

**UNIVERSITY OF THE WITWATERSRAND**

**JOHANNESBURG**

**FACULTY OF HEALTH SCIENCES**

**DEPARTMENT OF FAMILY MEDICINE**



## **DIVISION OF RURAL HEALTH**

**(INCORPORATING THE CENTRE FOR RURAL HEALTH)**

## **ANNUAL REPORT**



**2007**



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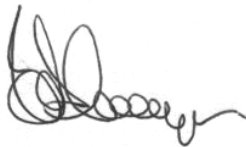
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## INTRODUCTION

It gives me pleasure to present this fifth Annual Report of the Division of Rural Health, including the new Centre for Rural Health. It covers the period of 1<sup>st</sup> January to 31<sup>st</sup> December 2007.

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 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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## OVERVIEW

The foci of the previous years have continued with a difference in that for the last year the Division has been working towards a specific set of goals drawn up at the start of the year. These were listed in our previous annual report and are appended with brief comments on our achievements related to these goals. (See Appendix A)

The major achievements in the year were as follows:

- Receipt of the Vice Chancellor's Academic Citizenship Award (team) which was awarded to Professor Ian Couper and Ms Nontsikelelo Sondzaba.
- Successful running of the integrated primary care block for final year students.
- Academic approval of the Bachelor of Clinical Medical Practice degree by Senate.
- The first meeting of the Centre for Rural Health Advisory Board.
- Approval of the MPH in Rural Health Programme.
- Sixty-seven students signed up for rural electives.
- Development of a proposal for a district educational campus in Lehurutshe Hospital in North West with a potential funder.

In terms of staff, a major tragedy of the year was the death in a motor vehicle accident of the Principal Family Physician in Vryburg (Bophirima district), Dr Charles Kyeyune. His loss was a major blow. We continue to feel the gap which he has left.

Dr Dammika Ratnayake was appointed as a Senior Family Physician in Mafikeng. Ms Zuki Tshabalala who was working on the Clinical Associates Programme left us at the end of December when her contract came to an end and could not be renewed due to the failure of the National Department of Health to provide the promised funds for her continued employment.

Professor Couper continued his role within the North West Province as Director of Rural Health. He now reports directly to the Deputy Director General for Health Services in the Province with whom he has an excellent relationship. There have been promising meetings with the Province on a number of issues including the development of the Lehurutshe Project, which has received support all the way up to

the Premier.

During the year the MEC for Health launched the guidebook for District Hospital Managers which Professor Couper was involved in developing for the Province and for the Health Systems Trust.

On the other hand, delays in advertising vacant family physician posts, and the Family Medicine registrar posts after Family Medicine was gazetted as a speciality in August 2007, have been very frustrating. Bophirima suffers from not having a family physician there since the death of Dr Kyeyune. However, Professor Couper continues to meet regularly with the other three district family physicians in the Province. Two provincial family medicine forums were held, as well as a provincial clinical skills course run by the Family Medicine Unit, which were very successful.

Professor Couper was inaugurated as the third Chair of the international Working Party on Rural Practice of the World Organisation of Family Doctors (Wonca).

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 38 students being supported.

Professor Paul Worley, then head of the Rural Clinical School at Flinders University, South Australia, and currently dean of the School of Medicine at Flinders University, was hosted by the Division in April. He presented two seminars on undergraduate medical education (one co-hosted by the Centre for Health Science Education), and served as external examiner for the Integrated Primary Care block.

Professor Couper was invited to Malaysia in May to be external examiner for the University of Malaya in the final Masters in Family Medicine examinations, run jointly with two other Malaysian universities.

## 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 fifth year. 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.

The number of students being supported increased from 29 to 38. These include 5 students from the University of Limpopo (Medunsa) as part of the North West programme (see below). The 38 students were studying for the following Health Professions:

❖ Medicine:	24 (63%)
❖ BSc Occupational Therapy:	5 (13%)
❖ BSc Pharmacy:	5 (13%)
❖ BSc Physiotherapy:	2 (5.3%)
❖ BDS	1 (2,6%)
❖ B Nursing:	1 (2.6%)

The majority of the students are now in either their second or third year of study.

