## **Editorial**

## Being different, or making a difference?

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As a faculty of health sciences we have regular internal and external evaluation of our programmes, which, among other things, impact on our regulations. I view these regulations as the signs on a map, guiding us as lecturers and students. The regulations are therefore very important and form the foundation of managing a programme and assisting students in navigating programmes in a structured manner.

At a recent faculty meeting with some of our senior colleagues at the university, the remark was made that 'in the Faculty of Health Sciences the regulations are usually different'. This statement triggered me to pose the question: 'Is it true?' My immediate response is: 'Yes, but only to a degree.' I now pose the question to you: 'Are we, as faculties of health sciences, and as health professionals, different and what is different about us?'

There are a number of issues that one can raise as being different within health sciences and for health professionals. Health sciences education is based in the worlds of education and health, but surely the principles of education and specifically higher education stay the same, irrespective of the discipline? One can argue that we train professionals, but so do other faculties at our universities. The difference is glaringly obvious to me: it is in the training platform that we utilise, especially the partnerships that we need to develop and nurture to effectively train health professionals for South Africa. I am referring here specifically to the clinical years, where we train health sciences students in health facilities, and have to work closely with the National Department of Health and the provincial departments.

This reminded me of a public statement made in 2009 by a number of health professionals in the Faculty of Health Sciences, University of the Free State, regarding the state of these platforms, that links to an article by JP van Niekerk<sup>2</sup> referring to the state of academic health and the continued erosion of state support to teaching hospitals. Although this statement was made 3 years ago by a single institution, I believe that it and the JP van Niekerk article still resonate with members of all faculties of health sciences. This statement dealt with the academic platform - specifically the annual budget deficit that became the norm, and the subsequent impact this had on service delivery, training and research obligations of the Faculty of Health Sciences. It also referred to the despair of health professionals about the annual deterioration of health indicators in the province. One of the areas explored was how to effectively influence healthcare management at all levels, in order to firstly guard against the further destruction of the services, training and research abilities, and secondly to actively engage the provincial department and the university to influence resource allocations to allow for sustainable academic excellence at the training institutions.

Academic excellence was confirmed as the goal of all tertiary training institutions, uncompromising in its effort. The role of faculties of health sciences is to perform both free of interference and as an expression of academic freedom. This allows professionals to maintain standards on the one hand and to achieve excellence through careful planning and execution on the other. Excellence is consequently both a roadmap and a



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defensive wall. We still acknowledge that service delivery falls primarily in the domain of the provincial Department of Health, but service delivery at all levels is addressed by various departments in faculties of health sciences. The continual plea is therefore made that budget mechanisms and principles have to be revised to produce a co-ordinated health structure with clearly defined quality health outcomes, and the continuous commitment is expressed that at all times there will be support to the department in its efforts to create better healthcare for all.

It is apparent that certain interactions are necessary and that we are indeed different as faculties of health sciences in the sense that we play a significant role in service delivery and providing health care for all, both inside and outside the environment of training and research. Viewed from another perspective, one can argue that faculties of health sciences make a very real difference in peoples' lives. I prefer the latter lens.

In his address during the roll-out of the National Health Insurance<sup>3</sup> to stakeholders, the Minister of Health, Dr Motsoaledi, indicated that there are a number of actions to be taken. This coincided with a lecture I attended by Dr Van Zyl,<sup>4</sup> CEO of Sanlam, dealing with various aspects of managing change at a university and the business world. Dr Van Zyl referred to ten rules that create success stories. I want to mention two that are significant to me. The first is: 'The right people are your most important asset' and the second is 'back to basics'. If one considers these two rules, the Minister is correct in addressing the back-to-basics issues where six focus areas are identified within the institutions to improve the quality of healthcare. The rule regarding the right people being your most important asset refers to the faculties of health sciences and health professions education. We can ensure that we train the right people for the environment that they need to function within, suitably adapted to address the needs of the community.

I want to change my original question from: 'Are we that different? to 'Do we want to make a difference?' My answer is that, as institutions of health professions education, we as health professionals need to make a shift and to indicate clearly that we all want to collectively make a difference. The challenge now is to convince our stakeholders of our sincerity and integrity.

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- 3. Motsoaledi AP. Address on NHI. Bethlehem: Ministry of Health, 9 May 2012.
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