'If we only take the cost of training a new educator and apply it to the replacement of just those 1 700 educators of 49 and under who died of illness in the last four years, we get a figure of R170 million in 'year-2000' Rands,' Badcock-Walters said.

'If KZN continues to train teachers for a full four years, it will become incapable of producing sufficient new teachers in time to replace those likely to be lost to the system through AIDS-aggravated attrition'.

This was without adding the costs of writing off the original training and providing temporary replacements.

The research team recommended an urgent upgrading of the schools data keeping system, reporting that only 24% of their sample schools kept anything approaching comprehensive and accessible records.

The sheer length and complexity of their paper suggested that data and management information was not routinely extracted by the education department which had yet to come to terms with the need for an 'early warning' system consistent with the needs of the HIV / AIDS era.

Decisions were therefore not yet routinely evidence-based and data capture and analysis were not yet a key systemic function.

The mortality data confirmed a pattern that could 'no longer be wished away'.

While their study was not a 'doomsday' scenario it signalled that AIDS-linked mortality was incrementally eroding the capacity of the system and would inevitably have dramatic repercussions for educator recruitment and training.

Badcock-Walters added: 'More to the point, it alerts us that AIDS is adding to existing levels of attrition and will inexorably 'target' any latent dysfunction in the system'.

The system was losing educators at the peak of their professional skills.

He remarked that teachers' unions seemed to be ahead of government in re-gearing for the new challenges.

'It really is no longer business as usual,' he concluded.

Dr Ngcobo said one reason for the national teacher-training institutional switch-over had been a glut of teachers (except in science and maths).

He said Badcock-Walters' 'highly reliable' research was informing KZN policy.

While unable to provide statistics of recent annual teacher production rates, he admitted that a 'very radical system of stabilising teacher numbers to counteract attrition from the high mortality rate' was urgently needed.

He approved of the research team's recommendation of 'on-line' in-service training.

'If we use the conventional method of waiting four years, the pandemic could pick them (teachers) up,' he admitted.

Professor Ralph Kirsch, Dean of Medicine at the University of Cape Town, said, 'We're getting into very scary times... a vaccine will come, but until then we need to do the sensible thing and keep people functioning and educate them on how one contracts the disease'.

Interventions would result in 'enormous' savings to the State through the creation and retention of professionals. He asked how South Africa would retain its position in the global economy without the job retention, creation and crime reduction that would come from an aggressive AIDS prevention and treatment campaign.

It is estimated that at UCT alone, AIDS will claim the lives of 10 - 15% of students before they become economically active.

Chris Bateman

SKILLS SHORTAGE LOGJAM LOOSENS

The longstanding bureaucratic logjam preventing much needed foreign qualified doctors from supplementing local skills shortfalls has been shaken loose while much improved rural and 'scarce skills' allowances are set to flow from July this year.

Lobbying of the National Department of Health (DOH) by the Rural Doctors Association of South Africa (RUDASA), plus a court action in May 2001 by the Foreign Qualified Doctors Association against the DOH, the Health Professions Council of South Africa (HPCSA) and the Department of Home Affairs have contributed to a fundamental reappraisal of the status of both incoming and existing foreign doctors.

The improved rural and scarce skills allowances (which in some cases double), are the first creative use of an extra R500 million allocated this year to the DOH for vital skills retention and upgrading of local service conditions.

Reliable sources say that 'about two years' down the line, medical students will have financial incentives such as generous loan repayment terms and a chance to go onto the public sector payroll during their final undergraduate year.

This is expected to help slow the overseas exodus, which JUDASA surveys claim currently applies to the majority of newly qualified doctors.

The most significant shift came early this year when the HPCSAdecided to lift its examination requirement by registering doctors whose foreign qualifications and experience were assessed as matching their local equivalents. Others could qualify by writing Board qualifying exams held in March and September. The more pragmatic assessment protocol means that medical services, including specialist-starved tertiary hospitals can more easily access vital staff.

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Bryan Carpenter, CEO of the new R1.8 billion high-tech Albert Luthuli tertiary hospital in Mayville, Durban, said the effects of the old system were so chronic that by March this year he was beginning to despair of meeting staff requirements as more and more specialties came on stream at his hospital.

The planned rationalised transfer to Albert Luthuli of specialists from other regional tertiary institutions had met with a 30% success rate because sister tertiary institutions were 'ticking-over' on highly-prized multi-skilled skeleton staff whom they were loath to part with.

Carpenter said that while he was 'on strength to date', he was one-third of the way through his commissioning and the market was 'beginning to dry up - we're having to stretch thinner as we go'.

A 'massive' recruitment drive had focused on retired nurses, many of whom required re-training, especially in the new computer-driven, paperless hospital environment.

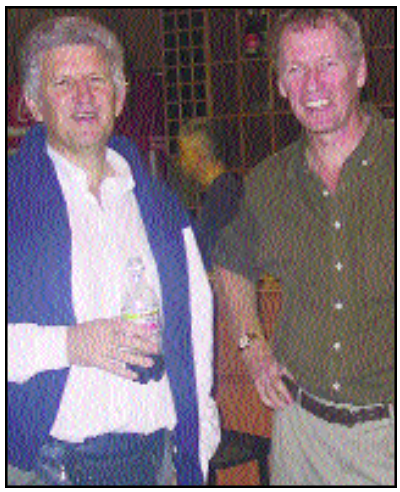
These 'retirees' now formed a full 20% of the Albert Luthuli staff.

