



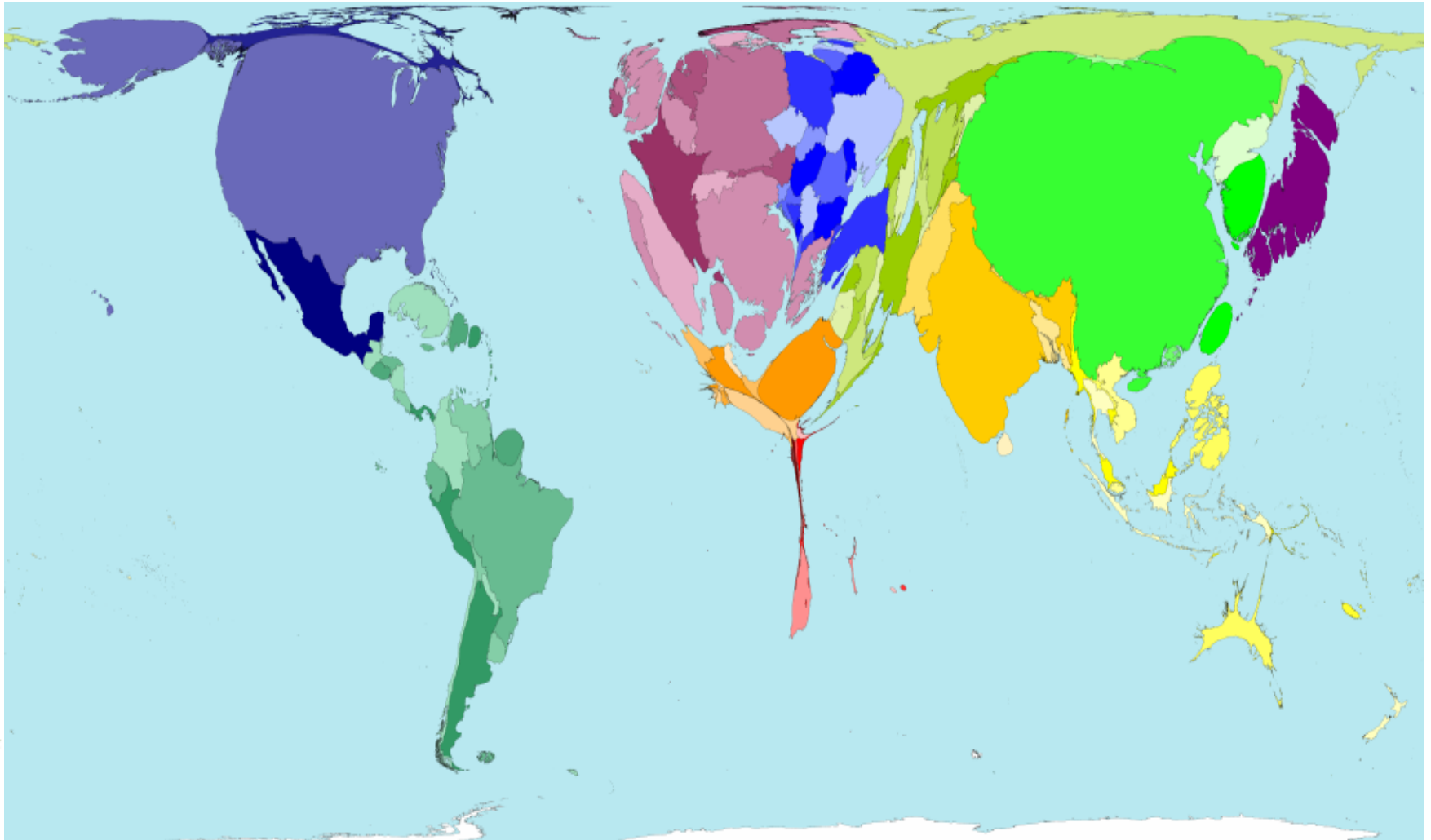
Surgery in South Africa

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Contents

- The challenge and need
- Africa Health Placements (AHP)
- Sustainable staffing
- Surgery In rural South Africa: Case Study
- Your training
- Conclusion

THE CHALLENGE: Distribution of physicians



(Source: www.worldmapper.org)

