

Prof. Shabir Moosa CURRICULUM VITAE

QUICK PROFILE

I am a family physician with an MBA and PhD. I have extensive experience in rural general practice and the development of family medicine and primary care services in both rural and urban district health services in South Africa

PERSONAL DETAILS:

- Shabir Ahmed Hassim Moosa, Male, DOB 12th May 1964, ID No. 6405125209085,
- PO Box 72542, Parkview, 2122
- Tel: 011-4476277 Cell: 0824466825 e'mail: shabir@drmoosa.co.za
- Principal specialist family physician, Johannesburg Health District
- Associate Professor, Department of Family Medicine, Faculty of Health Sciences, University of Witwatersrand

RESEARCH INTERESTS

My research interests have been focused around the work I do, starting with development of family medicine in Gauteng and then with involvement in a network of family medicine university departments across South Africa and Africa. The biggest difficulty has been the human resources in primary health care and the place of family physicians. I have also focused on development of community-oriented primary care as a model to synergise current public service mandates with my practice as a family physician, to improve quality of primary health care. The plans for National Health Insurance has been especially interesting as the ideas around capitation overlap considerably with my current practice in Chiawelo. These interests have guided all my publications. I am busy exploring development of clear parameters, using data classification and capture, around contracting of NHI capitation and the operational issues involved using Chiawelo Community Practice as a social laboratory.

PROFESSIONAL QUALIFICATIONS

- Masters in Family Medicine, University of Limpopo (MEDUNSA): 1999-2005
- MBChB, Natal University: 1983-1988

ACADEMIC QUALIFICATIONS

- PhD, Ghent University: 2014-2015
- Masters in Business Administration, Wits Business School: 2005 - 2011
- Diploma PHC Service Mgt, Wits P&DM: 1997-1998

MEMBERSHIP OF SA PROFESSIONAL BODIES / ASSOCIATIONS

- Member of the South African Academy of Family Physicians: 2002-current
- Member, South African Medical Association: 1992-current
- Member: NDOH Ministerial Task Team: Development of Clinical Associate: 2005-2007
- Assistant to National Coordinator, Family Medicine Educational Consortium (FaMEC) South Africa: April - Dec 2005
- Member: National Department of Health (NDOH) Task Team to prepare Scope of Practice and Curriculum for Mid-level worker in South Africa: June-July 2005
- Board Member Kwa-Zulu Managed Care Coalition: Apr 2002-Dec 2003

ACADEMIC DISTINCTIONS / FELLOWSHIPS / AWARDS

- Dumo Baqwa COPC Award, June 2006
- First prize oral presentation, SAAFP Annual Conference, 2013
- Third prize oral presentation, Joburg Health District Research Conference, 2013

ACADEMIC AND PROFESSIONAL EXPERIENCE

- Practice:
 - Family Physician, Department of Health, Johannesburg, 2004-current
 - Private General Practitioner, Kokstad, KwaZulu Natal: 1990-2004
- Lecturing / Exams:
 - Undergraduate GEMP 1 & 2 lectures and tutorials: 2006-current
 - Undergraduate GEMP 3 biweekly full day lecture on DHS & COPC (Public Health Block): 2016-current
 - Undergraduate GEMP 4 Integrated Primary Care (IPC) observed consultations, tutorials and supervision in clinics / community health centres in the Department of Family Medicine of the Johannesburg Health District: 2006-current
 - Postgraduate Family Medicine registrar lectures on Health Systems Management: 2005 – 2013
 - Postgraduate Family Medicine registrar supervision: 2005-current
- Continuing Professional Development:
 - Multiple Departmental Skills Workshop
 - Multiple Conferences
 - Academic work

SUPERVISION OF HIGHER DEGREES

- Completed supervision of clinical audits / research reports of postgraduate students
 - Audit of CHC laboratory investigations in Joburg, Dr Audrey Gibbs
 - Referral Patterns of Helen Joseph Hospital Casualty, Dr Tahera Cassim
 - Family Medicine and Primary Health Care: The role of undergraduate training on current and future considerations of junior doctors in South Africa, Dr Atiya Mosam
 - Evaluation of PHC Outreach Teams in Ekurhuleni, Ms Shehnaz Munshi
 - Availability of Clinical Forms in Lillian Ngoyi CHC, Quality Improvement Project, Dr Brenda Stott

- Current supervision of clinical audits / research reports of postgraduate students
 - Evaluation of Admission Records in South Rand Hospital, Quality Improvement Project, Dr Cathelijn Zuijlemaker
 - Assessment of Burnout in Wits Registrars, Research Report, Dr Cathelijn Zuijlemaker
 - Triage of crowded OPDs in CHCs in Gauteng, Research Report, Dr Brenda Stott
 - Ecology of Medical Care in Chiawelo, Research Report, Dr Santhuri Pillay

ADMINISTRATIVE / SCHOOL / UNIT DUTIES

- Member of FSH Community Oriented Basic Health Sciences Education (COBHSE) Committee: September 2004 – 2009 / 2012-current
- Member of DFM PG Review Committee: July 2005 – 2014

