



Against the tide

Rural healthcare delivery will suffer when the life-blood supply of community service doctors is cut off in 2008.

Crisis Central

Five years ago a Department of Health report highlighted the appalling truth about staffing in South African rural hospitals. At that time, over a quarter of medical posts and 33% of specialist positions were vacant. This meant that critical healthcare for the people of rural communities were being delivered by a handful of dedicated health professionals. Now they face further shortage of doctors in 2008.

Against the Tide

In a bid to counter the dilemma, members of the Rural Doctors Association of South Africa (RuDASA) created a concept for a not-for-profit recruitment service specifically geared towards rural areas. This was then established and nurtured under the auspices of the Rural Health Initiative (RHI, a project of the SAAFP Trust). Supported by funding from Discovery Health, Canadian International Development Agency (CIDA), Anglo American and De Beers, they began marketing South African rural hospitals in May 2005.

In a healthcare system where South African doctors are targeted by over 20 international recruitment companies in an attempt to lure them abroad with lucrative contracts, such an initiative is critical. Until now, no organisation has tried to reverse this trend.

The RHI Recruitment plan involves:

- Marketing the posts;
- Providing guidance to candidates on finding suitable placements;
- Assisting doctors with the registration process, working closely with the HPCSA and FWMP of the National Department of Health in this regard;
- Orientating and mentoring candidates on arrival. This is critical in retaining recruited doctors – and ranges from assisting doctors in acquiring transport and putting groceries in their fridge to providing hands-on palliative care training and HIV/AIDS experience.

Since inception, the RHI has placed over 140 doctors in rural hospitals - a reflection of the successful marketing campaign and relationships developed. Currently, the organisation is assisting over 140 additional doctors with registration and placement.

Community Disservice

However, RHI's recruitment drive is not enough.

Starting in 2008, every qualifying doctor has to undertake a two year internship program. This means that next year most young doctors will complete their second year internship rather than their community service year reducing the pool of available sufficiently qualified conscripts by 78% (from 1390 to about 350).

Indeed, this is a dire situation for most understaffed rural hospitals that rely heavily on the assistance of these community service doctors to fill base-line staffing needs – positions that will not be filled in 2008.

RHI is actively increasing its recruitment capacity to source more national and international doctors to plug these gaps.

A Carrot

The HPCSA is also playing its part and in a bold move to further boost healthcare capacity it has introduced a once-off penalty waiver for local and international practitioners. The three month amnesty began on 1 February 2007 and applies to practitioners whose registrations have lapsed because they have:

- not practised for up to two years or
- failed to pay their annual registration or
- allowed their registration to lapse without informing the HPCSA.

However, practitioners who take advantage of the amnesty will need to render 100 hours of professional services to the public sector (or with a health NGO), said Boyce Mkhize, the Registrar of the HPCSA. Amnesty recipients must submit evidence of this service, failing which, they must pay their full outstanding restoration fees.

RHI is already assisting doctors to capitalise on the amnesty period. Fortunately the 100 hours service can be done on their return to SA. Many of them will actually return to public service. We hope that the message can get out in time to all those who intend to make use of the amnesty. An extension of the period may be necessary.

Vacancies, vacancies!

RHI's Recruitment Project is committed to addressing the crisis in staffing rural and underserved hospitals and welcomes the support of anyone who can make this happen. Doctors, like most professionals, are working in a competitive global market. The Recruitment Project proposes that a concerted national effort be led by the Department of Health to manage the constant recruitment of foreign-qualified practitioners.

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