

New graduates, rural areas likely to pay the price for austerity measures

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Some pharmacists will be doing their community service at private pharmacies amid a shortage of posts.



Hundreds of health workers may be sitting at home idle as professional bodies report delays in appointments. Budget experts say this may be a symptom of hiring freezes they believe are fuelled by austerity measures.

Mokgadi Mathipa* received state funding to study pharmacy and completed her state-mandated community service in December. Like most bursary holders, Mathipa is required to work in the public healthcare sector as part of her bursary contract.

Newly graduated medical professionals must complete at least one year of [community service](#) before they can register with professional bodies and practise.

But Mathipa is one of more than 70 pharmacists and former bursary holders who have yet to be permanently placed at a health facility by the Limpopo department of health. Without these posts, these young pharmacists cannot fulfil the legal obligations of their bursaries.

Although the Limpopo health department has given pharmacists letters confirming placements at facilities, Mathipa says the provincial treasury department has not approved the appointments.

She explains: “It is not only us who have this problem. It’s the same story with graduates waiting for internships and the interns waiting for community service placements.”

Graduates struggle to find permanent jobs and even community service posts

After completing her community service, Mathipa spent a week at home before being called back to her community service placement.

Limpopo department of health spokesperson Derick Kganyago says Mathipa and others will be paid as permanent staff while they work temporary assignments until they are placed permanently. He says all bursary holders will be absorbed into the health system and added that the department had increased pharmacy posts in the past year to address a pharmacist shortage.

Home to around five million people, Limpopo has about 430 public-sector pharmacists, according to 2014 staffing figures published in the [South African Health Review](#) and [2011 census data](#).

Kganyago described allegations that delays in placements were owed to a lack of funding or poor planning as “baseless.”

Limpopo pharmacists are not the only ones struggling to find a place in the public healthcare system. The [Pharmaceutical Society of South Africa](#) says more than 130 pharmacy graduates have still not been placed in community service positions slated to start earlier this month. The [Junior Doctors Association of South Africa](#) says 130 doctors who successfully interviewed for jobs at public health facilities have yet to start working because they are awaiting final letters of appointment from provincial health departments.

Although some professional associations are blaming administrative bungling for delays, research organisation the [Rural Health Advocacy Project](#) says tight budgets and austerity measures are behind a shortage of placements.

“The problem with placements is a combination of budgetary constraints and administrative troubles. Provincial budgets have not been sufficient to cover the costs of the posts,” says the Pharmaceutical Society’s head of public affairs Lorraine Osman.

The health department recently implemented an electronic system to streamline community service and internship placements, Osman says, but the software was not adequately tested.

As a result, appointments for bursary holders like Mathipa, who are usually prioritised to allow them to fulfil their contracts, were delayed.

“The system does not recognise bursary holders, so non-bursary holding interns were allocated to community service posts and were later replaced with a bursary holder, which further slowed the process,” she says.

“The software will be fantastic once it is up, but in the meantime, there are a lot of young people that cannot earn a living right now, and that’s not good enough.”

Experts warn austerity measures may be behind delays

Health systems and policy manager at the Rural Health Advocacy Project Russel Rensburg says the delays in placements can be attributed to austerity measures.

According to Rensburg, provincial health budgets have almost doubled in the past 15 years, but have not kept up with the

rising cost of employees. Employee compensation now accounts for about 65 % of provincial health expenditure, according to a [2016 working paper](#) released by the project.

This results in less available posts for health practitioners as provinces enforce staffing moratoria both officially and unofficially, he says. Unofficial hiring freezes may be hidden in changes to hiring processes, he explains.

“In the past, the CEO of the district hospital would confirm appointments. What’s happening in some provinces is that the responsibility to approve appointments has been shifted to the political head. This delays the process. It now takes up to five months to make an appointment,” says Rensburg.

National department of health spokesperson Popo Maja denies that the hiring of health workers has stalled because of a lack of permanent posts in the public sector. But he says that because the number of new pharmacists exceeds the number of available community service positions nationwide, some pharmacists will complete community service in the private sector.

The national department of health has repeatedly denied moratoria in media reports. Instead, health minister spokesperson Joe Maila has said that doctors are not applying to rural health facilities, where the need is greatest. Maila did not respond to [Bhekisisa](#)’s request for comment.

Rural areas likely to suffer

Junior Doctors’ Association of South Africa chair [Zahid Badroodien](#) says the bulk of the 130 doctors waiting to start jobs at public health facilities are from KwaZulu-Natal and the Western Cape, but that the issue remains a national concern.

Badroodien says: “Doctors in all major provinces (are) still waiting in anticipation for a call from a hospital to say they can continue work within the public health sector.

“The government may deny that posts are frozen, but this does not alleviate the concern that doctors cannot find facilities to be employed in and when interviewed are told that there is only a limited number of posts as funding for posts is limited.”

Badroodien questions why the department has not made public a list of available positions for doctors nationwide.

The health departments of the Eastern Cape, Northern Cape, KwaZulu-Natal, Gauteng, [Free State](#), North West and Mpumalanga did not respond to requests for comment.

Western Cape department of health spokesperson Zimkhitha Mquteni acknowledges austerity measures are a challenge. But Mquteni says the department is trying to protect service delivery and clinical posts.

Meanwhile, Rensburg says that cost-containment measures are likely to hit already understaffed rural areas the hardest.

Rensburg explains: “The reality is there is a shortage of doctors in the system as doctors generally favour urban areas. Budget cuts are harsher on the rural areas.

“Mistakes we make in health don’t show immediately. We’ll only feel the effects in a year or two from now. A small saving on budgets now can ultimately cost us a lot more than we’ve saved.”

*Name has been changed.