



whose owners were absent. 'The rabies project is trying to institute a mass vaccination campaign to halt this increase. I get staff help from vet services and community health, but we simply have to put up a fire break now to slow the whole thing down before I can get stuck into any proper quantitative research.'

He said he dealt with 'literally hundreds' of reports of stray and feral dogs monthly, 'and we have no means to control them'.

A province-wide canine census was currently under way and should be completed before the end of the year. This would enable him to quantify what

percentage of the population they were reaching with the various rabies and population control measures.

Dr Nagpal agreed that the dog population was 'definitely neglected', adding that she was 'certain of the HIV link – even common sense tells us that'. Dr Bruce Margot, the TB chief for KZN, who has extensive experience in local community health, said HIV was 'certainly a factor that contributes. We urgently need the resources for a comprehensive canine vaccination programme'.

Other provinces relatively safe

Unlike other provinces where wild,

mainly nocturnal animals carried rabies (with the exception of Limpopo where rabies recently re-entered the dog population), rabies is carried mainly by dogs in KZN, making it a significant human threat.

Le Roux, who was leading a house-to-house vaccination, sterilisation and training campaign in Inchanga in the KZN midlands at the time of writing, plans to return to his research on the rabies/HIV link, 'the moment we have a good vaccination programme in place'. That hard scientific evidence may be some time in coming...

Chris Bateman

DENOSA 'BARKING UP THE WRONG TREE' – WORRALL-CLARE



The caring attitude fostered among nurses during training can prove difficult to maintain under pressure.

Contrary to nursing union claims of 'selfish profiteering', the private hospital industry was 'champing at the bit' to help meet the country's nursing shortage, says Advocate Kurt Worrall-Clare, CEO of the Hospital Association of South Africa (HASA).

Private hospitals, which were already spending over R100 million on training, were 'hamstrung' by legal bottlenecks that prevented them from training

registered professional nurses, a 4-year moratorium on the accreditation of academic facilities and wildly fluctuating annual spending by the health and welfare sector education and training authority (SETA), he added.

The Denosa pair charged that private hospital groups were 'tapping off the cream' of publicly trained health care professionals while failing to contribute enough to the training and development of nurses and posting record profits year after year.

Worrall-Clare was responding to charges against his member hospitals by Denosa national organiser Itumeleng Molatlhegi and its general secretary Thembeke Gwagwa.

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professionals while failing to contribute enough to the training and development of nurses and posting record profits year after year.

Gwagwa, while firing off a concurrent broadside at government for its tardiness in acknowledging the nursing shortage crisis and in its inaction in luring them back from overseas, told *Izindaba* that more internationally competitive salaries would help.

She said private hospital groups could 'contribute in many ways', including offering nursing bursaries and letting students use their own facilities to train in. 'I'm aware that Netcare, for example, is training enrolled nurses and enrolled nursing assistants, but why not professional nurses?' she asked.

Gwagwa said the private health care sector was 'huge' and used up 'an unfair proportion' of the country's human resources while servicing a minority of the population. 'They need to make a contribution towards training,' she asserted.



Paediatric ICU – one of the crucial areas where nursing shortages can impact fatally.

Where have all the teachers gone?

Although government was finally opening up the public sector nursing colleges that they closed during post-apartheid rationalisation, the 'Catch 22' was that the country had since lost most of its nursing teachers. 'Everyone now realises we're in a fix,' she added. According to StatsSA there is currently a shortage of 40 000 nurses in the public sector. The current ratio of patients to a nurse stands at 253:1.

Gwagwa said government officials seemed to rely on locally trained nurses who had gone overseas confronting the higher cost of living there and thus working two jobs before becoming disenchanted and eventually coming back home. 'This is quite arrogant, to say the least. We have to go out of our way to attract them back,' she said.

Worrall-Clare said the claims about private hospitals by the Denosa duo were 'largely based on ignorance'. 'They're making claims that are beyond our legal competence to address. We're not training professional nurses because we're prohibited by law from doing so,' he said. In spite of frequent requests and having the resources to train, HASA members were restricted to training

only enrolled and assistant enrolled nurses, plus a 2-year bridging course that enabled them to eventually register.

Worrall-Clare called for legal amendments enabling private hospital groups to set up a dedicated private nursing academy training for 4 years to registered professional nurse level for both the private and public sector. He said a 4-year moratorium on the accreditation of academic facilities continued because revisions on accreditation criteria remained 'unclear and inconsistent'.

'In the past there was no restriction on the number of people you could train. Now there seems to be a restriction on numbers based on bed occupancy levels – of which not a single study exists in the entire country,' he said.

Private training facts

Refuting Denosa's claims, he said the numbers of nurses trained by private hospitals had risen from 200 during 1999 to 2 154 by 2003, doubling by the beginning of this year. Giving specific examples, Worrall-Clare said the former Afrox Healthcare Group had 115 nurses in training in 2001. This rose to 1 050 by 2005 (when it became Life Healthcare). Life Healthcare was today in a public/

private health care partnership with the Nelson Mandela Foundation, training both its own and public sector nurses.