SERVICE TO UNIVERSITY

- Member of IPC block committee: September 2004 - 2011
- Wits representative as Member of Board of Directors: Alexandra Health Centre September: 2005- 2009
- Member of Faculty-GDOH HIV-AIDS Initiative- January: 2006-2007
- Coordinator Full-time Registrar programme Gauteng: Sept 2004 - Aug 2006
- Wits representative to Muldersdrift Community Clinic Committee March: 2005- Aug 2006
- Project Manager: Development of Family Medicine, DHS, Gauteng Department of Health: July 2005 –April 2006
- External Examination of six postgraduate research reports
- External Examiner of two undergraduate examinations

SERVICE TO PROFESSION / DISCIPLINE

- President-elect, Wonca Africa Executive, Wonca Africa, 2016-current
- Secretary, Wonca Africa Executive, Wonca Africa, 2013-2016
- Chairperson, Communications Sub-Committee, Wonca Africa, 2012-2013
- Lead South African Researcher, HUMAN Resources in African PRIMARY Care (HURAPRIM) Research Project, an EU-FP7-funded Collaboration, 2010-current
- Member, WONCA International Classification Committee (WICC): Oct 2012 – current
- Executive Member, WONCA International Classification Committee (WICC): Oct 2014 – Sep 2017
- Member Editorial Board, British Journal of General Practice: October 2010 – current.
- Member Editorial Board, African Journal of Primary Health Care and Family Medicine (www.phcfm.org): October 2008 – current
- Member of Host Organising Committee of WONCA Africa Congress (North West Province, 25-28th October 2009): December 2008 – October 2009
- Part-time Southern Africa Coordinator: Famec VLIR 0609 Project: “Development of Training in Family Medicine / Primary Health Care in Southern and Eastern Africa: A contribution to the realisation of quality and equitable healthcare through a South-South Network”: March 2008 – February 2009

- Team Member: Scientific Programme and Organisation, Primafamed Conference, Kampala, Uganda: 16-22nd November 2008
(<http://www.primafamed.ugent.be/Primafamed-conference.html>)
- Deputy Chair – WONCA New and Future Family Doctors Interest Group: 2004 – 2007.
- Wits Representative: VLIR AFamec Launch Workshop, Kampala, Uganda, 14-18th June 2006
- Member: Technical team - African Famec project, Zambia August: 2005
- VLIR-ICHO Family Medicine Scholarship to Belgium December: 2004

SERVICE TO COMMUNITY

- Member of Johannesburg District Research Committee: 2017-current
- Family Physician in Chiawelo Community Practice, Chiawelo CHC: 2014-current
- District Family Physician, Johannesburg Health District: 2007-2011
- Coordinator of Family Medicine in Gauteng: 2005-2006 / 2009
- Chair of Johannesburg-West Rand Regional PTC: January 2007-2010
- Provincial Coordinator of Family Medicine & PHC, Gauteng: May 2008 – July 2009
- Member of Provincial Pharmaceutical and Therapeutics Committee (PTC): 2008
- Member of Gauteng Province Research Committee: 2008
- Member: NDOH Ministerial Task Team: Development of Clinical Associate: 2005-2007
- Chair: Southern Drakensberg Rural IPA / board member KZNMCC: 2002-2004
- Convenor-Alfred Nzo-Sisonke cross-border Health Forum: 2003-2004
- Coordinator-ARV Rollout Kokstad Hospital: 2003-2004
- Ward Councillor and Whip, Kokstad Town Council: 2001-2004
- BEC Member, ANC Kokstad: 1998-2004
- Exco member –Southern Drakensberg Rural IPA: 1997-2001
- Interim District Coordinator –Mount Currie Health District: 1997-1998
- Deputy Chair, ANC Transkei Region: 1991-1994
- Chair, Kokstad Civic Association: 1990-1994

RESEARCH

- Publications in Department of Education (DE) accredited journals:
Impact Factors (IF) (using www.impactorsearch.com) and citations (from Google Scholar) are bolded in brackets.
 - **Moosa S.**, Derese A.; Peersman W. Insights of health district managers on the implementation of primary health care teams in Johannesburg, South Africa: a descriptive study with focus group discussions. *Human Resources for Health*. 2017. 15:7. DOI 10.1186/s12960-017-0183-6 [**IF: 1,65 / Cited: 0**] *Leader: involved in conception, analysis, drafting and finalization of manuscript.*
 - **Moosa S.**, Luiz J., Carmichael T., Peersman W., Derese A. Insights of private general practitioners in group practice on the introduction of National Health Insurance in South Africa. *Afr J Prim Health Care Fam Med*. 2016. 8:1. DOI 10.4102/phcfm.v8i1.1025 [**IF: 0 / Cited: 0**] *Leader: involved in conception, analysis, drafting and finalization of manuscript.*
 - Wilcox, M., Peersman, W., Daou, P., Diakite, C., Bajunirwe, F., Mubangizi, V., Mahmoud, EH., **Moosa, S.**, Phaladze, N., Nkomazana, O., Khogali, M., Diallo, D.,