The students achieved an 81,3% pass rate at the end of the year which was excellent.

Although the North West Scholarships Programme has not yet been formally

launched we handed over the first group of students for funding by the province and we took in new students. The process is that we look after them for the first year, then province takes over funding but we continue to support them thereafter. There are currently 16 students (out of the 38) being funded by this programme.

<b>District</b>	Bojanala	Bophirima	Ngaka Modiri Molema
	8	4	4
<b>Degree programme</b>	Medicine	Occupational Therapy	Pharmacy
	12	3	1
<b>Year of study</b>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
	7	8	1

On 2 May 2007 the Swiss South Africa Cooperation Initiative (SSACI) handed over a cheque for R2,3 million to WIRHE, in a formal handover ceremony held in the Adler Museum, presided over by the dean, Professor Helen Laburn, and attended by students, sponsors and staff members of the Faculty. The occasion was graced by the presence of the Vice Chancellor, Professor Loyiso Nongxa, who accepted the cheque from the CEO of SSACI, Mr. Ken Duncan, at the function. In thanking the sponsor, Professor Nongxa made the point that this kind of project was central to the University's transformation agenda and fits in very well with what Wits is trying to achieve as a university.

Owing to the assistance of SSACI, WIRHE have managed to get through the year financially, despite the continuing pressures. The contributions from North West province and Dr Marion Bergman are also gratefully acknowledged.

The programme also received university acknowledgement in December when Professor Couper and Ms Sondzaba received the prestigious Vice Chancellor's Academic Citizenship Award (Team) at the University's Annual Council and Senate Dinner. The award is for team endeavours that are innovative, cooperative, collaborative, that impact positively and are performed in partnership with the University.

Ms Nontsikelelo Sondzaba continues to play a major role in coordinating the programme and in supporting the students, assisted by Mr Sizwe Dhlamini (part-time secretary).

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

## **2. Undergraduate Education**

The division has major involvement in all levels of the Graduate Entry Medical Programme (GEMP).

The rural site visits for students in GEMP I and II continue. There were problems with the health promotion visit, which will be changed in the new year. The sites are under review and ideas for a new approach to this programme are currently being considered.

The 2 week rural block for GEMP III at Tintswalo Hospital, run by the School of Public Health, continues to be very popular.

The Integrated Primary Care (IPC) Block in GEMP IV remains a major activity. Students were sent to a range of sites that were previously used with one new site being taken on in North West during the year, namely Delareyville. Students have an evaluation session on return and always present very positive feedback about the learning experience, about being part of a team, about being seen as doctors, about the sort of skills they obtain, etc. Complaints are usually around practical issues like accommodation and transport. Two training sessions were conducted for local supervisors during the year, and an end of year review of the IPC block.

The IPC teleconferences are a major feature with faculty members from all major disciplines involved (medicine, paediatrics, psychiatry, surgery, obstetrics and gynaecology, public health and family medicine) responding to patients and service-



related issues presented by students. It provides an important link, supporting the students as well as exposing faculty members to issues and challenges that are faced in primary care.

External examiners rated the curriculum of the IPC block, as well as the examination, very highly. Particularly gratifying were the comments by Professor Paul Worley, from Flinders University, South Australia, who is an international expert on community based education and curriculum development. (See excerpts in the box below.)

***EXCERPTS FROM THE EXTERNAL EXAMINER'S REPORT BY PROFESSOR PAUL WORLEY, DEAN, SCHOOL OF MEDICINE, FLINDERS UNIVERSITY, SOUTH AUSTRALIA. APRIL 2007***

"The IPC Block is an excellently organised and highly valuable component of GEMP IV. It provides students with an immersion experience of medicine as it is practiced at the District Hospital and Clinic level, with an emphasis on issues confronting the practice of medicine in rural areas. There is evidence of a collaborative approach to curriculum development and assessment across a number of relevant disciplines, including Internal Medicine, Psychiatry, Surgery, Paediatrics, Obstetrics, Public Health and Family Medicine. This consortium approach reinforces the core opportunities this course provides students that are not available in other rotations throughout the course. The curriculum guide and course materials are both of international standard and locally relevant. ...

