# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 3581**

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**(INTERNAL QUESTION PAPER NO. 38)**

**Prof C T Msimang (IFP) to ask the Minister of Health:**

(1) Given that a recent survey indicated that as many as 40% of doctors want to emigrate and the placement of interns and community service doctors is a challenge (details furnished), what are the full, relevant details of how his department intends to address the specified challenges, particularly the limited resources and safety issues;

(2) given that some of the challenges are recurring challenges, what plans are in place to address the recurring challenges with absolving new doctors? **NW4388E**

**REPLY:**

1. The introduction of the Medical Internship and Community Service Programme, has ensured a transparent, fair, and equitable process of facilitating the distribution of human resources for health to rural and under serviced areas, thereby improving access to primary health care services.

There are two allocation Cycles each year. Which is, the Annual cycle that allocates a sizeable number of applicants who are eligible by 30th of December to commence duty on 1 January of each year and the Midyear cycle that allocates applicants who could not take up positions in January allowing them to take up posts from July of that year.

The overwhelming demand of medical internship and community service positions since 2017, has put pressure on the public health sector Compensation of Employment (COE) under the stagnant equitable share budget. The matter was further aggravated by general budget cuts in the Public Service. As a result, CoE is negatively affected and Provinces were forced to freeze some of the posts including medical internship and community service posts. This further saw Provinces implementing stringent measures to control filling of positions including key line function posts to avoid over expenditure on CoE.

The growth is outlined in the diagrams below-

**Demand growth-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016** | **2017** | **2018** | **2019** | **2020** | **2021\*** | **2022\*\*** |
| Medical Intern | 1500 | 1598 | 1595 | 1899 | 2369 | 2594 | 2625 |
| % Change (Cumulative)\*\*\* | 0% | 7% | 6% | 27% | 58% | 73% | 75% |
| Medical Comm-Serv | 1322 | 1218 | 1348 | 1406 | 1505 | 1775 | 2369 |
| % Change (Cumulative)\*\*\* | 0% | -8% | 2% | 6% | 14% | 34% | 79% |

Due to increased demands, the Health Departments had to derive means to accommodate the additional demands, as it is a statutory obligation for South African Citizens and Permanent Residents that are eligible to perform medical internship and community services, prior to registering as independent practitioners.

The Department then created a Human Resources Training Direct Grant (HRTG) to accommodate the shortfall that cannot be covered through the equitable share.

The National Department has established a Ministerial Task Team on safety and security. To date the Ministerial Task Team has developed Security Infrastructure Norms and Standards to ensure a safe and secured work environment in all our public health facilities. Furthermore, we have entered into a Memorandum of Understanding (MOU) with the South African Police Services to assist the department in conducting security assessment in all public health facilities.

1. Due to all these challenges as listed above, the Department has taken an informed decision to commission the comprehensive review of the medical internship and community service Policies. The review will amongst others include:
* A review of the impact of Community Service placements on patient care outcomes (as part to the broader service delivery system), especially in rural areas, with limited resources;
* A review of the capability and skills development of the Community Service placements during their placement periods;
* The required pre-Community Service preparation (including curriculum structure and exit competencies across all health professional categories);
* The required support systems and administrative systems for a successful Community Service programme;
* The supply line of all graduates and their exit competencies (within the context of the need for a balanced supply line for all health care providers required as part of a multi-disciplinary health care team); and
* The remuneration scales within the context of human resource policy reform (which includes OSD, rural allowance, etc.) of all health care providers entering the health care system, and the medium-to long-term affordability and sustainability

It is desirable that there be alignment between the Community Service policy review and the Medical Intern programme review, within the context of the broader health service delivery and human resource policy context.

The review should recommend a pragmatic set of options to ensure effective and financially sustainable Medical Internship and Community Service programmes.

END.