



## STILL GETTING COMMUNITY SERVICE RIGHT

The Health Department is reviewing the entire national rural allowance system for community service doctors and dentists. It has also apologised to last year's intake for giving some of them just four hours to decide from a list of second choice hospitals.

This emerged after the *SAMJ* approached the Junior Doctors Association of South Africa (JUDASA) to check how its members were experiencing community service four years since its controversial introduction.

Mrs Rose Mdlalose, the Department's Director of Human Resources Development, said the four-hour deadline was the result of respective hospitals not collecting the applications 'timeously' from their respective provincial co-ordinators.

Concessions were made to those doctors who contacted the Department to submit their forms the next day or after that weekend.

'The Department regrets this state of affairs and apologises to those doctors who were affected,' she said.

Responding to a Judasa claim that there were no proper incentive structures in place to promote applications to rural and unpopular posts, Mdlalose revealed that the Department was 'reviewing the whole matter'.

'Currently provinces identify and indicate the posts which qualify for a rural allowance – the whole matter is under review. Doctors and dentists are the only categories receiving rural allowances,' she said.

Judasa vice-chair, Dr Karl le Roux, said that while community service doctors had grown enthusiastic about the impact they were making on needy communities, bones of contention remained the process of post allocation and the 'lack of criteria' to which hospitals needed to conform before

doctors were posted to them.

Specific complaints were that the lists of hospitals available for community service were 'inaccurate, out of date and unclear', and did not seem to have been updated for several years.

The post allocation process was still running six to eight weeks behind schedule, and some doctors had by November not been notified of where they would be spending the next year of their lives.

Outlining what led to the official apology, Le Roux said those doctors who were not allocated to any of their first five choices had to apply in the second round. Some were then handed new application forms and a list of second choice hospitals at 8 am – and told to have them in by noon.

'The manner in which the allocation process runs and any special circumstances considered, remains a mystery to most applicants. It seems to vary from province to province, therefore making it extremely difficult for doctors to make informed choices about where they should apply', he said.

Mdlalose confirmed that the provinces allocated doctors to posts and said the national Department 'merely acts as a clearing house'.

She strongly reiterated that community service was 'about service provision and is not a year of training'. An additional year of internship has recently been added to medical education.

Responding to Judasa's complaint of inaccurate, outdated and unclear hospital lists, Mdlalose said that from the time of the annual gazetting of an updated list of facilities, 'the contact persons or medical superintendents of hospitals do change'.

She said the allocation results were available at a ratification meeting which took place 'as scheduled' on 26

September. However these were 'deliberately not released' for a fortnight in order to give those doctors who did not apply because they were waiting for posts in Gauteng and the Western Cape, an opportunity to apply.

Far from being 'a mystery,' the allocation process was collectively determined at a stakeholders' meeting in February each year. Individuals' special circumstances differed and could not be predicted. 'Special circumstances are also not a guarantee for placement,' she emphasised.

Mdlalose said that at the September meeting, Judasa had neither proposed that the Department commit the necessary resources to the allocation process so it could be 'run professionally, within agreed time frames and within set criteria,' nor had it demanded 'dramatic changes in the application process'.

She said community service was scrutinised annually by the independent Health Systems Trust (HST) and these findings were presented to stakeholders at planning and ratification meetings. The Department used these recommendations to 'improve on the community service programme as a whole'.

'We invite Judasa to come and address these two problems at the stakeholders' meeting and not through a journal,' she added.

Professor Rachel Gumbi, the Department's head of human resources, agreed that Judasa should come to her directly. 'At the September meeting they even congratulated us for having managed to do what we did,' she said.

She said her staff had 'spent lots of time,' explaining the lists of hospitals and the delays. 'They shouldn't now go out of the meeting, complaining to journalists'.

**Chris Bateman**