

Time out of Programme (OOP)

Medical Officer in South African Public Health Care Sector Community Rural Hospitals

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Introduction

The London Deanery recognises the increasing demand for OOP from GP trainees, to gain experience in International Healthcare systems, which it wishes to support. It is proposed that a menu of posts is built, which will be promoted and facilitated by the Deanery and offered to GPSTR's. However the overall OOP process will be essentially directed and owned by the trainee.

In collaboration with Africa Health Placements it is planned that a number of twelve-month South Africa posts will be available, as part of an OOP in August 2012, for those GPSTR who have successfully completed their ST2 year in their specific training programmes. The medical officer jobs will be competitively recruited to and offered ten months prior to starting as this is the lead-time required to plan and complete relevant documentation.

Aims

The Deanery sees applications for OOP as opportunities for excellence. It believes the trainee will bring added value to their OOP post through the competencies developed in the ST1 and ST2 years. The aim of the SA posts is to enable GP trainees to extend their training, enhance their knowledge and skills in areas that are difficult to achieve within the present three year programme and develop experience in international health development. It is hoped that the opportunities provided by these posts will equip these GP trainees to become future leaders within the profession.

Job Description and Education Setting

(Detailed job descriptions will vary according to Hospital circumstances)

Hospitals and Primary Health Care Clinics

Rural hospitals and clinics in deprived communities emphasise the delivery and development of services to meet the common high levels of morbidity affecting their community.

The availability and quality of health care in rural areas is often compromised, leaving these communities without adequate access to care, in addition the ongoing shortage of health professionals in rural areas, particularly experienced generalist practitioners, is a major problem in South Africa.

Doctors function as generalists and manage many different types of patients from all spheres of medicine, including HIV/AIDS and TB, and a wide range of surgical and other procedures are performed regularly. Experienced senior doctors serve as mentors to new medical officers and spend time teaching skills and procedures. Specific primary health care clinics are allocated to medical officers to support and visit, in addition to normal hospital duties.

On arrival a GPSTR and their equivalent Medical Officers have an induction and skills assessments. They then rotate through the different patient departments participating in both in and out patient care. They work in casualty and general opd and participate in elective and emergency theatre procedures.

JOB PURPOSE

To participate in the medical service of the district hospital and to achieve its overall goals as a part of the district health service.

Job Goals

Participate in the management of inpatients in various wards on a rotational basis.
Participate in the running of the outpatient service at the hospital.
Take part in delivery of after-hours emergency care
Participate in quality assessment, monitoring and audit.
Maintenance and improvement of service delivery levels.
Actively participate in hospital clinic training and support program.
Participate in CPD and assessment process

KEY RESPONSIBILITIES

Summary

The doctor will gain skills, knowledge and training in the management of health care problems across in-patient, outpatient and community based settings.

The post holder will participate in ward work in paediatrics, general medicine (including HIV/TB medicine), general surgery and obstetrics and gynaecology for different periods of time. The post holder will also work in primary care services incorporating general medical out patients and outlying clinics.

Participation in day-to-day running of Hospital.

Management of inpatient services in consultation with senior doctors.
Adherence to clinical guidelines and prescribed standard of care.
Daily ward rounds
Seeing and managing patients in outpatients department, casualty and theatre.
Participate in CPD program .Management of bed occupancy
Participate in ward meetings. Contribute to mortality audits

Participation in medical officer support to peripheral clinics

Regular visits to specific clinic as per rotas.
Supervision, support and mentoring of clinic staff.
Attending to problem patients at the clinic

Participation in the provision of out of hours emergency service.

Casualty first on call as per hospital rotas and contract.
Second on call as backup .
Management of casualty department when on call including forensic medical examinations

Educational Supervision and Assessment

Clinical supervision while in post will be from a named hospital based Principal Medical Officer who will be met with regularly to assess progress and review aims and learning objectives. An audit linked to the hospital quality improvement programme, may form part of training and supervision. The process will be overseen by the Family Medicine Department (FMD) of the Nelson Mandela School of Medicine, Durban.

The GPSTR will maintain links with their UK training programme throughout the year in SA. This can be organised electronically through the ½ day release and RCGP e learning packages as well as informally through contact with other trainees from their training programme.

The GPSTR will continue to use their WPBA e portfolio and be assessed on line at six monthly intervals, by a UK educational supervisor. Whilst the managed OOP will not be formally recognised towards training for a CCT, trainees must still provide evidence of maintaining WPBA.