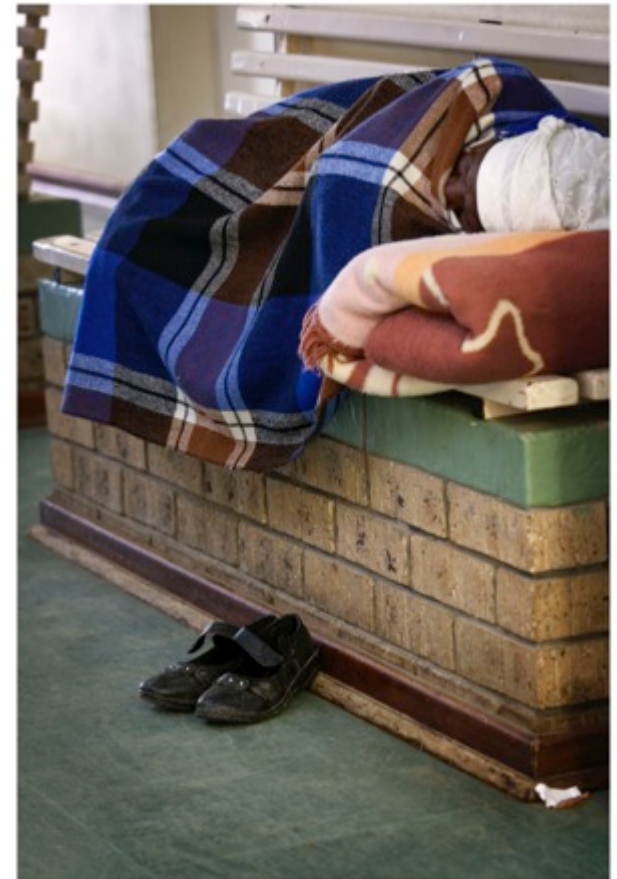
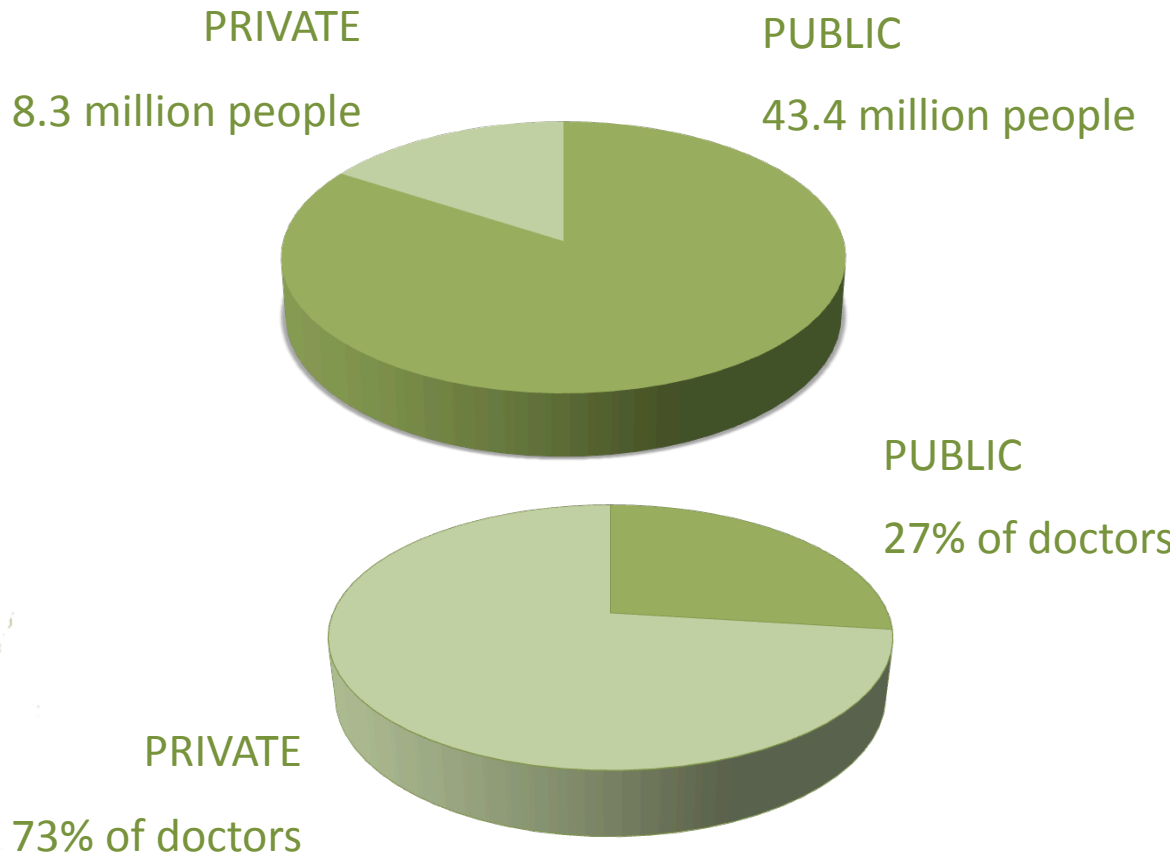
THE CHALLENGE: Access to health