Netcare had taken over the training of 400 public sector nursing students in several provinces. 'The short and the sweet of it is that it's all very well to challenge us, but we can only do so much legally,' he responded.

The private hospital sector had also spent more than R100 million last year subsidising indigent (public sector) patients who accessed emergency health care.

Shannon Nel, the national training manager of the country's largest hospital chain, Netcare, said her group had five nursing campuses across the country. These turned out enrolled and auxiliary enrolled nurses after 2 years and offered the additional 2-year bridging course to full nursing registration.

'Contrary to what Denosa says, Netcare is producing about 220 registered nurses a year through the bridging programme and we're hoping to increase this to 500 per year over the next 4 years.' These were general registered nurses (who do not have midwifery, community and psychiatric qualifications), but were able to work in general acute care facilities.

The major restriction was that the Nursing Council would not let them run the 4-year nursing diploma course, in spite of them being 'most willing' to-do-so in collaboration with the public sector. Netcare offered bursaries to about 200 4-year nursing degree students across the country at an annual cost of about R8 million.

Privately trained, publicly conscripted

These students would, from 2008, still have to do the 1-year community service in the public sector before they were able to start their 4-year payback contract with Netcare.

Netcare also ran post basic courses



like ICU, theatre, orthopaedics, paediatrics, neonatal care and trauma, and currently had a total of 2 200 nursing students.

It had embarked on a 'Project 4000', in which it hoped to have 4 000 students in training every year by 2008.

Its current nursing education budget stood at R67 million with an additional 128 learnership students from the Health and Welfare SETA. She said LifeHealthCare, MediClinic and Goldfields hospitals ran similar training courses.

In Netcare's Western and Eastern Cape campuses, the 'vast majority' of students attending courses came from government hospitals. In Pretoria, Netcare took on 160 first-year students from the Mpumalanga Nursing College for a total of 8 months because that province did not have enough hospitals to offer practical training towards the 4-year qualification. 'Now we're negotiating for the same students to come back for a second year of practical requirements,' she added.

Last year Netcare ran a 6-month postgraduate infection control certificate course for 80 students from various government hospitals in KwaZulu-Natal and is currently running a customised 5-day infection control course for 80 - 100 nurses for the Eastern Cape health department. 'We also run management development programmes, customer service programmes and all sorts of other stuff,' she added.

Matching foreign salaries 'impractical'

Worrall-Clare rejected as impractical Denosa suggestions that offering internationally competitive salaries would contribute to stemming the overseas exodus and said other incentives were needed. To take on lopsided exchange rates would have a

huge 'ripple effect' on the operational budgets of local private hospital groups, where more than 70% of budget was already going towards salaries. Netcare had however begun offering nurses share value in the company, as one creative response.

Worrall-Clare emphasised that the outflow of nurses from public to private facilities 'often goes in the other direction too'. 'But far more important is the loss of qualified nursing staff to overseas, even for a short time like 2 years, to pay off their personal and family mortgage loans or debt,' he said.

If Denosa was calling for private hospitals to subsidise State nurses, compulsory public sector community service meant that this would amount to 'nothing more than a tax' when nurses were lost for a full year of conscription.

One of the most underreported aspects of the crisis was the number of nurses leaving the profession for other health-related jobs, like medical or pharmaceutical 'repping', or becoming employees in the medical funding industry. It would be 'frightening' to see the outcome of any study probing the number of registered nurses actually still nursing (many maintain their names on the register to save on re-registration costs), he said. He was unaware of a single study into this in the country so far, he added.

If Denosa was calling for private hospitals to subsidise State nurses, compulsory public sector community service meant that this would amount to 'nothing more than a tax' when nurses were lost for a full year of conscription. While bursaries would always be considered, it was 'neither our function

nor duty to provide human resources for the State. Even the State has considered this reality with nurses now expected to pay for their own training, just like every other university student,' he added.

Nursing gender bias 'out of step'

Areas that required urgent addressing included the unspoken gender bias which had male nurse percentages in South Africa way below those of other developed countries, a less fragmented approach to training that cried out for more public/private partnerships and simplifying the tangle of qualification criteria and bodies. The registration process of the SA Nursing Council urgently needed speeding up, particularly for foreign nurses.

'For every bureaucratic delay there is a consequence,' he warned. 'We must understand that if we put it off until tomorrow, we only inherit those nurses in 4 years' time. While we sit and debate accreditation, registration and all the collateral issues, every day delays the implementation of strategic interventions'.

Worrall-Clare said that if one put all this into a context of an ageing nursing population, 'one becomes deeply alarmed'. According to StatSA, the combined output of different training programmes seems to imply that there are enough nurses in training to offset those leaving the country - but when the population's burgeoning health needs are considered, it falls way short.

Added to this are the Human Science Research Council findings this year that more nurses are booked off work annually due to full-blown AIDS than are being trained.¹

Chris Bateman

1. Shisana O. High HIV/AIDS prevalence among health workers requires urgent action. *S Afr Med J* 2007; 97: 108.