KWAZULU-NATAL

DEPARTMENT OF HEALTH

POLICY
COMMUNITY SERVICE OFFICERS

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POLICY REGARDING COMMUNITY SERVICE OFFICERS IN KWAZULU-NATAL

Preamble

The South African Constitution Act (1996) protects the right to respect and dignity, life, as well as bodily and psychological integrity, as well as the right to health and health care.

The KwaZulu-Natal Department of Health has a major responsibility to ensure that the health needs of the population are addressed within resource capabilities. There still exists a large difference between equality, availability and accessibility between services in urban, semi-urban and rural areas in the Province of KwaZulu- Natal. The distribution of services of health professionals is not equal throughout the Province and some communities have little access to holistic, multidisciplinary health services.

Poverty levels remain high, contributing to a heavy disease burden. The Province of KwaZulu-Natal is dependant on the services of community service officers for the provision of a comprehensive package of services prescribed by the National Department of Health.

1. THE GOAL OF THE POLICY

The goal of this policy remains the mission of the KwaZulu Natal Health Department: To develop a sustainable, co-ordinated, integrated and comprehensive health system at all levels, based on the primary health care approach through the district health system by ensuring access to a full team of health professionals at all levels of service through placement or referral systems.

2. PURPOSE OF POLICY

The purpose of this policy is to optimize the contribution of Community Service Officers of all professional categories to health service delivery in KwaZulu-Natal by ensuring that:

a. Health care services are delivered equitably in accordance with the National Health prescribed package of services at district and primary health care levels throughout the Province.

b. There is equitable allocation of Community Service Officers to public health facilities in KwaZulu Natal.

c. There is appropriate supervision and support for Community Service Officers.

d. A supportive working environment is created that would enable and encourage Community Service Officers to remain in the public service, particularly in underserved areas.

3. POLICY OUTPUTS

This policy purpose will be achieved through the following outputs:

- Improved access and availability of integrated and comprehensive health services through distribution of health care providers in an equitable manner
- Improved clinical supervision of young health professionals in the Public Service
- Increased retention of health professionals in the Public Health sector.

4. LEGISLATION, POLICIES AND GUIDELINES UNDERPINNING THE POLICY

- South African Constitution Act 1996
- National Health Act: No 61 of 2003
- KwaZulu-Natal Provincial Health Act 2009
- Batho Pele principles activated within the public service of South Africa provides a platform for ensuring human dignity to the client and health care provider
- The Millennium Development Goals which South Africa, as a member state of the United Nations signed.
- Public Service Act103/1994
- Regulations relating to performance of community service by persons registering in terms of the Health Professions Act, 1974. Regulation R. 688, 15 May 1998.
- Regulations relating to the performance of Pharmaceutical Community Service. Pharmacy Act, 53 of 1974. Regulation R 1157, 20 November 2000.
- Nursing Act 2005.
- Leave Measures and Arrangements: Medical Interns and Community Service Workers. Shaun-Allan Smith, Department of Health. June 2002
- District and Primary Health Care Package of Service: 2005: National Health Department.

5. PERSONS AFFECTED

Area General Managers, District Managers, Hospital Chief Executive Officers, Medical and Nursing Managers, Pharmacists, Dentists, Rehabilitation and Therapeutic Therapists Clinical Psychologists, Dieticians, Optometrists, Human Resource Practitioners and Community Service Officers of all health professional categories.

6. THE AIM OF COMMUNITY SERVICE

The main objective of Community Service is to ensure improved provision of health services to all the citizens of our country with the emphasis on rural and underserviced populations. Community service provides a workforce to address unmet needs in South Africa.

Community service also provides our young professionals with an opportunity to develop skills, acquire knowledge, behavior patterns and critical thinking that will help them in their professional development.

7. THE PROCESS OF ALLOCATION OF COMMUNITY SERVICE OFFICERS

In formulating this policy, cognizance has been taken of the legislation, as well as agreements at the annual Stakeholders meetings at a national level. There is currently no written policy or guidance at national level beyond the legislation. Community Service Officers are public servants and guided by the regulations of the Department of Public Service and Administration. Where there are circumstances unique to community service, further detailed regulations or policies need to be put in place at national and at provincial level.

An Allocation Committee will oversee and approve the allocation process. It must be stressed that the individual interests of Community Service Officers and managers should not be considered unless there are compelling reasons for their personal interests to be considered - see below.

Applicants whose applications are forwarded to the province from the National Department of Health will be processed provincially to ensure that preferences are accommodated as far as possible, but not guaranteed.

Applicants who voluntarily exclude themselves from the allocation process could be offered posts in rural/underserved areas only after the allocations of applicants received from National Department of Health have been placed, should funded vacancies exist.