- The journey to hospital
- The lack of infrastructure, staff and medical resources for surgery in these settings results in lengthy waiting times and an often poor prognosis due to a delay in presentation – affecting morbidity/mortality and aftercare



South Africa is home to a large uninsured rural population with a severe disease prevalence.

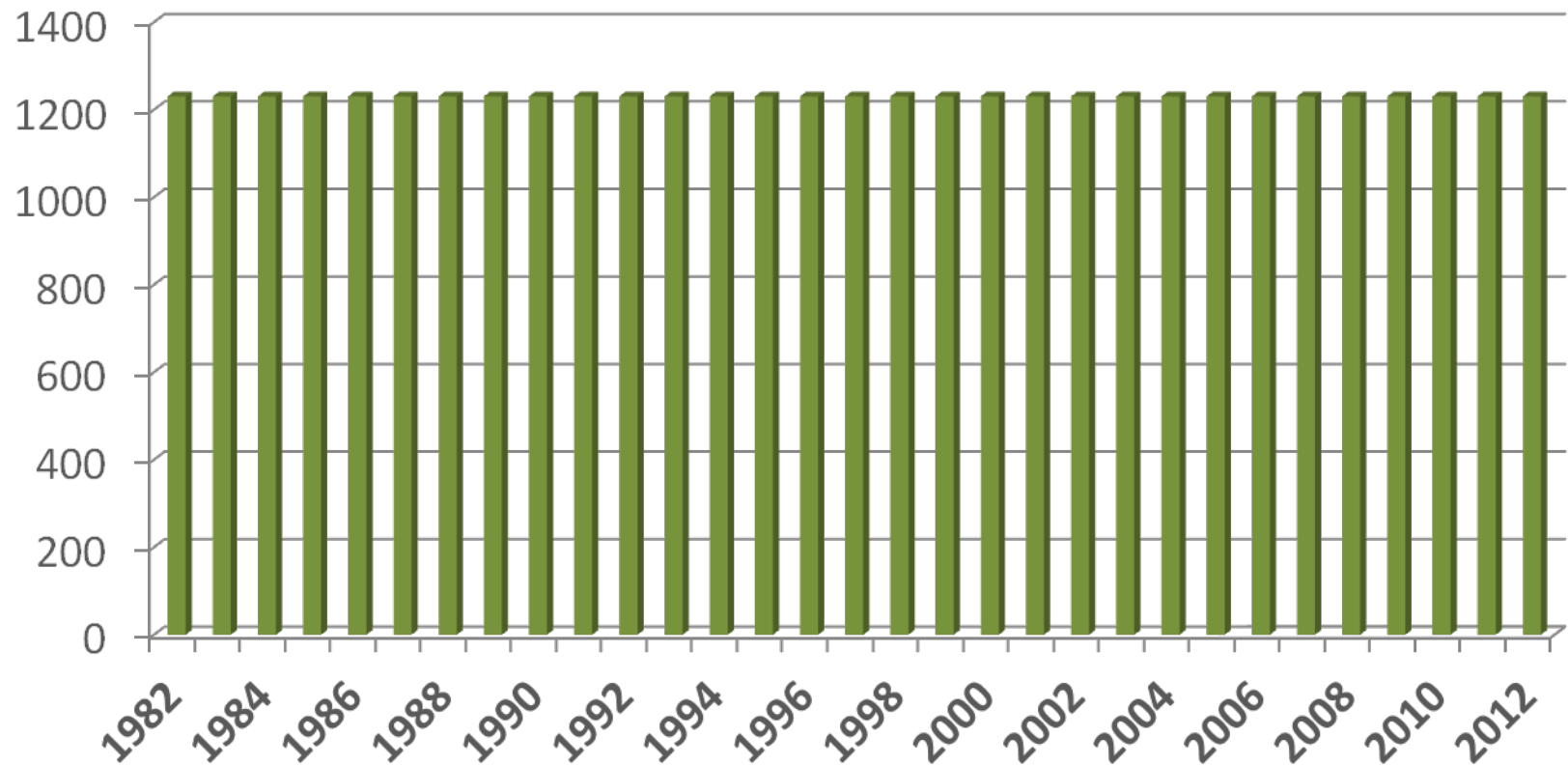
This is compounded by an overburdened and under-resourced public health system.



