# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 2712 (Oral 378)**

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**(INTERNAL QUESTION PAPER NO. 29)**

**Ms MD Hlengwa (IFP) to ask the Minister of Health:**

With reference to the Mid-level Health Care Programme, which is centred around the creation of the clinical associates position that was established by the SA National Department of Health in 2008 to assist with the availability of health care professionals in rural communities, what has he found to be the success rate of deploying more doctors to rural communities in need? **NW3221E**

**REPLY:**

Section 52 of the Health Act (Act No. 61, National Health Act, 2003) makes provision for the Minister of Health to make regulations regarding human resources within the national health system in order to create new categories of health care personnel to be educated or trained and thereby mitigate the impact of human resources for health (HRH) shortages.

The Clinical Associate category was introduced by the National Department of Health in 2007, to increase access to healthcare, primarily in district hospitals by extending the capacity of the health team. The main objective in developing this cadre of health worker was to improve access to health care to all sectors of the population irrespective of their geographical location. Hence the majority of Clinical Associates work in the public sector at primary care level in district hospitals and Community Health Centres.

Deployment of doctors in rural and underserved communities is supported and enhanced by the Government’s Community Service Policy that effectively compels graduates seeking registration with the HPCSA as independent practitioners for the first time to have completed one (1) year of community service. The policy makes provision for placement of graduates in facilities based on service needs.

END.