Positive Developments

Registrar Program:

We started the year with a second year registrar, Dr Gounder, and two first year registrars, Dr Naicker and Dr Mothapo. Dr Mahomed joined us as a fourth year registrar. Dr Mothapo resigned before the end of January, so we were left with 3 registrars for the rest of the year. 2003 saw the establishment of a successful registrar rotation at Edendale Hospital, which has now become a fixture.

The process of expansion of the registrar program proceeded in 2003 with the complex being visited by the Council in February 2003. Full Teaching Status was accorded to 7 disciplines, among them Medicine. Four more registrar post numbers were allocated to the Department of Medicine in the Complex.

Dr Francisco Boin of the Mayo Clinic visited us for a month in January as a visiting postgraduate trainee. We are arranging more visits by postgraduate trainees from overseas in the near future.

Intern Rotations:

The rotation of interns in the Department of Medicine was co-ordinated through the complex in 2003. Most of the organisation was done by the interns themselves. For the most part the arrangements ran smoothly.

Community Service Doctors:

Community Service Doctors worked at Greys, Northdale and Edendale Hospitals in 2003. Greys would not have survived the year without their input. Five Community Service Doctors were allocated to Medicine in the Complex in 2003. They form a vital part of the Department.

ARV Rollout Program:

The preparations for the ARV Rollout program began in November 2003. This is the “big one” for the Department of Medicine. We have been hoping and praying for this for some years and now it is upon us. The challenges will be many and difficult, but we believe that we have the staff and the dedication to meet them. We have enrolled Dr Liz Thomson as the Program Coordinator for the District for all HIV-related clinical programs.
Negative Developments

Loss of Experienced Foreign Qualified Doctors:
The Department of Medicine in the Complex continued to be undermined by the migration of many of our experienced foreign qualified doctors to Australia. This mostly affected Edendale Hospital in 2003. By judicious deployment of Community Service Doctors and Registrars we managed to survive the year. It is hoped that with the two year internship coming on stream in the near future, the number of staff needed to run district level services will be adequate.

Difficulties with Recruiting and Retaining Medical Officer Staff:
Difficulties with defining establishments at the hospitals in the complex have led to difficulties with recruiting medical officer staff, though the situation is not as bad as it has been in the past.

Failure to Establish Outreach Program:
Ongoing staff shortages at consultant and medical officer level, and the service load created by the HIV/AIDS epidemic, led to an inability to mount an effective Outreach Program. Our efforts in this regard are still confined to consultant ward rounds in the District Wards at Northdale Hospital and Edendale Hospital twice a week. It is hoped that we will have sufficient spare capacity to address this issue in 2004.

Lack of Statistics:
Infrastructure is still inadequate in the hospitals for the compilation of relevant and effective statistics. Again it is hoped that this deficiency can be further addressed in 2004.

All efforts are being directed to building on the strengths of the Department and alleviating our deficiencies in 2004.

Dr FJ Muller FRCPC, FCP (SA)
Head of Department
Department of Medicine
Greys Hospital

Annual Report 2003

Positive Developments

Transfer of Renal Unit to D2:
In order to accommodate the new Cardiac Cath Lab, the Renal Unit moved from its old location in A2 to a refurbished D2. Sr Skinner and Dr Pascu are to be thanked for their direction of the process.

Subspecialty Services:
With the establishment of Neurology, the subspecialty services have been strengthened. The ultimate goal is to have only Tertiary Services at Greys Department of Medicine.

Recruitment of Specialists:
Dr Chuma Jozi was recruited as a full time Principal Specialist on a contractual basis pending finalization of the advertising and interview process for the post. Dr Jozi has subsequently been appointed in a full time capacity to the post of Principal Specialist Tertiary Services. Dr Jozi is a registered gastro-enterologist.
Dr Doug Wilson took up his post as Principal Specialist Regional Services at the beginning of April 2003. He rapidly took on a valuable role in the Department, particularly in respect of his input to CCU, to the research programs, and to clinical services to patients with HIV/AIDS.
Both Dr Wilson and Dr Jozi are performing valuable consultant work on inpatients at Edendale Hospital.

Recruitment of Neurologist:
Dr Anand Moodley commenced duty as a full time neurologist on 1 January 2003. He has made great strides in developing the Neurology Department. He rapidly developed a fully-fledged Neurology Laboratory with equipment transferred from Wentworth Hospital. We have employed a full time Neurology Technologist, Ranitha Nandkumar.

Cardiac Cath Lab:
Advanced planning took place for the transfer of the Cardiac Catheterization Laboratory from Wentworth to Greys. The transfer stalled because of funding difficulties which have
subsequently been resolved. The Radiology Department, especially Dr Stoker, have to be thanked for their substantial input on this project.

Mr Adarrsh Ramessur has been employed as a full time echocardiography technologist. He is also being trained to work in the Cardiac Cath Lab.

A special room has been built in outpatients for ECG and stress ECG with equipment from Wentworth Hospital. It has expanded our capacity in this regard.

**Staff Development:**

Dr Yusuf Mahomed joined the Department as a registrar at the beginning of 2003 and passed his FCP exam in October of 2003. He joins the Department as a consultant at the beginning of 2004.

**Negative Developments**

**Failure to Recruit Cardiologist:**

Once installment of the Cardiac Cath Lab has commenced, the Principal Cardiologist post will be re-advertised.

**Shortage of Medical Officers:**

The recurring theme of shortage of Medical Officer/Registrar staff occurred again at the end of 2002. Judicious sharing of staff with Edendale Hospital allowed both institutions to survive through 2003. This interferes with structured teaching in the Department because of the increased service load.

**Statistics:**

Because of a lack of capacity in Information Technology, the provision of adequate and meaningful statistics, despite great effort and some good progress, has been long delayed. It is hoped that we will be able to address this shortcoming in 2004 with the recruitment of a Hospital Information Officer.

**Dr Pascu:**

We record with regret the departure of Dr Camilia Pascu, the longest serving member of the Department, at the end of 2003. We wish her well in her new endeavours in Perth, Western Australia.

**Subspecialty Services:**

We still lack a subspecialty presence in Respirology and in Haematology. Every effort will be made to address these shortcomings in 2004.

Every effort is being made to address the shortcomings of the Department and to build on its strengths in the years to come.

**Dr FJ Muller FRCPC, FCP (SA)**

Head of Department