8. 1. ALLOCATION PROCESS

8.1.1. Role of National Department of Health

a. The National Health Department designs and issues a standard application form for all applicants.

b. Applicants give five choices of approved health facilities in order of preference on the application form.

c. Central processing (sorting per province of choice and data-capturing) of applications is done by the National Department of Health.

d. Applications within their cycle (fresh from internship) will be given preference over applicants who delayed their community service for any reason.

e. Selection and allocation of Community Service Officers by Province(s) of choice.

f. Annual general meeting to ratify the allocations.

g. Members: Chairperson: Director General, Senior Representatives of the Department of Health, Provincial Head of Health or Representatives from Provincial Health Departments.

h. Each Province issues a letter of employment (pro forma) to the prospective community service officer allocated.

i. All these procedures will be done according to applicable time schedule as outlined by the National Department of Health.

8.1.2. Role of KwaZulu-Natal Department of Health and procedure that will be followed

a. The Province identifies facilities for Community Service Officers according to service need, work load: work force criteria.

b. The Province provides a list of institutions prioritized for community service officers of the various disciplines that is published in the government gazette each year.

c. The Province receives the list of Community Service Officers (CSO's) to be allocated from National Department of Health and manages the allocation to institutions within the Province.

d. Applicants will only be allocated to institutions published in the Government Gazette.

e. A spreadsheet is developed recording the names and demographics of the applicants.

f. A computer generated random number is assigned to each application form.

g. An allocation panel considers the applications, their preferences and personal circumstances. The panel is to consist of at least 4 members of the Department of Health, and chaired by the Provincial coordinator.

h. A Provincial Coordinator is elected to ensure continuity of coordination and problem solving with National Department of Health, Facility Managers and Facility Community Service Officer Mentors.

i. The list of available vacancies is considered in light of service priorities, in keeping with the national purpose of community service to serve the rural population of the country.

j. Applications are initially sorted according to institution of first choice. Allocation is made by the panel based on service needs, special personal or extenuating circumstances that are appropriately motivated for in writing, and availability of alternative choice.

k. Remaining applicants are allocated according to the random computer generated number.

l. The choices, in order of preference, are considered for unplaced applicants. If choices run out, applicants are placed into the second and subsequent allocation rounds. Re-application is required for each round.

m. Applicants who are not placed in the first round, and who then do not apply in the second or third round within 2 months of their initial application, will have to re-start the process for placement the following year.

n. The Province forwards a job offer to the successful applicants, which may be accepted or declined by the applicant. Applicants who do not accept any of the offers made by the province will have to re-start the process for placement in the following year.

o. Applicants who for various reasons, have to delay commencement of community service are required to notify the institution timeously of their intention to start late and to provide documentary evidence from their internship site as to when their internship will be completed(in the case of medical staff) and why they are starting late.

p. Community Service Officers are appointed at institutional level, but need to notify the appropriate professional council in order to have their commencement of community service registered. They are then issued with a Completion of Community Service registration certificate after 12 months of service.

q. Health facilities are responsible for checking that the professional is registered with the relevant professional council before assuming duty.

r. On completion of the Community Service, the Province must issue a certificate to this effect to National Department of Health. National Department of Health communicates the information to the relevant Professional Council. A delay in this process can cause the Community Service officers a delay in appointment to their next position.

s. The Province is required to establish clinical areas of practice that are suitable for continuing training and service and adequate supervision.

8.1.3. Principles guiding Allocations

a. Community Service applicants of all professional categories will be allocated according to the service needs in the Province.

b. Rural and underserved areas will be given preference when allocating Community Service Officers of all professional categories.

c. KwaZulu-Natal Provincial bursary holders are expected to fulfill community service obligations in the Province, and will not enjoy preferential treatment with respect to allocation.

d. The numbers of Community Service Officers from all professional categories accepted in the Provincial Department of Health will be determined by the funding that is available for this purpose.

e. Exchanges between provinces and facilities can only be done with the approval of the respective Provincial coordinators and line managers of the facilities. Only written requests will be considered. Transfers will only take place once written confirmation of release and acceptance is received from the facilities and/or Provinces concerned. Nurses who were seconded for training from health facilities will as far as possible be placed at their releasing service; if this facility is has been published in the Government Gazette.

f. Special (extenuating) circumstances will be considered on a case by case basis following written submissions with appropriate evidence., However the following situations do not constitute extenuating circumstances: marriage, pregnancy, religious practices, ownership of property, mortgage bond repayments, dependents suffering from acute or chronic health conditions, or owning or managing a business.