His other tactic, to widely advertise the benefits of working at an ultra-modern hospital, met with limited success. This raises concerns about the staffing of the two other new 'super-tertiary' hospitals shortly due to come on stream, Pretoria Academic and the hospital in Umtata.

Carpenter however had high praise for the innovation and new-found co-operation of the Department of Health's Macro Human Resources Management Unit, which he said was making a 'big difference' in cutting unnecessary red tape and applying the new protocols.

The DOH is officially running at a 30% vacancy rate for senior doctors.

The new DOH protocols include ensuring that recruitment does not plunder Third World countries of vital skills and checking that there is a local State job available before issuing a 'letter of endorsement' for assessment of qualifications by the HPCSAand work permit applications to Home Affairs.



Rural fundis; Ian Couper (left) and Steve Reid.

Home Affairs have begun matching the permit period to the contract period (as long as the application has DOH endorsement), thus eliminating repeated R1 500 annual permit renewal payments.

This, plus the DOH or its provincial equivalent signing the required surety for the foreign doctors' repatriation, has dramatically shortened Home Affairs processing time.

Repatriation surety fees vary from R15 000 to R35 000 depending on where the doctor is from.

Since the DOH embarked on this path, repatriation rates have varied between five and eight per cent of all approvals (i.e. those breaking their contracts).

Within a year of the Foreign Qualified Doctors Association bringing their court application, the DOH assessed and signed five-year permanent residence contracts with 150 foreign doctors (from among over 500 complainants already working here).

It has averaged 60 permanent residence contracts per annum since then.

Among the criteria are being under 60 years old, meeting Home Affairs requirements, support of the relevant hospital manager, the provincial head of health and having a valid work permit.

Applicants must sign a letter in advance saying they are willing to serve another five years, to qualify for permanent residence.

The changes mean foreign qualified doctors can now go straight into management positions.

The DOH HR unit currently receives 15 - 20 job queries per month from foreigners, of which about five are registered with the HPCSA.

There are some 50 - 80 applications to renew work permits.

This year's figures of foreign doctors (including dentists) endorsed by the DOH rose from two in January to 11 in February, mainly because of the relaxed examination requirements.

These figures are expected to rise as the news spreads and the DOH aggressively pursues its new recruitment strategy.

The doctors' rural allowance, pegged

at R19 800 per annum since April 1994, was due to more than double for principal medical officers from 1 April this year, (retrospective payment in July). More junior salary notches are expected to increase by a quarter. A total of 159 rural hospitals were identified for the allowance.

The 'scarce skills incentive' strategy will identify hospitals in dire need of certain specialists and sweeten these packages.

A top State anaesthetist, who asked not to be identified, told the SAMJ,'There's the saying that good registrars stay at least 24 hours, the others leave immediately'.

Two top rural health experts, both ex chairs of RUDASA, welcomed the boosted rural allowances but said a 'comprehensive package and policy' were needed to attract doctors to rural health districts. Steve Reid, Associate Professor of Rural Health at the Nelson Mandela School of Medicine, said the Albert Luthuli Hospital recruitment was aggravating rural staff shortages in KZN.

Nurses in rural hospitals were being actively recruited to Luthuli, 'leaving very few behind'.

Reid's counterpart at the University of the Witwatersrand, Professor Ian Couper, said rural policy needed to 'sort out rural hospital management,' thus improving the experience of the Community Service (CS) doctors and encouraging them to return. He cited a rural hospital laundry being out of order for over a month because an administrator 'didn't know what code to put on the repair request form'.

Reid said that isolated 'piecemeal' interventions such as upgrading salaries in 1996, bringing in Cuban doctors, introducing community service and then upgrading rural allowances were evidence of the lack of a comprehensive staff retention plan.

He gave the example of the lack of monitoring of widespread reneging by doctors on service contracts requiring them to work for a year for each year funded, in all but the Western Cape and Limpopo Province.

A partial answer lay in linking newly qualified doctors back to communities from which they came, giving them a 'sense of accountability'.

Cooper said incentives such as sabbatical leave, extra leave, increased study time, removal expenses, tax rebates, schooling, home loans and a floating pool of posts in each province enabling CS doctors to stay on after their service would 'sweeten the rural pill'. Incentivising specialists to regularly visit rural hospitals would also support CS doctors.

Chris Bateman

A SPECIAL SOLUTION FOR A SPECIAL GIRL

Ingrid de Jager and her 15 year old daughter on their Muldersvlei smallholding outside Stellenbosch. Picture: Chris Bateman

A court order permitting a 15-year-old Bellville girl with Down's syndrome to undergo a hysterectomy last month has brought to an end a two-year legal battle by her mother who was backed by a team of top medical experts.

A jubilant Mrs Ingrid de Jager, whose daughter had previously suffered a stroke and who had a phobia around blood and needles, told the SAMJ, 'it's been a long haul, I thought it would never end - it feels a bit like an anticlimax but I just hope this helps other parents in the same position'.

The daughter suffered from a set of physical conditions which made less invasive means of contraception or medical methods of controlling menstruation impossible.

Her blood phobia and an inability to maintain her own hygiene caused her and her family 'a monthly crisis and much trauma,' her mother testified.