

The Medical Association and the Full-Timers

A HISTORICAL REVIEW*

The Medical Association of South Africa is constantly engaged in negotiations with the various authorities to improve the conditions of service and the salaries of full-time personnel in hospitals and other institutions. Not all of this takes place in the public eye, and in order to keep our readers informed as to the role that the Association has played, and is still playing in this regard, we present the following résumé of events from 1960 to the present. Some of the facts will seem to be mere unnecessary repetition of what is already well known, but in order to gain an over-all picture it is essential that many of the decisions be seen in the light of the events that gave rise to them.

LIMITED PRIVATE PRACTICE

When the Stellenbosch Medical School was opened, the rights of limited private practice in the precincts of a closed hospital were given to certain professors in the full-time employ of the Medical School and the Province. This led to some dissatisfaction and the matter was discussed by the members of the Cape Western Branch of the Medical Association. In October 1960 the Branch adopted the following resolution:

'That this Branch Council is of the opinion that the salaries paid to full-time consultant staff in teaching hospitals are inadequate and unrealistic. A Government Commission of Inquiry is suggested because if it remains unsolved, it threatens to have an increasingly unhealthy effect on medical practice and education in this country.'

This resolution set the ball rolling, and when it was referred to the Parliamentary Committee of Federal Council, that Committee agreed to inform Council that the salaries of full-time appointees at the consultant level were inadequate, but that they should be precluded from holding other extramural appointments at additional remuneration. Although the Committee reiterated the need for salaries that would attract the very best teaching personnel, it did not at that stage recommend a Government Commission of Inquiry. The Committee further expressed the opinion that if it should prove impossible to negotiate higher salaries for full-time clinical professors it would be for Federal Council to say whether it would recommend that these professors be allowed the right to a limited private practice in order to augment their incomes.

These recommendations of the Parliamentary Committee were discussed by Federal Council during 2 meetings, first in September 1961, when it was deferred, and again in September 1962. At this last meeting the Council resolved:

'That the salaries attaching to posts of clinical professors at present are seriously inadequate . . . and that an *ad hoc* Committee be appointed to investigate the position of clinical professors with reference to conditions of service and special reference to employment in a full-time capacity with adequate salaries.'

Such a Committee was appointed forthwith, but the Council decided to defer the appointment of a second suggested Committee to investigate salaries and conditions of service of Provincial and Government hospital staffs, until the various Augmented Executive Committees of the Provinces had had time to gather information about conditions of service in the hospitals and to report back to Council.

PRESENTATION TO THE CENTRAL AUTHORITIES

Details concerning the salary scales and conditions of service attaching to the Provincial and Government posts were submitted to Federal Council at its meeting held during July 1963. It was decided to refer the matter to the Augmented Executive Committees of the 4 Provinces. The Transvaal Augmented Executive Committee, during a meeting held on 27 January 1964 came to the conclusion that it was unlikely that much would be achieved by the 4 Provinces each making separate

representation to the authorities, and the Transvaal therefore recommended to the Executive Committee of Federal Council that the Association make representation in connexion with salary scales and conditions of service of full-timers to the Central Health Services and Hospitals Co-ordinating Council, and that this be done by an *ad hoc* Committee to be appointed by the Executive Committee.

During a special meeting of Federal Council held during February 1964 this recommendation was upheld and eventually an *ad hoc* Committee did meet, not the Central Health Services and Hospitals Co-ordinating Council, but the Public Service Commission. This took place on 23 April 1965. Things were, therefore, slowly moving in the right direction. Leaning heavily on a memorandum prepared by the Transvaal Augmented Executive Committee, the Medical Association put its case with such success that the Chairman of the Public Service Commission admitted that we had right on our side and that serious consideration would be given to our requests. As a result the salaries of all medical practitioners in the full-time employ of the Government were increased with effect from January 1966.

