The South African Medico-Legal Association

Prof. JHR Becker MB ChB; MMed (Surg) Cum Laude; FCS SA; FRCS (Edin); FRCS (Glasgow); LAkad. (SA); General and Pediatric Surgeon

Proposal Model for the augmented training of medical doctors in RSA:

Background:

1) Training of Medical Doctors is not a priority for Political parties although the shortage of medical doctors is referred to frequently
2) Finances are finite and the priority for spending is: land, “jobs”, housing, poverty, free tertiary education, etc
3) There is unbridled population growth, from procreation in South Africa as well as immigration. (legal and illegal)
4) Hospitals are expensive assets
5) The cost of Medical facility maintenance should be 10% of the value of the asset per year, but finances for maintenance are not available, because available money is diverted to the need for medicine (all inclusive, equipment and disposables). Without maintenance, at a cost of the afore-mentioned 10% per annum, a facility can be expected to be derelict within 10 years.
6) The lack of maintenance, (facilities and equipment) leads to public facilities that do not meet acceptable standards where patients are treated, and doctors are trained; gradual deterioration leads to a point where the only salvage procedure is total replacement.
7) Academic Hospitals are all public Hospitals looking after the indigent; they are also exposed to the same financial constraints, degradation and lack of maintenance.
8) Academic Hospitals are the facilities attached to Universities where Medical Doctors are trained and equipped to treat all our patients.
9) Mentors (lecturers) have to work in these facilities; many do not wish to see themselves working in those facilities when they can work under less stress in well

Directors : Claassen, Judge CJ - Neels (National Chairperson); Becker, Prof Jan (Gauteng Branch Chairperson); Claassen, Dr Brand; Dutton, Adv Ian (Coalition Task team Convenor - KZN Branch Chairperson); Edeling, Dr Hannetjie (Administration- and Communications); Edeling, Dr Herman (Clinical Negligence and Mediation; Faculty Course Leader); Enslin, Dr Hans (RAF); Fredericks, Dr Gavin (National Treasurer); Jordaan, Mr Johan (FS Chairperson); Kellerman, Prof Rita; Khan, Adv Jenine (Membership); Lamey, Adv Albert; Lerm, Dr Henry (National Deputy Chairperson - Legal; EC Chairperson); Munyaka, Dr Sharon; Ncongwane SC, Adv Thami (Transformation); Pienaar, Dr Hennie; Reynolds, Mr Trevor (National Deputy Chairperson - Health Sciences); Saayman, Prof Gert; Satyapal, Prof Kapil; Singh, Ms Irana; Sutherland, Ms Romany (WC Chairperson); Van Den Bout, Dr & Adv Anton; Wasserman, Dr Marlene.

equipped facilities.

10) There is a serious shortage of suitable, well qualified, conscientious doctors in the public sector, within its bigger context.
11) Medical students, under- and post-graduate, are exposed to poor facilities in many hospitals and clinics; the training is done by a few dedicated overworked professionals who cannot do justice to the numbers of students and patient pressure. Supervision is not always possible, leading to serious deficiencies in the training of professionals.
12) Hospitals peripheral to Academic Hospitals are “stocked” with junior doctors or professionals with limited registration. This inexperience and lack of quality care leads to increased numbers of complications that put an added burden on the system.
13) The student to Professional to patient ratio in poorly equipped facilities leads to a vicious downward cycle of: poor patient care, bad examples to young trainees, exhausted trainers contributing to the poor morale cycle.

The impact of the above deterioration of medical facilities on the current training of medical professionals:

1) The Professionals that we qualify are not adequately equipped for their needs
2) Patients do not receive optimal treatment
3) Complications are inevitable
4) Some of the complications were preventable, but instead those complications escalate the financial burden for the treatment of the complications.
5) Patients are increasingly aware of their rights and are becoming litigious; Medico-legal costs are not budgeted for; the claims, when successful, are paid from the Hospital budget; claims may reach values of 20 to 40 million Rand for one patient. The money for patient care has thus been diminished, which further

feeds into the downward spiral of poor Medical Care and Morale

Proposed solutions to the above problems:

The following facts are accepted, they are a given.

- The budget is finite
- We do need better facilities
- We need more doctors
- Whatever is planned needs to be within the above limitations and still meet the need to improve and develop.

The Proposal:

1) Increase the lecturer corps.
2) HPCSA accredited practices could be taking in (off campus) students
3) Students do integrated training apprenticeships with a dedicated mentor(s), the student to doctor ratio must never be more than 1:2.
4) Two-weekly evaluations of all “internal” (on campus) and “external” (off campus) students. The same progress test must be set for everybody.
5) Accredited practitioners are credited by the HPCSA for their work.
6) Students at the same level all follow the exact same curriculum, regardless of whether they are on campus or off campus.
7) An approved medical practice should initially have one first year student, this student when successful becomes a second year student in the practice, the practice then gets a new first year student, and the students keep on moving up until the practice will have six (6) students.
8) With this system the student numbers in the Faculty can be increased at very little extra cost.
9) The “external students” will be self-financed, paying for their accommodation, transport, teaching aids, study materials, etc. Affordability is therefore important.
10) The existing medical training facilities will function in very much the same way as they are currently doing, with subsidized training.

11) All the students will be registered with an existing faculty that will administrate the training of “internal” and “external” students.
12) The practice that accepts the student will have a say in the acceptance of the student; no student should be forced onto a practice. The fact that the practice is helping with the training of doctors and is meeting a need, will be honored. Compatibility between student and practice is essential. It will be untenable to have a student in an unsuitable practice.

All of the above will have to be tweaked substantially with checks and balances, and the structure very carefully debated and decided upon. In particular, the feasibility of the proposal will contribute to the design and gradual implementation of this model for training medical doctors.

JHR Becker.
Emeritus Professor: *Surgery.*
Department of Surgery
Sefako Makgatho Health Sciences University.
Dr. George Mukhari Academic Hospital.

1 May 2019