- de Maeseneer, J., Mant, D. Human resources for primary health care in sub-Saharan Africa: progress or stagnation? *Human Resources for Health* 2015, 13:76. DOI: 10.1186/s12960-015-0073-8 [IF: 1,65 / Cited: 1] Collaborator: involved in conception, analysis, drafting and finalization of manuscript.
- Bidwell, P., Laxmikanth P, Blacklock C, Hayward, G., Wilcox, M., Peersman, W., **Moosa, S.**, and Mant, D. Security and skills: the two key issues in health worker migration. *Glob Health Action*. 2014, 7: 24194 - <http://dx.doi.org/10.3402/gha.v7.24071> [IF: 1,646 / Cited: 7] Collaborator: involved in analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, Mash, R., Peersman, W., and Derese, A. The views of key leaders in South Africa on implementation of family medicine: critical role in the district health system. *BMC Fam Prac* 2014, 15:125. DOI: 10.1186/1471-2296-15-125 [IF: 1,735 / Cited: 7] Leader: involved in conception, analysis, drafting and finalization of manuscripts
 - Poppe, A., Jirovsky, A., Blacklock, C., Laxmikanth, P., **Moosa, S.**, De Maeseneer, J., Kutalek, R., and Peersman, W. Why sub-Saharan African health workers migrate to European countries that do not actively recruit: a qualitative study post-migration. *Glob Health Action* 2014, 7: 24071 - <http://dx.doi.org/10.3402/gha.v7.24071> [IF: 1,646 / Cited: 10] Collaborator: involved in analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, Wojczewski, S., Hoffmann, K., Poppe, A., Nkomazana, O., Peersman, W., Willcox, M., Derese, A., Mant, D. The inverse primary care law in sub-Saharan Africa: a qualitative study of the views of migrant health workers. *Br J Gen Prac*. June 2014 [IF: 2,356 / Cited: 8] Leader: involved in conception, analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, and Gibbs, A. A focus group study of primary health care in Johannesburg Health District, South Africa: 'We are just pushing numbers'. *SA Fam Prac* 2014; 56 (2) [IF: N/A / Cited: 5] Leader: involved in conception, analysis, drafting and finalization of manuscript.
 - **Moosa, S.** A path to full-service contracting with general practitioners under National Health Insurance. *S Afr Med J* 2014; 104(3): 155-156. DOI: DOI: 10.7196/SAMJ.7719 [IF: 1,712 / Cited: 2]
 - **Moosa, S.** The future of general practice in South Africa. *Br J Gen Prac*. February 2014 64:69; DOI: 10.3399 / bjgp14X676997 [IF: 2,356 / Cited: 0]
 - **Moosa, S.**, Wojczewski, S., Hoffmann, K., Poppe, A., Nkomazana, O., Peersman, W., Willcox, M., Maieir, M., and others. Why there is an inverse primary-care law in Africa. *The Lancet Global* 2013, 1. e332-333. [IF: N/A / Cited: 12] Leader: involved in conception, analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, Downing, R., Pentz, S., Essuman, A., Reid, S., and Mash, R. African leaders' views on critical human resource issues for the implementation of family medicine in Africa. *Human Resources for Health* 2014,12:2. DOI: 10.1186/1478-4491-12-2 [IF: 1,922 / Cited: 6] Leader: involved in conception, analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, Downing, R., Mash, R., Reid, S., Pentz, S., and Essuman, A. Understanding of family medicine in Africa: a qualitative study of leaders' views. *Br J Gen Prac*. 2013 63:608. DOI: 10.3399/bjgp13X664261 [IF: 2,356 / Cited: 8] Leader: involved in conception, analysis, drafting and finalization of manuscript.
 - **Moosa, S.**, Luiz, J., and Carmichael, T. Introducing a national health insurance system in South Africa: A general practitioner's bottom-up approach to costing. *S Afr*