I observed an excellent student feedback session which provided evidence of excellent learning and also gave the opportunity for students to be given feedback on issues they raised. The students remarked consistently that one of the most valued aspects of the course was the opportunity to have ongoing and enthusiastic supervision and mentoring by experienced clinicians. ...

Students displayed evidence of detailed learning in core topics and practical experience across a broad range of skills. ...

The Integrated Primary Care Block is an internationally innovative course conducted in a rigorous manner by an enthusiastic teaching team. It is a credit to Wits to have developed this course. Student feedback indicated that they perceived they were treated as valuable members of the health team by both medical and nursing staff in the teaching sites. The impact this will have on their professional development will be significant. The Quality Improvement projects undertaken by the students have provided immediate and tangible benefits to the health services involved, as well as excellent learning for the students. ...

The quantity and quality of student learning observed in this Block would suggest that students would benefit from a greater length of time in this Block. The multi-disciplinary approach suggests that increasing time in this Block would benefit many of the clinical disciplines in the School."

A total of 67 students signed up for rural electives in 2007 through the Division of Rural Health. (Other students may do rural electives through other departments or divisions.)

### **3. Postgraduate Education**

In August Family Medicine was gazetted as a speciality requiring full time training in registrar posts from 2008. As a province North West had been preparing for this for a number of years and was supposedly ready in terms of post structures, etc. However, by the end of the year the province had still not advertised the posts available and our edge over other provinces achieved by forward planning over a number of years had been completely lost.

In the meantime the provincial family physicians continue to teach on the MFamMed programme, assisting also with assessment and supervision of the students.

Contacts on the continent are growing. Professor Couper attended the meeting of the PrimaFamMed Network in Uganda in September. The network aims to support the development of family medicine in Southern, Eastern and Western Africa, through linkages and providing technical support as needed. He was also involved in discussions regarding development of family medicine training in Botswana

The new MPH in the field of rural health was approved by Faculty. The aim was to launch this in 2008 but there were not enough applicants; this related to late approval of the programme, which resulted in inadequate marketing.

### **4. Support and training of rural doctors**

Three skills training workshops were held in 2007. A total of 125 doctors attended the courses, being trained in a wide range of common procedural skills relevant to primary and secondary care. Since the inception of the workshops in 2003, we had run 12 courses by the end of 2007, with a total of 445 participants. A number of participants have returned frequently.

The majority of attendees were foreign doctors preparing for the HPCSA exam for public service registration; although this is not the primary target audience, it is

important that they do get training and many of them end up working in our rural hospitals after passing the exam. A number return for subsequent courses after commencing work in rural hospitals in South Africa.

In October on the day preceding the skills course we offered a one day preparatory workshop on the consultation with a focus on clinical reasoning skills, for a small group of participants. Feedback was very positive, so this will be continued.

In addition to this, a provincial skills course was held in Mafeking in August. This was attended by about 50 people, both doctors and nurses, from all 4 districts. Feedback indicated it was very successful. On the basis of this positive venture, it is planned to hold these twice a year within the province.

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

A particular form of skills training that continues in North West is the neonatal resuscitation training programme.

## **5. Development of primary health care in North West**

The family medicine team continues to engage 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. Professor Couper meets 6-weekly with Dr Claire van Deventer (Southern district/Wits), Dr Alhagi Njie (Ngaka Modiri Molema 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 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 Vryburg in March and in Klerksdorp in September. All family physicians or family medicine students, in public or private practice, in North West province are invited. These were well attended with lively discussions being held.

The Guidebook for District Hospital Managers was finalised and published by Health Systems Trust (HST) for distribution in the province. A formal launch of this by the MEC for Health finally took place in Brits in October. Proposals regarding how this should be implemented are still under discussion.