That was the first positive achievement. It was not much, but it was a beginning. Unfortunately the increases that were offered were not regarded as sufficient and the Association instructed its Augmented Executive Committees in the Provinces to continue negotiations for better service conditions.

As no satisfactory progress could be achieved, Federal Council resolved, during a meeting held in September 1966, to ask the Central Health Services and Hospitals Co-ordinating Council to meet a deputation of the Association. This request was granted and the meeting took place in Cape Town on 15 February 1967. Unfortunately, it had to be reported to Federal Council in July 1967 that no answer had yet been received from the Central Health Services and Hospitals Co-ordinating Council, but Dr J. K. Bremer was able to inform the meeting that a resolution had been adopted by the Medical and Dental Council that the Minister be urged to improve the salaries of full-timers. There is every reason to believe that this resolution of the Medical Council came about as a result of the efforts of the Association.

However, the Medical Association did not leave matters at that, and at a meeting of the Executive Committee held in October 1967, and again during a meeting in February 1968, it was decided to send deputations to meet the Public Service Commission to plead the case of the full-timers.

In spite of repeated attempts to convince the authorities that the lot of the full-time employees in the various hospitals is not satisfactory, nothing positive had been achieved, and it slowly became obvious that other ways and means would have to be investigated in order to improve the situation.

SERVICE MERIT AWARDS

As far back as September 1966 a letter was tabled at a meeting of the Executive Committee of Federal Council, in which the Association of Surgeons suggested that the Medical Association press for a service merit award to be made to the full-time professor of surgery at the Witwatersrand University. After discussion it became obvious that some centres were in favour of merit awards, whereas others preferred limited private practice as a means of augmenting inadequate salaries. In view of this it was decided to hold over the request for support of a service merit award in the specific case, but to again recommend to Council that an attempt be made to have the salaries of the full-time personnel increased, but should this prove to be impossible, some other formula to improve conditions of service must be found and then referred to the various Augmented Executive Committees for investigation and, if possible, implementation.

In 1968 Dr D. McKenzie reported on the introduction of a service merit award in the Cape Province for the full-time staff of the University of Cape Town Medical School with retrospective effect from 1 April 1968. This report took place during a meeting of the Executive Committee and after discussion it was decided:

1. That the service merit award system as introduced by the Cape Provincial Administration in certain sectors of the Cape Province Hospital Service be extended to the same sectors in the other Provinces.
2. That similar awards, not necessarily on the same scale, be extended to all full-time medical practitioners employed by the Provincial Administrations.

No to Part-time Practice

At this same meeting of the Executive Committee the question of part-time practice within the precincts of a closed hospital was again fully discussed, and a resolution was passed that clearly stated the Association's policy in this regard: 'That the Medical Association of South Africa is irrevocably opposed to the principle of private practice in any form being allowed to full-time personnel, and resolves that every other means of increasing the remuneration of the full-time personnel, including the service merit award principle, now adopted at Cape Town, be investigated.'

As little joy had accrued from the various attempts to improve the salaries by means of negotiations with the Public Service Commission, except on one occasion in 1965, a formal resolution was passed: 'That the salary scales of full-time personnel whether employed by the Government, Provinces or other statutory bodies, be determined by a body other than the Public Service Commission.'

The Executive Committee, during subsequent meetings, continued to discuss the service merit award system and eventually the Transvaal Augmented Executive Committee, during a meeting with the Transvaal Director of Hospital Services, made strong representation for extension of the award system to that Province, and the Director gave his assurance that the matter was receiving favourable attention.

