The African Hospitalist Fellowship

To the Editor: As someone who was consulted in the evolution of the Hospitalist Fellowship programme described by Daniels *et al.*,^[1] I read their article with considerable interest. The programme recognises that paediatric specialists coming out of a largely clinical training require a kind of finishing school to equip them for the real world of hospital paediatrics in the public sector in South Africa (SA) and on the African continent. The authors note that the programme deliberately gives limited exposure to outpatient and district-related activities, concentrating rather on the hospital side of consultant paediatric work.

I would contend that in SA there are very few hospitals in which such an 'isolationist' perspective for a specialist paediatrician would be appropriate to the context of the hospital. In the rest of Africa, this is likely to be even less the case. The primary healthcare approach reminds us that health services and facilities should be linked both to the community and to each other. Any clinician lead in general paediatrics in a hospital must therefore have a good sense of the referral systems and pathways within the local health system, and the context from which children with acute or long-term problems come to that hospital. Similarly, care provided by inpatient and outpatient services within the hospital need to be strongly linked to each other, especially for children with long-term conditions.

As the authors indicate, theirs is a programme in evolution. I would urge that adjustments should include greater exposure to the regional health system of the hospital (including regular outreach experiences), and experience in outpatient services. Theoretical input regarding health systems and the care for children with long-term conditions might usefully be added to the leadership and management course that is already included in the training of the paediatric hospitalists. It should also be noted that the sub-specialty referred to^[2] is designed for paediatricians working in regional hospitals as well as those working in a community paediatrics stream.

I wish the authors well with this initiative as it develops and finds its place in the spectrum of paediatric generalist training opportunities in Africa, including SA.

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