



SLOW PROGRESS IN DOCTOR PLACEMENT KICKBACK PROBE



Foreign qualified doctors queue up at the Health Department's Foreign Workforce Management Programme offices in Pretoria in 2006.

An investigator from the police's organised crime branch in Pretoria was last month scouring three provinces, tracing payments allegedly made to a health department deputy director by foreign doctors desperate for hospital placements.

The national health department's director of Labour Relations, Advocate Thomas Ngake, claimed the probe involved 'a web' connecting Home Affairs, the Health Professions Council and his own Foreign Workforce Management Programme (FWMP). He confirmed that the chief suspect was in mid-July being grilled at a separate in-camera internal disciplinary hearing

following a forensic probe 'dating back over several years,' adding that a second suspect, a security officer, was also involved.

Izindaba put it to Ngake that investigators might struggle because they had less knowledge about the systems and procedures than their chief suspect (known to *Izindaba*), a pivotal player and acknowledged expert with strong institutional memory. While admitting that 'the intricacies of this case are very challenging', he said he believed his department had 'done enough', and said: 'I can indicate that we're making quite a good impact in terms of the processes. There's no

reason for us to worry about our ability to make inroads on this. We have substantial evidence so far,' he asserted.

Ironically, the deputy director being investigated is highly regarded by private recruiters, one of whom summed up industry sentiment by calling him 'an angel who cuts red tape and makes things happen in a bureaucracy otherwise gone dilly'. The scandal has shocked this small, tightly knit recruitment community that daily struggles to overcome procedural hurdles to address the growing public sector health care staffing crisis, now aggravated by the capacity implications of the probe.

An award-winning 2006 *Izindaba* feature story¹ predicted a rural health care delivery crisis this year and exposed a short-staffed and overworked staff cadre at the FWMP's Pretoria headquarters, where a handful of staff try to help hospital managements desperate for doctors.

The doctor shortage crisis has hit rural hospitals hardest this year because of the new 2-year internship training having reduced available community service conscripts by 78%. Any further bottlenecks in processing legitimate foreign doctor applications, the other mainstay of public sector rural hospital staffing, will deeply aggravate matters.

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Disciplinary hearing well underway

Izindaba learnt that there had already been several days of the internal disciplinary hearing by late July when Pretoria's Organised Crime Unit was due to dispatch the investigating officer to Cape Town, the Eastern Cape and Free State to follow leads. At least one foreign doctor allegedly wrote out a cheque for R1 000 to the deputy director, 'plus other amounts before that', while providing 'gifts like wrist watches and cell phones', *Izindaba* was told by organised crime unit sources.

South Africa's painfully slow placement procedures (and this includes the SA Nursing Council) have resulted in substantial losses of foreign doctors and nurses keen to work in rural areas, where the doctor-to-patient ratio can be as low as 3 to 100 000.

The probe reportedly began when a foreign doctor, angered at not getting the post he claimed he was promised for bribes allegedly paid, reported the deputy director to a senior official in his department. At the time of writing no charges were imminent, but the investigating officer said he would be handing evidence over to the Directorate of Public Prosecutions 'for a decision'.

A spokesman for the Department of Health, Ms Charity Bhengu, said: 'The department is not in a position to comment, the hearing is still ongoing'. In May this year a health department spokesman, Sibani Mngadi, told *Izindaba* that the suspect was suspended on full pay early in April. He was unable to say how many posts were allegedly fraudulently allocated. '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.

Corrupt precedents

Just over 3 years ago an HPCSA official responsible for registering foreign qualified doctors was convicted of fraud for accepting cash for improper registrations. According to HPCSA spokesman Tendai Dliwayo 'about 11' foreign doctors were immediately struck off the roll as a result.

Around 15% of doctors currently working in South Africa are foreign qualified, many of them working in terms of unwieldy country-to-country agreements. The global average of foreign qualified doctors in developed countries is around 25%. South Africa's human resource plan has set a target of 5% while the country stubbornly maintains a policy of not employing foreign qualified doctors from other African countries, despite the fact that they are already here, some working as car guards.

Health department director general Thami Mseleku told Durban's July tuberculosis conference during an open floor debate that the health ministers from the DRC and Zambia were 'begging him' to send their doctors home and not to employ them. 'What must I do? How can we tell the UK not to recruit our doctors if we do the same?' he asked.

South Africa's painfully slow placement procedures (and this includes the SA Nursing Council) have resulted in substantial losses of foreign doctors and nurses keen to work in rural areas, where the doctor-to-patient ratio can be as low as 3 to 100 000. This is compared with ratios of 15 to 100 000 in our public sector urban institutions. The USA has 550 doctors for every 100 000 patients.

One nurse's story epitomises experiences

The local job placement challenges are epitomised by a story related by

a frustrated Canadian management consultant, Andrew Fulton, who is considering packing up his successful business in Cape Town. His wife, Jenna Sue, a cardiothoracic specialist nurse, returned to re-occupy her well-paid job at a top Manhattan hospital last month after 2 fruitless years of applications to the SA Nursing Council.

Jenna Sue Fulton has a Bachelor's degree in nursing science and more than 3 years' experience as a senior staff nurse in the Cardiothoracic Critical Care Telemetry Unit at New York-Presbyterian Hospital. While there she developed a quality assurance programme designed to educate and train nursing staff on the management of sexual assault clients in the emergency department – something that would hardly go amiss in this country's health system.

'It boiled down to an argument with the nursing council official – after we secured the qualifications authority and FWMP approval, who took issue with faxed course descriptions after original transcripts of her university qualifications were rejected as unacceptable', Andrew Fulton said. When his wife queried why she could not 'simply write the exam' she was told that her papers first had to be in order.

Current Nursing Council practice is to authenticate foreign qualifications before the compulsory appropriate ethos and professional practice exam for auxiliary, enrolled or registered nurse is written.

Born of South African parents and thus a full SA citizen, Fulton said he was becoming disillusioned and seriously considering closing his strategy consulting business that employed eight South Africans, and returning to New York 'There's enough going on with crime, corruption and everything else I read about for this event to just tip the scales for me', he said.

When told of the FWMP probe, he immediately responded: 'The guy



they're probing was the only ray of sunshine for us in the entire 2 years. He was really helpful and took great trouble. I'm amazed. There was no hint of funny business with us.'

Figures from the South African Health Review reveal that 82% of South African citizens rely on the public health sector. Only 27% of general practitioners opt to work for the State. There are currently more South African qualified doctors working abroad than in the local public sector. An *Izindaba* probe in January 2007² revealed that in 2006, eight times as many South African nurses were apparently leaving the

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country as there were foreign qualified nurses being registered to practise here. The numbers of foreign qualified nurses registered to practise here dropped steadily from 137 in 2004 to 104 in 2005 to just 78 in 2006.

No response was received to an e-mail requesting the responsible SA Nursing Council official to update these figures. The e-mail, which the SA Nursing Council acknowledged, was sent more than a fortnight before the SAMJ deadline.

Chris Bateman

1. Bateman C. Rural health care delivery set to collapse, *S Afr Med J* 2008; 96: 1219-1226.
2. Bateman C. Foreign nurses 'trickle in' – eight times slower than locals leaving, *S Afr Med J* 2007; 97: 82-85.



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