

# Clinical Associate Programme South Africa

## Innovations and Challenges



*University of the Witwatersrand, Johannesburg*





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# Rationale

- Shortage of Doctors
- Migration to cities/private/other countries
- Especially Rural District Hospitals
- Nurse Practitioners work in clinics, limited scope of practice
- Task shifting/task sharing



# Planning

- 2004 - Ministerial task team
- Involvement of universities, government, stakeholders
- Research into common conditions and procedures at district hospitals including staff opinions on task shifting
- Decided on three year Bachelor's degree
- To be in Family Medicine at Medical schools



# Funding

- Start up funding for Universities by National government donor funding
- First cohort bursaries funded by National government
- Subsequent bursaries and seconded staff by provincial governments
- University fees and subsidies





# Curriculum

- Curriculum based on top 100 conditions
- Radically different from traditional medical programmes
- Integrated approach
- Early clinical experience
- Clinical reasoning
- Common final National exam (groundbreaking as is not used for medical graduates in SA)



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# Status at present

- Three universities
- 23 Grads 2010 WSU
- 92 Graduated 2011 (WSU, UP, Wits)
- High throughput rate – related to teaching methodologies, small classes, small teams of dedicated teachers
- Numbers increasing, 176 enrolled 2012
- Limited by staff and teaching facility constraints
- Other universities to start in future





# Ongoing Relevance

- Ongoing research into views of graduates and hospital staff
- Impact studies
- Curriculum flexible
- Responds to identified needs
- Post grad opportunities related to identified health priorities
- Universities collaborate





# Student Selection/graduate placement

- Preferential selection of students identified from rural areas, given bursaries to work back in their own rural area
- Disadvantaged urban students work back in Gauteng (urban) district hospitals
- Military students
- All graduates at present working in public sector district hospitals



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# Challenges

- Student selection
- District hospital staffing
- University teaching staff
- Scope of practice
- Supervision
- Marketing
- Expansion
- Keeping graduates in public sector esp rural