In Southern 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, as well as a course for nurses.

A one year Quality improvement on diabetic care in Southern district has led to great improvements in screening and better management. This included 8 support groups being established, making educational material available, and running a 3 day training workshop and a 1 day skills course for representatives from the whole district. The project is being rolled out to 10 more sites in 2008.

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

The family physicians have been instrumental in establishing 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.

They have also been responsible for the establishment and supervision of the family medicine domain rotation for interns

Senior family physician posts were advertised all four districts. Dr Dammika Ratnayake was appointed in Mafikeng (joint appointment with Wits) and Dr Raymond Omoighe was appointed in Bojanala (joint appointment with Medunsa). Posts for the Bophirima and Southern districts are still not filled.

As noted in the overview Dr Charles Kyeyune died in June as a result of a motor vehicle accident. The province was very supportive in repatriating his remains to Uganda and sending staff members to attend the funeral. It was very clear that he had a major impact on the district, based on the stories that we heard following his death, from administrators, doctors and nurses within his district, and based on comments at various memorial services and the funeral. In memory of him a prize has been established for a student in the IPC block who embodies the kind of commitment to people and to quality in primary care that Charles showed. We are still awaiting his post to be advertised. We hope we can put somebody into the post although we know that we can never replace Charles.

## **6. Centre for Rural Health**

The Centre for Rural Health was approved by Senate and Council of the University at the end of 2006. The Faculty board approved an Advisory Board for the Centre during 2007. As a result, the first meeting of the Advisory Board, chaired by Professor Steven Tollman was held in December 2007. Formal launch and naming is expected during the next year.

An exciting proposal to develop a District Educational Campus at Lehurutshe hospital, near Zeerust, in North West Province, was further developed in collaboration with AMECA, a UK-based charity with whom the university subsequently signed an agreement to form a joint venture section 21 company, and the North West Provincial Department of Health. 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 the proposed midlevel medical workers, 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.

Discussions around development of a campus at Tintswalo hospital, in cooperation with the University of Pretoria, are ongoing, with further input being awaited from Tintswalo Management.

## **7. Research**

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.

The evaluation of Primary Mental Health Care in North West Province was completed.

Members of the team contributed to the North West Provincial Research Conference held in Potchefstroom in June. Dr van Deventer assisted with the organisation of this, with support from Southern district research committee, which she chairs.

Professor Couper continued to participate in the national Collaboration for Health Equity through Education and Research (CHEER), and is part of the team running a study to look at career plans of final year medical students in South Africa.

## **8. Policy**

Professor Couper, Dr Truscott, Professor Hammond and Ms Tshabalala continued to have input into development of the Clinical Associates programme in the country.

Contributions were also made, through the Committee for Family Medicine of the

Medical and Dental Professional Board, to developing policies and regulations for family medicine training in South Africa, which finally resulted in the promulgation of the discipline as a specialty.

Dr Truscott assisted the South African Nursing Council to draft guidelines for the regulations related to the Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

## **9. Clinical associates**

The Clinical Associates team consisting of Professor Kate Hammond, Ms Zuki Tshabalala and Dr Andrew Truscott completed the curriculum document for the Bachelor of Clinical Medical Practice (B.CMP.) degree.

Professor Hammond and Dr Truscott had the opportunity of meeting with most of the departments at 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. Partly as a result of these departmental meetings, the Faculty approved the Bachelor of Clinical Medical Practice degree programme.

With the support of the Academic Planning Office, the curriculum was submitted to the University's Academic Programme Development Committee and then Senate. The degree programme was approved academically. However the proviso was that there must be confirmed financing before implementation of the course can proceed. The University's Senior Executive Committee is still awaiting details of financial support for the degree from the National Department of Health. Further financing from external funders was apparently obtained during the year by the national Department of Health, but the details have still to be confirmed and implemented.

