

# COMMUNITY SERVICE SIX YEARS ON...

After years of benefiting from State-subsidised training, the private health care sector is starting to feel the pinch as 3 110 new practitioners from 10 disciplines are conscripted annually into community service.

If determined legislative moves to bring newly qualified nurses into community service as early as next year succeed, the number of health care conscripts annually in the public sector will increase to over 5 000. The majority of community service health care workers are doctors (1 134 currently in the field).

The Department of Health (DoH) and its minister, Dr Manto Tshabalala-Msimang, are set on amending the existing Nursing Act this year as an interim measure to add 2 000 newly qualified nurses to the ranks in 2005. Their alternative was to wait until 2007 for the new Nursing Act to grind through the legislative process.

DoH road shows informing graduating nurses that they will almost certainly do community service next year have already been held at the major public nursing colleges and universities in eight of nine provinces.

There are an estimated 30 000 vacancies for registered nurses in the public sector and more than 2 000 in the private hospital sector.

Private hospital nursing academies complained bitterly at being 'left out' of the latest DoH briefing process. Netcare has a shortfall of 700 registered nurses in its hospitals and believes it could lose up to 180 newly graduated nurses to community service next year — but is uncertain because of 'the dearth of information'.

Group Nursing Manager, Sister Eileen Brannigan, said private institutions would simply review training if the State took graduates away for a year without compensation. She questioned what would happen to

those nurses who were also breadwinners at home. 'They just haven't thought this through,' she said.

Her national training manager, Shanon Nell, described the situation as 'a huge problem. We're already short-staffed and now they want to take them away for a year without replacement'.

Nell said Netcare's course was unsuited for primary health care and expressed concern about the level of supervision and training her graduates would receive. 'What protection will they have? They're not suitably skilled, they're hospital trained!'

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Nell scoffed at DoH claims that her nurses would return better off from the community service experience. She and her hospital industry colleagues fear they may have to re-train nurses posted to rural public clinics.

Netcare has 800 nursing students on five private campuses across the country. It has been training nurses since 1989, churning out enrolled nursing auxiliaries (1-year course), staff nurses (2-year course) and providing an additional 2-year bridging programme to fully registered nurses.

Netcare is also putting 19 nurses through the full 4-year university course.

'Private hospitals may have been taking State-trained nurses, but certainly not *ad infinitum*,' Nell emphasised. She said Netcare was working out what the replacement costs of an entire graduation class of registered nurses were.

Ms Sharon Vasuthevan, head of training for Afrox and chairperson of the nursing subcommittee of the Hospital Association of South Africa (HASA) said private health care would have to think of 'innovative ways to replace those students'.

'We'd like to negotiate with DoH to see whether they would consider using our facilities for community service placement as well,' she said.

Afrox was not affected as it did not currently train any 4-year nursing students — although it intended to from next year. 'It's a little unfair because education in public institutions is subsidised and ours is totally funded by our companies,' she added.

From the State's point of view, the extra nurses are vital to provide South Africans with the progressive right to equitable health care — a duty imposed on it by the Constitution.

With the HIV/AIDS ARV roll-out set to increase demands on thinly stretched State facilities, the addition of 2 000 nurses will provide a major boost and enable AIDS-specific training and deployment.

The DoH also finds itself at loggerheads with the Democratic Nurses Union of South Africa (Denosa) and the South African Medical Association (SAMA). Their complaints echo the private sector — the 'autocratic' manner in which the latest category of community service is being introduced and the bringing in of a fresh category of mid-level health care worker.

While community health experts agree that introducing 10 health care disciplines to community service and pouring 11 847 graduates through the public sector in just 6 years is impressive, they question its impact. Infrastructure and supervision are most often dismal, dramatically reducing potential efficiency.

Ms Phumelele Zulu, Deputy Director of Academic Health Services in the DoH, confirmed that there were currently no data on the impact of community service on health care delivery.

She said plans were afoot, 'probably using the Health Systems Trust', to conduct a survey of all health care workers who had completed community service.

A DoH audit last year revealed the following numbers of community service workers from the following disciplines to be currently in the field: doctors 1 134 (preceded by 5 579 since 1998), dentists 204 (preceded by 531 since 2000), pharmacists 341 (preceded by 1 201 since 2001), dieticians 148 (preceded by 114 since 2002), clinical psychologists 136 (preceded by 140 since 2002), occupational therapists 191 (preceded by 230 since 2002), physiotherapists 293 (preceded by 306 since 2002), radiographers 215 (preceded by 243 since 2002) and speech therapists 123 (preceded by 134 since 2002).



Nurses at Edendale Hospital outside Pietermaritzburg tend to a patient.

Denosa's chief negotiator, Ms Thembi Ngomezulu, said the nurses' union was invited to a stakeholders' meeting just 2 days before the DoH began its road-

show briefings. 'We were simply told how the process was going to unfold. It was suddenly not 2007 anymore, but next year! That is not consultation — had we been consulted we would have raised our objections in a more amicable manner,' she suggested.

One of Denosa's biggest concerns is that the Nursing Council will make community service a condition of registration for independent nursing practice — an intention confirmed by Zulu.

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Ngomezulu said another was an 'inbuilt bias' towards nurses who had been trained by the State. They would be able to subtract the year of community service from their contractual 'payback' service time with various provinces.

Zulu conceded that the stakeholders' meeting had been 'more of a briefing than a consultative process' but said the seven health care disciplines roped into community service after doctors, dentists and physiotherapists were warned that it was in the pipeline 'years ago'. 'People complain bitterly and when something is about to start they want to be consulted again,' she said.

Zulu said newly graduated nurses would be registered with the Nursing Council only for community service nursing until their new obligation was fulfilled.

Denosa's Ngomezulu accused the DoH of a 'one size fits all' strategy for health care workers and pointed to the dissimilarities in training contracts between doctors and nurses.

Zulu said that unlike doctors, nurses were among the seven health care professions that were often financially dependent on the private sector.

'I think we'll have to get into negotiation with private companies and plead with them to subtract one year of the payback service period. It's not the health care practitioners' decision, it's the law,' she said.

Zulu emphasised that the health ministry was 'there for both sectors'.

Asked about Denosa's fear of a clause in the impending legislation that gives the minister power to change the nurses' working conditions 'from time to time', Zulu said that as far as she could see this referred to the Minister gazetted facilities in which community service would be done.

'If provinces change delivery points based on changing needs, the Minister must have the power to change this in the gazette to make postings legal,' she explained.

Zulu agreed that she could not see employers in the private sector 'training nurses to go and work for the State'.

'But you must remember, the State subsidised the private sector for years' (referring to State-trained nurses being 'poached' from public hospitals and clinics).

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