22nd National Family Practitioners Congress

23-25 August 2019, Midrand
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ORGANISING COMMITTEE

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Prof Selma Smith
Ms Zuki Tshabalala

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Dr Sam Agbo
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Dr Sruthi Mohan
Ms Deidre Pretorius
Mr Scott Smalley
Ms Lorraine Tlhwaele
Sefako Makgatho Health Sciences University
Prof Indiran Govender
Prof Honey Mabuza
Dear Colleagues,

I would like to welcome you to our 22nd National Family Practitioners Conference and to thank you for your participation. This conference is one of the annual activities of the South African Academy of Family Physicians. The Academy’s vision is to promote optimal health for the people of South Africa through advocacy, support and the development of the primary health care team, and the establishment of an equitable, humane and integrated district health care system.

The theme of this conference is therefore closely aligned to the vision of the Academy. We welcome all members of the primary health care team to the conference whether you are a family physician, a general practitioner, a medical officer, a nurse practitioner, allied health practitioner or other key member of the team. While the Academy has a particular focus on the discipline of family medicine and family physicians, we welcome all members of the team as associate members.

Likewise we support the ideals of national health insurance as a key initiative to strengthen the social foundation of South African society and to strive for universal health coverage for all South Africans. These ideals include equity, fairness, justice and social solidarity in healthcare. The national health insurance bill was approved by cabinet in July 2019 and will now be tabled in Parliament. The implications of national health insurance for the primary health care system are far reaching and understandably many people have uncertainties, misconceptions and concerns that we hope can be addressed and discussed during this conference.

I would also like to take this opportunity to thank Prof Omole and his team from the University of Witwatersrand as well as other institutions in Gauteng for organizing the conference. The conference includes a wide variety of plenaries, workshops, research presentations and other events that address clinical topics, health services, health systems and educational issues. I hope that you enjoy networking and engaging with your colleagues from across the country and abroad. I look forward to meeting you and hearing from you during the conference.

Best wishes,

Professor Bob Mash
President, South African Academy of Family Physicians
Dear Delegates and Colleagues,

On behalf of the local organizing committee, we wish to welcome you to the 22nd National Annual conference of the South African Academy of Family physicians (SAAFP) in Midrand, Johannesburg.

The annual congress of the SAAFP is an important and unique forum dedicated to the academic and professional development of family practice and primary care in South Africa. The theme of this year’s conference is “The Primary care team: Roles and realignment with the ideals of the new NHI in South Africa” and this closely aligns with the SAAFP’s vision of promoting optimal health for the people of South Africa.

We give special welcome to other team members in primary health care (PHC) such as the General practitioners, Clinical Associates (Physician Assistants), Rehabilitation practitioners, Primary care Nurses, Community health advocacy organizations and other Healthcare organizations.

Considering the theme of the conference, several questions come to mind regarding the NHI. These include whether we are ethically bound to respond to the health disparities inherent in the South African health system, and if we do, how can the NHI address these negative attributes. To answer these and more, the scientific committee has put together plenary sessions presented by leading South African and international experts. These sessions will interrogate the science and ethics of the NHI, its implementation, the roles of the multidisciplinary primary care team and how the NHI could turn around the health disparities inherent in the South African health system.

We are also happy to inform you that prominent Obstetrician and Community Paediatrician, Prof H Saloojee and Prof R Pattinson, will deliver keynote speeches on “Antenatal care, the next level of expertise and the Family practitioner” and “Re-envisioning re-engineered primary health care” respectively. Other leading clinicians and educationists will present several interactive and hands-on seminars and workshops on clinical skills, evidence-based management approaches to common clinical problems, interdisciplinary education and research. As key stakeholders, registrars in Family medicine would have special session with their teachers on how to master and succeed in their specialist training; the FCFP (SA) exit examination and the MMed research.

We are glad to inform you that there are CPD points for all educational activities attended.

Finally, we would like to acknowledge our sponsors, the executive committee of the SAAFP and members of the local organizing committee in the University of Pretoria, Sefako Makgatho University of Health Sciences and the University of the Witwatersrand for their support and hard work.

We wish you a pleasant congress and all the best as you network and participate.

Professor O Omole and Dr R Cooke
Co-conveners: 22nd SAAF conference, Midrand, Johannesburg.

MESSAGE FROM THE CONFERENCE CONVENEORS

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Professor O Omole and Dr R Cooke
Co-conveners: 22nd SAAF conference, Midrand, Johannesburg.

GENERAL INFORMATION

VENUE INFORMATION

Please switch off your cell phone! If you are on call – please change the mode to “silent/vibrate” so as not to disturb your colleagues.

The conference venue is a non-smoking venue.

No food and beverages are allowed into the lecture or workshop areas.

CONFERENCE AWARDS

An award will be made for the best oral or poster scientific research presentation, and for the best oral scientific research presentation by a registrar, after the conference. The winning presenters will be announced on Sunday morning at the prize-giving session.

CONTINUING EDUCATION UNITS

There will be a sign-in roster for both the morning and the afternoon sessions. Delegates must make sure that they sign in both times in order to qualify for the CEUs allocated to those sessions.

Within 10-14 days after the congress, delegates will receive a username and password via email to enable them to download and print their certificate from www.ecpd.co.za. For any queries please contact Salome Snyman at (060) 408 8569 or admin@saafp.org
## PROGRAMME

### 22nd NATIONAL FAMILY PRACTITIONERS CONFERENCE

“The primary health care team: Roles and alignment to the ideals of the National Health Insurance”

### FRIDAY 23 AUGUST 2019

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<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
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<tr>
<td>07h30 – 08h45</td>
<td>Registration on the Village Hall Veranda and coffee in Tuscana Lapa</td>
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<td>Tuscana Lpa</td>
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<tr>
<td>08h45 – 09h00</td>
<td>Welcome</td>
<td>Prof O. Omole</td>
<td>Village Hall</td>
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<tr>
<td>09h00 – 11h00</td>
<td><strong>PLENARY 1:</strong></td>
<td>Deputy Minister of Health, Dr J. Phaahla; Respondents: Prof J. Hugo, Ms S. Ncgobo</td>
<td>Village Hall</td>
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<td></td>
<td>P1.1. The NHI Structure and function: What model is envisioned?</td>
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<td></td>
<td>W1.1. Sub-district management teams and clinical governance</td>
<td>Prof D. Basu, Prof J. Hugo</td>
<td>Village Hall A</td>
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<td></td>
<td>W1.2. Factors that influence the planning of an interprofessional education and collaborative practice (IPECP) curriculum: a scoping review</td>
<td>Ms. Z. Tshabalala, Wits Inter-professional Student Council, Ms. H. Pitout</td>
<td>Village Hall B</td>
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<td></td>
<td>W1.3. Current diagnostic and management approach to pneumonias</td>
<td>Dr I. Kalla</td>
<td>Chagall</td>
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<td>W1.4. Management approach to obstetric haemorrhage</td>
<td>Prof R.C. Pattinson</td>
<td>Donizetti</td>
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<td>W1.5. Oral presentations: Session A (10 mins presentation, 5 mins Q&amp;A)</td>
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<td>Rossini</td>
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<tr>
<td>11h00 – 11h30</td>
<td>Comfort Break, Posters &amp; Exhibitions (3 minutes presentations per poster)</td>
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<td>Tuscana Lpa</td>
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<tr>
<td>11h30 – 13h00</td>
<td><strong>SESSION 1: Workshops/Seminars/Oral presentations of original research</strong></td>
<td>Prof R.C. Pattinson Respondents: Prof M. Naidoo, Dr Modise</td>
<td>Village Hall</td>
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<td>W1.5. Oral presentations: Session A (10 mins presentation, 5 mins Q&amp;A)</td>
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<td>Rossini</td>
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<td>13h00 – 14h00</td>
<td>Lunch</td>
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<td>Tuscana Lpa</td>
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<tr>
<td>14h00 – 15h00</td>
<td><strong>PLENARY 2: Keynote speaker</strong></td>
<td>Prof R.C. Pattinson Respondents: Prof M. Naidoo, Dr Modise</td>
<td>Village Hall</td>
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<td>P2. JC Coetzee Memorial Lecture: Antenatal care, the next level of expertise and the family practitioner</td>
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<td>Comfort Break, Posters &amp; Exhibitions (3 minutes presentations per poster)</td>
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<tr>
<td>15h30 – 17h30</td>
<td><strong>SESSION 2: Workshops/Seminars/Oral presentations of original research</strong></td>
<td>Dr D. Edwards (UK), Ms D. Pretorius</td>
<td>Village Hall A</td>
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<td>W2.1. Sexual Health workshop</td>
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<td>W2.2. Research supervision – overcoming pitfalls</td>
<td>Prof I. Govender, Prof H. Mabuza, Prof J. Tumbo</td>
<td>Village Hall B</td>
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<td>W2.3. Drug overdose and poisoning – current management approaches</td>
<td>Prof F. Motara</td>
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<td>W2.4. Foreign trained South African graduates: The journey to re-integration</td>
<td>Dr R. Cooke</td>
<td>Donizetti</td>
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<td>W2.5. Oral presentations: Session B (10 mins presentations, 5 mins Q&amp;A)</td>
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<td>Rossini</td>
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## SATURDAY 24 AUGUST 2019

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<td>Registration on the Village Hall Veranda and coffee in Tuscana Lapa</td>
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<tr>
<td>07h00 – 08h00</td>
<td>SAFPJ Meeting</td>
<td>Dr. K. von Pressentin</td>
<td>Rossini</td>
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<td>08h00 – 09h00</td>
<td><strong>PLENARY 3:</strong> P3.1. Health disparities in South Africa - Are we ethically obliged to respond? If so, is there a price to pay?</td>
<td>Dr Mametja Respondents: Prof K. Behrens, Dr B. Gaede</td>
<td>Village Hall</td>
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<td>09h00 – 10h00</td>
<td><strong>PLENARY 3:</strong> Keynote speaker: P3.2. KM Seidak Memorial Lecture: Re-envisioning re-engineered primary health care</td>
<td>Prof H. Salojee Respondents: Prof B. Mash, Prof A. Tshabalala</td>
<td>Village Hall</td>
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<td>10h00 – 10h30</td>
<td>Comfort Break, Posters &amp; Exhibitions (3 minutes presentations per poster): Dr Reji and CA S. Smalley</td>
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<td>Tuscana Lapa</td>
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<td>10h30 – 12h30</td>
<td><strong>SESSION 3: Workshops/Seminars/Oral presentations of original research</strong></td>
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<td></td>
<td>W3.1. Preparing for National Health Insurance</td>
<td>Dr. G. Hukins</td>
<td>Village Hall B</td>
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<td>W3.2. Pathophysiology, diagnosis and management of Drug Resistant Tuberculosis – An overview</td>
<td>Dr. X. Padalinam</td>
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<td>W3.3a. Surgical male circumcision at primary health care level</td>
<td>Dr B.O. Illori, Mr P. Lebesi; Ms V. Phiri</td>
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<td>W3.3b. Pap smear management</td>
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<td>W3.4a. “Practice in South Africa, the medico-legal environment and challenges practitioners face”</td>
<td>Dr B. Beira; Dr T. Behrman</td>
<td>Donizetti</td>
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<td>W3.4b. Medico legal issues in South African Primary Care: Case studies</td>
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<td>W3.5. Oral presentations: Session C (10 mins presentation, 5 mins Q&amp;A)</td>
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<td>12h30 – 13h30</td>
<td>Lunch</td>
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<td>13h30 – 14h30</td>
<td><strong>PLENARY 4:</strong> P4. NHS (National Health Service) successes and challenges: the UK experience</td>
<td>Dr D. Edwards (UK) Respondents: Prof S. Moosa, Prof P. Yogeswaran</td>
<td>Village Hall</td>
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<td>14h30 – 15h00</td>
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<td>15h00 – 17h00</td>
<td><strong>SESSION 4: Workshops/Seminars/Oral presentations of original research</strong></td>
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<td></td>
<td>W4.1a. Malaria and travel medicine</td>
<td>Prof L. Blumberg, Dr Z. Nene</td>
<td>Village Hall B</td>
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<td>W4.1b. Choosing the best contraception method. Dissemination of WHO tools and guidelines on contraception</td>
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<td>W4.2. Back Pain – Back examination and management</td>
<td>Dr C. Brandt, Mr. S. Smalley</td>
<td>Village Hall B</td>
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<td>W4.3a. Building capacity for doctoral studies in Family Medicine and Primary Care in South Africa</td>
<td>Dr K. von Pressentin, Prof B. Mash, Dr B. Gaede, Prof A. Ross, Prof M. Naidoo &amp; Dr Z. Malan, Dr K. von Pressentin, Prof. I. Govender</td>
<td>Chagall</td>
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<td>W4.3b. Taking the SAFPJ to 2023: How to be an efficient peer reviewer</td>
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<td>W4.4a. Common Dermatological conditions in Family Practice</td>
<td>Dr B. Modi; Dr B. Modi</td>
<td>Donizetti</td>
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<td>W4.4b. An approach to undifferentiated patients in Family Practice</td>
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<td>W4.5. Oral presentations: Session D (10 mins presentation, 5 mins Q&amp;A)</td>
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<td>Rossini</td>
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<tr>
<td>17h00 – 18h00</td>
<td><strong>SAAFP GENERAL MEETING</strong></td>
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SUNDAY 25 AUGUST 2019

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| 08h30 – 10h00 | **PLENARY 5:**  
P5. Strengthening clinical, training and research ties in Family Medicine: Opportunities and Challenges | Prof K. Okuyemi (US)  
Respondents: Prof B. Mash, Z. Tshabalala, Prof A. Tshabalala | Village Hall |
| 10h00 – 10h30 | Comfort Break and exhibitions                                           |                                               | Tuscana Lapa |
| 10h30 – 12h30 | **SESSION 5: Workshops/Seminars/Oral presentations of original research**  
W5.1a. Disability and rehabilitation  
W5.1b. Addiction and rehabilitation | Mr. J. Terry, OT/Psych team; Ms D. Skhosana | Village Hall A |
|            | W5.2. Quality management visits for clinical trainers in Family Medicine | Prof B. Mash, Dr Z. Malan, Prof H. Brits, Dr J. Edwards | Village Hall B |
|            | W5.3. Diabetic foot ulcers: Screening and management                   | Dr Andrews                                   | Chagall      |
|            | W5.4. A roadmap for Mastering the FCFP and MMed Journey               | Prof M. Naidoo, Prof L. Jenkins, Dr K. von Pressentin, Dr N. Erumeda | Donizetti    |
|            | W5.5. Oral presentations: Session E (10 mins presentations, 5 mins Q&A)|                                               | Rossini      |
| 12h30 – 13h00 | **Prize giving: Prof Mash & Ms D. Pretorius**                        |                                               | Village Hall |
|            | **Closure**                                                            |                                               |              |
PLENARY 2

P2  JC Coetzee memorial lecture: Antenatal care, the next level of expertise and the family practitioner

Prof Bob Pattinson

The lecture identifies the gaps in antenatal care provided at the primary level of care and suggests solutions to fill these gaps. The family practitioner is key to these solutions.