The degree was submitted to National Education bodies. It was accepted by the national Department of Education, and provisionally accredited by the Higher

Education Quality Committee (HEQC). The process for accreditation with the Health Professions Council of South Africa (HPCSA) and the South African Qualifications Authority (SAQA) has commenced.

A detailed budget has been prepared to fulfil the requirements of the Dean and Faculty in consultation with the Faculty Finance Manager and also of the university's Academic Planning Office. This has involved liaison and consultation with various relevant departments in the university, including the legal department, students admission and selection, computer based learning and IT department, and the finance department. There has also been ongoing liaison with the Gauteng Health Department around the issues of staffing, financing of the degree and the development of South Rand Hospital as a teaching venue.

In North West, development of the Lehurutshe district educational campus will hopefully allow for Clinical Associate training to start there in 2009.

Professor Hammond had to stop her part-time contribution in March due to lack of funding, but has continued to support developments on a voluntary basis.

Ms Tshabalala was able to attend an international conference on Physician Assistant training in America in October, where her experience was recognised and she was asked to become part of some international committees. Unfortunately, however, her contract expired in December 2007 and without the promised funding, could not be renewed.

There was increasing liaison and working together with Dr Patricia Arangie at Pretoria University and Professor Ron Henbest at Walter Sisulu University, Eastern Cape who were also appointed as coordinators of Clinical Associate programmes at their respective universities.

The method of teaching has been successfully trialled with the distance training of primary health care nurses at 3 sites in Gauteng, using the methods and notes obtained as a result of preparing the Clinical Associates curriculum. Support for these notes has been obtained from several of the Faculty's departments. The clinical



problem solving teaching method has also been tested with some foreign qualified doctors wishing to do the South African qualifying examination, with apparent acceptance.

The Clinical Associates team was able to attend the annual national conference of the Rural Doctors' Association of Southern Africa (RuDASA) in August 2007, presenting one workshop. This proved a valuable forum for exchanging ideas.

## **THE WAY FORWARD**

In planning for 2008 the Division is seeing the year as one of consolidation. Goals for 2008 are set out in Appendix B.

It is hoped that additional staff members can be secured during the year to allow the division to develop in some new areas. It is also hoped that funding can be secured for some of the ambitious projects, especially the Centre for Rural Health and the District Educational Campus at Lehurutshe, as well as ongoing funding for the scholarship programme.

The support of the rural health team – both at Wits and in North West - is gratefully acknowledged. The role of Ms Nontsikelelo Sondzaba in coordinating and facilitating so many of the activities is particularly significant.

The support of many others in the Faculty and beyond is also 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).

## APPENDIX A

### DIVISION OF RURAL HEALTH

#### GOALS FOR 2007: ASSESSMENT

1. **IPC Block for 2007:**
  - **Complete evaluation of 2006 programme.**
    - Date entry completed and process established to take this forward.
  - **Write up experiences**
    - 3 presentations at international conferences
  - **Train supervisors**
    - 2 workshops held
  
2. **WIRHE Scholarship**
  - **Achieve financial stability**
    - Major progress
  - **Launch NW Scholarships**
    - Launch still awaited but programme expanding
  - **Support students to achieve 80 percent pass rate**
    - 81% pass rate achieved
  - **Ensure all documents up to date**
    - Contracts signed late
  
3. **Clinical Associates**
  - **Obtain university and national approval for B.CMP. degree**
    - Achieved
  - **Develop workbooks for the Clin A Academic programme.**
    - Started but funding issues halted progress
  - **Develop a stable team.**
    - Funding problems prevented this
  
4. **Development of District training sites**
  - **Facilitate development of two sites in North West and two sites in Gauteng**
    - 1 site in each being developed: Lehurutshe in North West and South Rand in Gauteng.
  
