

CORRESPONDENCE

A meaningful and sustainable outreach programme in southern Gauteng

To the Editor: In 2009 a meeting took place between the then Chief of Operations of the Gauteng Health Department, Dr A Rahman, and the academic and clinical heads of Internal Medicine at the three academic hospitals of the University of the Witwatersrand, Chris Hani Baragwanath Academic Hospital (CHBAH), Helen Joseph Hospital (HJH) and Charlotte Maxeke Johannesburg Academic Hospital. Two problems were highlighted: the Department of Internal

Medicine had too few subspecialty training posts to accommodate the large number of applicants; and the three cluster hospitals (Sebokeng, Leratong and Edenvale) served by the department were unable to fill their vacant specialist posts.

The solution agreed to was that the three cluster hospitals would second their unfilled specialist posts to the Department of Medicine for filling in exchange for a continuous specialist service at the hospitals. The subspecialty training was extended by 1 year to a total of 3 years (already in existence for cardiology subspecialty training) to allow for 1 year of outreach. This was a win-win solution that allowed the Department of Medicine to expand its pool of posts for subspecialty training in exchange for providing much-needed specialist services at these hospitals. A similar model was adopted by both CHBAH and HJH, whereby two to three physicians (subspecialty fellows) rotate through the Department of Medicine at Sebokeng Hospital (the responsibility of CHBAH) and Leratong Hospital (the responsibility of HJH) for periods of 3 - 4 months for each of the 3 years. These are both large regional hospitals each with approximately 800 beds. The rotating physicians participate fully in the clinical activities of the respective departments of medicine. They also have administrative and teaching responsibilities. Senior physicians visit the cluster hospitals on a weekly basis.

The programme is now in its 5th year and has proved to be a great success. The regional hospitals have benefited by having a continuous on-site specialist service. The junior staff in these hospitals have responded very positively to having on-site specialist supervision and teaching. The rotating physicians have also benefited by being made aware of the importance of outreach in the context of South African healthcare. For the first time in their careers they have been given substantial responsibilities without senior supervision being immediately at hand. The majority of them have responded admirably to these challenges and have contributed meaningfully to these hospitals. The positive spiral created at these two hospitals has also resulted in the recent appointment of permanent specialists at both.

It is our view that this type of outreach model could be implemented in other centres in South Africa, with the specific intention of improving the quality of care at regional hospital level. This would fit in very well with the National Health Insurance plan.

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S Afr Med J 2014;104(6):390. DOI:10.7196/SAMJ.8179