



## SLIM PICKINGS AS 2008 HEALTH STAFF CRISIS LOOMS



*Ace recruiter Tracey Hudson, a mainstay of the Rural Health Initiative (RHI) in Durban – now a Joint Venture recruitment agency.*

Government's best recruiting efforts so far stand to reduce next year's expected drop in available public sector doctors from 74% to 64% as it launched a belated campaign, hiring 100 Tunisians, haggling Iran and advertising in the *British Medical Journal*.

***Next year's unprecedented doctor shortage would worsen the 'vicious cycle' of pressure on young doctors in their 'most formative years', with long-term retention consequences.***

*Izindaba* sources said Health Minister Manto Tshabalala-Msimang was 'sick and tired of being embarrassed' by the continual publicity over the health care staffing crisis and was tackling it with unprecedented energy since her return from sick leave. Her laudable if belated efforts may be too late, in the short term anyway.

The clock is rapidly ticking down to 2008 when hospitals and clinics throughout the country – already on

average 31% understaffed – have to make do with 74% less community service (Comserve) doctors due to the new 2-year medical internship constraint.

Tshabalala-Msimang is reliably learnt to have upbraided a meeting of top provincial health officials for not supplying the National Office with detailed hospital and clinic staffing requirements.

Meanwhile existing Comserve doctors are being courted with unprecedented ardour by provincial managements bearing gifts of entire notches in salary increases and other 'sweeteners' to stay on as medical officers. Foreign doctors with contracts due to expire are being offered 12-month extensions while a campaign to increase the numbers of private GPs doing session work has been launched.

The country's rural health care system is kept afloat by foreign-qualified and local community service doctors as half of all new local medical graduates leave to work abroad and 73% of all locally qualified practitioners head for the private sector.

Retention in the State sector remains the biggest bugbear in spite of generous rural and scarce skills allowances. Doctors most often burn out due to a combination of workload, working conditions, poor local management and dysfunctional administration, all or some of which are present at most facilities.

### **'Vicious cycle' of shortages and working conditions**

Professor Marietjie de Villiers, vice chairperson of the Medical and Dental Professions Board (MDPB), said next year's unprecedented doctor shortage would worsen the 'vicious cycle' of pressure on young doctors in their 'most formative years', with long-term retention consequences.

However, the new 2-year internship would produce doctors with a far wider variety of vital workplace skills, resulting in fewer referrals and reduced patient mortality.

By their second year interns would be able to do 'some' of the Comserve doctor work, but only in MPDP-accredited hospitals with proper supervision.

*Izindaba* learnt that 'final assessments' were being made of just over 100 Tunisian doctors among 300 interviewed by a South African academic team that visited Tunisia in August. The 100 are being targeted for local deployment by 1 December this year.

No other countries with which South Africa previously concluded agreements (Cuba and Iran), had finalised any further deployments for next year but the department has approved unprecedented advertising in the *British Medical Journal*.

This is the health department's best attempt at directly addressing the community service doctor shortage. The UK is believed to have about 800 'floating' medical graduates for whom there are too few registrar posts



available – an ideal target market for the new and long-awaited official local recruitment campaign.

The department deployed 36 experienced Iranian doctors, who arrived in August last year, at struggling hospitals in Limpopo, the North West and Mpumalanga. Mystery surrounds the future of another 100 Iranians originally earmarked for local deployment in two further staggered phases.

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Izindaba reliably learnt that government feelers have been put out to Russia and Bulgaria. The paucity of English-speaking doctors may prove a major limitation and nothing is expected to bear fruit next year.

There are still 148 Cuban doctors deployed across eight provinces (of an original 463 who signed the first 1995 country-to-country agreement). Many won politically fraught court challenges to stay on in South Africa with their families. It is estimated that the total tally of foreign doctors currently working in the public sector in South Africa (all sources) is just over 2 000. Foreign recruiters regularly 'poach' some of the more experienced senior foreign cohort, especially those not on permanent residence.

### **Private/public recruitment partnerships 'urgent'**

Meanwhile the exodus of valued South African doctors and their migration from local rural to urban facilities has underlined the urgent need for officially sanctioned public/private recruitment

partnerships and more effective retention strategies.

An estimated one-third more doctors were recruited to South Africa's rural areas over the past 2 years by a single dedicated NGO joint venture agency than the take-up of rural posts by graduates of all of South Africa's medical schools combined. This telling statistic emerged in a report by the Joint Venture, a recent merger of the Rural Health Initiative (RHI) and the Placement Project. Both are not-for-profit recruitment NGOs set up by the Rural Health Initiative (RHI) of the SA Academy of Family Practice and Primary Care and the Rural Doctors Association of South Africa (Rudasa) and the Foundation for Professional Development (FPD), respectively.

Delivered at the 11th annual Rudasa conference in Mpumalanga late this August, the report paints a shocking picture of human resource paucity and the ensuing decline in health care delivery in South Africa's rural areas – and the creative NGO response.

Joint Venture said rural South African hospitals and clinics were running at a 31% average vacancy rate with Mpumalanga Province topping the list at 67.4% of posts vacant followed by Free State at 40.7%.

