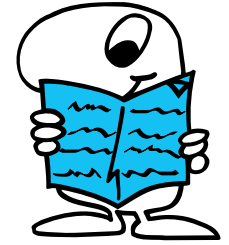


Initiative for Sub-District Support



Kwik-Skwiz
#4

TRAINING FOR RATIONAL DRUG USE

The issue

Nurses are the frontline health providers for most people in South Africa today.

Many nurses feel ill-equipped for their new role as clinical nursing practitioners. At the same time, clinics often experience shortages of medicines. A process of training and support is needed to ensure that medicines are prescribed and dispensed in a rational and cost-efficient manner.

The Rational Drug Prescribing Training Programme

The Rational Drug Prescribing Training Programme is a train-the-trainers initiative running since January 1996. A key characteristic is that all training occurs on site in the clinics.

The programme's goal is to introduce the principles of prescribing and dispensing to primary health care workers at district health facilities, and is described more fully in Kwik-Skwiz # 1. The initial problem-based, in-service training workshop is supported by reference texts given to the staff, and the development of a link, by phone or E-mail, with provincial resource centres.

Presently most of the training falls within the 2 of the 4 Initiative for Sub-District Support (ISDS) sites. The Impendle/Underberg/Pholela sub-districts of Region B in KwaZulu-Natal, the Kakamas district of the Northern Cape Province, both ISDS sites, and the Mitchell's Plain District of the Western Cape have begun training. Based on provincial meeting and interim reports of the training program, two other regions in KwaZulu-Natal have requested training, and a third ISDS site, Tonga/Shongwe will receive training soon.

Progress to date

- Development of the **Primary Care Medicines Information Centre** in KZN: this centre is an integral part of the training programme. It provides clinical and drug information resources for primary care prescribing staff. It is electronically linked to all the health facilities where training has taken place, as well as to the Medicines Information Centre at the University of Cape Town. [Phone: 031- 823 217, Email <pcmic@healthlink.or.g.za>].

- Training of 103 primary health care workers in the principles of prescribing, the use of treatment guidelines, stock management and dispensing in small groups, at two day workshops.
- Development of the **Training Manual** and Trainers' Folders.
- Introduction of a **stock record system** in the Kakamas district. Impendle/Underberg/Pholela district will be initiating a stock record system in the next few weeks.
- Through collection of basic **prescribing and dispensing indicators**, creating an awareness of common problems and helping to initiate solutions to them.

Lessons learnt

1. Sustainability

- This type of training has been maintained by people inside a district, rather than individuals based at training institutions. Although rational drug use principles are seen to be relevant, there is often inadequate supervision and support for clinics to ensure proper application.
- Dedicated primary health care trainers are essential for the implementation and maintenance of district in-service training. So far, support and enthusiasm for on-going prescribing training have come largely from doctors. Nurses need to be encouraged to perpetuate the training too, and clinic-based health workers who can act as resource people should be identified and given special attention.
- District trainers need to be motivated for and employed at district level. This process must be supported at district, regional and provincial level. Some districts feel that regional and provincial offices have not backed up local efforts to ensure longer term sustainability.

2. Clinical Training

- Prescribing training is not the only training need in the districts. Pharmacological and basic clinical knowledge often appears inadequate. For example, in one of the districts it was noted that the nurses often do not examine their patients, preferring to rely on the history; in another the clinical nurse practitioner could not

diagnose a wheeze; and in another ibuprofen and aspirin are routinely prescribed together. There needs to be more in-service training in primary care medicine, pharmacology and clinical skills. Rational drug prescribing training should be one of a number of modules.

3. Access to information

- National and provincial treatment guidelines and primary health care medicines lists are poorly disseminated and are unavailable in most primary health care facilities.
- Nursing staff need to be encouraged to use available resources e.g. reference texts, E-mail. Both the Medicines Information Centres at UCT and UDW respond promptly to requests.

4. Management systems

- In none of the districts visited is there an effective drug management system. The people responsible for clinic drug supply are often hard to identify. Clinic dispensaries run unsupervised for months at a time, and none have had an effective method of monitoring stock.
- In each district, responsibility for stock management should be delegated to one person.
- Simple systems of clinic stock management should be introduced.

The bottom line

- Training for rational drug use must be part of comprehensive package of in-service, on site support provided to frontline health workers.

- This should include measurement of key indicators of prescribing and stock management, so that progress can be assessed.
- Modular training should be reinforced by the implementation of standard treatment guidelines, a simple system for stock management, and access to medicines information resources.
- Specific resource people and trainers must be identified to participate in the clinic-based training, so that the capacity to provide support becomes entrenched in each district.

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What is Kwik-Skwiz?

Kwik-Skwiz is a brief designed for busy health service managers and health workers. It aims to keep you informed of progress with the Initiative for Sub-District Support, and to share lessons and experiences from different sites across South Africa.

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