



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

MEDIA STATEMENT ON EMPLOYMENT OF DOCTORS AND PHARMACISTS IN THE PUBLIC SERVICE
DR P A MOTSOALEDI
MINISTER OF HEALTH
19 JANUARY 2017

Colleagues MEC,
MEC, Dr Sibongiseni Dlomo from KZN
MEC Mr Buthane Khompele from Free State
MEC Mr Lebogang Motlhaping from Northern Cape
MEC Dr Magome Masike from North West
Director General of the Department of Health, Ms Precious Matsoso and your team
Members of the media
Ladies and Gentlemen

Since the beginning of the year, we have been inundated with media queries about Doctors and Pharmacists who could not get employment in the Public Service because the government allegedly failed to place them into posts, or alternatively failed to create posts.

Lists of "unemployed" Doctors and Pharmacists are flying all over the place. I will however, confine myself to lists cited by professional associations and unions.

These lists were changing all the time and sometimes, not aligning with what our HR branches have in the National Department of Health and in the Provinces.

There are two main lists of "unemployed" Doctors frequently quoted by the media: One is by Doctor Zahid Badroodien who represents JUDASA (Junior Doctors Association of South Africa), an affiliate of SAMA (South African Medical Association).

The second is by Dr Donald Gumede representing National Healthcare Professions Association. Dr Badroodien's list from JUDASA seems to be the one cited a lot in the media. It states that there are 135 Interns and Community Service Doctors who are unemployed.

It also states that there are 126 newly qualified medical officers i.e. Doctors who have completed both internship and community service who are also unemployed and sitting at home and lack capital to start their own practices, but still willing to work for the state..

It will be important to start by explaining the various categories of Doctors in the Public Service.

- First we have Interns:
These are Doctors who have just passed from medical schools around the country. The Internship years they have to do is part of their training done under strict supervision. Internship is done for a period of two (2) years. It cannot be done in any hospital in the country.

For a hospital to take interns, it must first be accredited for a specific number of interns by the Health Professions Council of South Africa (HPCSA). The hospital may not take more than what it is accredited for.

Internship training is statutory; hence the state is obliged to place them into these accredited Internship positions. Unfortunately, there is a problem in the country.

An overwhelming number of newly qualified Doctors prefer to do internship in mostly four cities: Cape Town, Durban, Johannesburg and Pretoria. A few may opt for Port Elizabeth, East London and Kimberley.

For this reason, we have decided on a system called Internship Community Service Placement Programme (ICSP) whereby interns apply centrally and are placed in various institutions from the national Department of Health.

Our medical schools train South Africans and Nationals from other countries around the world especially from SADC.

Using ICSP, we can confirm the following facts:

For South Africans, the following table explains the facts:

Category Medical Intern	Total applications received	Total Offers Made	Placed	Applicants Declined Placement	Placement pending	Percentage Placed
Medical Intern	1499	1498	1476	22	1*	99.9%

* The only one applicant that has not been placed has been referred to HPCSA (Health Professions Council of South Africa) for review. For ethical reasons, I am unable to elaborate further.

There are still 45 positions of Internship available. These are the Bloemfontein Complex and Mohumahadi Manapo Mopedi hospital in the Free State as well as Nelson Mandela Academic hospital in Mthatha.

However, we still have 89 foreign nationals who also applied and still need to be placed. While South Africans are worried about which Doctor is placed in which job and who is not placed, we must be aware that other countries, especially our neighbours in SADC, have similar worries. Of the 89 foreign nationals who have completed their medical studies in South Africa, mostly are from SADC.

In November 2016, this matter was discussed at the SADC Minister's of Health meeting held in Swaziland. The question was, should SADC students who study medicine in South Africa be placed for internship in South Africa or go back to help their countries - most of who are in dire need perhaps even more than South Africa itself.

The conclusion was that the countries find themselves in different circumstances. Some want them all back immediately on completion of their studies. Others want them but are unable to employ them due to dire economic circumstances and hence ask South Africa for help.