Some of the remoter facilities were operating with 'one or two doctors per 100 000 population', while the national average for nurses in the entire public sector (rural and urban) stood at 70 per 100 000 people. The WHO says the minimum number of nurses for any country should be 120 per 100 000 people. The report cited a recent RHI visit to Limpopo Province's Makado Hospital for 'profiling' in advance of recruitment: 'Sleep-deprived and unkempt, Dr Vakentash showed us around the 200-bed hospital he manages with a single colleague after two other colleagues recently resigned as a result of the challenges. In desperation he appealed to us, saying if we didn't find support for him and his colleague,

they'd be forced to leave and the hospital would close'.

### **'No health care professionals, no system'**

Dr Gustaaf Wolvaardt, CEO of the FPD, commented: 'Put simply, where there are no health care professionals, there is no health care system'.

The new recruitment agency currently has 106 doctors working in carefully targeted rural health care facilities versus the 70 doctors it calculates end up working in rural hospitals after 2 years of medical school output. Joint Venture calculates that of the country's 2 400 graduates for 2006 and 2007, half will leave to work abroad. Of the 1 200 remaining doctors, 75% will work in the private sector, leaving 300 to work in the public sector.

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Of these, the vast majority will work in an urban facility and, 'as half of South Africa lives rurally, probably another 70' of these doctors would end up in a rural hospital.

The majority of RHI's placements have been at far-flung hospitals in KwaZulu-Natal, but this is set to change as the successful model piloted there in early 2005 is rolled out to other provinces.

The Pretoria-based Placement Project was set up by the SA Medical Association's FPD in 2006, with the majority of original placements being at under-resourced urban facilities in Gauteng.

The merged Joint Venture now facilitates efficient working relationships between local hospital managements, provincial health departments, the national health department's Foreign Workforce Management Project (FWMP), and Home Affairs.



Dr Gustaaf Wolfaardt, CEO of the Foundation for Professional Development in discussion with Professor Jerry Coovadia, Victor Daitz Professor in HIV/AIDS Research, University of KwaZulu-Natal.

Picture: Chris Bateman

It has a single goal in mind – to place people where they are most needed – and is the only outfit of its kind in the country.

### Foreign recruiters outnumber locals 20:1

By contrast, there are more than 20 commercial recruitment agencies working locally to recruit and export South African qualified doctors. Agents are paid an average of R80 000 per placement.

Brain drain statistics presented at the Rudasa conference showed that 600 South African qualified doctors are registered in New Zealand, that 10% of Canada's hospital-based physicians are South African qualified and that 6% of the UK's health workforce is now South African qualified.

Four years ago, the organisation for economic cooperation and development (OECD) surveyed 21 developed nations and found 12 136 South African qualified doctors working in the UK, USA, Australia, Finland, Portugal, France, Germany and Canada.

The only agency similar to Joint Venture is the FWMP.

Since the Joint Venture partners began (2005/6, a decade after the FWMP), they have placed a total of 298 health care

professionals in public sector health care facilities.

The achievement is more remarkable when one considers that a single South African medical school produces about 200 doctors per year, half of whom leave to work abroad.

***The severely dysfunctional SANC and its onerous registration requirements can take over a year to approve the application of a single foreign-qualified nurse.***

The Health Department does not pay for the services of professional recruitment organisations or agencies, and the government has put strict exclusion rules in place around recruiting staff from developing countries. Most other countries have no such qualms. The only exception South Africa makes to this rule is health care workers with official refugee status here.

The two facilitating bodies, the Health Professions Council of South Africa (HPCSA) and the South African Nursing Council (SANC) have serious shortages of appropriately skilled staff, are inefficient and face extensive operational difficulties.

In spite of this, resourceful and pragmatic Joint Venture staffers have managed to successfully facilitate the application and placement of foreign-qualified doctors in as little as 2 - 3 months on occasion.

### Nursing council an obstacle to recruitment

The severely dysfunctional SANC and its onerous registration requirements can take over a year to approve the application of a single foreign-qualified nurse. Nursing candidates must write in-depth qualifying examinations that take place on set dates during the year. An average of 450 foreign doctors sit the local entry requirement exams every year versus a mere 150 nurses.

Wolfaardt said the staffing crisis solution was straightforward: 'You either produce or you import'. South Africa's production of doctors has been stable but with registered nurses it dropped from 2 300 per annum in 1996 to 1 300 per year currently. Pharmacist production nationally averages out at 549 per annum over the last 3 years.

Wolfaardt said the international staffing norm for developed countries was 25% foreign-qualified doctors yet South Africa's figure stood at 15%, and added: 'We have to meet that or suffer'. He said the only way to reverse the exodus caused by free-market forces and globalisation was to create subsidised private medical schools, more public/private partnerships and to match or beat the going health care professional recruitment fees.

Private health care hospitals in South Africa may train nursing auxiliaries and enrolled nurses, plus offer a 2-year 'bridging course' to full registration. A 2003 moratorium prevents them from opening any new nursing colleges, offering new courses or increasing pupil numbers.

In spite of this, last year the private sector trained 6 000 nursing auxiliaries (up from 439 per annum in 1997) compared with the state sector's 600.

Chris Bateman