr AG Truscott

- RuDASA 12th Annual Rural Health Conference, Beaufort West, September 2008.
- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- International Workshop for the Clinical Associates Programme, Wits Medical School, October 2008

Dr A Njie

- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008

Dr J Musonda

- International TB Conference, Durban, July 2008
- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008
- Controversies in HIV-AIDS Conference, Johannesburg, October 2008

Dr I Govender

- 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008

3. Other

Prof ID Couper

- Co-facilitator, First Family Medicine Training Week, College of Medicine, Malawi, May 2008
- Chairperson, Scientific Programme committee, 14th National Family Practitioners' Conference: Turning Evidence into Practice, Rustenburg, August 2008

Dr A Truscott

- External examiner, Walter Sisulu University, mid year clinical associate exams

Dr I Govender

- Awarded the Diploma in Occupational Health from the Free State University in December 2008.