Outcomes: Understanding of how antenatal care should work in a wholistic system; provide the new guidelines for managing hypertensive disorders in pregnancy; suggesting a role for family practitioners in antenatal care in the health system.

Prof Bob Pattinson is an obstetrician and the Director of the SAMRC/UP Maternal and Infant Healthcare Strategies unit. His research concentrates on seeking saleable, sustainable solutions for maternal and infant care at the primary and secondary levels of care.

PLENARY 3

P3.1 Health disparities in South Africa – Are we ethically obliged to respond? If so, is there a price to pay?

Dr Mametja

The presentation will start with a revision of medical ethics and its related declarations. I will take a tour back into our history and outline inequities in health care and associated social determinants of health and if we have managed to address them. We will then explore various pro-equity policies and equally, the policies that undermined equity.

The talk will conclude by combining various ethical approaches in support of the doctors’ role in addressing disparities in health and practical approaches to engage with politicians and policymakers.

Objectives
- To highlight inequities in health and the related social determinants of Health in SA
- To present evidence with regards to health outcomes and related indicators
- Using medical ethics framework, discuss the role of doctors and society in responding to disparities in health
Having qualified in medicine I undertook 5 years of training in various hospital and General Practice posts. I then accepted a General Practitioner partnership (GP - known as Family Physician in SA) working within the NHS. A post-graduate degree in Medical Anthropology broadened my global medicine outlook.

In addition to GP work, I have specialised in Sexual problems for over 30 years. This developed my career into clinical, research, writing & media work together with teaching / lecturing both locally within the surgery and internationally.

Initiating and managing a ‘new build’ GP surgery, costing £5.2 Million, brought me closer to the NHS management processes.

P3.2 KM Seedat Memorial Lecture: Re-envisioning re-engineered primary health care

Prof Haroon Saloojee

In 2011, the Re-engineering Primary Health Care Initiative was launched as a national effort to decentralise primary health services to the community level. Three streams were introduced – district based clinical specialist teams (DCSTs), strengthening school health services and ward-based PHC outreach teams (WBOTs). The presentation will explore the successes and failures of each of these and suggest a re-envisioning of their role and functions if they are to achieve their objectives.

Haroon Saloojee is a personal professor, and head of the Division of Community Paediatrics, at the University of the Witwatersrand. He serves on two ministerial committees - one focussed on child mortality and morbidity (COMMIC), and another on immunisation (NAGI). He is co-editor of the book Child Health for All.

PLENARY 4

P4 NHS (National Health Service) successes and challenges: the UK experience

Dr David Edwards

When the National Health Service (NHS) was established in 1948 it was the first of its kind in the world. A leaflet at that time stated, “It will provide you with all the medical, dental and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it.” This presentation will discuss the background and formation of the NHS in the UK. Discussions will look at perspectives from a patient, medical, political and financial viewpoint. We will share in celebrating its successes and look at the challenges that face the NHS regarding funding, staffing and managing an ageing population and increasing co-morbidities.

Three Key Objectives

• How, why and when the NHS was set up in the UK
• What are its successes?
• What are the challenges for the NHS to be even better in the future?
PLENARY 5

P5  Strengthening Clinical, Training, and Research Ties in Family Medicine: Opportunities and Challenges

Prof Kolawole Okuyemi

There is a growing need for Physician-Scientists adequately trained in clinical primary care who are grounded in the clinical contexts of highly prevalent communicable and non-communicable diseases and able to interact effectively with providers to generate and answer pertinent research questions and develop innovative interventions that can be implemented in a timely manner in primary care settings. In order to improve the health of our population, a nation’s healthcare delivery system must systematically use high-quality medical evidence generated from research with rigorous designs and involvement of scientists with relevant clinical and research background. This presentation will discuss strategies to enhance research within clinical settings and how to address associated challenges.

Key Objective:
To describe common opportunities and challenges associated with conducting research and research training within Family Medicine clinical settings

I am a physician-scientist whose career over the past 20 years has been devoted to research and programs to improve the health of underserved populations and eliminate health disparities using pharmacological and culturally tailored interventions. Over this period, several NIH Institutes and Centers have continuously funded my work as PI or co-Investigator. I am currently PI of an NHLBI-funded (R01HL081522; 1997 till present). I have successfully mentored junior faculty, predoctoral, and postdoctoral scientists many of whom have gone on to successful biomedical research careers. Most recently, I was awarded a $22 million grant along with four other PIs for the NIH-funded (Common Fund) National Research Mentoring Network (NRMN) which is a nationwide consortium of biomedical professionals and institutions collaborating to provide enhanced networking and mentorship experiences in support of the training and career development of trainees from diverse backgrounds in biomedical, behavioral, clinical, and social science research careers. Within NRMN, I am PI and Director for the Professional Development Core that is creating and nationally disseminating transformative, high impact, professional development programs.

I have also made a significant contribution to science in research addressing health disparities, especially cancer-related health disparities. My research has documented evidence of significant disparities in awareness and utilization of evidence-based cancer prevention services among African immigrants. African Immigrant populations experience among the lowest screening rates for the prevention of cervical cancer, breast cancer, and colorectal cancer compared to other racial groups. These studies would set the foundation for the development and implementation of culturally-appropriate interventions to address these disparities.

I have conducted epidemiological and intervention research examining the separate and combined influence of genetic and behavioural factors on tobacco use and dependence among African American smokers. One of the areas of research focus where I have achieved national and international recognition is research about light smokers (i.e. those who smoke 10 or fewer cigarettes per day). Since 2000, I was among the first scientists to highlight the fact that despite smoking few cigarettes per day, light smokers, especially African Americans, are nicotine dependent, are at risk of tobacco-related morbidity, and may have difficulty quitting smoking. My research on light smokers have been supported by funding from NIH and has resulted in more than 25 research publications in peer-reviewed journals, service on NIH workgroups, and policy changes in treatment guidelines for light smokers.

I have conducted research and implemented mentoring programs geared toward enhancing the mentoring experiences of students and faculty in biomedical disciplines. My specific focus is on developing and disseminating evidence-based mentoring programs to enhance career success of individuals from backgrounds underrepresented in biomedical disciplines. My contribution to science and national leadership in this area is demonstrated by my receiving major awards and peer-reviewed publications in this area. For example, I was one of the Principal Investigators awarded a $22 million NIH grant to establish the National Research Mentoring Network (NRMN) in which I served as PI/Director of NRMN’s Professional Development Core. I have also served as PI for NIH-funded Research Training and Center grants with significant mentoring components.
FRIDAY 23 AUGUST 2019

Session 1: 11h30 – 13h00

1.1 Sub-district management teams and clinical governance
Prof Deb Basu, Prof Jannie Hugo

Decentralised governance is crucial for better care and happier health workers. In Gauteng this is done through Sub district Multi-Disciplinary Teams and Care Coordination between hospital, clinic and home. The facilitators will share experiences and develop key issues implementation.

Biosketch
Deb Basu is a Public Health Physician. He is involved in both post- and under-graduate teaching and supervision of masters and doctoral students in the University covering the areas of preventive health care and health system management. Focus of his research interest is preventive medicine and translational research.

Jannie Hugo is HOD Family Medicine at the UP focusing on COPC and a Community Oriented Substance Use Programme (COSUP). He also takes part in the NHI implementation in an Integrated Primary Health Platform.

Jannie was trained at UFS worked in QwaQwa from 1984 to 1988, before moving to Medunsa, and subsequently UP.

1.2 Factors that influence the planning of an interprofessional education and collaborative practice (IPECP) curriculum: a scoping review
Ms Hanlie Pitout

An increased interest in and drive towards collaborative practice and the need to prepare students to be practice-ready for teamwork when they qualify, is evident. Factors pertain to health work force needs, the healthcare worker competencies, the curriculum delivery method and content as well as the logistics at the institution.

Outcomes:
At the end of the session participants would

• understand factors that influence planning an IPECP curriculum
• have been introduced to the Four-Dimensional Curriculum framework

Biosketch
I qualified as an occupational therapist in 1986 at University of Pretoria. Currently I am a lecturer at SMU. I completed my Masters degree at the University of Limpopo in 2010. I am currently a PhD candidate at Wits.

1.3 Current diagnostic and management approach to pneumonias
Dr I Kalla

Community-acquired pneumonia is the leading infectious cause of death worldwide. It is imperative for all medical practitioners to know how to make the diagnosis, and what are the basic management algorithms and strategies that we as South African medical practitioners use in the practice of medicine within the resource limitations in South Africa. The workshop will focus on the diagnosis of CAP, management of patients with CAP, and approach to the Chest x-ray and the use of the pneumococcal vaccine in 2019.

Biosketch
Dr Kalla is a Senior Specialist in the Department of Medicine, Division of Pulmonology and Critical Care Medicine at the University of the Witwatersrand. He is the Chair of the Under-Graduate Teaching Committee as well as Co-Chair of the Supernumerary Post-Graduate portfolio. Dr Kalla has received numerous awards during his career including the Jock Gear Award for being the most accomplished registrar during his specialist training, the Asher Dubb Medal for his Specialist Physician's Examination and the Greenblatt Respiratory Prize during his fellowship in Pulmonology. Dr Kalla was also the recipient of the Bobby Grieve research prize and was most recently awarded the prestigious T.H. Bothwell Research Prize which is the premier research prize within the Department of Internal Medicine. Dr Kalla’s research interest is in the field of immunology of airway inflammation and he has completed his PhD in inflammatory pathways in Asthma.

1.4 Management approach to obstetric haemorrhage
Prof Bob Pattinson

The workshop will demonstrate the new management of obstetric haemorrhage guidelines. It will also show the non-pneumatic anti-shock garment and Ellavie and how these fit into the new protocol.

Outcomes:
Understanding of new obstetric haemorrhage guidelines; demonstration of new equipment designed to improve the management of women with severe obstetric haemorrhage.

Biosketch
Prof Bob Pattinson is an obstetrician and the Director of the SAMRC/UP Maternal and Infant Healthcare Strategies unit. His research concentrates on seeking saleable, sustainable solutions for maternal and infant care at the primary and secondary levels of care.
2.1 Sexual Health Workshop

Ms Deidre Pretorius, Dr David Edwards

There is more to sexual health than just sex. All Health Care Professionals and in particular Family Physicians (FP) should have more than just a rudimentary knowledge of the subject as it can affect many aspects of family medicine. Traditionally, it does not feature highly in medical training and often FP's do not have the confidence or consultation skills in order to assess and manage sexual problems. Preliminary findings from South African research will be presented and discussed in the workshop. Patients are not insisted if FP's raise the subject of sexual health, indeed research has shown that diabetic and hypertensive patients expect their doctor to ask them about this topic during the consultation. However, studies show that we are very poor at initiating the discussion.

It is of paramount importance that patients with sexual problems are medically assessed and managed for comorbidities including cardiovascular disease, diabetes, lower urinary tract symptoms and depression. This is because symptoms such as erectile dysfunction, testosterone deficiency, dry vagina, anorgasmia and premature ejaculation can be markers for other medical conditions and typically occur before these comorbidities develop. Findings show that on average the patient has 3 ½ years to modify his/her lifestyle in order to prevent, delay or ameliorate the onset of these potentially serious medical conditions. The FP and other HCPs have a duty to educate, encourage and empower the individual (and their partner) to make a change. They also need to monitor and ‘treat to target’ conditions that may already exist such as hypertension, raised cholesterol/lipids together with ‘pre-diabetes’.

These issues and management practicalities can be raised and discussed using case studies both from the delegates and faculty.

At the end of the workshop, delegates:-
• will appreciate the need for taking a sexual history and feel comfortable about doing so.
• consider the link between sexual problems acting as an early marker for other important and potentially serious medical comorbidities.
• will be able to assess and manage men’s and women’s sexual problems after covering some theory, and interactive participation.

Biosketch
Deidre Pretorius is involved the past 36 years in the field of clinical social work and after becoming an academic specialized in medical social science. She initiated two academic books and published research the past 11 years. She is the past 6 years a lecturer at Dept. Family Medicine at the University of Witwatersrand.

David Edwards qualified in Medicine at the London Hospital Medical College and has a post-graduate degree in Medical Anthropology. He has been a Family Physician in Oxfordshire UK for over 33 years and is a specialist in men’s and women’s sexual problems. David is a past president of the British Society for Sexual Medicine (BSSM), Chair of the Primary Care Testosterone Advisory Group (PCTAG) and Vice-chair trustee of the College Of Sexual and Relationship Therapists (COSTR). Other commitments are lecturing, media work, research & writing. Together with his wife Jill, he undertakes voluntary medical training for Family Physicians in South Saharan Africa.