At the Federal Council meeting during July 1969 it became apparent that many full-timers had taken exception to the resolution taken by Federal Council in 1968 in which it was stated that the Medical Association was irrevocably opposed to the principle of private practice in any form being allowed full-time personnel. The resolution was rescinded and in its place a resolution was passed to the effect that although the Association stands firm on its policy of no part-time practice for full-timers, an *ad hoc* Committee be appointed to investigate every means of improving the lot of the full-timers, and to report to the Executive Committee. The *ad hoc* Committee met in November 1969 and it was reported that negotiations between the Universities of the Witwatersrand and Pretoria and the Transvaal Department of Hospital Services had progressed very favourably in the direction of the extension of the merit award system. At its next meeting several members of the National Executive of the Full-time Medical Officers Group submitted a memorandum on the unsatisfactory conditions of service experienced by their Group.

At the meeting of the Federal Council held in July 1970 it was reported that the service merit award system had in fact been accepted by the Transvaal Provincial Administration.

Merit Awards Frozen

In accordance with a Cabinet decision, the merit awards for all the Provinces were frozen and the Federal Council had the first inkling of this state of affairs during its meeting in May 1971, although it was then not yet officially confirmed, as it now is. In spite of their popularity, these awards are now completely out of court due to the decision of the Cabinet, and there does not seem to be anything the Association can do in this regard.

THE FULL-TIMERS THEMSELVES

Over the years it had become apparent that although the Association was constantly prepared to fight the case of the

full-time personnel, at times very little help was forthcoming from these doctors themselves as far as information regarding conditions of service and such details was concerned. It was necessary to publish 2 articles in the Information File in the *Journal* asking full-timers to take an interest in the matter and to make contact with the Secretary of the Group — a really sad state of affairs.

Further information was also sought in connexion with the actual salaries paid and hours worked by the various full-timers in the 4 Provinces, and after some initial difficulties, these details were obtained. Dr J. K. Bremer, Chairman of Federal Council, prepared a long memorandum in which the long-term solution of the problem is discussed. This memorandum takes into account all the facts known to the Association as to the conditions of employment of the full-timers and compares their lot with that of other doctors, and again makes it quite clear that we must keep asking for the salaries of full-time doctors in the employ of statutory bodies to be divorced from the Public Service Commission.

Round-Table Conference

It became apparent that closer consultation with the various categories of full-time personnel is necessary in order to differentiate between the divergent problems and needs of the various disciplines. With this view in mind, a round-table conference was arranged which took place on 11 April 1973 and was attended by full-timers from all over the country, representing various Groups ranging from the Full-time Hospitals and Universities Medical Officers Group to the SA Society of Full-time District Surgeons and Forensic Pathologists. The meeting lasted all day and a number of important resolutions were taken and referred to Federal Council for consideration at its meeting held in May 1973. Among others the round-table conference resolutions again include one requesting Federal Council to work towards the removal of the control of full-time doctors in the employ of the Provincial and Government authorities from the Public Service Commission.

A Deputation to the Ministers

In accordance with a decision of the Executive Committee taken during its meeting in November 1972, a deputation again met the Minister for the Interior and the Minister of Health on 22 February 1973 in Cape Town. The Secretary for Health was also in attendance. During this meeting the salaries and service conditions of the full-timers were again brought to the notice of the Ministers, and in addition the Association's delegates again mentioned the unsatisfactory salary gap between White and non-White doctors in the employ of the authorities, as well as the differentiation in the leave facilities between temporary staff in the White and non-White sectors.

CONCLUSION

What have we achieved? We must sadly admit that it is not much, but not through a lack of trying. Over the years, as set out above, the Association has been tirelessly working towards the betterment of the lot of the full-timers, and the fact that the results have not been impressive must be interpreted as the resistance of the authorities rather than the lack of enthusiasm of the office-bearers and officials of the Association. One thing is certain: it is highly unlikely that anyone working outside the Medical Association will achieve more. Our committees and delegates do have the ear of the Government and Provincial authorities, and we can therefore continue to bring pressure to bear. *Entrepreneur* efforts on the sidelines are almost bound to fail.

What we need is the support and help of every member of the Association, and in fact every doctor in the country. When information is asked for it should be readily and speedily available, so that no time need be lost while we wait for responses from some of the members.

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