- Med J* 2012; 102(10): 794-797. DOI: 10.7196/SAMJ.6072 **[IF: 1,712 / Cited: 7]**
Leader: involved in conception, analysis, drafting and finalization of manuscript.
- Reid, S., Mash, R., Downing, R., and **Moosa, S.** Perspectives on key principles of generalist medical practice in public service in sub-Saharan Africa: a qualitative study. *BMC Fam Pract* 2011 12:67. DOI: 10.1186/1471-2296-12-67 **[IF: 1,646 / Cited: 6]** *Collaborator: involved in conception, analysis, drafting and finalization of manuscript.*
 - **Moosa S.** Avoid the fumble around poisonings. *Afr J Prim Health Care Fam Med.* 2010; 2(1), Art. #204, 1 page. DOI: 10.4102/phcfm. V2i1.204 **[IF: N/A / Cited: 0]**
 - De Maeseneer J, **Moosa S**, Pongsupap Y, and Kaufman A. Primary Health Care in a changing world. *Br J Gen Pract* 2008; 58 (556) **[IF: 1,735 / Cited: 11]**
 - Mash, R., Downing, R., **Moosa, S.**, and De Maeseneer, J. Exploring the key principles of Family Medicine in sub-Saharan Africa: international Delphi consensus process. *Open Forum: SA Fam Prac* 2008; 50 (3) **[IF: N/A / Cited: 37]**
 - **Moosa, SAH.** Community-Oriented Primary Care (COPC) in District Health Service of Gauteng, South Africa. Dumo Baqwa Award. *SA Fam Prac* 2006; 48 (4) **[IF: N/A / Cited: 8]**
 - **Moosa, SAH.** Belgian Lessons for Famec. Editorial: *SA Fam Prac* 2005; 47 (10) **[IF: N/A / Cited: 1]**
 - **Moosa, SAH.** Famec Strategy into the Future. Editorial: *SA Fam Prac* 2005; 47 (9) **[IF: N/A / Cited: 1]**
 - **Moosa, SAH,** Conradie, HH, Morris, G, Van Deventer, C, Van Rooyen, M, Derese A, De Maeseneer, J. The Flemish model of training and supervision Special Series: *SA Fam Prac* 2005; 47 (9) **[IF: N/A / Cited: 0]** *Leader: involved in conception, analysis, drafting and finalization of manuscript.*
 - Conradie, HH, **Moosa, SAH,** Morris, G, Van Deventer, C, Van Rooyen, M, Derese A, De Maeseneer, J. Family Medicine Training Ideas from Belgium, Special Series: *SA Fam Prac* 2005; 47 (9) **(co-author – major contribution) [IF: N/A / Cited: 0]** *Collaborator: involved in analysis, drafting and finalization of manuscript.*
 - Morris, G, Van Deventer, C, Van Rooyen, **Moosa, SAH,** Conradie, HH, M, Derese A, De Maeseneer, J. Educational Ideas and Lessons Learnt, Special Series: *SA Fam Prac* 2005; 47 (9) **[IF: N/A / Cited: 0]** *Collaborator: involved in analysis, drafting and finalization of manuscript.*
 - G, Van Deventer, C, Van Rooyen, **Moosa, SAH,** Conradie, HH, Morris, M, Derese A, De Maeseneer, J. The learning plan as a reflective tool for trainers of family medicine registrars, Special Edition: *SA Fam Prac* 2005; 47 (9) **[IF: N/A / Cited: 0]** *Collaborator: involved in analysis, drafting and finalization of manuscript.*
 - Van Rooyen, **Moosa, SAH,** Conradie, HH, Morris, G, Van Deventer, C, M, Derese A, De Maeseneer, J. Evaluation Systems of Family Medicine Trainees in Belgium, Special Series: *SA Fam Prac* 2005; 47 (9) **[IF: N/A / Cited: 0]** *Collaborator: involved in analysis, drafting and finalization of manuscript.*
 - **Moosa, SAH,** Couper ID. “Doctor! Go for a course in HR management”. (Open Forum) *SA Fam Prac* 2004; 46(8) **[IF: N/A / Cited: 0]** *Leader: involved in conception, analysis, drafting and finalization of manuscript.*
 - **Moosa, SAH.** Patients as friends – awkward or advantageous. (Open Forum) *SA Fam Prac*, May 2003; 45(4) **[IF: N/A / Cited: 0]**
- Publications in non-DE accredited journals:

- **Moosa, SAH.** Social Accountability: Social Responsiveness vs Social Activism. *The Network: Towards Unity for Health, Newsletter*: 2006; 25 (2)
- Technical/Research Reports:
 - *“Concluding Report and Synthesis of Results on Scope and Causes of the Deficit in Human Resources for Primary Health Care in Africa”* HURAPRIM Deliverable 2.2, 31st August 2011
 - *“Final Report – Work Package 4: Evaluating Primary Health Care Re-engineering as a Human Resource Strategy in South Africa”* HURAPRIM Deliverable 4.1, 3rd March 2015
 - *“Final Report – Work Package 9: Building comprehensive PHC teams for Africa: the way forward”* HURAPRIM Deliverable 4.1, 20th August 2015
- Keynote Presentations:
 - *“Chiawelo Community Practice: implementation of COPC”*, AGM of Canadian Association of CHCs, Ottawa, Canada, June 2015.
- Oral Presentations:
 - *“Exploring COPC in Chiawelo Community Practice as a model for NHI practice”*, SAAFP Congress, Pretoria, June 2014; WICC Open Day, Lisbon, Sept 2014; and Towards Unity for Health (TUFH) Conference, Fortaleza, October 2014.
 - *“Developing an African Organisation of Community Practice”*, SAAFP Congress, Pretoria, June 2014 and EU Forum for Primary Care Conference, Barcelona, Sept 2014.
 - *“The views of key leaders in South Africa on implementation of family medicine: critical role in the district health system”*, SAAFP Congress, Pretoria, June 2014
 - *“Exploring the parameters of contracting for GPs in the NHI”* SAAFP Congress, Pretoria, June 2014
 - *“Person-related information (PERI) in International Classification of Primary Care”* Workshop, Wonca World Conference, Prague, June 2013
 - *“The views of African migrant health workers”* Workshop, Wonca World Conference, Prague, June 2013
 - *“A focus group study of primary health care in Johannesburg Health District, South Africa: ‘We are just pushing numbers’*, Wonca World Conference, Prague, June 2013
 - *“A focus group study of primary health care in Johannesburg Health District, South Africa: ‘We are just pushing numbers’*, SAAFP Conference, Cape Town, May 2013
 - *“Views of leaders on Family Medicine in Africa”* Oral Presentation, Wits Faculty of Health Sciences Research Day, August 2012 and WONCA Africa Regional Conference, Zimbabwe, November 2012
 - *“The development of a Learning Portfolio: an exploration of the tool”* Training: 14th National Family Practitioners Conference, SAAFP, Civic Centre, Rustenburg, 8-10th August 2008
 - *“Exploring the key principles of Family Medicine in Sub-Saharan Africa Network”* Team Training: 14th National Family Practitioners Conference, SAAFP, Civic Centre, Rustenburg, 8-10th August 2008
 - *“Role of doctors in clinic visits in Gauteng”* 14th National Family Practitioners Conference, SAAFP, Civic Centre, Rustenburg, 8-10th August 2008

- *“What is Family Medicine in Africa - Delphi Study”* Panel discussion Primafamed Conference 17-21 November 2008, Kampala, Uganda
- *“Family Medicine Training in Africa 2: Good Practice Examples – SA urban”*: Presentation Primafamed Conference 17-21 November 2008, Kampala, Uganda
- *“African curricula of Family Medicine: 1,2,34 years?”* Panel discussion Primafamed Conference 17-21 November 2008, Kampala, Uganda
- *“Career Path for African Family Physicians”* Panel discussion Primafamed Conference 17-21 November 2008, Kampala, Uganda
- *“Principles of African Family Medicine: A Delphi Study”*: VLIR Kampala Conference, Sept 2007
- *“The Clinical Team”* Gauteng Health Forum, October 2005.
- *“Family Medicine in Gauteng”* Prakash Vallabh Conference, Sept 2005
- *“Clinical Building Blocks in the District Health System”* Marcus Evans Primary Care Conference, Johannesburg, 30th August 2005
- *“PG training in SA”*, Residents Symposium: WONCA October 2004
- *“Setting up a family physician vocational training programme site in Gauteng, South Africa: the challenges”* WONCA October 2004
- *“HIV-AIDS in South Africa: a synopsis of where we are, the ARV rollout and the generalist”*, WONCA October 2004
- Poster Presentations:
 - *“Views of private general practitioners on capitation in a national health insurance system in South Africa”* Towards Unity For Health Conference, Graz, Austria, 19th Sept 2011
 - *“Principles of Family Medicine in Africa: A Delphi Study”* Towards Unity For Health Conference, Kampala, 2007
 - *“A decade of change in South Africa: health laws and the impact on the generalist family physician”* WONCA October 2004
 - *“A day in the life of the rural generalist in South Africa”* WONCA October 2004
- Research in progress:
 - Views of community service doctors on Family Medicine and their careers (1 article in progress) [A. Mosam (for MPH), S. Moosa]
 - Focus group discussions with PHC Outreach teamwork regarding PHC Outreach (1 article in progress) [S. Munshi, S. Moosa, S. Pentz]
 - Views of African migrant healthcare workers in South Africa (2 articles in progress) [S. Moosa, S. Pentz]
 - Focus group discussions with key stakeholders in Sudan on human resources in primary health care (data analysis) [S. Moosa, S. Pentz, S. Munshi+]
 - Focus group discussions with key stakeholders in Zimbabwe on human resources in primary health care (data analysis) [S. Moosa, S. Pentz, S. Munshi+]
 - NGT/FGD of key stakeholders in South Africa on WISN in PHC (data collection) [S. Moosa]
 - A Delphi study of HR stakeholders on HR best practice in developing integrated PHC teamwork in Africa (data collection) [S. Moosa, S. Pentz]
 - A Delphi study of context experts for learning outcomes of courses in health management training in Wits Faculty of Health Sciences (data collection) [S. Moosa, S. Pentz]

- Reviewer in:
 - Journal of Rural and Remote Health: 2008-current
 - SA Family Practice Journal: 2008-current
 - African Journal of PHC and Family Medicine: 2009-current
 - Social Science and Medicine: 2009-current
- Courses attended:
 - Applied Statistics for Quantitative Research, June 2012, Wits, Prof E. Liebhaber
 - Research Methodology Course, January 2006 at College of Medicine, Prof P. Cleaton-Jones
 - Research Supervisors workshop 19th-22nd May 2006 CLTD.

