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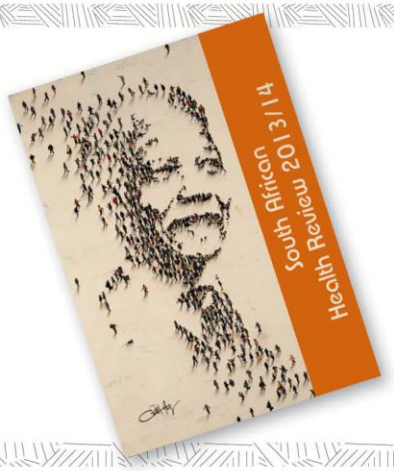
KWIK SKWIZ



DISTRICT CLINICAL SPECIALIST TEAMS

SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:

summarises Chapter 5 of the 2013/14 South African Health Review.

- District Clinical Specialist Teams (DCSTs), as a stream of PHC re-engineering formally launched in 2012, play a central role in improving the quality of care and health outcomes at district level for mothers, newborns and children, thus reducing maternal and child mortality, and strengthening the effectiveness of health systems.
- The standard, nationally accepted structure for a DCST consists of seven specialists in each district, comprising three medical and three nurse specialists from obstetrics and gynaecology, paediatrics and family medicine/PHC, and one anaesthetist.
- The role of the DCSTs include: providing clinical training and monitoring and evaluation; supporting district-level organisational activities; ensuring collaboration, communication and reporting; ensuring implementation of the four tiers of clinical governance; and supporting the strengthening of management systems.
- Recruitment of DCSTs commenced in 2011, with initial appointments being made in 2012. Forty-nine of the 52 districts appointed DCST members, with the Tshwane and Eden Districts having achieved the ideal DCST stream of PHC re-engineering in maternal, newborn, child and women's health (MNCWH).
- For DCSTs to be fully functional, teams underwent induction and orientation in mid-August. The training facilitated development of competency in: using a range of methods to improve quality of care; providing effective education and clinical training to individuals; identifying weaknesses; and improving health system performance.
- A significant element of the induction and orientation programme addressed leadership effectiveness of DCSTs to enable them to contribute to this facet in their respective districts. A collaborative leadership development model was adopted, in recognition of the need to enhance the capacity and unlock the potential of all people in the health system.
- Action learning methodology was adopted to equip the DCST to coach and mentor others. This model promotes collaborative learning, and critical questioning and reflection, to enable the resolution of complex problems, while facilitating learning at the individual, team and organisational level.

- The early achievements of the DCSTs have been observed through comprehensive situational analysis of MNCWH services in their respective districts. These include: provision of strong clinical governance, supervision and leadership; improved quality of clinical services; provision of training, monitoring and evaluation; support for district-level organisational activities; support of health systems and logistics; and facilitation of collaboration and team-work.

- The DCST stream of PHC re-engineering offers great promise for the national endeavour of improving maternal, newborn and child health outcomes, and has the potential to advance the PHC agenda by strengthening the District Health System.

- Intentional thought, planning and ongoing strategising must continue to support the co-ordination of the DCST stream to ensure its consolidation and integration with other efforts towards strengthening South Africa's primary health care services.

SOURCE:

Voce A, Bhana R, Monticelli F, Makua M, Pillay Y, Ngubane G, Kauchali S. District Clinical Specialists Teams. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

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