

# BACKGROUND: HISTORY OF THE UWC SCHOOL OF PUBLIC HEALTH'S PROFESSIONAL DEVELOPMENT PROGRAMME

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## Origins and context

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A short course programme for public health professionals was first offered at the University of the Western Cape (UWC) in Cape Town in 1992 – at a time when we in South Africa were negotiating the terms for holding our first democratic election in 1994.

It was a time of transformation in the health sector – when a district health system with a primary health care orientation needed to be built from scratch from the ruins of the highly fragmented and inequitable health system operated by the apartheid regime. We wanted to contribute to ensuring that there would be equity, efficiency and sustainability in our health system, within the framework of the Reconstruction and Development Programme (RDP) of the newly-elected government; and in the first decade of our democracy, we understood our brief to be to contribute to promoting access to health care generally and primary health care in particular.

The initial objective of the short course programme, then, was to satisfy the identified need for training of public health personnel, who were the major actors in the transformation of the health sector. In particular, we wanted to contribute to supporting a new and large layer of mid-level managers in the district health system, most of whom were clinicians with little or no training in, or experience of, management.

## Convenors

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The short course programme was initially convened by a coalition of research and higher education institutions in the Western Cape - the Committee on Public Health Education (COPHE). This was part of an initiative to set up a regional School of Public Health in the province, based at the University of the Western Cape. COPHE comprised

- ▶ three universities – Cape Town, Stellenbosch and Western Cape;
- ▶ two (then) technikons<sup>1</sup> – Cape Technikon and Peninsula Technikon;

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1 These became the single Cape Peninsula University of Technology in January 2005.

- ▶ one research institution – the Medical Research Council;
- ▶ one civil society structure – the National Progressive Primary Health Care Network;
- ▶ four nursing colleges; and
- ▶ four health authorities – the Regional Services Council, the Department of Health, Cape Town City Council and the Provincial Administration of the Western Cape.

While the governing structures of the universities, technikons and the Medical Research Council were initially supportive of the formation of a regional school, the initiative was never implemented. However, we at UWC conducted our first Winter School in 1992, and have run it every year since then, celebrating the 25<sup>th</sup> anniversary in 2017.

An early external evaluation of this short course programme noted that ‘although UWC does not have a medical school, it is involved in many public health activities [which] show its strong commitment to and interest in public health issues and are of much benefit to the short courses and vice versa’.



## Beginnings of the UWC programme

The School of Public Health at UWC was initially called the Public Health Programme (PHP), after which it became a fully-fledged School of Public Health (SOPH). The short course programme was the PHP’s first substantive initiative.

## Context and main purpose

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The main purpose of the Summer and Winter Schools - which has not changed since their inception - is to

*‘expose health and health-related workers to the latest thinking in public health and enable them to discuss and exchange ideas on improved planning and implementation of primary health care in the changing environment of the developing world’.*

In aiming to equip and influence some of the major actors in the health sector, particularly the new and large layer of mid-level managers in the district health system, the idea was (and still is) to contribute to promoting health equity and social justice.

Winter School courses are therefore open to actors in the broader health system who would like to undertake stand-alone short courses as part of their professional development - providing opportunities to gain additional skills in current public health issues and practice. As such the short courses also showcase the University and the School's postgraduate programme; indeed many of our postgraduate students from both South Africa and the continent more broadly hear about us, and get to know us, through attendance at one of the short courses. In addition these short courses provide contact time for our postgraduate students.

The courses are presented by SOPH staff and guest lecturers from local and international institutions, using interactive and participatory methodologies (see Chapters 5 and 6 on 'Designing and implementing the programme and curriculum' and 'Facilitating adult learning'). Those which are run regularly are accredited with the Health Professions Council of South Africa (HPCSA) for continuing professional development purposes. In addition, all courses are accredited and quality assured internally through the University's academic planning processes.

## The training needs

Three years after the short course programme began, an external evaluation was undertaken in 1995. While it noted that 'no formal needs assessment has been done to determine the training areas to be focussed upon or numbers needing training' it affirmed that 'the strong involvement of the course organisers with the restructuring process [in the country] ensures that in the development of the different courses, priority needs as described in the National Health Plan and RDP are being addressed'. They added that while there had never been a formal request from the health services for a specific course 'the need for some of the courses is shown by the large proportion of participants enrolled by a given health service'. Further evidence was that 'employers are willing to allocate funds for their staff members to attend the short courses'.