2.2 Research supervision – Overcoming pitfalls

Prof Indiran Govender, Prof Honey Mabuza, Prof John Tumbo

This workshop will firstly look at the delegates' suggestions as to where conflict in the relationships between researchers and supervisors can arise from. Therafter possible suggestions to solve these conflicts will be discussed using input from the delegates. We will also be using case scenarios and role plays to actively encourage participation and ways of overcoming pitfalls that may arise in research supervision. We intend to end the workshop with take-home messages and practical insights to conflict prediction and resolving these where possible.

2.4 Foreign-trained South African graduates - the journey to integration

Dr Richard Cooke

Little is known about the numbers and whereabouts of SA medical students studying internationally, outside of Cuba. Their integration is controversial; challenges include arrangements for electives, formal training on resource-constrained platforms, as well as criteria for internship registration. Within this uncertainty, what is the opportunity for Family Medicine?

Workshop outcomes:
• Share information on the status quo, including foreign-based student numbers, training experience and integration to date.
• Propose revised/new strategies to benefit Family Medicine, considering HPCSA Board exams, preparatory courses, and benefits for clinical platforms.
• Integrate the need for an integration styled on the Nelson Mandela Fidel Castro curriculum/programmes.

Biosketch
Dr Cooke is the Wits Family Medicine and Primary Care Academic Department Head, supervising training/research within the MMed, GEMP, Clinical Associates, Public Health and BHSc Health Systems Sciences programmes. Responsible for the Wits Cuban-trained NMFC students, he serves on the NMFC National Curriculum Working Group and Ministerial Task Team.
3.1 Preparing for National Health Insurance
Dr Graham Hukins

The National Health Insurance Bill, the Medical Schemes Amendment Bill and Contracting for Outcomes (CFO) rather than Fee for Service (FFS) will emphasise the need for an integrated and holistic approach to health care delivery. Examples of some commonly occurring conditions will be used to familiarise you with how this is likely to change consultations, referrals and the practice management system.

The objectives of the session
• The major impact of the changes in legislation on Family Practice.
• Contracting and the need for on-going clinical audit.
• Access to resources.

Biosketch
Graham has worked in Family practice and held full-time appointments at the universities of the Witwatersrand and Auckland. He designs health care strategies and systems for Funders, I.T. consultants and Providers, both locally and internationally. Clients include doctor groups, hospitals, pharmacies, Unions, Employers, Medical Aids, Professional Services Networks and Government.

3.2 Pathophysiology, diagnosis and management of Drug Resistant Tuberculosis-An overview
Dr Xavier Padanilam

An overview of the pathology of Tuberculosis, different tests available for drug resistant TB diagnosis and the current South African recommendations on the management of drug resistant tuberculosis including INH monoresistant TB, MDR TB, PreXDR TB and XDR TB. Also, a practical analysis of the new, all oral, injection free short regimen for the treatment of MDRTB. A brief overview of the side effects of the different drugs used in the management of DRTB.

3 key outcomes/objectives
• Best way to diagnose drug resistant tuberculosis.
• Best treatment options
• Best monitoring practices.

Biosketch
Dr Xavier Padanilam is the Chief Medical Officer and Clinical Head at the Sizwe Tropical Disease Hospital in Sandringham, Johannesburg, South Africa. He is part of the national and provincial advisory committees on the management of drug-resistant TB and is involved in clinical decisions around the treatment of MDR-TB and XDR-TB. He is also a contributor to the South African National MDR TB management guidelines.

3.3a Surgical Male medical circumcision at primary health care level
Dr BO Ilori

Objectives
• To provide a basic understanding of the anatomy of the male genital, including common structural defects that have implications for circumcision.
• To provide a brief overview of the clinical benefits and risks associated with male circumcision.
• To demonstrate safe surgical techniques for male circumcision, including prevention and management of complications.

Biosketch
Dr Ilori is the Medical Officer in charge of Male medical circumcision in Ekurhuleni district, Gauteng province.

3.3b Pap smear management
Ms Tshireletso Phiri


3 key outcomes/objectives
• importance of proper management of abnormal Pap smear
• Clinical associate impact in women's health

Biosketch
Tshireletso Phiri is a clinical associate working for University of Pretoria. She obtained her degree of Bachelor of clinical medical practice from the University of the Witwatersrand and did her elective in gynaecology and obstetrics at Edenvale hospital. She worked for gynaecologist Dr S. Ebrahim and obtained her experience in women’s health through her. She volunteered her time with Pink Drive going around remote areas in South Africa providing healthcare to women.

3.4a Practice in South Africa, the medico-legal environment and challenges practitioners face
Dr Brad Beira

The presentation shares practical experience from 25 years of clinical experience, medico-legal challenges and where we find ourselves now in practice. We discuss how errors happen, the challenges of getting informed consent, incomplete disclosure from patients, the importance of dialogue and disciplined record
keeping and a review of some relevant cases to illustrate the clinical and legal relevance of good practice and patient management.

Key outcomes:
• Defining the medico-legal profession and understanding the impact of medico-legal principles in daily practice
• Relatable examples of how ‘good intentions can lead to poor outcomes’
• ‘Things to start doing tomorrow’

Biosketch
Brad has been involved in medical, legal and risk advisory work for 25 years. Brad has been in private practice, served as the risk manager of an Orthopaedic speciality hospital and has provided health risk advisory services in South African, European, North American hospitals. Since 2006, Brad has assisted insurers, hospital groups and Countries develop their medical indemnity and health risk strategies.

Brad is chairperson of Safe Surgery SA, Board Advisor to Mudiro – a Swiss Health NGO, advises the South African Medico-Legal association and provides CPD lectures on medico-legal risk

3.4b Medico-legal issues in South African Primary Care: Case Studies

Dr Tony Behrman

In an increasingly dynamic and challenging profession, understanding the root cause of patient complaints and claims is crucial. It allows healthcare professionals to stay on top of risks and take action to improve patient outcomes.

This session will discuss the challenges being faced by primary care practitioners and provide an update on key medicolegal trends. Case studies based on more than 60 years’ experience will be explored during this interactive session and delegates will leave with top medico-legal and ethical tips for reducing risks.

Biosketch
Dr Tony Behrman, Medical Business Consultant, Medical Protection

Session 4: 15h00 – 17h00

4.1a Malaria and travel medicine

Prof Lucille Blumberg

I will present risk assessment, and advice re prevention of malaria and vaccine-preventable diseases for travellers including pregnant women, children and those with comorbidity. I will also provide an approach to the investigation and management of the returning traveller with fever. I will also cover the management of travellers with uncomplicated malaria.

Key outcomes:
• Be able to advise travellers on the prevention of malaria
• Provide advice re vaccines pre-travel
• Be familiar with the important causes of fever in the returning traveller, relevant investigations and management for uncomplicated malaria

Biosketch
Professor Lucille Blumberg is a Deputy Director of the National Institute for Communicable Diseases (NICD), of the National Health Laboratory Service, and founding head of the Division of Public Health Surveillance and Response. She is currently a medical consultant to the Division for Outbreak Preparedness and Response (incudes Travel medicine Unit) and also a medical consultant to the Centre for Emerging, Zoonotic and Parasitic Diseases where her major focus is on malaria, rabies and zoonotic diseases and travel-related infections.

4.1b Choosing the best contraception method. Dissemination of WHO tools and guidelines on contraception.

Dr Zozo Nene

The WHO has guidelines and tools which ensure that women make informed choices about contraception.

The talk focuses on
• Understanding the WHO Medical Eligibility Criteria and the Wheel
• Disseminating the WHO contraceptive tools:
  • Selected Practices Recommendations
  • The Global Handbook for Providers
  • Compendium for postpartum family planning
  • Contraception and HIV

Key outcomes
• Training on WHO MEC WHEEL
• Training on Postpartum Compendium
• Update on ECHO Trial results

Biosketch
Prof Lucille Blumberg is a Reproductive Medicine Sub-specialist and Head of the Reproductive & Endocrine unit at Steve Biko Academic Hospital and the University of Pretoria. She is the South African representative of WHO-FIGO on contraception and
has given presentations for the WHO in that capacity. She is part of the National Department of Health’s technical expert advisory team on contraception and infertility.

4.2 Back pain – Back examination and management

Dr Corlia Brandt, Mr Scott Smalley

This workshop highlights the important components of the patient consultation for diagnosis and management of mechanical and chronic back pain conditions from the perspective of a Physio. Evidence-based medicine and interactive role-play with examination demonstrations will be used, along with patient cases to convey the information pertaining to this common and important medical complaint.

Key outcomes

- Identify the important components of the consultation for back complaints;
- Perform a relevant, focused back examination;
- Differentiate between common mechanical and chronic back pain conditions; and
- Apply EBM exercises and complimentary treatments for back pain management.

Biograph

Corlia Brandt: Dr Corlia Brandt, a senior lecturer, Department of Physiotherapy, University of Witwatersrand, obtained her BSc Physiotherapy (1999), MSc Physiotherapy (2003), and PhD with specialisation in Physiotherapy (2016) cum laude at the University of the Free State. Her interest in education and research are NMS, Sport, Women’s Health, and the discovery of the interaction between these concepts.

Scott Smalley: Mr Scott Smalley, a lecturer, Head of Division of Clinical Associates, Department of Family Medicine and Primary Care, University of Witwatersrand, received his Master of Science in Physician Assistant Studies from North-eastern University, USA. Since 2010, he has been supporting the development and growth of the clinical associate bachelor and postgraduate programmes.

4.3a Building capacity for doctoral studies in family medicine and primary care in South Africa

Dr Klaus von Pressentin, Prof Bob Mash, Dr Bernard Gaede, Prof Andrew Ross, Prof Mergan Naidoo, Dr Zelra Malan

Background

The 2008 World Health Report emphasised that strong PHC systems lead to better health outcomes for the population they serve, and noted that effective PHC systems usually include ‘physicians with a specialisation in family medicine or general practice’. The discipline of family medicine is gaining traction in South Africa, but more high-quality research is needed to help advocate for the contribution of family medicine and primary care. Previous workshops and activities have focused on postgraduate supervision and primary care research in general. Building the capacity for research at doctoral level will generate more robust, multi-centre evidence required by policymakers and healthcare managers.

Methods

The focus will be on PhD supervisors, recent PhD graduates, current PhD candidates, as well as those interested in starting the PhD journey. During this a workshop, we plan to perform a situational analysis on PhDs in family medicine, as well as to develop a strategic plan for more PhDs in family medicine (this plan may look at a research agenda, identifying and preparing potential PhD students, as well as increasing the supervision capacity).

Results

The workshop will explore how we can increase the capacity for doctoral studies in family medicine, with some practical tips and approaches for the way forward.

Conclusion

Our discussion will focus on increasing the critical mass of doctors in family medicine within South Africa, in order to advance the discipline through more research with a stronger impact.

4.3b Taking the SAFP journal to 2023: how to be an efficient peer reviewer

Dr Klaus von Pressentin, Prof Indiran Govender, Members of the new SAFP editorial board

Background

The new SAFP journal editorial board for the period 2019 – 2023, was announced in March 2019. This represents an opportunity to reflect on the journal’s scope and aim, as well as its content in terms of research and CPD material. The new editorial board strives to build on the solid foundation formed by its predecessors since the journal's birth in 1980. The changing health landscape in South Africa includes renewed attention to quality team-based primary healthcare. The journal therefore needs to remain relevant. It is essential that the editorial process is able to screen and select research of sufficient quality and scientific rigour. This goal will not be possible without a strong network of peer reviewers.

Methods

This workshop will be facilitated by members of the new SAFP journal editorial board. The focus will be on engaging with current and potential peer reviewers from South Africa, the wider African region, as well as international colleagues. During this a workshop, we plan to discuss the purpose and format of the peer review process, as well as a potential tool kit for the peer reviewer, be it at novice or more advanced level. We will also reflect on how to streamline the peer review process and discuss ways of enhancing the educational potential for peer reviewers through feedback and mentorship.

Results

The workshop will explore how we can increase the capacity for quality peer-reviewing by reaching out to existing and new reviewers, which may help to build the SAFP journal as a worthy platform for showcasing relevant and rigorous research.
Conclusion
Our discussion will focus on building research capacity around peer-reviewing for the SAFP journal. A network of peer reviewers will enable feedback and mentorship which will enable these reviewers to grow as members of our discipline.

4.4a Common Dermatological conditions in Family Practice

Dr BH Modi

Family practitioners encounter a broad range of dermatological conditions in their daily work and it comprises of one of the largest categories of patients seen in family practice. Almost two-thirds of patients who suffer from a skin condition consult a family practitioner. This presentation will assist the family practitioner to identify and manage the common dermatological conditions that present daily.

Key outcomes
- To identify the common dermatological conditions
- To manage the common dermatological conditions

Biosketch
Dr BH Modi is a graduate of Natal Medical School, having attained his MBChB in 1988 and started in private practice in 1992 in Johannesburg. He is a Family Physician and has obtained an MBA from UCT. His interests include maternity care and the management of chronic diseases, including HIV, depression, cardiovascular diseases and diabetes. He is a part-time lecturer in the Department of Family Medicine at Wits, the medical advisor for the SAB Medical Scheme, a Trustee for Profmed Medical Scheme and a board member of the AHPCSA.

4.4b An approach to Undifferentiated Patients in Family Practice

Dr BH Modi

Family practitioners encounter a broad range of medical conditions in their daily work and face high patient volumes. They are expected to make a diagnosis and decisions amid uncertainty, ranging from benign and self-limiting conditions, uncommon diseases and those that tend to be serious and life-threatening. Diagnosis typically unfolds over time.

