



STATE DOCTOR RECRUITMENT – KEY OFFICIAL IN CORRUPTION PROBE



Overworked and understaffed: Khetiwe Mlambo, a registry clerk at the Foreign Workforce Management offices in Pretoria, with one day's appointment slips.

Picture: Chris Bateman.

A dual police and national health departmental probe into the corrupt placement of foreign doctors at desperately short-staffed provincial hospitals has a suspended deputy director in the human resources department targeted for taking kickbacks.

The official, known to *Izindaba*, is widely regarded in both government and private recruitment organisations as a pivotal figure in the efficient placement of foreign-qualified doctors at the most needy hospitals in the country. His suspension and the probe were described by Advocate Thomas Ngake, Labour Relations Director in the health department, as having 'serious political implications'.

The scandal has stunned the small, tightly knit community of recruitment professionals in the government, NGO and private sectors who daily struggle to address the growing health care staffing crisis.

Tracey Hudson, a top recruiter with the joint Rural Health Initiative and

Placement Project, the only local non-governmental doctor head-hunting agency, said the probe led to 8 Nigerian doctors cleared to work in the Eastern Cape being 'put on hold'.

Ngake reluctantly confirmed that the probe embraced at least 2 staffers, adding that 'it's a very sensitive matter that's going to involve management and beyond'.

'They've passed the HPCSA exam, have health department clearance with solid job offers and have done everything according to the letter of the law. What do I tell them?' she asked.

From *Izindaba's* own observations while probing the rural doctor staffing crisis in late 2006¹ and visiting the foreign workforce management programme (FWMP) offices of the health department in Pretoria, this probe will continue to impact negatively on foreign doctor placements.

Investigators will have their work cut out because they will have less knowledge about systems and procedures than their suspects, some of whom are experts and have strong institutional memory and intimate inside knowledge.

The deputy director was officially suspended in early April when allegations of the 'cash for jobs' scam first emerged. Ngake reluctantly confirmed that the probe embraced at least 2 staffers, adding that 'it's a very sensitive matter that's going to involve management and beyond'. He was 'hopeful' that police would 'arrest someone soon', but said it was impossible to say how long this would take.

The investigation will probably drag on for some months before a decision is taken on charging anyone, mainly because foreign doctor applications involve the Department of Home Affairs, the Health Professions Council (HPCSA) and the FWMP.

Rich pickings at Home Affairs?

Home Affairs has a documented history of corruption and falsification and the probe may well challenge the veracity of several foreign doctors' refugee status and the legitimacy of their marriages to local people. *Izindaba* is reliably informed that some foreign doctors have never even met their alleged local spouses. The probe will also put a glaring spotlight on foreign doctor registration procedures and practices at the HPCSA, the responsible body for ensuring that applicants are appropriately qualified.

HPCSA registrar, Advocate Boyce Mkhize, confirmed that an HPCSA official responsible for registering



foreign-qualified doctors was convicted of fraud for accepting cash for improper registrations just over 3 years ago.

His spokesman, Tendai Dliwayo, said 'about 11' foreign doctors were immediately struck off the roll as a result of an ensuing internal probe. Mkhize confirmed that a probe concurrent with the latest FWMP scandal was underway.

The latest probes may or may not expose a network that, while efficiently placing foreign-qualified doctors where they are most needed, had cash kickbacks at its motivational core. If the investigation is impeccably conducted, it could lead to the ringleader or leaders being charged and several collaborators offering to testify against them in return for indemnity against prosecution or by reaching plea-bargain agreements. Investigators will have their work cut out because they will have less knowledge about systems and procedures than their suspects, some of whom are experts and have strong institutional memory and intimate inside knowledge.

'It's sad if something like that has happened. It will again delay the registration of legitimate foreign doctors who want to work here,' he said.

Dr Percy Mahlati, head of Human Resources in the national health department, declined to comment, saying he did not want to jeopardise the investigation.

HR chief refutes policy breach

However, he strongly refuted claims, made in response to statistics released in Parliament by his minister, Dr Manto Tshabalala-Msimang, that government was flouting its own principled policy of not recruiting doctors from developing countries.

These showed that of the 507 foreign doctors placed in South Africa since November 2006, 216 were from Africa,

including 137 from the Democratic Republic of Congo, 133 from Nigeria and 12 from Zimbabwe.

Mahlati said 'a significant number' came (and had legitimately qualified) as political refugees while many others had married South Africans, which allowed them permanent residence and work. 'That is not a violation of policy. There might be a few who are there by illegal means ... no policy in the world is foolproof,' he added.

Health Department spokesman, Sibani Mngadi, said it was 'difficult to say' how many posts were fraudulently allocated but confirmed that the police were investigating corruption charges. 'We're looking at registration and allocation, the HPCSA is looking at their side of the issue to see if they went through the registration process correctly and we've asked Home Affairs to look at the migration status of the doctors, plus those normally accredited to practise locally as part of their study requirements,' he said. The internal departmental investigation would centre on whether policies had been breached and procedures violated and did not depend on progress in the criminal probe.

Numbers need 'unpacking'

Mngadi said the numerous different categories of foreign-qualified doctors working in South Africa would account for the apparent inconsistencies in official policy (i.e. no recruitment from developing countries) and the reality on the ground. 'Differentiated numbers' were being prepared to help unpack the earlier total numbers supplied to Parliament, thus creating greater clarity and understanding. If the current corruption probes are handled professionally and quickly, their impact on that exercise could provide fascinating reading.

Professor Thanyani Mariba, chairperson of the Medical and Dental Professions Board (MDPB), said he was informed of the suspension of

'a suspect' in the FWMP by Dr Kami Chetty, deputy director-general of the health department, early in April.

Rural health care working conditions and oft-dysfunctional bureaucracy have led to the point where delivery currently devolves almost exclusively upon foreign doctors and doctor conscripts.

'It's sad if something like that has happened. It will again delay the registration of legitimate foreign doctors who want to work here,' he said. Mariba said his understanding was that the doctors involved were 'walk ins' from the street and not members of country-to-country recruitment agreements.

Since the doctor staffing crisis began, a sub-committee of his board was meeting several times a year on a 'needs basis' to check out and fast track doctors from Europe whose qualifications met requirements for registration without having to write exams.

As predicted in the December 2006¹ *Izindaba* reportage, the doctor shortage crisis has hit the rural hospitals hardest this year because of the new 2-year internship training having reduced available community service conscripts by 78%. This is a temporary anomaly confined to this year but rural health care working conditions and oft-dysfunctional bureaucracy have led to delivery currently devolving almost exclusively upon foreign doctors and doctor conscripts. Locally trained voluntary career or even short-term public service doctors are a rare and fast-dying breed.

Chris Bateman

1. Bateman C. Rural health care delivery set to collapse. *S Afr Med J* 2006; 96: 1219-1226.