Preparing for a National

STATE OF OPPORTUNITY

The Return to South Africa of the
Expanded Intake: Nelson Mandela-Fidel
Castro Health Collaboration Programme

R J HIFT

Dept of Health: RSA - SA Committee of Medical Deans
Failures in health care currently

• Problems
  – workforce shortages
  – skills-mix imbalances
  – maldistribution

• Inequality and inequity

• Consequences
  – Communities trapped in health problems of previous century
Institutional weaknesses in medical education

- Competencies mismatched to patient, population needs
  - episodic encounters vs continuous care
  - hospital orientation
  - specialist orientation
  - urban orientation
The three big challenges

• Numbers
  – Expand the human resources for health

  ▪ Fitness-for-purpose
    – Train students in the “real” environment they are needed

  ▪ Make a real commitment to the PHC ideal
    – Move beyond urban, big hospital, specialist-led and rescue-orientated training
Timelines

RETURNING MIDYEAR

Cuba
UKZN
Challenges

• Massive increase in size of returning cohort
  – If divided equally, 120 per school
  – Effectively a doubling of class size

• Difficulties in merging the SA and Cuban curricula
Positives

• Increased practitioner numbers
• Catalyse shift in SA curricula and training programmes towards PHC
• May catalyse improvement in SA health care system
  – Restructuring/reorienting SA health care system towards ward-based PHC
• Cuban-trained students as assets and change agents
Path to Graduation

PROMOTION AND PREVENTION (POLYCLINIC)

RESCUE MEDICINE (HOSPITAL)
Our experience

SA

CUBA

- Plus 7-42 weeks
- Plus 7 wks
- On time
A National State of Opportunity…
Or…

A National Disaster?
Challenges (1)

1. Double the number of health professional trained
   – Without doubling the cost
2. Train students in the authentic health care environment
3. Make students truly fit for purpose, thereby promoting equity
   – PHC-oriented
   – District, Rural, Clinic or Community practice
• The difficulty lies not so much in developing new ideas as in escaping from old ones.

    John Maynard Keynes
THE SOLUTION IS CLEAR
DECENTRALISATION

Distributed training platform
Decentralisation

EXPANDED TRAINING

PHC-ORIENTED TRAINING

EQITABLE AND RELEVANT SUPPORT
KwaZulu-Natal model: Premises

- Positive engagement with the challenge
- Massive increase in numbers trained
- Shift in focus to regional-district-CHC-community
- Shift urban centre to rural periphery
- Shift in skills mix
  - Redirect clinical learning outcomes
  - Adopt the best of the Cuban system
Cuban Medical School

SA Medical School

Training   Final   Provincial health workforce

Cuban Medical School
Clinical year students: the calculations

- Approximately 600 students in Years 4, 5, 6…
- Durban 600
- PMB 200, Durban 400
- Rural 36, Durban 364
- Empangeni 36, Durban 328

- Empangeni 72, Durban 292
- Newcastle 36, Durban 256
- Rural 72, Durban 220
Opportunities: Educational

• Increase immediate relevance of training
  – Decentralise: move beyond the major cities
  – Move outside traditional teaching hospitals and major urban hospitals
  – Serious engagement at community level: peripheral regional and district hospitals, Community Health Centres and Primary Health Care Clinics
  – Broaden the skills mix and increase relevance

• Interprofessional care
  – Allied health professionals
Competencies

Our graduates are required to show competence as communicators, collaborators, leaders, health advocates, scholars and professionals, and to combine these roles with biomedical knowledge and skill into the overarching role of medical expert.
Competencies

To this we add an eighth competency: that of South African health care provider, embracing comfort with, proficiency in and commitment to working in all South African contexts, rural and urban, district and regional level, community and hospital.
4. Reabsorb 900 NMFCHC students into the SA system
SA Medical School

Training Final Provincial health workforce

Cuban Medical School
THE SOLUTION IS CLEAR
PROVINCIAL-UNIVERSITY PARTNERSHIP
SA Medical School

Training Final Provincial health workforce

Cuban Medical School
HOW MUCH WILL IT COST?

Not nearly as much as we thought
Hospitals and clinics

- Clinical facilities are there already
- Clinical teachers are there already
  - If not, you probably need them there anyway
Teaching facilities

• Often there already
• Add: Park Homes
Residential accommodation

- Provincial/State facilities
  - Nurses homes, boarding hostels
- Private facilities
  - Blocks of flats
  - Hostels
- Park Homes
- Community placement
Role of the university

• Direction and administration
• Education
  – Curriculum
  – Support and recognition for clinical teachers
• Staffing
  – Administrators and student support
• Infrastructure
  – Wi-Fi, videoconferencing
  – Additional teaching space, accommodation, transport
Role of the Provincial DOH

• Provide the training sites
• Provide the clinical teachers
• Welcome and facilitate the integration of service and learning
• Be an integral part of the planning
THE PROVINCES ARE THE KEY
THE UNIVERSITIES ARE THE PARTNERS
Advantage to the population of the province

• Increase medical staffing numbers in underserved areas of the Province
  – Rotation of staff/required service
  – Capacitation and upskilling
  – Registrars
  – Add to job satisfaction

• Increase spread of AHPs throughout the Province

• Bring research to bear on problems of the Province

• Boost to local economy
EXPANSION
Expanding local intakes and throughput

• Training platform is in place
• Preclinical years do not pose an insurmountable problem
  - Modern educational methods
  - Some capital injection
  - HPCSA: reorientation to a modified educational approach
• Major issue is one of mainstreaming
  - DHET, Enrolment planning, Subsidies, NSFAS etc
MODEL FOR THE FUTURE
Joint Agreements for 2020

• The “old” Joint Agreements are no longer fit for purpose
• Written for the days when small numbers of students were taught in one or two teaching hospitals and the Joint Staff were easy to define
• Current funding “crisis” (actually a crisis of identity) untenable
• This model of decentralisation and Province/University interaction is the way forward
The new paradigm

• Move beyond the old *Doing each other a favour* model

• To a true partnership from which the entire country benefits
THANK YOU