Key outcomes
- To develop an approach to an undifferentiated patient
- To understand the process of decision making in the face of uncertainty

Biosketch
Dr BH Modi is a graduate of Natal Medical School, having attained his MBChB in 1988 and started in private practice in 1992 in Johannesburg. He is a Family Physician and has obtained an MBA from UCT. His interests include maternity care and the management of chronic diseases, including HIV, depression, cardiovascular diseases and diabetes. He is a part-time lecturer in the Department of Family Medicine at Wits, the medical advisor for the SAB Medical Scheme, a Trustee for Profmed Medical Scheme and a board member of the AHPCSA.

SUNDAY 25 AUGUST 2019

Session 5: 10h30 – 12h30

5.2 Quality management visits for clinical trainers in family medicine: Workshop

Prof Bob Mash, Dr Zelra Malan, Prof Hanneke Brits, Dr Jill Edwards

Background
Workplace-based clinical training and assessment is dependent on effective clinician-educators. A national initiative has provided initial training for clinical trainers via a 5-day course, which has now trained over 100 family physicians. Following the course, it is necessary to support the clinical trainers in consolidating their learning and continuing to improve their educational skills. In order to do this an annual structured quality management visit is needed with the intention to provide support and formative assessment to the clinical trainer.

Aim
To train participants in how to conduct a quality management visit for a clinical trainer and to agree on developmental goals and an action plan.

Process
The workshop will describe the training of clinical trainers’ course, the process of the annual visit, the tools that can be used during the visit and the experience of implementing the visits at Stellenbosch University. The workshop will also give participants an opportunity to use the tools and practice the essential skills required in conducting the visits.

Participants
The workshop is open to anyone but will be of particular value to departmental heads, programme coordinators, training complex coordinators and other senior family physicians who might be expected to conduct such visits.

5.3 Diabetic foot ulcers: Screening and management

Dr Ethel Andrews

Foot ulcerations in diabetic patients are a common complication. The early recognition of the high-risk foot and timely treatment may prevent foot ulcerations, save limbs, save lives, and improve patient quality of life. The aim of ulcer management is wound closure and is achieved through treating underlying disease processes, ensuring adequate blood supply, wound care and offloading.

Key outcomes:
- To familiarise the audience with the foot screening tool
- To put in place a practical plan for the management of diabetic ulcers

Biosketch
Dr Ethel Andrews studied BCur at Rand Afrikaans University and did her Masters and PhD at the University of Witwatersrand. She
completed the International Interdisciplinary Wound Care Course with the University of Toronto. She is an international key opinion leader and speaker and has published papers on research, burns and wound care.

Ethel is the first nurse to have a PhD in Burns in South Africa, the first nurse to be a representative on the Pan African Burn Society, the first nurse to be on International Society for Burn Injuries’ committees from Africa and the first non-surgeon to be elected as president of the South Africa Burn Society.

5.4 A roadmap for Mastering the FCFP and MMed Journey

Prof Mergan Naidoo, Prof Louis Jenkins, Prof Andrew Ross, Prof Honey Mabuza, Dr Sruthi Mohan

Background:
Over the last few years, the pass rates of registrars specialising in Family Medicine in South Africa has been far from optimal. The pass rates have hovered between the 30-50% band and despite greater awareness and involvement of many of the departments of Family Medicine (FM) in Train the Clinical Trainer and various assessment workshops, the registrars’ outputs have not improved significantly. This workshop will explore and map out a roadmap for success in completing the registrar programme and passing the exit examinations.

Methods
This workshop will utilise interactive methods using think-pair-share designs to explore the following questions:

• Structuring clinical training time to maximise learning outputs.
• Standardising teaching, training and assessment practices across the various training platforms in South Africa.
• Mastering the written assessments.
• Mastering the OSCE assessments

Participants will include family physicians (academics and clinicians—experienced and junior), registrars, medical officers contemplating a career in FM and those who have been unsuccessful in past exams.

Results
The results will hopefully provide insight on how teaching, training and assessment outputs and outcomes may be improved.

Conclusion
Key findings from the workshop will be made available to academic heads of FM in South Africa, the Education and Training Committee of the Academy of Family Medicine and the Council for Family Physicians within the CMSA.
Perceptions of 2017 final year medical students at the University of KwaZulu-Natal about family medicine, and long-term career choices

Ali RO

Background: While international experience suggests that well-trained generalists improve the quality and cost-effectiveness of health care, Family Medicine (FM) is not an attractive career for medical graduates in South Africa. The aim of this study was to assess the final year medical students’ knowledge about FM, explore their perceptions of the discipline’s relevance, and identify their specialty preference.

Methods: This was an observational descriptive study conducted amongst final year medical students at the University of Kwazulu-Natal (UKZN) in 2017 at the conclusion of their last FM module. A piloted and internally validated questionnaire was used for data collection. Descriptive statistics were used to analyse the quantitative data.

Results: A total of 157 students completed the questionnaire (response rate 80.2%). Students reported limited exposure to FM in the early undergraduate years. There were low levels of awareness around FM registrar training, Family Physicians roles, and essential public health programmes. FM was the sixth most popular specialty choice.

Conclusions: Students had favourable views about FM, although there were knowledge gaps and misperceptions about the role of FM. The results are concerning in relation to the future needs of the healthcare system. Curriculum interventions aimed at improving student knowledge, perceptions and exposure to FM are needed, with monitoring being required to establish whether the popularity of FM amongst medical students increases as a result.

At what cost?
A descriptive study evaluating cost awareness of laboratory investigations among doctors working in district hospitals in the West Coast and Cape Winelands Districts

Brownbridge J

Background: Globally the cost of health care is steadily increasing and in South Africa it is no different.(1–7) The budget for health care in the 2018/2019 financial year is R205 billion and is expected to increase by 7.8%.(8,9) International research has found cost awareness amongst doctors to be poor and uninfluenced by their demographic factors. Doctors acknowledged this but reported that they had received minimal cost awareness training and that they had limited access to information about cost.

A response rate of ninety percent was obtained. Doctors accurately estimated cost in 23.53% (95% CI 21.09 – 25.97) of thirty commonly requested investigations. Age, gender, years of experience, position held and district of practice had no significant impact on cost awareness.

Conclusion: Cost awareness was found to be poor amongst doctors working in the West Coast and Cape Winelands and was uninfluenced by their demographic factors.

3. Psychosocial Needs of Basotho Caregivers of Disabled Children: An Exploratory Study

Mojaje L, Malope S, Schumacher R, McGuire C, Jack B

Background: The State of the World’s Children report estimates 1 in 20 children under age 14 years have a disability, and 75% of them live in low- and middle-income countries. Caregivers of these children are faced with numerous challenges, including limitation of activities due to the full-time job of caring for the disabled child. Their barriers to accessing needed care are often exacerbated by living far distances from rehabilitation centers. Lesotho is classified as lower-middle-income country. To-date
there has been no research into the needs of the caregivers of disabled children in the district of Berea of Lesotho.

Methods: We conducted an exploratory phenomenological study using semi-structured interviews in Mahalas, Pilot, and St. David health centres in the Berea district. Interviews explored shared experiences among health providers and village health workers and sought to understand the experiences of caregivers. Six village health workers and eight healthcare workers were interviewed, in addition to two caregivers. The data were collected as written field notes and were analyzed using thematic analysis.

Results: We found that the psychosocial support needed by caregivers is often not provided during regular medical consultations with health providers or interactions with village health workers. Caregivers have a number of unmet needs, including limited opportunities to express feelings or spend time outside their caregiver role. The caregiver role is impacted by financial difficulties caused by limitations in the ability to work. Support groups were thought to be a promising strategy to allow caregivers to support one another.

Conclusion: The felt needs of caregivers of children with disability are currently unmet within the existing health system in Berea district of Lesotho. This study informs healthcare workers and policy makers in Lesotho, who must take steps to address the unmet financial, social and psychologic needs of caregivers of disabled children.

4. A study comparing the role of Family Physicians in KwaZulu–Natal who qualified in the new curriculum compared to those who qualified in the old curriculum

Rangiah S, Z Badat Z

Background: The discipline of Family Medicine was formally recognized by the Health Professions Council in South Africa on the 17th of August 2007. This resulted in the development of new roles for Family Physicians who qualified in the new curriculum. Prior to 2008, part-time Master's programmes were run by the eight universities for doctors in Family Medicine. Doctors were required to train for a four year duration across 10 clinical domains and meet the unit standards of Family Medicine. Prior to 2008, part-time Master's programmes were run by the eight universities for doctors in Primary Health Care and General Practice. There is a difference in the training received by Family physicians who qualified in the old curriculum versus the new curriculum. The curriculum has shown extensive growth. Family physicians have also been perceived to impact positively on district health system performance and clinical processes.

Little information is available to assess the role of Family physicians in KwaZulu-Natal.

Methods: This was a cross sectional survey amongst Family Physicians across KwaZulu-Natal. The aim was to identify the role as well as geographic distribution of Family Physicians in KwaZulu-Natal while comparing the role of Family Physicians in KwaZulu-Natal who qualified prior to the change in the curriculum to those who have qualified in the new curriculum.

Results: The results of the study indicated that the majority of Family Physicians who qualified in the old curriculum are functioning as general practitioners in urban areas. Family Physicians trained in the new curriculum are functioning in district hospitals as senior clinicians in several clinical domains with many taking up leadership positions with administrative responsibilities.

Conclusion: The study has shown that the new curriculum has had an effect on defining the role of the modern Family physician and can provide data at the provincial level as well as assist with resource allocation in the future.

5. Cesarean Section Usage at Motebang Hospital: Rates, Trends and Indications

Baumann C, Malope S, Bryden B, Bryden M

Background: Cesarean sections are lifesaving operations that are necessary in decreasing maternal and neonatal mortality. While Cesarean section is a common surgery there are risks and possible complications. Specific risks to the surgery which increase with each additional cesarean section include more difficult surgery leading to increased surgical risks, excessive bleeding, uterine rupture, abnormal placentation, and even death. The World Health Organization states that ideal Cesarean rates are between 10-15% for all live births, but globally there has been a rise in Cesarean rates. There is little to no information regarding Cesarean rates and indications in Lesotho. This study aims to understand Cesarean rates and indications at a facility level to improve the quality of maternal care.

Methods: A retrospective chart review was conducted at a district hospital in Leribe, Lesotho of women who received a Cesarean during the first five months of 2018. Cesarean rates for the last several years were reviewed. Descriptive statistics were calculated.

Results: The Cesarean rate for Motebang Hospital in the first five months of 2018 was 43%. The common indications for cesarean were cephalopelvic disproportion, fetal distress, and macrosomia. 37% of the total Cesareans performed were considered to be medically unjustified and 68% of the procedures performed on nulliparous women were considered to be medically unjustified.

Conclusion: Improved education and mentoring of normal and assisted vaginal deliveries combined with better documentation and monitoring of labor will have the potential to decrease the performance of unnecessary Cesareans at the hospital.

6. Factors associated with admission for malnutrition: A multicentred cross sectional study in Sedibeng district

Itaka MB

Background: Globally, malnutrition accounts for about 60% of all deaths among children younger than five years with socioeconomic deprivation underlying most cases. Although Sedibeng district is more socio-economically challenged than other districts in Gauteng Province, no local study has explored the factors that influence malnutrition among children admitted in hospitals in this district.
Objective: To explore the factors associated with malnutrition among hospitalised children aged less than five years in hospitals in the Sedibeng District.

Method: A cross-sectional study that involved 306 consecutively recruited participants on admission. A researcher-administrated questionnaire was used to collect information on sociodemographic, dietary, anthropometric and clinical characteristics. Analysis included descriptive statistics, chi square test and logistic regression. Main outcome measures were factors significantly associated with admission for malnutrition.

Results: Of 306 children admitted to hospital, a percentage of 59.8% (183) were male and 9.47% (29) had acute malnutrition associated with other illnesses. Of those with acute malnutrition, moderate acute malnutrition accounted for 17.2% (5) while severe acute malnutrition accounted for 82.8% (24). The majority of children (43.14%, n=132) had a maximum of three meals per day at home and 194 (63.4%) had at least one additional snack per day. On tests of association, a family income of more than R 2,000.00 per month, fathers’ and mothers’ employment status, lack of breast feeding, and concurrent diarrheal diseases were all significantly associated with admission for malnutrition. In the adjusted logistic regression, only a history of never having being breast fed and admission for diarrheal diseases predicted admission for malnutrition: Compared to children who were breastfed, those never breastfed were significantly more likely to be admitted for malnutrition (OR=3.9; 95% CI: 1.23 – 12.29; p =0.021). Compared to those with pneumonia or any other concurrent illnesses, children who had diarrhoea were significantly more likely to have malnutrition (OR=23.3; 95% CI: 6.85 – 79.43; p=<0.000).

Conclusion: This study found a high prevalence of acute malnutrition in under-fives admitted to hospitals in Sedibeng district. This highlights huge missed opportunities for regular anthropometric screening in this district. While the protective effects of breast feeding in early childhood was reiterated by this study, the strong association of diarrhea with admission for malnutrition signify the importance of screening any child who presents with diarrhoea for malnutrition.

7. Transforming the workplace environment to prevent non-communicable chronic diseases: Participatory action research in a South African power plant

Schouw D, Mash R, Kolbe-Alexander T

Background: The workplace is an important setting for the prevention of non-communicable diseases (NCDs). Policies for transformation of the workplace environment have focused more on what to do and less on how to do it. The aim of this study was to learn how to transform the workplace environment in order to prevent and control the risk factors for NCDs amongst the workforce at a commercial power plant in Cape Town, South Africa.

Methods: The study design utilized participatory action research (PAR) in the format of a cooperative inquiry group (CIG). The researcher and participants engaged in a cyclical process of planning, action, observation and reflection over a 2-year period. The group used outcome mapping to define the vision, mission, boundary partners, outcomes and strategies required. At the end of the inquiry the CIG reached a consensus on their key learning.