The resolution was that I, as Minister of Health in South Africa, should write each of the SADC Health Ministers a letter, with attached medical students' names from their countries, and ask them what their decision is!

This I did and I got some replies e.g. We had 15 students from Lesotho. Their Minister pleaded that all of them come back home to do internship there because they are needed.

The reason that we did not place the 89 foreign students was that we needed to place all South Africans first because this is statutory. But we were also still corresponding with their respective countries in terms of the Swaziland agreement.

Since Lesotho has responded and request that all be sent back home, we only left with 74 foreign applications.

As you see from the table, 22 South African interns placed in jobs declined to accept them. Reasons from declining always vary - they range from marriage, family responsibility, medical conditions, religion to owning expensive property in a particular geographic location.

Despite trying very hard, the department is not always in a position to accommodate all the needs.

We have checked the lists brought by representative of JUDASA whereby Doctors who are said to be unemployed append their names against our ICSP online system.

We found that 13 Doctors who are on that list are duplicates, 12 are part of the 22 who declined placement and 9 did not apply as required. The remainder are foreign nationals who have not yet been placed because I have already said, we had to complete South Africans first.

- **The Second category is Community Service:**

The main objective of community service is to ensure improved provision of Health Services to the rural and underserved areas of our country.

In the process this also provides our young Health Professionals with an opportunity to develop their skills, acquire knowledge, behavioural patterns and critical thinking that will help them in their professional development.

Unfortunately because of very rural nature of facilities selected for Community Service they are not preferred by most Doctors.

The following table reflects the situation for South Africans:

Category Community Service	Total applications received	Total Offers Made	Applicant Declined Placement	Applicants Placed	Percentage Placed
Medical Officer	1064	1064	7	1057	100%

Foreign nationals who have completed Internship in South Africa and would like to continue with Community Service were 88 and 75 have been placed. The remaining 13 foreign national will still be placed as from today because there are places available for them since we have now completed placement of all South Africans who need to be placed.

- **The third category of Doctors are Post - Community Service Medical Officers:**

This category has caused a lot of confusion in the media and amongst members of the public. There is misconception that the state has got a statutory obligation for them like Interns and Community Service.

After completion of Community Service most Doctors have various options. They may go back to University to Specialise (i.e. become Registrars/ Specialist in training). They may go into Private Practice as GPs. They may also enter anyone of the Private Health Industry like work for a medical aid scheme, pharmaceuticals, company or any other industry for that matter.

Some may join NGO's like Gift of Givers. Unfortunately others may opt to leave the country or leave the profession all together.

When they do all these, they have no obligation to inform the Department of Health, so we have no way of knowing them or their numbers. However, if they wish to remain in the public sector, we have at least 147 posts available for them.

So the 135 Doctors quoted in the media who are said to be without jobs may contact us because we don't know them. We can advice them of the available posts. It is up to them to choose from amongst these, but they can't claim to be unemployed.

For Pharmacists, the confusion has been about Community Service. Some have been arguing that it be scrapped altogether alleging that posts are not always available for this type of service. Objectives for Community Service for Pharmacists are the same as those for Doctors.

I can confirm that 795 Pharmacist applied for Community Service. Of these, 716 are South Africans and have all been offered positions. However, 3 declined to take them. 79 are foreign nationals. We have identified 108 positions in which all of them can perform their Community Service.

This year, we have even created a new stream of Community Service positions in collaboration with the Private Sector. This is in a programme called CCMDD i.e. (Centralised Chronic Medicine Dispensing and Distribution Programme).

In this programme, some selected patients in the public sector do not have to go and queue for their medication at clinics or hospitals, but the medication is delivered to collection points nearer to their homes or place of work.

We started this project in 2014 and I am happy to announce that we now have 1 million patients in the public sector who are served by this programme.

In conclusion, I wish to state that quite often the conflicting information and numbers of Doctors not placed in posts stem from the fact that available posts may not necessarily be in facilities which Doctor prefer.

However, we select these facilities accordingly to the needs of the population.

Thank you