Africa Health Placements (AHP) will provide ongoing support through e-mail and newsletter. They will facilitate networking and training sessions for both the UK GPSTR as well as other doctors they place.

In collaboration with the AHP and FMD an exit review with the potholder will be undertaken by the Deanery. The process will be overseen and supported by the Deanery Programme Director

Evaluation of the Post

In 2008 a Deanery Quality Assurance visit was made to a number of SA hospitals to overview standards of service delivery, terms and conditions of service and that learning and education met core competencies for training as set down by PMETB.

Terms and Conditions of Service

Contracts will be held at the hospital level and will vary according to local circumstances. Hours of work and leave entitlement will reflect good employment practice directed by local Health District guidelines. Salaries will be paid at local MO rates. Accommodation will be provided and charged for by the hospital. Trainees will not be employed by the Deanery or any other NHS organisation during their OOP.

Eligibility

The opportunity of OOP is available to trainees who are currently in their ST2/3 placements, and are due to begin ST3/4 in August 2012. Trainees must be able to demonstrate acceptable progression in their training, and therefore they must have their ST2/3 year approved by an ARCP. If the ARCP recommends a period of further training, or is unable to sign off the ST2 year, unfortunately the Deanery will be unable to process the OOP any further as the trainee will be ineligible. The OOP placement may in this instance have to be withdrawn.

Hospital Allocations

Which hospital you will be based at will be firstly dependent on AHP confirmation and secondly on your ranked scores at interview and how you rank the hospitals. Those ranking highest at interview will have their first choice.

In the event of a hospital withdrawing from the programme every effort will be made to find an alternative venue but this will be dependent on local SA circumstances.

Previous London GP Trainee employed in South Africa posts

The following doctors can be contacted to provide further information about particular hospital based posts

Neera Dholakia	(neera_dholakia@hotmail.com)	Manguzi
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Person Specification

	Essential	Desirable	When evaluated
Eligibility, education, qualifications	Current trainee in the London Deanery completing ST2 in July 2012. Available for one year. Satisfactory Progression through ARCP panels to ST3/4 Broad-based clinical experience to date	Postgraduate qualification in a relevant discipline Prizes or distinctions	Application form
Knowledge and skills	Effective organisational, planning and administrative skills	Evidence of learning and teaching activity	Application form and interview

	A demonstrable understanding of International Health Development Competence in Information Technology Competence and experience of audit and working within guidelines	Evidence of International Health Experience	
Personal attributes	Effective written and oral communication skills Able to work well individually and in a team Tolerant and empathetic	Evidence of leadership potential Good problem solving skills Experience of a change process	Application form and interview

Appendix 1: Examples of South Africa Hospitals.

Manguzi Hospital

Location: Situated in the North Eastern corner of KwaZuluNatal, in the Umkhanyakude district about 20 km from the Indian Ocean and the Mozambique border. Between the hospital and the sea is the Kosi Lake and estuary system that is a World Heritage site.

Description: Manguzi hospital is a rural district hospital with 264 beds with 10 linked primary health care centers and 30 mobile clinic points, with an establishment of 14 to 16 doctors.

As with all the other hospitals in this area of Northern Natal, it was taken over by the KwaZulu Department of Health in 1980 and now forms part of the Health Service of KwaZuluNatal. It achieved baby friendly status in 2003, Kangaroo Mother Care in 2001 and a commitment to service delivery in 2002.

It has paediatric, medical, surgical and maternity wards, each of which is run by a ward doctor and a nursing ward manager.

The hospital performs laparotomies, hernia repairs, hysterectomies, skin-grafts and caesarian sections in a new operating theatre complex.

The therapy department (physiotherapy, OT, speech and hearing) offers services to inpatients and outpatients as well as visiting both the residential and mobile clinics. The laboratory, X-ray, pharmacy and oral health departments provide other paramedical support. The hospital is involved in the training of lay community health workers and primary health care nurses, as well as providing a nutritional education unit, AIDS clinic and other community activities.

Outpatients and the Gateway clinic manage approximately 3500 patients per month. OPD includes a resuscitation unit, which is used for critically ill medical and surgical patients. Mobile clinic vehicles and accompanying teams, which include doctors, visit the residential and mobile clinic points once a week. The clinics offer nurses opportunities to manage their own patients, with the backup of hospital doctors.