## The curriculum as intervention

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Our purpose and intentions in offering the short course programme influences what we include in the curriculum. While we ascertain from various stakeholders what they want (through our projects and partnerships), we also assert our ideas and values, offering courses which address programme areas (like nutrition, TB, non-communicable diseases, maternal and child health) or systems issues (like management, health information, human resources for health etc.). In so doing we offer participants insights and approaches which are in line with the SOPH's values and vision of promoting health equity and social justice.

This mixed approach is different to ones which are entirely demand-driven or which focus on offering technical skills – neither of which would be transformatory as we intend.

- ▶ Demand-driven approaches assume that learners and systems are able to say what they, or the system, needs – and usually reproduce the thinking of those within the system. While we are mindful of the issues that are important to the various actors in the health sector, we choose to focus on those aspects that we think will make the biggest contribution to ensuring equitable health systems.
- ▶ While technical skilling can be valuable, conveying these more ‘neutral’ or decontextualised skills is not our main interest. When we do offer technical skills (which we do!) this is always within an approach that shows how they might interact with contexts and stakeholder interests and contribute to making systems work, equitably, efficiently and sustainably.

In thinking about a curriculum for your short course programme, it will be important to be clear about your intentions. Are you wanting to offer a set of courses that have social influence? And /or are you wanting to support the current system to do its job better? And/or are you wanting to be seen as a centre of technical excellence? In our field, the approach used will often consist of a combination of these.

## The programme

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Given the intentions of the short course programme, the 1995 evaluation concluded that the courses offered addressed ‘priority issues for South Africa as mentioned in the National Health Plan of the ANC and the Reconstruction and Development Programme’.

From the initial five courses offered in 1992, the number grew within three years to 22 courses. Twenty years later, 16 courses were being offered in the 2016 Winter School while nine were offered in Summer School that year (for registered MPH students only). The number of courses offered varies from year to year.

## Topics

The initial selection of course topics was influenced by a number of factors. The most important of these was the orientation of the new PHP towards health equity and district health systems development – compared with the more ‘traditional’ public health issues such as, for example, occupational and environmental health and biomedical issues.

Topics covered in the initial few years included

- ▶ primary health care and restructuring of the health sector
- ▶ urbanisation and health
- ▶ rural and farm health
- ▶ nutrition
- ▶ women’s health
- ▶ violence and health

- ▶ management of HIV programmes
- ▶ water and sanitation
- ▶ mental health.

In addition, courses on methodology were offered – like

- ▶ introduction to epidemiology
- ▶ ZOPP: project planning and monitoring methods
- ▶ health systems research.

Twenty five years later, some of these courses are still being offered (see Chapter 5 below) – although course content is frequently revised, some course are dropped and new ones are added as the contexts and issues change, but also as our expertise and capacity dictate.

## Structure

Initially there were two programmes of short courses offered each year – held during summer (January/February) and winter (July). As contexts changed, however, we decided to alter the structure of the programme: we closed the Summer School to the public, making it exclusively available to our students only, while the Winter School programme remained accessible to the public. There were a number of reasons for this.

Firstly in the early years both public programmes depended on the university's residences for accommodation. As the university moved the start of its undergraduate teaching to earlier in the year, the residences became unavailable for the Summer School held in January/February. They remained available in the July vacation, however.

Secondly, many of participants were working parents of school-going children and they were reluctant to be away from home when their children started their school year – which is when the Summer School was held.

Thirdly, household budgets were either depleted from the previous year or had not yet been established for the new year, which negatively affected course bookings that straddled the year end.

And finally – and as noted below – the administrative load was considerable, and two schools meant that staff battled with the volumes of work and to find time to take leave.

These are examples of very ordinary but important factors that need to be considered when deciding on what is possible. They take into account factors in participants' and staff's lives, as well as constraints of the infrastructure. Assessing what is feasible in your context and for your university is addressed in Chapter 7 below.

Given these prevailing circumstances, then, the SOPH decided in the early 2000s to dedicate the Winter School to continuing professional development short courses for the public, while the Summer School was for our MPH students only to whom these logistical issues largely did not apply.

## Duration

In order to make it possible for health workers coming from busy and inadequately staffed institutions to participate, most courses were – and continue to be – of one week's duration.

There is a tension regarding the duration of courses however. While intended to make it possible for people to attend – given that it means they are away from work for only one week – some employers of participants suggested that 'some courses were too long for releasing staff from services which were understaffed'.

