CS CONSENSUS – AN ELUSIVE IDEAL?

Doctors applying to do their community service this year were angered and upset by what they termed the 'sudden omission' of any choice of posts in the Western Cape or Gauteng, ascribing this to 'inept communication' by the Department of Health.

Community service notices sent out to interns listed Western Cape hospitals as options but a covering letter advised doctors not to bother applying unless they were bursary holders. Gauteng hospitals were missing altogether from the list of post options in the notice.

The *SAMJ* learnt that a meeting between the national health minister and her provincial counterparts (MinMEC) early this year decided not to entertain any CS applications for the Western Cape and Gauteng – the most sought-after (and over-subscribed) provinces.

Nearly 80% of interns choose hospitals in these two best-equipped urbanised provinces as their first option, creating tough criteria-setting decisions for the department.

The Junior Doctors Association of South Africa (Judasa) says that at the meeting between Health Department officials and all stakeholders in the first week of February this year 'no mention' was made of removing the two provinces from the application process.

Said Le Roux, 'Our main complaint is that this kind of inept communication adds to the demoralisation of doctors and could be the catalyst for scores more interns simply deciding to go overseas'.

All that was said, according to Judasa, was that there would be more posts taken away from tertiary institutions and reallocated to primary health care facilities. Most tertiary institutions happen to fall in these two provinces.

According to Dr Karl le Roux, former Vice Chairman of Judasa, the first CS applicants heard of the Western Cape and Gauteng being 'taken out of the first round' of applications, was when they received their notices.

Rural clinics pose unique support problems for community service doctors – an examination at Mosvold Hospital in Northern KwaZulu-Natal.

'We're told that doctors are valuable and that they want to keep us in the country – then suddenly out the blue we get this,' he said.

He said the notice, which made no mention of 'special dispensation', caused unnecessary distress for married couples (among other categories who may qualify for special dispensation). When Judasa challenged the notice, the DoH had 'suddenly added' the 'special dispensation' as a consideration for the Western Cape.

Later the same concession was added to Gauteng, 'forcing qualifying applicants to guess' which hospitals were actually 'up for grabs' (because they were not listed in the circular).

Upon taking up the complaint with the DoH, SAMAwas told that 'special dispensation' or bursary candidates simply needed to list 'Gauteng' several times on their application forms if that was where they wanted to go.

They also needed to motivate for and attach proof of their special circumstances.

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Some interns were scathing about what they labelled 'inept communication' by the DoH team which held the initial stakeholders meeting and blamed them for the problem.

Le Roux said young doctors understood that there was a great need for health service delivery in rural areas but when 'incompetence' was added to the existing poor supervision, inadequate infrastructure and maladministration, 'they tend to give up'.

Interns in different provinces received their application packages between 4 and 17 days before they were due to be handed to their respective human resource managers at their hospitals. One Eastern Cape intern who received hers four days before her local deadline said she would 'deliberately botch it' (i.e. apply to one of the excluded hospitals) because she had heard rumours that these hospitals would be put back on the list in the second round.

However DoH sources said anyone who did this would find themselves at the 'back of the queue' when the second round of applications was sent out, as it would be construed as deliberately flouting bona fide guidance.

'I don't know what they're complaining about – they know that the tertiary hospitals are mainly in these

two provinces, so they're splitting hairs,' one DoH official said.

Conflicting and potentially destructive perceptions exist between the DoH and many interns. The former believes interns are bent on securing 'cushy' posts in luxurious provinces instead of being prepared to buckle down and contribute to health service delivery where it is most needed. The latter believe their willingness is misunderstood and that they are victims of an inefficient, unfair and clumsy allocation system run by officials who deliberately exclude them from ongoing policy formation which intimately affects their lives.

Patience is the operative word at rural clinics like this one at Mosvold Hospital in Northern KwaZulu-Natal.

A SAMAIR consultant Ms Thembi Gumbie said the thorniest issues for CS doctors serving in rural areas were the shoddy conditions of service and lack of hospital facilities.

At a meeting with SAMAand Judasa last month, Deputy Director General of Health, Dr Kamy Chetty, discussed setting up a task team consisting of all major stakeholders to probe existing rural service conditions.

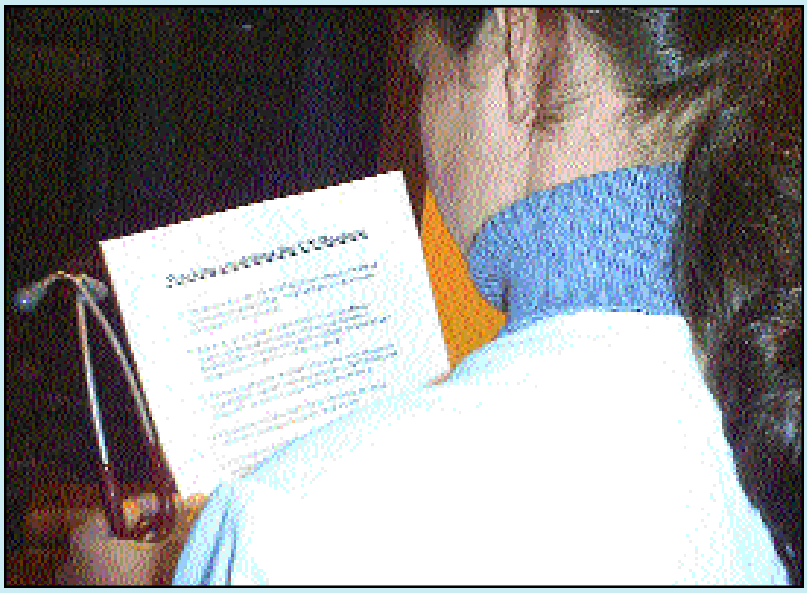
She hopes such a team would come up with practical recommendations to reduce CS complaints and improve service delivery. A seven-point set of minimum working conditions for CS doctors drawn up by Judasa would be taken to her provincial counterparts for 'buy in and approval' (see below).

Chris Bateman

WORKING CONDITIONS FOR CS DOCTORS

Judasa's proposed minimum working conditions for community service doctors , which the National Department of Health views 'in a positive light':

1. CS doctors shall never be required to run a hospital without a more senior medical officer, whether there are one or more CS doctors in the institution.
2. When on call, CS doctors must always have telephonic access to a more senior medical officer, and the senior medical officer should be physically available to lend a hand in time of crisis within ten to fifteen minutes.
3. CS doctors should be provided with secure accommodation of acceptable standard, including hot water, flush toilets and electricity, as well as a secure working environment.
4. CS doctors will have their salaries, including the rural allowance for those who qualify, paid on time.
5. If CS doctors are required to move from one institution to another during their community service year, as is the case in some provinces, their relocation costs will be paid for by the provincial DOH when there is a need for them to move house.
6. CS doctors will never be required to work for more than two weekends a month (first or second call), and will never be required to be on first or second call for more than 15 days a month.
7. There will be a person at the provincial DOH who will have the role of CS liaison, and will respond to any problems and complaints of CS doctors in that province.



Dr Sally le Roux, who completed her community service last year, studies Judasa's latest proposals to the National Department of Health.