Results: Substantial change was observed in the boundary partners: catering services (78% of progress markers achieved), sport and physical activities (75%), health and wellness services (66%), and managerial support (65%). Highlights from a 10-point consensus on key learning included the need for: authentic leadership; diverse composition and functioning of the CIG; value of outcome mapping; importance of managerial engagement in personal and organizational change; and making healthy lifestyle an easy choice.

Conclusion: Transformation included a multifaceted approach and an engagement with the organization as a living system. Future studies will evaluate changes in the risk profile of the workforce as well as the costs and consequences for the organization.

Session 2: 15h30 – 17h30

Papers B

1. Basic interpretive qualitative study on understanding perception of clinicians in Ekurhuleni Health District, Gauteng Province regarding natural family planning as an option in reproductive health care

Ibeziako Oj

Background: Natural Family Planning (NFP) is not a contraceptive method but fertility awareness. It empowers women through education on charting and interpretive skills towards self-knowledge, health reasons and family planning purposes, to be in control of their reproductive health. Substantive literature supports its comparative effectiveness with contraceptive methods but remains a myth to both clinicians and users.

This study aimed to understand perception of clinicians regarding offering NFP to patients as part of reproductive health care through exploring clinicians’ knowledge; describing perceptions of effectiveness and identifying enabling and deterring factors.

Methodology: Basic Interpretive qualitative research design was appropriate in obtaining in-depth description of this phenomenon. Fifteen participants, doctors and nurses, from diverse cultural and educational background were selected - purposeful and snowballing sampling techniques - and interviewed. Transcribed data were analysed identifying recurrent themes through categorization.

Results: Participant characteristics did not influence their perception of NFP. They had confused information on NFP methods and no knowledge of modern NFP. Need to bridge knowledge gap - mechanism of action of modern NFP and their effectiveness -, competency and preparedness to render holistic reproductive health care were motivators. Being empowered would change negative attitudes, believes and practices in favour of NFP. Inclusion of NFP as policy and its advocacy would enhance reception by both clinicians and users.
Conclusion: Policy, effectiveness and professional culture emerged as major themes influencing participants to choose NFP or not as an option for a woman's reproductive health care. Underlying these themes is necessity to train competent clinicians to offer holistic approach to reproductive health care. Early education of both male and female children would prepare responsive and sexually responsible adults. Matching policy with advocacy would enhance attaining national health goals. Medical and nursing professional board should work towards an all-inclusive curricula.

2. Training of workplace-based clinical trainers in family medicine, South Africa: Before-and-after evaluation

Mash R, Blitz J, Edwards J, Mowie S

Background: The training of family physicians is a relatively new phenomenon in the district health services of South Africa. There are concerns about the quality of clinical training and the low pass rate in the national examination. The aim was to assess the effect of a five-day course to train clinical trainers in family medicine on the participants’ subsequent capability in the workplace. Family physician clinical trainers came from training programmes mainly in South Africa, but also from Ghana, Uganda, Kenya, Malawi and Botswana.

Methods: A before-and-after study using self-reported change at 6 weeks (N = 18) and a 360-degree evaluation of clinical trainers by trainees after 3 months (N = 33). Quantitative data were analysed using the Statistical Package for Social Sciences, and qualitative data were analysed thematically.

Results: Significant change (p < 0.05) was found at 6 weeks in terms of ensuring safe and effective patient care through training, establishing and maintaining an environment for learning, teaching and facilitating learning, enhancing learning through assessment, and supporting and monitoring educational progress. Family physicians reported that they were better at giving feedback, more aware of different learning styles, more facilitative and less authoritarian in their educational approach, more reflective and critical of their educational capabilities and more aware of principles in assessment. Despite this, the trainees did not report any noticeable change in the trainers’ capability after 3 months.

Conclusion: The results support a short-term improvement in the capability of clinical trainers following the course. This change needs to be supported by ongoing formative assessment and supportive visits, which are reported on elsewhere.

3. A prevalence study of trauma and its associated factors in patients presenting at the Emergency Department, Intermediate hospital, Oshakati, Namibia

Ikpemosa OL

Introduction: Trauma’s a global health issue with enormous societal and economic consequences. In Namibia, a lack of ongoing, systematic trauma surveillance has limited the ability to characterize the profile and associated factors of trauma and to develop prevention programmes.

Aim: To describe the prevalence of trauma and its associated factors in patients presenting at the Emergency Department of the Oshakati Intermediate Hospital, Oshakati.

Methods: A descriptive study administering a validated questionnaire to 300 consecutively sampled participants over 4 months to obtain their characteristics, mechanism, type and outcome of injury. Descriptive and inferential analysis was performed using SPSS.

Results: Of the 300 participants, 65.0% were males, 68.3% < 30 years, 38.0% unemployed and 38.3% dependent. Commonest trauma type was accidental (68.3%) and commonest mechanism was blunt force trauma (77.3%). Alcohol was implicated in 29% of cases and linked to IPV (66.7%), community violence (56.5%) and MVA (35.9%). There was increased rate of trauma after work hours (37.7%) and during weekends (23.4%). The limbs (78.4%) were the most affected part, followed by head injury (27.3%). 46% of cases were admitted.

Conclusion: The results obtained in the study provide the basis for evidence-based interventions to reduce the burden of trauma. Regular eye screening, medication review and proper protective apparels should be in place to reduce accidental injuries and falls. There’s need for policy formulation and awareness campaigning on alcohol consumption to minimize MVAs and violence. This study demonstrates the value of locally appropriate, on-going, systematic public health surveillance in LMIC.

4. Developing an audit tool to capture the family physician’s role as consultant to the PHC team

Von Pressentin K, Mash B, Jenkins L

Background: The six roles of the South African family physician have been agreed on, and are incorporated in both the postgraduate curriculum and job description of family physicians working in the public health sector of South Africa. Previous research described the contribution made by family physicians in the roles of clinical governance, capacity building, student supervision and championing of community-oriented primary care. The role of consultant is less described and more research is needed to understand the specific scope of this role within the PHC team.

Methods: A rural subdistrict based family physician conducted a prospective audit of referred patients evaluated during a 12-month period (April 2018 – March 2019) in the district hospital’s outpatient department, as well as three PHC clinics. The data collection tool was piloted during March 2018. The local management were informed of the audit.

Results: Data from 121 PHC visits and 38 OPD visits over the 12-month period were analysed. The average duration for PHC consultations were 21 minutes and 48 seconds, whereas the average for OPD consultations were 28 minutes and 59 seconds. The percentage of new patients seen during PHC visits were 30.59%; this percentage was 40.29% during OPD visits. Additional data analyses describe the nature of these patient contacts in terms of the patient condition, specialist code items prescribed, counselling provided, as well as other aspects of care coordination.
( referrals to the allied health team members, further imaging and specialist consultations).

**Conclusion:** The audit tool may be used for multicenter research, such as the SUFPREN (Stellenbosch University's Family Physician Research Network). This research will assist policy makers and health service managers to motivate for more family physician posts as well as to help orientate the primary care team to better understand the potential contribution of family physicians through this role.

5. **Communication in CPC beyond generation, cultural and language barriers: A case series of drawings.**

**Brits H**

**Background:** Do we really know what our children know, think or want? Due to generation, culture and language barriers it's easier to assume than to find out. In a children's palliative care (CPC) programme it's even more difficult to communicate with the children due to the added illness, underlying emotional state and low self-esteem.

**Aim:** The aim of this study was to investigate if drawings could be used to encourage communication and better understanding of the issues that children in a CPC programme battle with, but not necessarily express.

**Design:** This was a sub-study of a bigger study which investigated the role of drawings to assess emotional well-being in children in a CPC programme. A qualitative study design was used. Primary school children were assessed while they were busy to draw pictures. Picture drawing is part of their daily activities. Only the results of the first encounter with each child was included in this study. Privacy was ensured and the same researcher assessed all the children. The same opening statement was used in all the children: “Would you like to tell me about your drawing?”

**Results:** All 10 children that were approached were included in the study. The children expressed opinions regarding their disease, feelings, caregivers and faith. These opinions were grouped in themes that included the individual (body, mind and spirit), the caregivers and the community.

**Discussion:** All the children were comfortable to discuss their drawings and feelings. The more they talked the more detail they added to the pictures. Without encouragement most of the children expressed opinions regarding “total care”. None of the children experienced distress during the assessment. A better understanding was gained regarding the issues that children in a CPC programme battle with. What stood out was their desire to be included in decisions.

6. **Exploring the family physician’s clinical governance role through the lens of antibiotic stewardship.**

**Von Pressentin K, Jenkins L, Kapp P, De Klerk-Green E**

**Background:** One of the six roles of South African family physicians (FPs) is that of facilitating clinical governance in partnership with the clinicians and service managers within the healthcare team. The issue of antibiotic resistance remains an ongoing concern. This has particular relevance in primary health care communities treated from sub-district health services which are organised around level-one district hospitals. Coordinated team-based activities aimed at implementing the South African Antibiotic Stewardship Programme (SAASP) principles of antibiotic use are necessary.

**Methods:** The workshop will explore the lessons learnt of growing a culture of quality improvement from the perspective of the rural Garden Route District of the Western Cape Province, South Africa. A team of generalist health workers, inclusive of a family physician, conduct weekly antibiotic stewardship ward rounds at Mossel Bay District Hospital. A clinical pathologist, based at George Regional Hospital, provides guidance and advice. Undergraduate medical students and registrars in family medicine also attend these ward rounds. This results in the strengthening of quality care for patients and provides a platform for shared and ongoing learning.

**Results:** The workshop will help participants understand how to improve the quality of care through the lens of antibiotic stewardship. This model would be applicable to similar settings.

**Conclusion:** Coordinated team-based activities aimed at implementing the SAASP principles of antibiotic use are feasible at the level of the sub-district, and family physicians are able to facilitate this as part of their clinical governance role.

7. **Knowledge, attitudes and practices of contraceptive methods among women seeking voluntary termination of pregnancy at Jubilee Hospital, Pretoria, South Africa.**

**Bongongo T, Govender I**

**Introduction:** There is an alarming high rate of women in South Africa who are of childbearing age who still opt for more and more abortions or Voluntary Termination of Pregnancy (VTOP). Despite the availability of free contraceptive methods and health education in all the health facilities across the country, in order to reduce and prevent unwanted pregnancies, therefore reduce the rate of VTOP in the country. This study sought to determine the knowledge, attitudes and practices of contraceptive methods among women seeking voluntary termination of pregnancy at Jubilee Hospital, Pretoria, South Africa.

**Methods:** A cross-sectional survey using a piloted, structured and self-administered questionnaire. Convenience sampling was applied and the sample size was 126.

**Result:** The mean age of the 126 participants was 26.1 years. Findings obtained after analysis of participants’ data were grouped following the university categorisation. Below 50% referred as “poor” outcome, from 50 to 74% was referred as “satisfactory” outcome and beyond 74% was considered as “excellent” outcome. Knowledge was poor for 28 (22.2%) women. It was satisfactory for 91 (72.2%) women and excellent for 7 (5.5%) women. Looking at the attitude: 124 (98.4%) approved the use of contraception, 1 (0.79%) disapproved and 1 (0.79%) abstained. Due to religious believes. Comes to the practice of contraception: 92 (73.0%) have already used contraceptive methods while 34 (27.0%) have not.
8. The current practices of substance use management for people living with HIV who attend PHC services in Mthatha

Kaswa R, de Villiers M

Introduction: Management of HIV among substance users are challenging and more complex. The physical, social, economic and legal factors associated with substance use often disrupt adherence to ART and long-term retention in care. Adherence is particularly difficult when there is a dual diagnosis of HIV and substance use. We undertook this study to evaluate the current practices of substance use management for people living with HIV who attend PHC services in Mthatha.

Methods: We use a phenomenological qualitative approach to explore the current practice of substance use management among PLWH in the PHC setting in Mthatha. A total of 32 health care worker were interview who directly involved in management of PLWH at two Community Health Centre. ATLAS.ti software was used for data analysis.

Results: Majority of participants' demonstrated that substance use is associated with poor compliance of antiretroviral therapy. Majority of them were used patient centred approach for screening of substance use rather than a structural tool. Lack of trained staff and availability of rehabilitation centre for substance user were reported by majority of participant. Most of participant accepted that community engagement and government strict policy implementation could help substance use management among PLWH. Additionally, the integrated management helped in reducing stigma attached with substance use.

Conclusions: The findings highlight the critical role of integrated health service in management of substance use among PLWH. Lack of rehabilitation facility and poor community engagement is still a challenge in management of substance use among PLWH in the PHC setting of Mthatha.

**SATURDAY 24 AUGUST 2019**

**Session 3: 10h30 – 12h30**

**Papers C**

1. Health professional's education: an expense or an investment?

MacGregor R, Chola L, Zihindula G, Andrew Ross A

Introduction: The Umthombo Youth Development Foundation (UYDF) scholarship scheme (SS) has been supporting rural origin student to train as health care professionals since 1999. Few local studies have looked at the return on investment of tertiary education in the training of health care professionals in South Africa.

Aims: To assess the cost-benefit of the UYDF SS.

Methods: A desk top economic analysis identified the total cost of supporting 254 graduates (recruitment, mentoring support, fees, residence, food, books and holiday work) between 2009 and 2015 using the Consumer Price Index costs adjusted to 2015 prices.

Results / Discussion: The estimated cost was R186 million. Based on a) the assumption that the average graduate will start work at 22 years of age and retire at 65 years of age and b) the wage streams for public sector health workers in 2015 2, projected until 2053 and assuming an annual increase of 5%, these graduates will generate R15 billion in lifetime earnings (equal to R4 billion at current prices) and to pay + R4 billion in tax.

The internal rate of return was 63% which far exceeds the 10% for acquisition of a stabilized asset and 35% for development in an unproven area, returns which would be considered satisfactory in a commercial settings.