5. **Launch of the Centre for Rural Health, with funding, Board, goals, etc.**
  - First Advisory Board meeting held
  
6. **Knowledge generation and sharing of information**
  - **Complete existing projects and generate two new projects.**
    - Mental health research completed
    - Chronic illness care research nearing completion
    - Drafted proposals for 2 IPC related studies
  - **At least 5 presentations at National and international conferences during 2007**
    - Achieved
  - **At least 5 publications**
    - 4 published articles

7. **MPH Rural Health**
  - **Obtain approval of MPH in rural health**
    - Achieved
  - **Start the development of modules**
    - Delayed due to lack of applicants
8. **Foundation for Health Care Certificate.**
  - **Obtain approval**
    - Achieved
  - **Plan implementation**
    - Interrupted by departure of Zuki Tshabalala
9. **Rural electives: sign up at least 65 students**
  - 67 students signed up
10. **Clinical Skills Courses.**
  - **Run 3 skills courses for 2007**
    - Achieved
  - **Run 1 of these in the North West province**
    - Additional one run in North West
11. **Define Rural/Rural Medicine/Rural Health for our context**
  - Ongoing discussions

**APPENDIX B**  
**DIVISION OF RURAL HEALTH**  
**GOALS FOR 2008**

**Overall Aim: To consolidate what we have already started**

1. **IPC Block**
  - Complete Evaluation of 2006 and 2007
  - Develop sites, especially in term of accommodation and educational resources
  - External review: CHEER and others
  - Publish one article related to the block
2. **Clinical Associates**
  - Start training at South Rand in July 2008 and at Lehurutshe in January 2009.
  - Obtain University approval for implementation.
  - Develop workbooks.
3. **Lehurutshe Project**
  - Start building
  - Recruit staff, especially a project leader
4. **WIRHE**
  - Formally launch the NW Scholarships programme
  - Select appropriate students for 2009
  - Reach our target numbers
5. **Marketing**
  - Develop leaflets
  - Produce some glossy versions of the Annual report for dissemination
  - Develop a website
  - Engage appropriate experts to assist marketing
  - Develop a framework of all the division's activities.
6. **Centre for Rural Health**
  - Formally launch the Centre
  - Develop a brand for the Centre
  - Identify appropriate partners
7. **Research and publication**
  - Conference Presentations – 5
  - Publications – 5
  - Plan Academic writing sessions - 4
8. **MPH**
  - Market the MPH in Rural Health
  - Develop modules
9. **Foundation for Health Care Certificate:**
  - Find a champion to take this forward
10. **Registrar training in North West Province:**
  - Implement registrar training in 2008 in at least 3 districts
  - Prepare for full programme in 2009

**11. Consolidate other activities**

- Rural electives
- Skills courses
- North West Family Medicine

## APPENDIX C

### SUMMARY OF SCHOLARLY ACTIVITIES

#### 1. Research, Publications and Related:

Publications: Journal articles and letters

- Couper ID, Hugo JFM, Tumbo JM, Harvey BM, Maletse NH. Key issues in clinic functioning – a case study of two clinics. S Afr Med J 2007; 97(2): 124-129
- Couper ID. Mid-level workers: high-level bungling? [Letter] S Afr Med J. 2007; 97(3):146
- Couper ID. Further reflections on chronic illness care. SA Fam Pract 2007; 49(4): 4-10
- Couper ID. The impotence of being important - reflections on leadership. Ann Fam Med. 2007; 5(3):261-2
- Richmond J, Couper I, Worley P. African section of e-journal Rural and Remote Health. [Letter] S Afr Med J. 2007; 97(7):480
- Couper ID, Hugo JFM, Conradie H, Mfenyana K. Influences on the choice of health professionals to practise in rural areas. S Afr Med J 2007; 97: 1082-1086.
- Reuter H, Couper I. Influences on the choice of health professionals to practise in rural areas [Editorial] S Afr Med J 2007; 97: 1060-1061.
- Tshabalala Z. New Clinical Associate Programme at Wits. The Auricle. 2007; 4.

