



A NEW PANDEMIC – LOAN BILKING

More than 400 doctors in 7 provinces are in breach of their study loan agreements, some even accepting double salaries, thus deliberately taking advantage of dysfunctional administrative systems, an SAMJ probe has revealed.

The bursary breaches alone could cost the country about R20 million plus an immeasurable cost in undelivered health care.

Interviews with top human resource officials in the health departments of North West Province (171 defaulters), Limpopo (150), the Eastern Cape (32), KwaZulu-Natal (30) Mpumalanga (11) and the Western Cape (8) have also revealed that major crack-downs on defaulters are being planned. Most hands-on managers, who agreed to speak on condition of anonymity, said the true extent of the problem was worse than the official statistics, which took between four days and two weeks to extract from the various administrations.

One Eastern Cape official said, 'our 32 are the tip of the iceberg I'm afraid. As we check the system, we're also finding that a lot of them are taking a freebie salary on top of their freebie education'.

This human resource 'leak' is one of the few that can be legally plugged and thus help address the troubling AIDS-aggravated doctor exodus to the private sector and overseas hospitals and practices.

Most provinces grant newly qualified doctors up to two years deferment as a concession. In spite of this, the bilking continues unabated.

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we check the system, we're also finding that a lot of them are taking a freebie salary on top of their freebie education'. He explained that this meant bursary holders were accepting State salaries while in private practice elsewhere.



Karen Campbell, Chief Director of Administrative Support Services in the Eastern Cape and her assistant, Nokude Langeni, examine a study bursary application form.

The Eastern Cape is particularly vulnerable to systemic abuse as it incorporated the old homeland ID system onto its PERSAL payment ledgers (which use the new ID system), meaning that some doctors are even receiving double State salaries.

Managers and outside consultants are battling to iron out kinks that so far reveal 103 doctors with the same initials and surnames.

They have frozen 32 salaries after a 'person to post' exercise was carried out and the doctors were found to be 'non-existent'.

Some bursaries date back to 1993 with no record of the doctor's service ever having been terminated, meaning that these salaries were being paid up until April this year. Not a single frozen salary has so far resulted in the former recipient querying its absence.

'I'm seriously concerned about what we're finding – I think there's quite a bit of money involved, we're busy calculating the losses,' he said.

Speaking in mid-April, another manager said, 'we only heard about this

two weeks ago. They got paid as interns but then slipped away and were kept on the system. You can't really blame them, they know the system is rotten and people are either too lazy or too corrupt to act,' he added. He and a highly qualified colleague, specially brought in to begin clearing up the mess said angrily, 'the bottom line is we won't tolerate any more dishonesty'.

'We're the poorest, most rural and inaccessible province and this nonsense comes just after we received R121 million to employ 2 983 more medical professionals whose earning power has been boosted'.

In the North West Province records dating back to before 1994 reveal 171 doctors to have breached their bursary agreements out of a total of 278 granted medical bursaries to date (61% in default). Fifteen doctors owe the province seven years' service (or commensurate payment of around R121 000), 29 owe six years, 35 five years, 27 four years, 35 three years, 22 two years and eight owe one year of service.

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Interventions being 'looked at' include referring defaulters to a 'special investigations unit', which has so far traced 23 doctors who repaid their debts, developing a new accounting system, subscribing to the Information Trust Corporation to strengthen tracing capacity and 'incentivising' doctors to work in rural areas. The rural incentive would involve doctors having to pay back fewer years than normal.

KwaZulu-Natal, with an estimated 30 default cases on record since 1998, has adopted an aggressive approach, giving



defaulters 30 days to make amends and charging interest after 60 days before handing the matter over to their State Attorney. Since being put in place on 2 December last year, this system has led to the recovery of R600 000.

Steve Reid, Associate Professor of Rural Health at the Nelson Mandela School of Medicine in Durban, said the emphasis should fall on linking doctors back to the communities from which they came and devolving the awarding of bursaries down to municipal or district level.

‘They need to say, that’s our guy, we want him back – instead people skive off and go and work in the Transkei and say “sorry”’, he added.

Ironically, the Eastern Cape Department of Health was one of the first provinces to put out and award a tender (last year) for a company to track and trace their own bursary defaulters.

The bursary database is being loaded on to the PERSALsalary system and each bursary holder will be given a PERSALnumber so that if they ‘run away’, they can be traced through the National Health Department.

The SAMJ source added: ‘Prior to that a bursary defaulter was given an ultimatum – come back to the Eastern Cape and work in your bursary or pay back the full amount so that the money can be used to educate another doctor. We stuck to our principles and several doctors repaid. We’re in desperate need of doctors and determined to fulfill our mandate and deliver health services.’

If their bursary recipient insists on working for another province, he or she will have to persuade their new or prospective employer to pay back the outstanding loan, or repay it themselves.

Reid said students in rural areas often saw tertiary education as a ‘meal ticket out’ of their situation. In KwaZulu-Natal Reid’s philosophy is finally being embraced with the bursary managers implementing a province-wide district

plan where a local health official chairs a district bursary committee.

Eugene Brooks, Assistant Manager for bursaries in the KZN Health Department, said that by September this year all 11 health districts would have a joint education and health bursary committee. On it would sit the local health institution manager, mayor, ward councillor, amakhosi (local chiefs or headmen) and high school principal who would jointly recommend candidates to him.

Brooks will in turn ensure the recommendations meet budget and post criteria before getting authorisation from Professor Ronnie Green-Thompson, KZN Health’s Director General.

KZN’s first ‘pilot’ bursary committee was set up in Maputaland in October last year.

Another enrolment tool was to conduct ‘open days’ for grade eights and nines at high schools – before they chose their higher or standard grade education paths.

The SAMJ learnt that teachers in KZN tend to push more children through on standard grade to meet national education Minister Kader Asmal’s goal of dramatically increasing the matric pass rate.

Karl le Roux, former Vice Chairman of the Junior Doctors Association of SA (Judasa), said his impression was that the bursary scheme was ‘very badly run’.

‘Admin is shoddy and even though intentions are good, they’re not following up and claiming their pound of flesh. It’s a waste of resources.’

He said bursary holders realised they were not being policed or checked up and tried to get away with not working in their province or going overseas. ‘It’s obviously very disappointing,’ he added.

Chris Bateman

1/3 Glaxo Corsodyl FC