GRANTS

- HURAPRIM Project
I was co-investigator in the HURAPRIM Project, which received funding from the European Union's Seventh Framework Programme (FP7-AFRICA-2010) [Grant Agreement no. 265727]. This was to examine human resources in African Primary Health Care. Our focus was on evaluating the human resource issues in implementation of the ward-based outreach teams, a part of PHC re-engineering.

My PhD emerged from this project:

- The Emergence of Family Medicine in Africa, Promoted by Prof Anselme Derese and Dr. Wim Peersman, Ghent University, October 2015

The following publications emerged from this project (with more to emerge):

- Wilcox, M., Peersman, W., Daou, P., Diakite, C., Bajunirwe, F., Mubangizi, V., Mahmoud, EH., **Moosa, S.**, Phaladze, N., Nkomazana, O., Khogali, M., Diallo, D., de Maeseneer, J., Mant, D. Human resources for primary health care in sub-Saharan Africa: progress or stagnation? *Human Resources for Health* 2015, 13:76. DOI: 10.1186/s12960-015-0073-8 **[IF: 1,65 / Cited: 1]**
- Bidwell, P., Laxmikanth P, Blacklock C, Hayward, G., Wilcox, M., Peersman, W., **Moosa, S.**, and Mant, D. Security and skills: the two key issues in health worker migration. *Glob Health Action*. 2014, 7: 24194 - <http://dx.doi.org/10.3402/gha.v7.24071> **[IF: 1,646 / Cited: 7]**
- **Moosa, S.**, Mash, R., Peersman, W., and Derese, A. The views of key leaders in South Africa on implementation of family medicine: critical role in the district health system. *BMC Fam Prac* 2014, 15:125. DOI: 10.1186/1471-2296-15-125 **[IF: 1,735 / Cited: 7]**
- Poppe, A., Jirovsky, A., Blacklock, C., Laxmikanth, P., **Moosa, S.**, De Maeseneer, J., Kutalek, R., and Peersman, W. Why sub-Saharan African health workers migrate to European countries that do not actively recruit: a qualitative study post-migration. *Glob Health Action* 2014, 7: 24071 - <http://dx.doi.org/10.3402/gha.v7.24071> **[IF: 1,646 / Cited: 10]**
- **Moosa, S.**, Wojczewski, S., Hoffmann, K., Poppe, A., Nkomazana, O., Peersman, W., Willcox, M., Derese, A., Mant, D. The inverse primary care law in sub-Saharan Africa: a qualitative study of the views of migrant health workers. *Br J Gen Prac*. June 2014 **[IF: 2,356 / Cited: 8]**

- **Moosa, S.**, Wojczewski, S., Hoffmann, K., Poppe, A., Nkomazana, O., Peersman, W., Willcox, M., Maieir, M., and others. Why there is an inverse primary-care law in Africa. *The Lancet Global* 2013, 1. e332-333. **[IF: N/A / Cited: 12]**
- **Moosa, S.**, Downing, R., Pentz, S., Essuman, A., Reid, S., and Mash, R. African leaders' views on critical human resource issues for the implementation of family medicine in Africa. *Human Resources for Health* 2014,12:2. DOI: 10.1186/1478-4491-12-2 **[IF: 1,922 / Cited: 6]**
- **Moosa, S.**, Downing, R., Mash, R., Reid, S., Pentz, S., and Essuman, A. Understanding of family medicine in Africa: a qualitative study of leaders' views. *Br J Gen Pract.* 2013 63:608. DOI: 10.3399/bjgp13X664261 **[IF: 2,356 / Cited: 8]**
- Discovery Foundation Grant
This grant of R500 000 received in 2015 (and renewed with another R500 000 in 2017) was to develop Chiawelo Community Practice in Soweto.

TEACHING

- Teaching Responsibilities

My current official role in the Department of Family Medicine is as family physician in the Department of Family Medicine, Johannesburg Health District, Wits, Gauteng Province. I have contributed partly to the Gauteng GEMP4 programme that began in 2006, the full-time academic registrar programme in Family Medicine that began in 2007 and the Clinical Associate programme starting 2009.

I contribute to the Graduate Entry Medical Programme (GEMP) with orienting first year undergraduate students from various disciplines on community-oriented primary care in their visits to Chiawelo Community Practice. I also give lectures to GEMP 2 students on various topics in the patient-doctor theme and have a regular biweekly full day tutorial with GEMP 3 students on community-oriented primary care in Chiawelo Community Practice, as part of their Public Health block of two weeks. I had been supervising GEMP 4 students in their Integrated Primary Care Block (IPCB). This involved one-to-four-student group-work in visits every two to three weeks to four sites in Gauteng but is now continuously in Chiawelo Community Practice. I have also taught GEMP1 and Bachelor of Health Sciences (BHSc) students through the years. I also lecture Biokinetics and Physiotherapy students as part of their rotations to experience community-oriented primary care in Chiawelo Community Practice.