And conversely, the 1995 evaluation noted as a weakness that 'the limited time available (one week) is too short to cover a subject comprehensively' and that 'no or little time can be allocated to practical follow up / skills development'. This was repeated in the 2017 evaluation of Winter School which noted that the only criticism that arose on the student course evaluations was the amount of content included in five days:

*'The short time frame of the course sometimes leads to instructors trying to fit too much material into too short a time. The all-day week-long format does not allow for requesting students to do a lot of work outside of the classroom, so there is a need to balance expectations, amount covered, desired outcomes, with time restrictions.'*

These students often requested that the courses be longer in order to have more time to absorb and engage with the course materials, given its richness and importance.

So a week is too long for some and too short for others. In order to work at a deeper level on some topics, however, currently some courses are offered over ten days instead of five.

The challenges of designing a course that is only five days' long are addressed in Chapter 5 below.

## Uptake

The 1995 evaluation estimated that in the three years 1992 – 1994, close to 1,000 people participated in the short courses. Over twenty year later in 2016, there have been more than 12,000 registrations from participants from South Africa and other African countries, making this probably the largest continuing education programme in public health in Africa.

Participants are typically from the local health services (both provincial and municipal) and from civil society organisations - and some academics and researchers also attend. (See 'Profile of participants' below.)



*"One comes back if the first experience was good. I come back to Winter School because my first time was very useful. I did Waiting Times, Policy Development and Human Resource courses in 2011. I really appreciate the courses this time around. I have developed skills and now my hands are itching to go back and start using them."*

*Participant at 2013 Winter School: Dr Simon Mggunyana, Public Health Registrar based at Pietersburg Hospital, Limpopo province.*

## Accreditation

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Having been urged in the 1995 evaluation to 'ensure official recognition of the short courses', we have had most of our short courses accredited by the Health Professions Council of South Africa (HPCSA) – such that the recent Winter School brochure notes that 'most of the courses are accredited for Continuing Professional Development (CPD) for doctors, dentists and dieticians'.

Each course is valued at 40 CPD points, whether it lasts one or two weeks.

In addition, the University internally accredits our courses through its formal academic planning processes.

## Teachers

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Who teaches and facilitates the courses is central to the programme's success. The 1995 evaluation noted that 'a critical determinant of whether a course will be carried out or not, its relevance notwithstanding, is the availability, competence and the interest/willingness of qualified convenors'. In order to extend what we can offer, we also collaborate with colleagues from the Department of Health as well as civil society in offering courses with us.

In addition, in keeping with adult education principles, most course convenors consciously work with the participants' considerable experience and expertise which provide rich resources for learning.



*“As well as the content of the courses, there is always very good interaction between the course participants, bringing together people from different backgrounds, be it professional, geographical, SOPH students and people doing the courses as in-service training. They learn so much from each other. The evaluations we receive show that this is a very important component of the courses. It is also very useful for networking. Participants often take each other’s details to maintain contact after the courses have ended. For the SOPH students who come to the courses it enables them to get to know each other and other participants, often from different countries and contexts.”*

Winter School Teacher and Course Leader, Dr Ruth Stern,  
SOPH Senior Researcher

## Profile of participants

The short course programme was initially targeted at ‘health workers and middle level health managers’. The 1995 evaluation noted the ‘wide range of professional backgrounds amongst participants offers an important and varied environment of exchange of knowledge and experiences.’ At that stage, ‘nurses formed the largest group of about a third of all participants’ with the other disciplines represented being ‘doctors, teachers, administrators, community health workers, dieticians, health inspectors, social workers, occupational health workers etc’.



Currently most postgraduate students are health practitioners in their country's state health sector – while the Winter School participants work in a range of settings doing health-related jobs like policy specialists, lab technicians, health economists, quality improvement specialists, pharmacists, fieldworkers, primary health care nurses etc. In terms of geographical origins, at the beginning of the programme 'over half of the students came from the Western Cape, followed by the Transvaal (now Gauteng, Limpopo, Mpumalanga and North West provinces) and the Eastern Cape contributing about 15% and 7% respectively'. A few participants came from the other provinces. This has changed over time and currently all South African provinces are represented at Winter School, as are many other African countries.

The seeds of the School's more extensive reach into the continent were seen in the early stages of the programme, with a few participants coming from Zimbabwe, Zambia, Namibia, Malawi and Tanzania. Currently while these participants are largely registered Masters students, some attend the short courses. In addition, academics and researchers from outside of South Africa, especially those who are visiting the School, may attend short courses.