Mseleni Hospital

Location : The hospital is situated in northern KwaZulu Natal, 60km from the border of Mozambique

Description : A rural 190 bed general hospital, with 6 wards and 8 clinics, serving approximately 95,000 population, with an establishment of 10 to 12 doctors. Approximately 100 outpatients attend daily and a further 800 patients seen through clinics and mobile clinic services daily with approximately 1900 annual deliveries. Orthopaedic services including arthroplasty have been developed for local Mseleni Joint Disease patients. The hospital has an active AIDS treatment programme throughout all the clinics and the hospital, with more than 4% of the adult population on HAART.

Mosvold Hospital

Location: The hospital is in Ingwavuma, northern KwaZulu-Natal in the Lebombo mountains near the Swazi and Mozambiquan borders. The population is mainly Zulu, with a substantial number of Swazis.

Description: It is a government 246-bed rural district hospital serving a population of 110,000 people. The hospital is staffed with 12 doctors: the medical manager, 3 chief medical officers, 1 principal medical officer, 3 senior medical officer, 1 medical officer and 3 community service doctors. There are six wards, medical and surgical, paediatric, maternity, isolation and tuberculosis .Activity includes 49,000 outpatients attendances, 8000 admissions and 2100 deliveries per year. There are twice weekly routine theatre sessions including cataract removals. The hospital supports 10 outreach clinics and three mobile teams providing weekly visits to the clinics.

The population is affected by HIV/AIDs and tuberculosis. In 2006 52% of deaths certified at the hospital were due to HIV/AIDS. Good malaria control has been achieved since 2001and trauma is relatively mild.

Hlabisa Hospital

Location : Hlabisa is 250Km north of Durban in Umkhanyakude,situated next to Imfolozi / Hluhluwe game park, the oldest in South Africa .

Description : It is a rural district hospital with 296 beds in eight wards and covers a population of around 220,000 offering a full range of primary health care services. It also covers 15 primary health care clinics which the doctors visit on a regular basis.The hospital requires 12 doctors to deliver quality services. It is currently in the middle of a 110 Million Rand refit and was accredited as a baby friendly hospital in 1999.

Services include a casualty department, general medical and surgical wards, a high care unit, infectious disease unit and maternity and paediatric wards. There are operating theatres, physiotherapy, and medical laboratory services and X-ray.

Eshowe Hospital

Location: On a site overlooking the Dlinza Forest in an area steeped in Zulu history, the Eshowe Hospital has occupied its present site since 1957.

Description: The present 460 bed hospital serves a largely rural population of approximately 300 000. It has a staff of over five hundred members, which include twenty doctors, four pharmacists and 290 nurses. Facilities include an emergency room, an endoscopy room, four fully equipped operating theatres, a small physiotherapy department and a radiology department capable of doing a variety of investigations including contrast studies and ultrasound examinations.

The hospital also provides a base for a primary health care team comprising two mobile clinic teams, a school health team and a tuberculosis control team all of whom perform a variety of community outreach functions. Today, tuberculosis and HIV/AIDS are among the more commonly diagnosed problems managed at the hospital, accounting for an increasing number of deaths. Approximately 9000 outpatients are managed in the various clinics each month and admissions account for a similar number of inpatient days each month.

Murchison Hospital

Location : Murchison is 15 kms southwest of the Coastal town of Port Shepstone, KZN lower south coast. It is easily accessible on excellent roads. The hospital lies adjacent to the local Oribi Gorge landmark and serves a large rural community stretching from Port Shepston to the Eastern Cape border.

Description : A busy rural District hospital with 320 beds,of which about 100 are for facility based TB care.It supervises eight local PHC clinics and when necessary referrals are made to to the regional hospital in Port Shepstone. Murchison is run by a committed management team and offers a range of services including preventative, curative, rehabilitative and palliative care. The staff complement includes 15 medical officers with generalist skills, 206 nurses, pharmacists, physiotherapists, occupational therapists, audiologists, a dietician, a clinical psychologist, a social worker, counsellors and others. A significant proportion of the staff are community based with an emphasis on teamwork. There is a well developed palliative care system, and an expanding ARV programme for both adults and children. There are two well equipped operating theatres where most routine surgery is performed. The maternity unit supports 2500 deliveries per annum, with a caesarian section rate of 23 per cent.