Conclusions: These figures make a compelling case for investment in tertiary education in the preparation of graduates for long term, meaningful work, remunerated at a rate which allows them to provide for their families and invest in the local economy.

2. National Treasury, 2018

2. How reliable is our MMED (Fam Med) Osce Assessment?

Brits H, Joubert G

Introduction and aim: The Colleges of Medicine of South Africa (CMSA) is currently the examining body for the exit exams of the MMED programmes in South Africa. As part of assessment most Colleges introduced Objective Structured Clinical Examinations (OSCE’s) to try and make the assessment more valid and reliable. According to the guidelines the marks of examiners should not differ with more than 10%. The aim of this study was to assess the reliability of the MMed OSCE assessment with emphasis on assessment rubrics and examiners.

Methodology: This was a cross-sectional study. Seven students each did nine stations and were assessed by three examiners on different categories. Categories were rated as: Not competent (0), Competent (1) or Good (2). Each examiner also gave a global percentage. The average of the three calculated marks were used as the examination mark. Afterwards calculations were done to find the best correlation between the global percentage and the marks allocated per category by changing the mark weighting +/- the clinical competence category.

Results: 63 station were evaluated, of whom 17% were failed using global percentage and 34.9% using the calculated marks. The global marks were 4-6% higher than the calculated marks for trained examiners and 12-14% higher for untrained examiners. For consultation stations the calculated marks were on average 9% lower and the weighting adjusted marks 3% higher than the global percentage. The difference between the global marks of examiners varied between 2 and 9%, with an average of 5.4% while the calculated marks varied between 1 and 22%.
Conclusion: The current MMed OSCE assessment is not reliable using the calculated marks. The marks for the same assessment varied with more than 10% between different examiners. 50% more students failed using the calculated marks compared to the global mark for the same assessment and examiner.

3. Trend in maternal deaths at the Ekurhuleni district for last seven years: a district clinical specialist team experience

Basu J

Background: District clinical specialist team is one of the PHC re-engineering stream instituted in all districts in South Africa in 2012. Primary role of this team was to improve maternal, newborn & child health at all districts by reducing morbidity & mortality of mother & children. This study was done to determine the trend in maternal deaths over a 7 years period at the Ekurhuleni district.

Methods: This study was done at the Ekurhuleni district, Gauteng Province. Data was collected from DHIS and DCST maternal deaths reports A retrospective review of all maternal deaths (740) women who died from the January 2011 to September 2018 was done. Period and Causes of deaths were analysed using descriptive statistics. A comparison between the sub-districts before and after the year 2011 was done.

Results: There were 724 maternal deaths during 7 years period. Thirteen mothers died in CHCs & 1 in a primary clinic. There was a significant decrease in total maternal deaths from 2011/12 (114) to 2018/2019 (42). The total maternal death in the east sub-district (136) was significantly lower than the north (271) and south (317) Sub-district. Majority (422) died during postnatal period and haemorrhage was the commonest (95) cause. Over the years, hypertension related deaths declined in north & south but increased in east. HIV related deaths remained much higher in south than north & east. Further comparative results will be presented at the conference.

Conclusion: This study showed that maternal deaths at Ekurhuleni district has significantly reduced over 7 years period and maternal deaths reporting have also improved. Most deaths occurred at hospitals & causes of maternal deaths were different between the sub-districts.

4. Reasons women terminate their pregnancies legally and their contraceptive practices at Soshanguve 3 Community Health Centre, Tshwane District, Gauteng Province of South Africa

Masanabo DKK, Govender I, Bongongo T

Background: Termination of pregnancy (TOP) has become an acceptable solution to unwanted pregnancies in most countries offering it legally. The reasons why women seek TOP are as different as are the circumstances surrounding their decision-making on the issue. Several international studies done on reasons women seek legal TOP focused more on developed than developing countries, resulting in insufficient available data from developing countries. This study attempts to fill this gap in the literature by using the result of a study done to determine reasons women terminate their pregnancies legally and their contraceptive practices at Soshanguve 3 community health centre, Tshwane district, Gauteng province of South Africa.

Methods: A cross-sectional survey, using a self-administered standardized questionnaire, was performed on 250 pregnant women aged 18 years and above who presented for legal TOP at Soshanguve 3 CHC from November 2017 to February 2018.

Results: Most women (24.2%) in the study reported academic reasons, i.e. wanting to focus on their studies, as their main reason for requesting TOP, followed by 23.1% who reported not being ready to be parents and 21.7% who gave financial problems as their main reason for requesting TOP. The majority of respondents were below 21 years of age, single, unemployed, living with their parents and had completed high school. The most of the respondents (63.2%) in this study had knowledge about contraceptives and their role in preventing unwanted pregnancies.

All 250 women reported to have been using contraceptives prior to falling pregnant. The study revealed that the most common contraceptive methods used were male condoms (42.1%), injectable contraceptives (16.9%) and oral contraceptives (14.4%). These contraceptives were found to be associated with a high failure rate. Many respondents (29.2%) in this study reported weight gain as their main problem with using oral and injectable contraceptives, while 24.4% reported experiencing headaches with the same contraceptives.

Conclusion: the study on the reasons women terminate their pregnancies legally and their contraceptive practices at Soshanguve 3 community health centre, Tshwane district, Gauteng Province of South Africa found that academic reasons followed by financial reasons were the motive that led to the legal TOP.

5. Prevalence and sociodemographic correlates of cardiovascular risk factors among patients with hypertension in South African primary care

Ngango J, Omole OB

Objective: To determine the prevalence and sociodemographic correlates of cardiovascular risk factors among patients with hypertension at Johan Heyns Community Health Centre, Sedibeng district, South Africa.

Methods: A total of 328 participants were systematically sampled. A researcher-administered questionnaire collected information on socio-demography, presence of diabetes, family history of hypercholesterolemia, family history of fatal CV events and engagement in physical activities. Other measurements included: Blood pressure (BP), weight, height, abdominal circumference and electrocardiograph (ECG). Data analysis included descriptive statistics, chi-square test and regression analysis. Main outcome measures included the proportions of participants with each CV risk and their significant sociodemographic determinants.

Results: Participants’ mean age was 57.7 years. Most participants were: black (86.0%), female (79%) and pensioner (43.6%). The mean BP was 139/84 mmHg and 60.7% had their BP controlled to targets. There was an average of 3.7 CV risk factors per participant and
the prevalence of CV risk factors was: Abdominal obesity (80.8%), physical inactivity (73.2%), diabetes (30.2%), alcohol use (28.0%), hypercholesterolemia (26.5%), smoking (11.9%), past family history of fatal CV event (14.9%) and left ventricular hypertrophy (5.2%).

Sociodemographic factors significantly associated with each CV risk factor were: Obesity: Female sex (p<0.00), Alcohol use: Young age (p=0.00), Smoking: Male sex and races other than black (p=0.00 and p=0.00 respectively), Physical inactivity: Being a pensioner and male sex (p=0.02 and p=0.02 respectively), Diabetes: Male sex (p=0.03), Hypercholesterolemia: Races other than black (p=0.03), Family history of hypercholesterolemia: Race other than black (p=0.00) and Family history of fatal CV event: race other than black (p=0.00).

Conclusion: There is a high burden of CV risk factors among patients with hypertension in South African primary care, signifying a substantial risk of CVD in this setting. Interventions aimed at CVD risk reduction need to take cognisance of the sociodemographic correlates of CV risk factors

6. Barriers to Cervical Cancer Screening in Motsekuoa Health Center, Lesotho

Makiti

Background: Cervical cancer is one of the leading causes of cancer-related mortality among women in low- and middle-income countries. In Africa, cervical cancer is the second most common form of cancer among women, with approximately 92,400 new cases and 56,600 deaths each year. Lesotho ranks among the top 20 countries globally in cervical cancer incidence and mortality, however little is known in the literature about barriers to cervical cancer screening. This study focuses on identifying reasons for low uptake of cervical cancer screening services in the Motsekuoa community in the Mafeteng District of Lesotho.

Methods: Qualitative methods were used to explore the barriers to cervical cancer screening. Three focus groups were conducted with women attending Motsekuoa Health Centre (n = 28). Additionally, one focus group was conducted with healthcare workers (n = 5) at the centre.

Results: A total of 28 participants were included across the three focus group with women attending the health centre and at total of 5 healthcare workers. Among women attending the Health center, key barriers included lack of knowledge about cervical cancer and screening, as well as fear of the procedure (Visual inspection with acetic acid). Among healthcare workers, additional barriers to screening included lack of equipment, understaffing lack of knowledge on cervical cancer screening and the referral system that takes too long.

Conclusion: Despite recent efforts in Lesotho to increase uptake of cervical cancers screening, significant barriers to screening remain. Efforts to address the barriers to cervical cancer screening include increasing the dissemination knowledge via improved health talks at health facilities and within communities. Intense education on cervical screening is needed to increase timely and adequate screening among the women of Lesotho and reduce both its incidence and mortality.

7. An Audit of Caesarean Sections performed at Odi District Hospital, Tshwane, South Africa

I Govender, C Steyn, O Maphasha, T Abdulkilrazak

Introduction: Caesarean section (CS) is a common obstetric procedure that prevents neonatal and maternal death when performed correctly and when indicated. CS can have complications that lead to maternal and perinatal morbidity and mortality. CS rates are increasing worldwide, although the World Health Organization (WHO) indicated an ideal rate of 5-15%. South African CS rates are higher than the ideal.

Methods: Maternity records of 2015 were audited at Odi District Hospital (ODH) to assess whether ODH complies with the ideal rate. In this descriptive study, extracted data included date and time of CS, maternal age, parity, gestational age, total number of previous CSs, elective or emergency, indications, anaesthesia used and registration of the surgeon.

Results: There were 3 336 deliveries and 1 064 CSs (32%). The majority of women were aged 19-34 years (59%), 72.8% were multiparous and 54% between 37-39 weeks gestation. The most common (40.1%) overall and emergency indication was foetal distress. Most CSs were emergencies (61.70%). Most electives were for previous CS. Spinal anaesthesia was used in 91.73%. Medical officers performed most procedures (79.0%) during working hours.

Discussion: The 32% CS rate was significantly higher than the suggested 5-15% and higher than other sub-Saharan countries where maternal characteristics were similar. Indications for emergency and elective CSs were similar to previous research. Medical officers performed most CSs, which raises the question of whether all CSs were indicated, or if inexperience led to increased rates.

Conclusion: The need for CS should be assessed as it is far higher than the recommended rate.

SATURDAY 24 AUGUST 2019

Session 4: 15h00 – 17h00

Papers D

1. The determinants of contraception use among female patients attending Odi District Hospital, Tshwane District, South Africa

Olowa SN, Govender I, Saidiya C

Background: Empowering women to have a full control over the size of their family is not only a human rights issue, but also sustainable development goal (USAID, 2015). Women's age, marital status, education, location, health status, sexual behaviours, etc have been internationally presumed to be variably influencing contraceptives use. The dilemma is about knowing the most influential factors and the specific pathway by which these variables affect the outcomes. In Odi district, these determinants remain informal and unknown. This study sought to determine
the factors influencing the use of contraception among female patients aged 18–49 years old attending Odi District Hospital, Tshwane district.

Methods: A cross-sectional survey was carried out from September 2018 to February 2019. A total of 400 participants were recruited from in/out patients department at Odi District Hospital based on regional demographic report of 2011 census. A self-assisted administered validated questionnaire was used for data collection.

Results: The mean age and median in the studied population were 30.65 and 30 respectively with a standard deviation of 7.57. The study depicted a high (98.2%) contraceptive awareness with injectable contraceptives being used by almost half (49.7%) of current users. The frequency of modern contraceptives use estimated at 55.3%. Women who utilized contraceptives at their younger age (<25 years of age) were also more likely (p=0.0131) to make use of long acting contraceptive methods (LARC, BTL) later in life. The women age, marital status, early exposure to family planning products and demand for spacing/confining were found to be the most predominant factors (p<0.05) that could determine the use of contraception among Odi district residents.

Conclusion: The discrepancy noted between contraceptive awareness and the prevalence could be a call out for a more comprehensive, evidence based reengineering programs that incorporate contraceptives uptake determinants in the maternal health delivery system.

2. The Impact of Diabetes Education Pilot Program on Patients’ Knowledge, Attitudes, and Practices in a Rural Hospital in Lesotho

Sao L, Malope S, Molapo T, McGuire C, Feazel-Orr H, Jack B

Background: Type 2 diabetes mellitus (T2DM) is rapidly increasing around the globe. The Prevalence in Lesotho is expected to increase from an estimated 11,000 in 2000 to 42,000 in 2030. Approximately 35% of the patients with T2DM in Butha-Buthe Government Hospital (BBGH) are uncontrolled. Uncontrolled diabetes in African countries is often due to poor health literacy and poorly resourced health services. We hypothesized that poor T2DM control among patients in BBGH is partly due to a lack of patient understanding of their illness and aimed to evaluate an adapted T2DM education program for this population.

Methods: We conducted a pilot quasi-experimental study of a previously described T2DM education program in order to understand its feasibility and effectiveness at improving knowledge, attitudes and reported practices in a district hospital of Lesotho. Patients were recruited from the BBGH diabetes clinic using convenience sampling and assigned to an intervention or control group. The intervention group received two diabetes education classes focusing on understanding of diabetes, its complications, and on lifestyle modifications. Both groups completed a pre- and post-test. Data were compared to assess the impact of the educational sessions on the subject’s knowledge, attitudes, and practices regarding diabetes care.

Results: Among the participants attending the T2DM education classes, there was an improvement between the average pre- and post-test composite knowledge scores, with scores improving from 61.6% to 80.8% on the post-test (p=0.002). Attitudes about the importance of treating DM with diet (p=0.04) and the importance of remembering to take diabetes medication (p=0.02) also improved.