Presentations:

- Couper I. Distribution of health professionals locally and internationally: a challenge. Human Resource Strategies in Health Conference, Johannesburg, February 2007
- Couper I. An Approach to Chronic Illness Care. North West Province Family Medicine Forum, Vryburg, March 2007
- Couper I, Sondzaba N. Student Contribution to Quality Health Care: A Review of the Quality Improvement Projects undertaken by final year medical students in the North West Province. North West Department of Health Research Conference, Potchefstroom, June 2007.
- Couper I. Africa's Rural Diversity and Challenges. Rural Health Symposium, 16<sup>th</sup> Wonca World Conference 2007, Singapore, July 2007
- Mash B, Couper I, Hugo J. Building consensus on clinical skills for South African family medicine training. 16<sup>th</sup> Wonca World Conference 2007, Singapore, July 2007
- Couper I, Sondzaba N. An Innovative Primary Care Rotation for Final Year Medical Students. 16<sup>th</sup> Wonca World Conference 2007, Singapore, July 2007
- Couper I. Training and Retaining Health Professionals in South Africa. (Plenary address) 11<sup>th</sup> RuDASA Annual Conference, Badplaas, August 2007.
- Sondzaba NO, Couper ID. Student Contribution to Quality Health. 11<sup>th</sup> RuDASA Annual Conference, Badplaas, Mpumalanga, August 2007.

- Truscott A. Clinical Associate Training Model at University of the Witwatersrand. (Workshop) 11<sup>th</sup> RuDASA Annual Conference, Badplaas, Mpumalanga, August 2007.
- Couper I. Central District Training Complex. PrimaFamMed/Edulink/ICHO project workshop, Kampala, Uganda, September 2007
- Couper I, Sondzaba N. An Innovative Primary Care Rotation for Final Year Medical Students. (Interactive poster presentation) The Network: Towards Unity for Health Annual Conference, Human Resources for Health: Recruitment, Education and Retention, Kampala, Uganda, September 2007.
- Sondzaba NO, Couper ID. Teleconferencing in the IPC Block: Lessons Learnt. (Interactive poster presentation) The Network: Towards Unity for Health Annual Conference, Human Resources for Health: Recruitment, Education and Retention, Kampala, Uganda, September 2007.
- Couper I, Worley P. Evaluation of the Parallel Rural Community Curriculum at Flinders University of South Australia – Lessons Learnt. (Didactic Session) The Network: Towards Unity for Health Annual Conference, Human Resources for Health: Recruitment, Education and Retention, Kampala, Uganda, September 2007.
- Couper I. Breaking the Drought: Elective, Work and Study Opportunities in Rural South Africa. (Public Lecture) University of Nottingham, United Kingdom, October 2007
- Couper I. Breaking the Drought: Some South African Initiatives in Rural Health Care. (Invited address) Annual Rural Doctors Conference, Institute of Rural Health, Newtown, Powys, Wales, October 2007
- Couper I. Dealing with Error. Third Quality Assurance Summit, North West Department of Health. Mafikeng, November 2007

## 2. Conferences attended

### Prof ID Couper

- Human Resource Strategies in Health Conference, Johannesburg, February 2007
- North West Department of Health Research Conference, Potchefstroom, June 2007
- 16<sup>th</sup> Wonca World Conference 2007, Singapore, July 2007
- 11<sup>th</sup> RuDASA Annual Conference, Badplaas, Mpumalanga, August 2007
- The Network: Towards Unity for Health Annual Conference, Human Resources for Health: Recruitment, Education and Retention, Kampala, Uganda, September 2007.
- Annual Rural Doctors Conference, Institute of Rural Health, Newtown, Powys, Wales, October 2007

### Ms NO Sondzaba

- 11<sup>th</sup> RuDASA Annual Conference, Badplaas, Mpumalanga, August 2007
- The Network: Towards Unity for Health Annual Conference, Human Resources for Health: Recruitment, Education and Retention, Kampala, Uganda, September 2007.



Dr A Truscott

- 11<sup>th</sup> RuDASA Annual Conference, Badplaas, Mpumalanga, August 2007

### **3. Other**

Prof ID Couper

- External examiner, conjoint Masters in Family Medicine Final Examinations, University of Malaya, Kuala Lumpur Malaysia, May 2007.