I had been teaching Health Service Management to all three years of the postgraduates students in Family Medicine (usually classes of 15-20) for an afternoon every three months in their quarterly week at Wits up to 2013. I have been observing and teaching consultations to groups of postgraduates during some of their Wits weeks, marking patient studies and supervising clinical audits. I am part of the Johannesburg District weekly registrar teaching day. Family Medicine registrars in Johannesburg visit Chiawelo Community Practice, as a mandatory 3 month rotation in their first year, to experience best practice implementation of community-oriented primary care and to do their COPC assignment as a requirement at Wits. Registrars from other districts also visit Chiawelo Community Practice. This is also occurring with interns in Chiawelo Community Health Centre doing rotations Chiawelo Community

Practice in a week-long rotation for all Chris Hani Baragwanath Hospital interns within their Johannesburg Family Medicine rotation.

- Teaching Philosophy

I strongly believe in a problem-based approach and peer group learning. Trying to teach the 'whole student' can be a challenge in large classes. This works best with a student-centred interactive style. Students need information so I provide a basic framework and key resources. However I focus on reflection around the key issues. This happens at the outset with questions and then halfway into the lecture. I explore students understanding of the topic and its relevance to them. I try to get students to adopt a deep approach to learning. I tend to be rational more than feeling and balanced between safe and experimental in my 'whole student' approach. I find that moving around and asking questions is very useful. The immediate feedback helps me to tailor the presentation more appropriately. Their comments can be very challenging forcing some deviations from the prepared lecture. The objectives, outcomes as well as relationships with the rest of the course tend to guide me. I provide handouts of the presentation for information but also make use of the whiteboard. I try to "preach what I practice" but desist from forcing anything down challenging student for alternative views. I have attempted to be real and to use role playing. The use of videos in the lectures has become very valuable, as evidenced by the latest evaluation.

- Teaching and Assessment Innovations

I have continued to support innovations at Wits Family Medicine: observed consultations of students, including video consultations as a learning tool. The Integrated Primary Care (IPC) Block of GEMP4s (with quality improvement project, a community assessment – home visits, student-led lecture series at sites as well as peer review of tasks and consultations by students) remains an innovation winning the Vice-Chancellor Awards for Teaching and Teamwork. The other major innovation was to get medical officers (previously unlinked to the university) involved in both teaching and assessment of GEMP4 students at Wits. This continues in the DHS.

I started teaching with 'developing a business plan for a group practice' in the Health Services Management lectures. I have been grappling with a Health Services Management elearning module / book for future full-time registrars.

Chiawelo Community Practice represents an innovation in primary care practice in South Africa, not only in service but also as a platform for training and research. As a staff member at Wits says "*We teach COPC in theory but here they can see it in reality. So much better for our students*". Chiawelo Community Practice has been visited by several senior faculty members who acknowledge its potential for decentralised training of a range of students, including reforms to the GEMP programme. This opportunity is not only to achieve understanding in community-oriented primary care but also in inter-professional education, with a range of discipline students using the same site simultaneously.

- Improving my teaching

Quantitative Assessments of Lecturer Performance has only been possible with large undergraduate classes like the GEMP2. There has been a dramatic improvement in

GEMP2 lectures with my overall average ALP score going from **7.08** (vs University average of **7.52**) in **2008** (Appendix 1a) to **8.56** (vs University average of **7.79**) in **2013** (Appendix 1b). All scores have risen except “available for consultation outside of lectures” which declined considerably and brought the average down. This is despite putting up extensive contact details last in both lectures and emphasising my availability (Appendix 1a / 1b). It will require raising it before and after the lecture, with a picture. The class size in 2013 is 64, less than the 77 in 2008. An evaluation in May 2016 showed a decline in ALP score to **7.01** (vs University average of **7.91**) (Appendix 1c). Significant differences, lower than the university average, were found with *“stimulates interest in the subject”, “makes clear the purpose of the lecture”, and “I gained an understanding of concepts”*. This was a last-minute assessment done for the purposes of this application and had only 50 respondents.

The qualitative feedback from GEMP2 lectures remain inspiring:

“Well done, made a boring topic interesting” (Appendix 2b).

“The lecturer motivated personal reflection” (Appendix 2b).

“He is really good, explanations and audience participation is well done. Excellent” (Appendix 2b).

“Passionate about subject” (Appendix 2c).

“Give good examples, involves audience” (Appendix 2c).

Whilst the interaction with GEMP 2 students was viewed favourably in 2008 (Appendix 2) some found this threatening *“Don’t pick people out of the audience to ask questions. It can be construed as talking down to the class”*. (Appendix 2). I had to take note of this. There were virtually no criticisms with GEMP 2 students in 2013. The idea of having *‘live patients’* is worthwhile exploring (Appendix 2a / 2b). Video was used in 2016 *“The video was fun, but then it went quite long”* (Appendix 2c). A key concern in 2016 was that the lecture became too long with some concepts rushed through at the end. This I can attribute to the unplanned 20 minutes of the 1 hour lecture I had to set aside for the assessment. They requested less content that seemed to repeat what they previously learnt and more practical patient scenarios. The former I need to be addressed with module organisers and the latter is valid proposal that needs me radically adjusting content and time.