Conclusion: This pilot T2DM education program described appears to be feasible and to have led to improved knowledge and attitudes related to T2DM. This study informs policy makers in Lesotho about implementing similar diabetes educational programs in other district hospitals.

3. NGO case histories of the early paediatric combination Antiretroviral Therapy (cART) experience at Tygerberg Children’s Hospital – the HOPE experience.

Houston A, Cotton M, Esser M

Background: ART for perinatally infected children is now widely available in South Africa. However this was not always so, with the South African government only committing to an ART program in 2004. HOPE Cape Town (NGO) together with Tygerberg Children’s Hospital staff pioneered privately sponsored ART since 2002 for HIV+ children prior to the rollout. These children represent some of the longest known public sector ART patients in South Africa.

Method: A retrospective folder review was done on the 37 patients receiving ART sponsorship from HOPE Cape Town. In order to trace outcomes after transfer from TBH, the national health laboratory system (NHLS) websites (Trakcare and Disa) were consulted for CD4 and Viral Load (VL) results. SA ART guidelines have always required at least 1 viral load per year.

Results:

Demographics: Of the 37 patients, 20 (54%) were male. 25 (68%) started ART prior to 5 years of age; 10 (27%) between ages 6-10; and 2 (5%) between 11-13 years of age.

6 (16.2%) were sponsored after leaving an ARV trial. 2 (5.4%) were on AZT monotherapy supplied by the hospital prior to sponsorship.

Outcomes:

• 10 children (27%) have probably demised (6 confirmed, 4 assumed due to no contact with healthcare institution for >5years with deleterious last known laboratory Investigations)
• 6 (16%) are “Lost to follow up” (LTFU) (no laboratory Investigation for >13 months)
• 5 (14%) are in care but with unsuppressed viral load
• 16 (43%) are in care with successful viral suppression
• Of those still alive, 59% had been transitioned to Primary Health Care clinics. Only 2 had left the Western Cape.
• The oldest patient is now 31 years of age and has had 19 years of ART.
• Of those who died, the mean duration of ART was 7 years. The median age of death was 16.5years.
• 50% of adverse outcomes (LTFU and death) happened between age 16 – 20.
Conclusion: HV is a chronic illness and ART is a lifesaving intervention for HIV+ children. Through HOPE’s sponsorship 37 children were afforded ART to bridge them over until the ART rollout program. However medication alone is not enough. Holistic care is needed to be given in order for children to transition in good health through adolescence to adulthood, as poor adherence to ART causes negative outcomes.

PHC clinicians need to be aware that young adults on ART may have been exposed to multiple treatment regimens since early childhood including unusual ART regimens.

4. Surgical Skills Training in Primary Health Care: How to be on top of the game?

Hendriks H, Yogeswaran P

Background: Surgical skills training in the Family Medicine (FM) Registrar Program at decentralised or District Hospital, is a challenging exercise. Barriers to training come from infrastructure constraints, geographical location (rural) and workload at training hospitals. Since hospital services tend to develop according to constraints, geographical location (rural) and workload at training hospitals. Since hospital services tend to develop according to provider availability and skills, surgical care at these hospitals is shaped by the availability and skills of the doctors.

Methods: Walter Sisulu University (WSU), FM Registrar program, used an innovative new digital surgical tool (Incision Academy) to enhance the training. Incision Academy is a surgical education program that bridges the gap between knowing the theory of surgical procedures and doing the procedures. It provides 350 high quality filmed procedures (in 2D and 3D) with animation overlays highlighting anatomical structures. Theoretical knowledge (anatomy, pre-and postoperative considerations and self-tests) provided with each procedure. Incision Academy is accredited by the Royal College of Surgeons of England and endorsed by the European Society of Surgical Oncology. Incision Academy developed an individualised online program for FM registrar training, grouping 25 regular (compulsory) and seven extra (optional) courses together (“course” referring to a specific taught procedure). Certification for the successful completion was a pre-requisite for the Registrar to achieve before entering examinations at the end of the 2nd year.

The list of procedures taught through Incision Academy was guided by the College of Medicine of South Africa clinical domain logbooks as well as needs identified at FM training sites.

Conclusion: The use of Incision Academy proved to be an invaluable tool in teaching surgery to FM registrars in the rural setting of Eastern Cape, South Africa. It helped bridge some of the gaps preventing registrars from gaining the needed surgical practice and experience as well as giving them the confidence to perform procedures at their training sites.

5. The prevalence of burnout amongst registrars at the School of Clinical Medicine at the University of the Witwatersrand, Johannesburg, South Africa

Zeijlemaker C

Background: Burnout is a response to prolonged stress and consists of three elements: Emotional Exhaustion (EE); Depersonalisation (DP); and Personal Accomplishment (PA). Existence of burnout under doctors is often not acknowledged but has major consequences for personal and professional life. Only limited research has been done regarding prevalence of burnout amongst registrars in South Africa.

Objectives: To describe the prevalence of burnout, and asses for relationships between burnout and socio-demographic factors.

Methods: A cross-sectional descriptive, internet survey was conducted. Respondents were registrars within the departments of the School of Clinical Medicine at a University. To measure burnout the Maslach Burnout Inventory (MBI) was used. Relationships were assessed by independent samples t-test and ANOVA.

Results: A total of 585 emails were delivered, of whom 201 registrars started the survey (response rate of 34%). 170 questionnaires were analysed. The mean age of the respondents was 33 years, the male to female ratio was 1:1.8. The average score for EE was 3.5 (SD1.2), for DP 2.7 (SD1.1) and for PA 4.1 (SD1.1). The overall level of burnout was 84%. None of the respondents scored low over all categories. No significant association between socio-demographics (e.g. age, sex, discipline, year in the program and experience) and MBI dimensions was found.

Conclusion: The prevalence levels found in this study was higher than found in national and international literature. Extremely high levels of DP were found. This is worrisome as DP affects professionalism and engagement of doctors. In keeping with the literature, no associations were found between socio-demographic factors and burnout, suggesting the cause of burnout should truly be sought out in the work environment. Efforts to improve autonomy in the workspace, development opportunities and promoting peer collaboration, are needed to prevent of burnout.

6. Factors associated with postnatal depression at a community health centre in Sedibeng District, Gauteng Province

Phukuta N, Omole OB

Introduction: Depression is a significant cause of disability and up to one in five women will experience an episode of depression during pregnancy. Objective: To determine the point prevalence and factors associated with postnatal depression (PND) at Levai Mbatha Community health centre. Method: This cross-sectional study was conducted among 227 consecutively recruited mothers. The Edinburg Postnatal Depression Scale (EPDS) questionnaire was used to collect information on mothers’ mental state. In addition, socio-demographic and clinical information was obtained. Analysis included descriptive statistics,
Results: Paired data was obtained for 136 employees. Their mean age was 42.7 years (SD 9.7); 64% were male. These employees were above 40 years and 34.5% were between 30 to 39 years of age. The majority (73%) of the participants had poor knowledge (76.5%) as compared to participants with a diploma compared to 21% with a degree in nursing. Most of the participants (60%) had poor knowledge on nutrition in managing diabetes mellitus patients where 100% of the participants did not know how to advise patients on weight loss. A total of 54 (98%) participants had poor knowledge of diabetes self-management. 59.3% of these participants did not know how to advise patients about high blood sugar, 66.7% about low blood sugar, 62% on patient foot care and 74% had no idea about frequency and duration of exercise. Participants with nursing diploma qualifications had statistically significant (P value = 0.007) poor knowledge (76.5%) as compared to participants with a nursing degree (23.5%).

Conclusions: The study findings showed that the knowledge on nutrition and diabetes self-management in treating type 2 diabetic patients among health professionals was poor. There is therefore an urgent need to put programs in place to help increase the knowledge of health professionals at Kgabo CHC.

8. Knowledge of health professionals on nutrition and Diabetes self management in treating patients with Type 2 Diabetes Mellitus at Kgabo Community Health Care Centre, Tshwane District, Gauteng, South Africa

Tsatsane D, Hlabyago KE, Ogunbanjo GA.

Background: Diabetes Mellitus remains an important non-communicable disease globally. Type 2 diabetes is strongly associated with obesity, and as such the major burden is now in the middle-income and developing countries where urbanization and recent affluence have rapidly changed lifestyles. Patient education by the health care workers, aimed primarily at self-management, is considered the cornerstone of effective diabetes care.

This study sought to assess the level of knowledge of professional nurses on nutrition and diabetes self-management in treating patients with type 2 diabetes mellitus.

Methods: This was a cross-sectional study conducted among healthcare professionals at Kgabo CHC. Data were collected using a modified, validated self-administered questionnaire and analyzed using statistical software package Stata. Outcome measures were: level of knowledge of health care professionals on nutrition and diabetes self-management in treating patients with type 2 diabetes mellitus.

Results: A total of 55 health professionals participated in the study. The majority (98.2%) were females. Half (50%) of the participants were above 40 years and 34.5% were between 30 to 39 years of age. The majority (73%) of the participants had diploma compared to 21% with a degree in nursing. Most of the participants (60%) had poor knowledge on nutrition in managing diabetes mellitus patients where 100% of the participants did not know how to advise patients on weight loss. A total of 54 (98%) participants had poor knowledge of diabetes self-management. 59.3% of these participants did not know how to advise patients about high blood sugar, 66.7% about low blood sugar, 62% on patient foot care and 74% had no idea about frequency and duration of exercise. Participants with nursing diploma qualifications had statistically significant (P value = 0.007) poor knowledge (76.5%) as compared to participants with a nursing degree (23.5%).

Conclusions: The study findings showed that the knowledge on nutrition and diabetes self-management in treating type 2 diabetic patients among health professionals was poor. There is therefore an urgent need to put programs in place to help increase the knowledge of health professionals at Kgabo CHC.
Doctor Mothers: Infant feeding intentions and behaviours

Van der Bijl CC, Steinberg WJS, Kellerman TK, Van Rooyen C

Background: Doctor mothers are considered a high-risk group with regards to duration of breastfeeding. The aim of this study was to describe the infant feeding intentions and behaviour of female doctors in Bloemfontein, South Africa.

Method: This was a descriptive cross-sectional study. The target population included female doctors in Bloemfontein, with a biological child/children below the age of 5 years. Respondents completed an electronic questionnaire, that had various sections that could be completed for each of their children under five years. Statistical analysis was done by the Department of Biostatistics at the UFS.

Results: There were 104 respondents answering questions for 131 of their children. The median intended duration of exclusive breastfeeding for Child 1 was 6 months and for Child 2 was 6.5 months, but the eventual median duration was 3 months shorter in both cases. The median duration of non-exclusive breastfeeding was 6 months for Child 1 and 6.5 months for Child 2. The intention for expression of breast milk at work was 67.7% for Child 1 and 57.7% for Child 2, but the eventual outcome was less than half of the intention. Most respondents (71%) indicated there was no dedicated room for expressing breast milk at their work facility.

Conclusion: Doctor mothers in Bloemfontein are at high risk for early cessation of exclusive breastfeeding. The intention to exclusively breastfeed is quite high, but the eventual median duration is 3 months shorter. The eventual percentage of doctor mothers that expressed breast milk at work, was less than half of those that initially intended to express at the birth of their child. Breastfeeding female doctors need more support in the post-partum period, and especially when returning to work after maternity leave.

2. The perceptions of general practitioners on National Health Insurance in Chris Hani district, Eastern Cape, South Africa

Gaqavu M, Mash R

Background: National Health Insurance (NHI) intends to provide universal health coverage to all South Africans, with equity and quality as its tenets. The participation of private general practitioners (GP) in NHI is essential. The aim was to explore perceptions of general practitioners (GPs) on NHI in Chris Hani district, Eastern Cape, South Africa.

Method: Phenomenological qualitative study using semi-structured individual interviews of twelve GPs from six municipalities. Data analysis used the framework method assisted by Atlas.ti software.

Conclusion: GPs in this study were generally positive about NHI and thought it would benefit both patients and providers. However, they had concerns regarding the capacity of government to implement NHI, the implications for solo GPs and needed more information. Government needs to actively engage GPs.

3. The impact of group diabetes education, point-of-care HbA1c testing and intensified clinical care on glycaemic control in patients with type 2 diabetes at Khayelitsha Community Health Centre, Cape Town: Quasi-experimental study

Allerton J, Mash R

Background: Diabetes is the leading cause of mortality in South African women and second overall. There is often clinical inertia despite poor glycaemic control and a need to improve the quality of care. The aim was to evaluate the effect on glycaemic control of introducing a more intensive protocol of care for patients very uncontrolled type 2 diabetes at Khayelitsha Community Health Centre, Cape Town.

Methods: A pragmatic, quasi-experimental study. Patients with HbA1c > 10% were consecutively selected to obtain a sample size of 236. They then participated in a 6 month programme of intensified care involving monthly clinic visits to a medical officer, diabetes group education sessions (GES), and escalation of medical therapy guided by either point-of-care (POC) or laboratory HbA1c testing. Participants were used as their own controls by retrospective analysis of usual care in the previous year.

Results: Overall 236 patients were recruited with mean HbA1c of 12.1% at baseline. The mean difference in HbA1c in the intervention group was -1.6% (p<0.001). All patients in the intervention attended at least one GES vs. none in the control group. Over 6-months the mean number of visits was 3.2 in control vs. 3.8 in intervention (p<0.001) and mean number of HbA1c tests was 0.9 in control vs. 2.2 in intervention group (<0.001). There was a significant increase in mean dose of basal insulin with a mean difference of 1.3IU (p=0.02), and in number of participants increasing their dose of biphasic insulin (p=0.002). There was no difference between POC and standard laboratory groups.
4. #FeesMustFall2016: The perceived and measured effect on clinical medical students
Brits H, Joubert G

Introduction and aim: Medical students are under immense academic stress. Campus unrest can contribute to added stress and influence academic performance, social behaviour, emotional stability and financial expenses. The aim of this study was to investigate the effects of the #FeesMustFall2016 on the 2016 semester 6 clinical medical students at the University of the Free State.

