



A LONG GRIND TO FAIR REMUNERATION

The reason so few specialists work in the public sector is that the moment they complete their registrar training they enter a career advancement 'lottery' where the paucity of available posts means waiting for seniors to 'retire, migrate or die'.

The very shortest route to the top – a chief specialist earning (gross) R746 000 per annum (R62 166 per month) – is 28 years, if you are exceedingly lucky with rare posts becoming available. The norm however is to sit in lower posts for years, overqualified and earning a pittance compared with your colleagues in the private sector.

The occupation-specific dispensation (OSD) was supposed to address this 11 months ago.

Instead, doctors still work under a 'one size fits all' structure where gross income for interns is R117 000/yr (R9 750/m) and for community service officers R185 000/yr (R15 416/m). Medical officers (the stage at which doctors register independently with the Health Professions Council of South Africa) and senior medical officers earn R217 000/yr (R18 083/m plus

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benefits), or R228 000/yr (R19 000/m), i.e. 37% extra if they choose to forgo the equivalent in benefits such as medical aid, R500/m housing allowance (by application only), pension and 13th cheque.

A principal medical officer's salary is the same as that of a newly qualified specialist, i.e. R344 000/yr (R28 666/m) – a level at and above which they can structure their salary on a 60/40 or 70/30 split, with the major portion pensionable and the minor portion structured as they choose (benefits and subsidies or cash).

A chief medical officer is pegged with a senior specialist at a cost to the employer of R407 000/yr (R33 916/m) and a principal specialist gets R615 000/yr (R51 250/m).

Explains Dr Muthei Dombo, vice-chair of the SA Registrar's Association, who helped the South African Medical

Association (SAMA) put the health department's first adjusted salary schedules to its membership (which roundly rejected them): 'The OSD is designed to change the system so you're not held up by the structure any more.'

She said the current system guarantees advancement in salaries for the first 4 years, if one chooses not to specialise. For those who choose to specialise, salary advancement is guaranteed until one completes registrar training, at which point you apply for available posts. (The Western Cape is anomalous, where registrars remain at R217 000 until they complete their postgraduate degree.)

This means employee loyalty to the health department (or as she put it, 'scraping by on a salary 50 - 75% less than your professional peers in other state departments) for this long, is effectively rewarded with career stagnation'.

Chris Bateman

SAMJ EDITOR HONOURED AS PIONEER IN MEDICAL EDUCATION

The Editor of *SAMJ*, Professor Dan Ncayiyana, has been awarded an honorary doctorate by Walter Sisulu University for his contributions to medical education. Ncayiyana, who studied medicine while in exile in the Netherlands and specialised (obstetrics and gynaecology) in the USA where he practised for a decade, pioneered the local student-centred and community-based medical curriculum.

Now internationally known as problem-based learning (PBL), the curriculum is designed to produce doctors who are life-long learners and motivated and equipped to serve poor rural communities. Most of Walter Sisulu University's 850 graduates to date have settled in local rural practice, a tribute to Ncayiyana's foresight. A former dean of the medical school at Walter Sisulu University (then called Unitra) and its former acting vice-chancellor, he went on to serve as deputy vice-chancellor at the University of Cape Town, and later as vice-chancellor at Durban University of Technology.