(Source: NHI Green Paper, 2011)

THERE ARE NOT ENOUGH DOCTORS: Production has not kept up with the need for care

South African Medical Schools Annual Static Intake –
Essentially stable since the 1970's



The Role of AHP

Hurdles to working in South Africa:

- HPCSA – the South African medical register
- Visa
- Finding a surgical post
- Process can take 12 months – apply early

AHP:

Essential advice and guidance

Help with finding a post – both local and foreign-qualified

Non-profit. Largely donor funded

Sustainable Staffing

Issues:

1. Lifestyle
 - Friends/family
 - Amenities
 - Opportunities (home and abroad)
2. Work conditions
 - Can be stressful – supervision
3. Training
 - More ad hoc, limited formal training



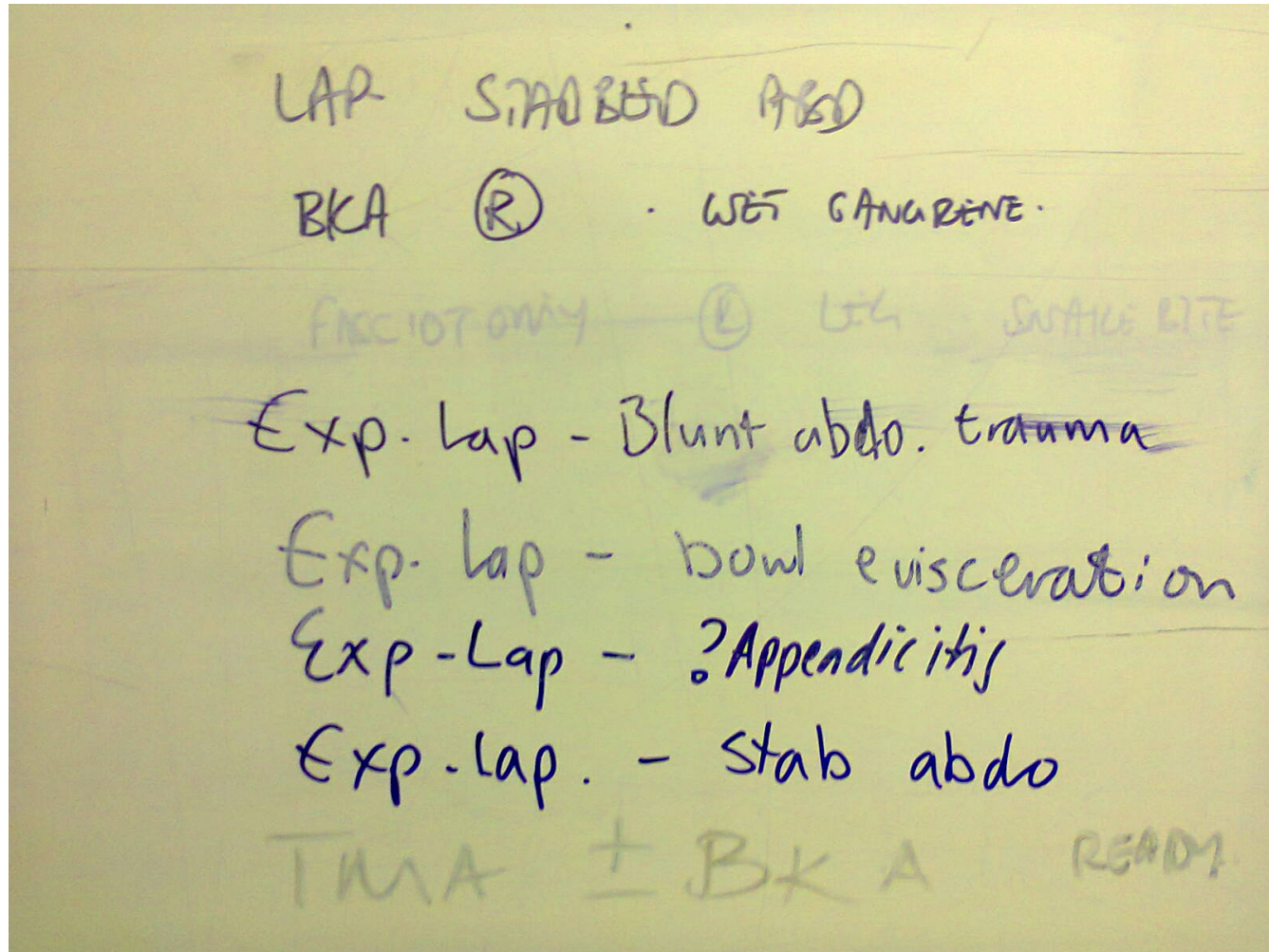
Solutions:

- Community service doctors
- Rural allowance – 18%
- Foreign workforce

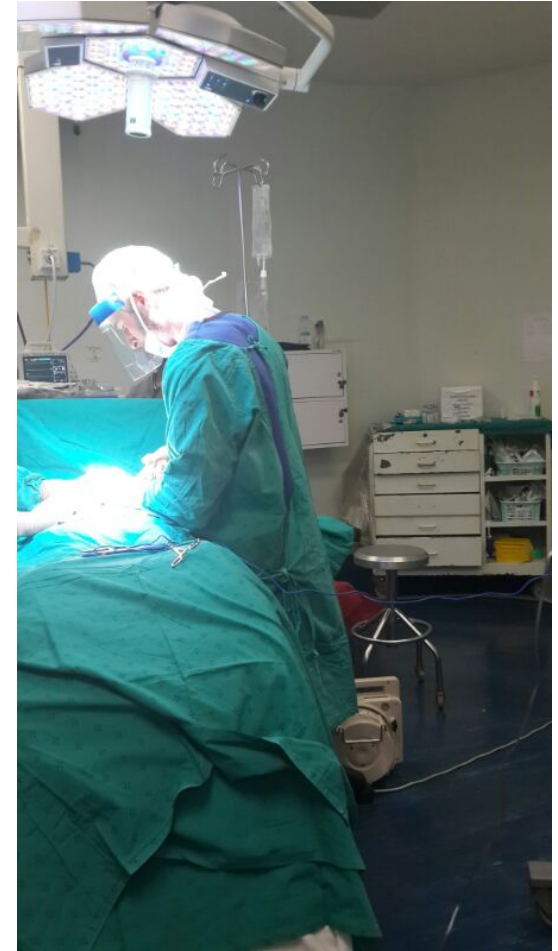
SURGERY IN RURAL SOUTH AFRICA: Ngwelezane Hospital



SURGERY IN RURAL SOUTH AFRICA: The on-call experience with opportunities for skills development



SURGERY IN RURAL SOUTH AFRICA: Supervision vs. training



LIVING IN RURAL SOUTH AFRICA

- KwaZulu-Natal is a fantastic region
- World-class game reserves
- 2 of the worlds top 10 dive sites
- Drakensberg mountains



YOUR TRAINING

- How is this experience perceived back home?
 - Time out of programme: A potential difficulty
- Working autonomy – theatre maturity
- Confidence – in emergencies, adaptability, triage
- Global community
 - Transferable skills



CONCLUSION

- The health divide between Europe and South Saharan Africa is vast, and each doctor in these communities can have a real effect on delivery of healthcare.
- It is difficult to see how some rural hospitals could run without foreign-qualified doctors.
- There are opportunities to support and supervise resident health workers, and this contributes to improving sustainable access to healthcare.



Thank you