Postgraduate feedback with teaching Health Service Management was dogged by:

“These sessions are not very useful in terms of family medicine issues” “Always a dry lecture!”. It was principally a content problem. I have used a more case-based practical approach subsequently with great improvement in feedback and scores: *“Very good discussion. Relevant for our curriculum on family physicians” “Very practical and helpful” “Much better than previous lecture. He handled it in a manner that makes applicability/adaptation to our practice better”* There are still some challenges that relate to content: *“Insightful and practical; scenarios we were given were private practice, but many of us will be in public service”* Students still seem to struggle with the *‘relevance’* of the course, this despite a stated need by both public and private sectors for Family Physicians to provide management leadership in the settings of managing health care (Appendix 3a / 3b). The Health Service Management training of undergraduates has been devolved to districts to train since 2013. Most of this training is only possible now within the context of a 6 week rotation through Chiawelo Community Practice, where the focus is more on community-oriented primary care.

My teaching in the Department is still fraught with difficulty with limited postgraduate group teaching opportunities, except at a district level. I have found the exercise of teaching 'a little here and a little there' with undergraduates very unhelpful in getting coherence and relevance, without understanding the full module and what is repeated, as seen in 2016. I have attended a CHSE Lecturing Course in 2008 with great feedback (Appendix 4).

Putting this portfolio together always helps me to focus on a clearer approach to teaching and allows me to respond to needs more effectively. Lateness and chatter is not a problem I usually experience, although low attendance at these 'soft' lectures is demoralising.

- Curriculum Development

I have been involved in a number of efforts at curriculum development.

I had been involved in the development of the six week block in Integrated Primary Care (IPC) and periodically on the IPC Block committee (formerly led by Prof Ian Couper) managing the development of the curriculum and the block programme since 2004.

I had also been involved in the development of the Clinical Associate programme at service level and exploring the way in which the teaching platform in South Rand Hospital (the first site in Gauteng) supports the learning outcomes for these students.

I was involved in the Family Medicine postgraduate review. This is developing the full range of three years of training at District level with rotations and clinical modules in partnership with other specialists in Gauteng. There innovations with GP-base training that we are exploring.

I still have the course and materials for the Health Service Management Module (including practice management) for full-time registrars as a project. I am keen to address this using my experience in the public and private sectors. We need to explore the range of skills as well as resources needed by family physicians to enhance clinician-management collaboration.

I have been involved in developing the Learning Portfolio for Wits Family Medicine registrars. This was subsequently taken up considerably into the formal College Learning Portfolio.

I also developed guidelines for the community-oriented primary care assignment that is a mandatory requirement for the College.

I have recently contributed to the curriculum applications for the Health Systems Science stream of Bachelor of Health Sciences.

I am busy with the application and development of the Postgraduate Diploma in Family Medicine, as a 2 year qualification for medical officers and private general practitioners in preparation for National Health Insurance.

- Teaching Goals

I would like to achieve the following over the next 1-3 years

One year

I will be working on a clearer teaching programme with greater coherence in feedback as I *want* to as opposed to what I have to accept. I must complete the re-orientation of the Health Service Management module in collaboration with clear course outcomes and alignment. I need to develop case material and collaborators for the Wits elearning platform.

Three year

I am hopeful that the full-time postgraduate programme will provide a world-class learning experience for young South African doctors with an integrated generalist academic programme. We must pursue a team approach to improve clinical standards. Young doctors must be equipped to manage generalist care in a relevant manner but they have to understand the public-private partnership capabilities. I am expecting Family Medicine to become the biggest contributor to the vision of Wits as a postgraduate research university and hope to contribute in creating a research-based service setting starting with the research-training platform I am personally busy developing. All this will contribute immensely to improving the support to all Wits students.

- Teaching Awards

I hope I can humbly claim part credit for the Integrated Primary Care Blocks Award from the Vice-Chancellor for Teamwork and Training.

- Evaluations are available

Assessments of Lecturer Performance for GEMP2: May 2008 / May 2013 / May 2016

Departmental Feedback for Postgraduate Lectures done routinely for lectures delivered in the Department of Family Medicine by Dr Anne Wright done in May 2008 and May 2012/2013

- List of postgraduates supervised

- Dr Tahera Cassim (completed 2008)
- Dr Audrey Gibbs (completed 2012)
- Dr Atiya Mosam (completed 2015)
- Ms Shehnaz Munshi (completed 2017)
- Dr Cathelijin Zuijlemaker, Year 4 (in progress)
- Dr Brenda Stott, Year 3 (in progress)
- Dr Santhuri Pillay, Year 2 (in progress)
- Dr Cami Bigoshi, Year 1 (in progress)

REFERENCES

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