

Securing a place for South Africa's next generation of doctors

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We are launching new medical schools but will we have places for their new graduates?



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One of the first lessons we're taught in medical school is that the safest way to practice medicine is to know what we don't know.

As junior doctors, we're concerned about the next chapter in our careers, and we're ready to ask some crucial questions.

In 2014, young medical officers banded together to [petition for a reduction in working hours of junior doctors](#) who can spend up to 36 hours on duty at a time.

The answer to ending unsafe working hours, health minister Aaron Motsoaledi said, was to train and employ more doctors.

This year's graduating class of doctors will number 600 more than it did five years ago. And in 2019, the country will welcome a further 1,000 Cuban-trained medical graduates returning to work in South Africa.

Provincial health budgets taking strain

Meanwhile, provincial health budgets are already taking strain.

In January, [Bhekisisa reported](#) that some provincial health departments might have formal or informal hiring freezes as provincial health budgets struggle to keep up with rising costs.

In a country in which the World Bank estimates there is [less than one medical professional for every 1,000 citizens](#), we are launching new medical schools but ironically may have no hope of employing all of their graduates.

Medical hopefuls plough through six gruelling years of medical school, after which they apply through a national system to be placed for a two-year internship. This same system is used to place them again later for a mandatory year of community service.

Doctors must complete both their internships and community service before they're able to register as independent medical practitioners in South Africa.

In 2016, the Junior Doctors Association of South Africa and the South African Medical Association helped the national department of health transition to an online application system for internship and community service posts. In its first trial run that year, the system left a [reported 150 doctors unemployed](#) at the end of the application cycle in December, although Motsoaledi accused many of simply not wanting to serve in rural communities.

Some of these unplaced doctors waited until September 2017 before taking up posts.

This backlog was cited as a cause for the six-month delay in the opening of this year's applications through the electronic system — which also included those from other professionals, such as nurses, pharmacists and dentists.

Further delays were supposedly a result of universities not submitting numbers of prospective graduates.

Meanwhile, provinces allegedly stalled in verifying the number of medical students on provincial bursaries who would need to complete internships or community service in their home provinces as part of their bursary contracts.

And, crucially, provinces struggled to let the national health department know how many posts they could afford to provide to interns and community service applicants.

Rapidly formed task team

In other words, the national government may be responsible for ensuring young professionals can complete the requirements to practice in South Africa, but the real power to guarantee this still lies with provincial treasuries.

Applications for junior doctors taking up posts on January 1 next year were held from August to September.

About 1,900 medical students applied for roughly 1,400 available internship posts. Meanwhile, available community service positions were about 10 positions short of being able to accommodate the 1,342 medical interns who applied for them.

Although the deficit appears large, the majority of the unplaced applicants are foreign graduates hoping to join the South African workforce, says the health department.

The almost 200-post shortage for South African graduates was largely remedied by a recently-formed task team chaired by the director general of health, Malebona Precious Matsoso.

The department has committed to ensuring that all eligible South African graduates are placed by January 1 next year.

So where do we currently stand?

Under immense pressure, the national health department and its task team managed to pull off a bumpy application cycle.

But next year will come. And the training of medical graduates will remain a statutory obligation of the national health department, as Motsoaledi maintained in a [speech](#) in January this year.

There need to be conditions that provide consistent funding to allow the department to fulfil the employment and training needs of medical graduates.

Now is the time to start asking some serious questions about where this funding will come from and how it can be safeguarded.

Source: Bhekisisa Centre for Health Journalism

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