The Department of Internal Medicine has made great strides in 2005 and more exciting developments are expected in 2006.

Positive Developments:

Consultants:
Dr Carolyn Lee joined the Department as a full time specialist at Edendale Hospital on 1 January 2005. Later in the year she transferred to Greys Hospital. Dr Muhammad Siddique joined the staff of Greys Hospital as a full time consultant in Nephrology in the early part of 2005. He continued to train in Nephrology through the Nelson R Mandela (NRM) School of Medicine as a subspecialist in Nephrology and we hope that he will be able to complete his qualification in 2006. Dr Yusuf Mahomed is also doing subspecialty training in Rheumatology at the medical school. Dr Lee joined this program to train in Pulmonology in the later part of the year. We had to say goodbye to Dr Kocheleff in July as he retired. We will miss his expertise and energy, particularly in the field of HIV medicine. He served the Department for almost 10 years, during a time when we struggled to employ full time consultants, and contributed to teaching and research.

Medical Officers and Registrars:
We struggled to fill all our registrar posts in 2005. For most of the year we had 6 registrars in the complex, against a possible maximum of 8 registrars. Again, the service load on these few registrars meant they could not devote the optimum amount of time to academic activities, with the result that the academic program never really “took off”. Dr Rasha Maharaj, who joined the Department of Medicine at Greys Hospital as a registrar in 2002 for the first time, passed her final examination through the NRM School of Medicine towards the end of 2005. She is our first “graduate” from our registrar program since it started in 2002.

Medical Officers continue to be “thin on the ground”. It is still easier for young graduates to find posts as registrars or overseas once they have completed their studies and their Community Service. Dr Maresce Bizaare joined us towards the end of 2005 as Head of the CDC and the ARV Rollout Program (in Dr Kocheleff’s place). She has proved to be a great asset to the Department.
Com Servs and Interns:

We continue to have the service of 5 Comservs and about 20 interns deployed throughout the three hospitals. The Comservs were confined to Level 1 (District Level) services at Edendale and Northdale during the year. The number of Comservs available to staff services in urban centers is diminishing by the year, and we cannot depend on them to staff our teaching hospitals in the future. We will have to expand the registrar training programs instead. We face some challenges in the deployment and supervision of interns in Level 1 (District Level) facilities, with the development of Family Medicine services. These difficulties need to be addressed imaginatively in the New Year.

Students:

We reverted to full participation in the undergraduate training program from the NRM Medical School in 2005. The students were only with us for three days of each week, and the time they could spend on the wards, apart from tutorial time, was very limited. We hope this deficiency will be addressed in 2006.

We continue to receive support and visits from elective students from all parts of the world, including other medical schools in South Africa. It is always stimulating and refreshing to have these young people amongst us. They also spread the reputation of the Department far and wide.

Tertiary Services:

The Nephrology service benefited immensely from having Dr Siddique on site to run it. We can now offer Nephrology as a registrar rotation. The same can be said of Pulmonology and Gastroenterology where we have full time Principal Specialist incumbents. In the field of Rheumatology Dr Yusuf Mahomed is now providing a weekly clinic and liaison with clinics at the Medical School. We need a full time Infectious Diseases Specialist and a full time Endocrinologist. The Haematology service in Pietermaritzburg is still non-existent as such. We hope that we can address this deficiency in 2006.

ARV Rollout:

The ARV Rollout continues to grow in the District and we have a dedicated District Committee for this program and we are achieving results second to none in the province, if not in the country. We had approximately 5000 patients on ARVs by the end of 2005. Complications, especially lactic acidosis, have become a worrying feature of the program and motivation for the national guidelines to drop D4T as a first line agent are on the cards.

Exchange Programs:

Dr Doug Wilson at Edendale Hospital ahs set up a very successful exchange program with the postgraduate training program at Harvard University in Boston in the USA. Registrars from the Massachusetts General Hospital training program in internal medicine are coming to Edendale to do electives for a month at a time. Their contribution ahs been excellent from teaching achieved with our trainees and for the purposes of their own learning. Dr Muller is working on a similar exchange program with Ottawa Hospital School of Medicine. It is hoped that it will come to fruition in 2006.
Negative Developments:

Outreach Program:
Our Outreach Program dwindled during the year. This was due to our junior consultants being involved in further training through the medical school and not having time to participate in flying doctor services. A full time post for an outreach specialist has been identified and will be advertised in 2006. We begun the year with the hope of covering all the hospitals in Area 2, but by the end of the year the coverage was down to a handful of hospitals.

General medicine:
The role and importance of general medicine still needs to be identified at the Medical School. General medicine still needs to be promoted as a career course for specialist physicians. Nearly all trainees opt to go into a subspecialty when they are finished their training in general medicine.

2005 proved an exciting year of development for the Pietermaritzburg Department of Internal Medicine. It is hoped that we will expand our capacity in 2006 to include all the recognized subspecialties of internal medicine. Thereafter we hope to provide full four year training courses for our registrars. We also would like to develop the capacity to train registrars in more remote sites such as Ladysmith and Newcastle. Finding a specialist to take up a full time position in Newcastle has proved challenging.

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