*"I'd like to thank all of you who participated in this year's Winter School.*

*"We ran a total of 15 courses. We've had more than 300 participants at our 2013 Winter School from all 9 provinces in South Africa, as well as 9 other countries. This included for the first time the participation of 29 ward councillors in our Community Participation Course"*

*Address to 2013 Winter School Graduates  
by Prof Helen Schneider, Director of the UWC School of  
Public Health*

## Co-operating with others

The Winter School is thus enriched by its engagement with people from a range of backgrounds, which the 2017 evaluators identified as including 'students, alumni, practice hospitals and facilities, national and provincial departments of health, other public sector organisations, the three higher education institutes in Cape Town (UWC, UCT & Stellenbosch), communities, funding bodies and broader institutional networks across Africa, Asia, America and Europe'.

They noted that the School has used these partnerships

*'for activities ranging from needs assessments and course designs to funding of students and public fora. Partnership had been fundamental to achieve the capacity building aim of the SOPH Winter School because it seeks to generate leadership across disciplines and sectors to lead research and health agendas. Students are taught and experience the value*

*of partnerships through the range of facilitators, expertise and institutions involved to deliver a course. Similarly, collaboration between researchers and practitioners, communities and donors is strongly demonstrated. This must be sustained to propel the collaborative needs of public health education.'*



*"It was a pleasure for me to jointly organise the Promoting Rational Drug Use in the Community course at UWC in collaboration with the University of Amsterdam and the Royal Tropical Institute in the Netherlands – and with the UWC SOPH and School of Pharmacy. The course was well attended by participants from all over Africa and included UWC SOPH students.*

*"What I particularly appreciated was the involvement of faculty and students from other Schools on the UWC campus including Pharmacy and Anthropology. The dynamic created on the campus for public health reflects that it is a subject involving many disciplines in a synergistic way. I found that it was one of the most stimulating environments to teach in."*

*Winter school lecturer: Dr Richard Laing,  
Department of Essential Medicines and Pharmaceutical Policies,  
World Health Organization (WHO), Geneva*

## **Short courses as part of our Master in Public Health programme**

The Public Health Masters programme (MPH) began in 1994.

While staff initially offered block teaching to students in satellite locations, this has now changed and all contact time takes place at the SOPH in Cape Town. This is done particularly through the Summer School which is solely for Masters students but they may also attend the Winter School, along with the external participants.

This direct contact offers these working mature students opportunities to engage with course material and with one another as well as local professional practitioners attending the Winter School short courses.

### **Pitch**

The combination of Masters students and external practitioners in the Winter School courses provides a rich experience but also presents a challenge for course design, given the range of expertise and knowledges the content must span.

The 1995 evaluation of the short course programme commented that ‘the mixed academic background and different geographical areas from which students come contributes to a rich exchange between health staff in the field, postgraduate students taking the MPhil course and academic staff’ – although they added that ‘different academic levels of participants were sometimes also a problem’. They noted that ‘most MPhil students appreciated the possibility of exchange of experience with non-MPhil short course participants, while some felt attending the short course together with other health staff was a drawback to the progress of the course’.

The evaluators commented that ‘attending courses together with health staff who only attended the short courses had a negative impact on the progress of the course’ and that there was ‘some tension between the expectations and training background of the MPhil students and those who attend short courses only’. In contrast, the evaluation also noted that ‘others stressed the importance of having this opportunity to meet with people from a practical background’ as the combination provided a ‘forum for both academic and grassroots level workers to share experience and views’.

The regular evaluations conducted in all courses reflect a similar diversity of comments.

This tensions was also identified by the 2017 evaluators of the Winter School:

*‘The courses are rigorous in terms of their academic expectations of students, but instructors also recognise that students enter the courses from a number of different starting places, and effort is made to make sure that the content and materials meet each student where s/he is. This is possible in part because course registration documents, which instructors receive prior to the course, specify learner profiles and outcomes. Each course has a set of learning outcomes outlined before the course begins, and each session is set up to achieve or contribute to one or more of the learning outcomes.’*



So while course convenors need to acknowledge the diverse nature of the public participants when designing the curriculum, managing the different interests invariably requires careful facilitation and implementation.

## Evaluator's comments

The 2017 evaluators commented that the Winter School had stayed true to its origins, adding that

*'what perhaps has changed is the needs of the health sector as health globalizes, technology shifts, and epidemics emerge and change. Thus, while the focus and objective has largely remained the same, and some of the key inputs and courses remain consistent, the SOPH has continued to grow and respond to current ideas and trends...'*

They concluded that

*'there is a clear commitment to critical self-reflection among students, convenors, and SOPH administration which ensures that not only is the programme worthwhile and rigorous in the present, but it will continue to engage with stakeholders and partners to push new ideas, and rigorous approaches to teaching, learning and research.'*