Methodology: In part 1 of the project anonymous questionnaires were completed by the clinical students that experienced physical test disruption during #FeesMustFall2016. Opinions regarding academic performance, financial expenses, behaviour changes and stress levels were gathered. The students also completed a formal Post-traumatic stress screening assessment. In part 2 of the project, the academic performance of these students was compared with students not affected by #FeesMustFall2016.

Results: 87% of the target population of 138 students completed the questionnaires. Three quarters reported a negative effect on academic performance and most did not believe that the delivering of lectures on Blackboard was a good way of training. Alcohol consumption increased in 30% of the respondents. Criteria for Post-traumatic disorders were met in 12.7% of respondents. Compared to previous and later cohorts of students there were no clear differences regarding marks but there was a tendency towards poorer performance and more failures the next year.

Conclusion: Semester 6 medical students at the UFS reported that the #FeesMustFall2016 protests had a negative effect on academic, social, financial and stress aspects. Post-traumatic stress disorder was present in 12.7% of students compared to 7.8% in similar populations.

5. The views of managers of the TB control program on implementing active surveillance for TB in the Eastern Cape
Ajudua FI, Mash R

Background: The achievement of the END TB goals (WHO initiative for TB in the post 2015 era) will depend on the successful implementation of strategies for active case finding as well as retention of patients on effective therapy until cure(1). Current estimates of the World Health Organisation (WHO) report 3.5 out of 10 active TB cases are missed globally. In sub Saharan Africa, this estimate rises to 5 out of 10 active TB cases(2). South Africa is numbered among the top ten countries with the highest burden of TB and an estimated 150 000 cases are missed annually (3). A number of identified gaps point to the inadequacy of strategies to identify presumptive cases of TB in communities, early loss to follow up before initiation of therapy and high rates of patients defaulting therapy.

Aim: The aim of this study was to explore the views of managers of the TB program in the Eastern Cape on the implementation of active surveillance for TB.

Methods: This was a qualitative study. Ten recorded semi-structured interviews of managers of the TB program in the Province.

Results: There were six major themes that emerged
- Current approaches to identifying patients with TB
- Ideal approaches to screening for patients with TB
- Opinion of the current approaches to identifying patients with TB
- Challenges to active surveillance for TB in the Province
- Key components for active surveillance for TB
- Approaches to measuring efficacy of active surveillance for TB in the COPC services

Conclusion: The varied views expressed by the managers reflects implementation of active surveillance for TB in line with the policy of the National Department of Health is hindered by context factors unique to the various Districts.

6. Exploring the sorting of patients in community health centres across Gauteng
Stott BA, Moosa S

Background: Primary health care worldwide faces large numbers of patients daily. Poor waiting times, low patient satisfaction and staff burnout are some problems facing such facilities. Limited research has been done on sorting patients in non-emergency settings in Africa. This research looked at community health centres (CHCs) in Gauteng where queues appear to be poorly managed and patients wait for hours. This study explores the views of clinicians in CHCs on sorting systems in the non-emergency ambulatory setting.

Methods: The qualitative study design used one-to-one, in-depth interviews of purposively selected doctors. Interviews were conducted in English, with open-ended exploratory questions. Interviews were recorded, transcribed, anonymised and checked by interviewees. Data collection and analysis stopped with information saturation. The co-author supervised and cross-checked the process. A thematic framework was developed by both authors, before final thematic coding of all transcripts was undertaken by the principal author.

Results: Twelve primary health care (PHC) doctors with experience in patient sorting, from health districts across Gauteng, were interviewed. Two major themes were identified namely Systems Implemented and Innovative Suggestions, and Factors Affecting Triage. Systems Implemented included those using vital signs, sorting by specialties, and using the Integrated Management of Childhood Illnesses approach. Systems Implemented also included doctor - nurse triage, first come first serve, eyeball triage and sorting based on main complaint. Innovative Suggestions, such as triage room treatment and investigations, telephone triage, longer clinic hours and a booking system emerged. There were three Factors Affecting Triage: Management Factors, Staff Factors and Patient Factors.
Conclusion: Developing a functional triage protocol with innovative systems for Gauteng is important. Findings from this study can guide the development of a functional triage system in the primary health care non-emergency outpatient setting. The Emergency Triage, Assessment and Treatment (ETAT) tool, modified for adult and non-clinician use, could help this. However, addressing management, staff and patient factors must be integral.

7. Workplace Conditions and Healthcare Workers' Job Satisfaction in Mokhotlong District, Lesotho


Background: Mokhotlong is remote district of Lesotho and is served by Mokhotlong Government Hospital (MGH). Many healthcare workers (HCWs) in MGH are unsatisfied. Numerous factors, such as salary, working conditions, and respect shown to HCWs have been identified as contributors to HCW satisfaction and motivation. One study was conducted in Maseru on HCW job satisfaction, however there has been no such research to-date in remote areas of Lesotho, such as Mokhotlong.

Methods: 81 HCWs at MGH completed a questionnaire that included 6 questions about job satisfaction and 10 questions about workplace conditions and was adapted from a previously validated questionnaire. Means of responses for questions about job satisfaction and work conditions were calculated. Demographic variables were dichotomized and means of each subgroup were compared using an independent two sample t-test. All statistical tests were analyzed using alpha level =0.05.

Results: HCWs' job satisfaction scores were generally good; most report that they are “very confident” at work (mean 5.17 out of 6 with standard deviation, SD, of 1.31), however, they only sometimes receive positive feedback (mean 3.31, SD 1.83). HCWs report of workplace conditions was less favorable, including an unmanageable workload and a lack of needed supplies. They're not satisfied with their salaries (mean 1.91 out of 5, SD 1.09), and report the inability to pay for family needs. Females' report of feeling less confident at work, and of an unmanageable workload reached statistical significance when compared to males. Those with more dependents also feel their workload is less manageable; and older workers feel less confident at work.

Conclusion: Respondents feel like they are confident in their jobs despite dissatisfaction with compensation, resource-constraints, and their high workload. Policy makers should improve staffing levels, remuneration, and ensure HCWs have access to essential medical supplies in order to promote job satisfaction.
1. Abstract Leap 4 Quality presentation.

Bac M, Pattinson B

Background: The SAMRC unit and Department of Family Medicine were granted a contract by the World Bank to improve the maternal and neonatal health services in Lesotho as well as emergency care, childhood infections and HIV/TB. The official reports and health status data for Lesotho gave very different maternal mortality rates from 500 to 1200/100.000 and a very high neonatal mortality rate. The World Bank uses performance based financing (PBF) to encourage better quality of care and improved outcomes. They had used a check list to assess quarterly the performance of the hospitals but although the scores improved there was no measurable improvement in the outcomes.

Methods: The check list was revised and much more emphasis was placed on the clinical care, skills of the health care workers, review of the mortality in the hospital and quality improvement projects. A master training was done for a doctor and a midwife from each district hospital in Lesotho in March 2018 in close collaboration with the Lesotho Family Medicine programme and other stakeholders. After the master training all the hospitals were provided with state of the art manikins and the trainers from Pretoria visited each district hospital for training and quarterly assessment and to train peer reviewers. The following activities were introduced in each hospital: mortality reviews of all maternal, neonatal and child deaths, continuous professional development with lectures and drills, quality improvement projects, patient satisfaction surveys, ESMOE drills, birth companion and delayed cord clamping.

Results: In February 2019 an evaluation of the project was done and showed that maternal mortality is much lower in Lesotho in 2018, an institutional mortality rate of 150/100.000 was found and a steady decline over the years.

Conclusion: Regular peer review with a check list as tool can give rapid results and provide guidance for further interventions.

2. Surveillance of the incidence and risk factors for ventilator-associated pneumonia in Intensive Care Unit (ICU) in a tertiary care hospital, Gauteng

Nyalunga SLN, Stoltz A, De Kock E

Background: Ventilator-associated pneumonia (VAP) is one of the most common causes of morbidity and mortality among critically ill patients on mechanical ventilation in ICU worldwide. The surveillance aimed at determining the incidence and risk factors for VAP among critically ill patients in ICU.

Methods: A prospective surveillance was conducted among mechanically ventilated patients in ICU at Dr George Mukhari Academic Hospital, Gauteng province, from the 29th October 2016 to 03th January 2017. A total of 64 patients formed the study sample. The sample size was estimated based on the incidence of VAP. Patients were monitored for the development of VAP using the following parameters: daily monitoring of PEEP and FiO2; fever; leukocytosis; and risk factors for VAP. VAP was confirmed by positive culture from tracheal aspirates of patients. The surveillance was performed for the purpose of infection control at the hospital.

Results: Of the 64 patients 40 (62.5%) were male. The mean ±SD age of patients was 40.6 ±20.3 years. Twenty-eight (43.8%) of the 64 patients developed VAP. Early onset (<96hrs) of VAP occurred in 12 (42.9%) while late onset (>96hrs) VAP was observed in 16 (57.1%) patients. The incidence of VAP was 43.8% and the rate of 8.8% per 1000 ventilator days. The most common isolated organisms were Klebsiella pneumoniae 11 (25.7%) and Acinetobacter baumannii 9 (20.9%). The risk factors significantly associated with VAP were found to be duration of mechanical ventilation; re-intubation; and tracheostomy (p=0.0008; p=0.0007 and p=0.0007 respectively). The mortality of VAP patients was 60.7% (17 of 28) p= 0.005. The mortality rate was higher for infection caused by Klebsiella pneumonia 35.3% (6 of 17) and Acinetobacter 29.4% (5 of 17) among the VAP group. The overall mortality was 40.6% (26 of 64).

Conclusion: Incidence of VAP in our setting was found to be higher than the national average. Prolonged mechanical ventilation; re-intubation; and tracheostomy were found to be significantly associated with VAP. Knowledge about these will assist in implementing preventive measures to reduce morbidity and mortality in these patients.


Pender K, Omole OB

Background: Burden of treatment (BOT) are tasks that patients, caregivers and extended social networks perform to achieve optimal outcomes in the management of their diseases. Although high BOT has been associated with poor hypertension control in high-income countries, data on this is none existent in South Africa.

Objective: To assess BOT and determine its relationship with hypertension control.

Methods: A cross-sectional study involving 239 participants sampled from 627 patients on hypertension register. Information on socio-demography and blood pressure (BP) in the last three months were extracted from patients’ records. A researcher-administered treatment burden questionnaire was used to collect information on participants’ report of BOT relating to: medication regimen (BOT1), navigating the healthcare system (BOT2) and life style changes / social / financial issues (BOT3). Total BOT (TBOT) was determined as the sum of the scores in the 3 components and categorized as: 1-45 = low, 46-90 = moderate and 91-140 = high. Further analysis included tests of associations.
Results: Most participants were: white (54.2%), >55 years (52.9%), female (60.1%), married (56.3%), had grade 12 or more education (71.9%) and had no co-morbidity (56.7%). The mean duration of hypertension treatment was 113.8 months with most participants being uncontrolled (60.1%). The mean TBOT score was 19.7 (of a possible 140) with most participants (75%) reporting a low TBOT score. Among participants with clinical comorbidities, most (66.3%) did not consider hypertension to be more burdensome than other illnesses. There was no significant association between TBOT and hypertension control (p=0.53) but participants with uncontrolled hypertension were significantly more likely to have higher BOT1 score (p= 0.04).

Conclusion: TBOT appears to be low and is not associated with hypertension control in South Africa. Nonetheless, the relationship between poor hypertension control and higher BOT1 scores suggests the need to address drug stock-out problems, irrational prescriptions and poor patient adherence to antihypertensives.

4. Clinical and laboratory findings related to adrenal insufficiency among pulmonary tuberculosis suspect patients admitted in two district hospitals and level one wards at Dr George Mukhari Academic Hospital in Pretoria, South Africa

Mabuza LH, Sarpong DF

Background: Primary adrenal insufficiency occurs when the function of the adrenal cortex to produce cortisol is impaired. Infections such as disseminated tuberculosis and malignancies are the major causes especially in developing countries. Adrenal insufficiency, hence cortisol suppression is characterized by specific symptoms, signs and laboratory findings. Determination of the symptoms and signs as predictors of adrenal insufficiency could guide clinicians for early empirical therapeutic intervention, particularly in resource-scarce settings where laboratory facilities are remote.

Methods: A cross-sectional study was conducted at the primary health care ward of Dr George Mukhari Academic Hospital (DGMAH), Jubilee District Hospital (JDH) and Odi District Hospital (ODH). The population consisted of all tuberculosis (TB) suspect patients, from whom a sample of 80 patients was obtained. A researcher administered questionnaire was used to collect data (patients’ symptoms, signs and laboratory findings).

Results: Of the 73 respondents, 41 (56.2%) and 32 (43.8%) were classified as having adrenal sufficiency and adrenal insufficiency, respectively. Persons with adrenal sufficiency were more likely to be males. The most occurring symptoms were craving for salt, dry itchy skin and vomiting, with the prevalence of 79.7%, 68.1%, and 69.0%, respectively. Only “muscle pains” was statistically different between the two groups (61.3% vs. 35.0%; p = 0.049). Participants with high symptoms burden had an odds of experiencing cortisol suppression that was 3.81 times that of participants with low symptoms burden. Adjusting for age and sex increased the odds from 3.81 to 3.94, suggesting a strong positive association between symptoms burden and cortisol suppression. However, sign burden had no association with cortisol suppression even after accounting for age, sex and other socio-demographic factors.

Conclusion: TB suspect patients with high symptoms burden are more likely to have suppressed serum cortisol levels. Further studies are required to determine if these patients will benefit from empirical cortisol treatment.
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