8. CONDITIONS OF SERVICE

a. Community Service Officers are required to work a minimum of 40 hours per week and serve for a full 12 calendar months, the only exception being maternity and annual leave. Overtime requirements and payment will be governed by the appropriate Provincial policy in respect of the professional category.

b. Sick leave is granted on the basis of 1 day sick leave for every month of completed service. Sick leave is therefore limited to 12 days, medical certificates are required if sick leave is 3 or more days. Once the sick leave is exhausted, incapacity leave can be applied for. The period of community service will be extended by the number of days sick/incapacity leave taken in excess of the 12 days.

c. The period of community service will be extended by the equal number of days leave taken for purposes of study.

d. All other leave, e.g. maternity leave, family responsibility leave, is as per Public Service Regulations.

e. Maternity leave does not lengthen the required time period of Community Service of 12 months, however is limited to 4 consecutive months.

f. Community Service Officers will be required to provide services in Primary Health Care settings and may be required to travel to deep rural areas. Rehabilitation and Therapeutic Therapists are required to provide at least 40% of their time at Primary Health Care level (this includes clinics, community based services, Non profit organisations and schools).

g. No independent practice, including locums, will be permitted during community service. Such practices, will be reported to the Health Professions Council as the person is not fully registered during Community Service.

9. STANDARDIZED ORIENTATION TEMPLATE AND ORIENTATION PROCESS

Each hospital must have a specific orientation document for Community Service Officers and there should be appropriate orientation at the start of every year. All institutions should implement the Provincial template, as a minimum, to ensure that most of the appropriate topics are covered. In addition, a Provincial orientation manual and resource materials will be given to each Community Service Officer at the start of his or her period of Community Service, covering all the relevant information necessary for work as an official of the Department of Health in KwaZulu Natal.

10. ACCOMMODATION

10.1 Accommodation is only provided in line with the Provincial Department of Health housing policy.

10.2 Accommodation for professional staff at rural hospitals always needs to proceed in accordance with the Provincial Department of Health housing policy.

10.3 Accommodation will be provided by the Provincial Department of Health, where no alternative exists especially in rural areas; this however depends on availability at the particular service.

10.4 Adequate and appropriate accommodation at facilities has been shown to be a powerful retention tool. Accommodation should be adequate to the needs of the Community Service Officers concerned and where possible should be provided at the hospital. Accommodation should be secure, have access to adequate catering and ablution facilities.

10.5 Consideration must be given to the fact that Community Service Officers' may have children and care givers that need to be accommodated as well. There should be no discrimination against community service officers because their employment is temporary in nature.

11. PROFESSIONAL DEVELOPMENT OF COMMUNITY SERVICE OFFICERS

The professional development of Community Service Officers is an important retention tool, if well managed and is the competence of the line manager of the respective facilities.
The decision regarding reimbursement for courses by the Department of Health will depend on the financial situation that prevails at any given time, however preference for course should be considered for full time permanent employees.

Budgeting for skills development should make provision for new Community Service Officers.

Training should not be offered exclusively to Community Service Officers; however, when training plans are drawn up in accordance with a professional development plan then there will be justification for training Community Service Officers in terms of their assessed learning needs and in terms of the service needs of the particular institution. Certain training could be made mandatory for all new health professionals entering the service. For example HIV/TB/STI management, resuscitation, severe malnutrition in children and child abuse have been identified as generic needs by most Community Service Medical Officers surveyed.

A process to allow release from duty for in-service training or updating must be done in accordance with Provincial Department of Health policy.

12. BURSARY COMMITMENTS

Where Provincial Department of Health bursary-holders have applied through and been selected by specific district offices, their allocations for community service should as far as possible be in institutions within the districts of origin.

The Community service year is the first year of repayment of their commitment and after the year, bursary holders will be tracked to ensure that their commitment is completed.

13. KWAZULU-NATAL TARGETS AND INDICATORS

It is envisaged that a well-run programme of community service will achieve the following targets:

a. 90% of Community Service Officers posts in each professional category gazetted hospitals and facilities are filled each year.

b. 60% of applicants for Community Service receive a placing in one of their first 5 choices.

c. 100% of Community Service Officers of all professional categories undergo a structured orientation programme at their allocated facility within the first 2 weeks of their arrival.

d. 100% of Community Service Officers have an identified mentor who assists them to develop their professional development plans.

e. 50% of Community Service Officers of each professional category remain in the KZN Dept of Health for a further 12 months after their Community Service year.

14. SUPERVISION

Clinical supervision of the Community Service Officers must lie within the line manager's function to ensure safe, professional practice.

In order to ensure appropriate supervision of Community Service Officers, the following mentoring framework will be applied with identified mentors at each site:

a. The role of the mentor should be to develop a professional development plan as soon as possible after the commencement of the year and to communicate this plan to the line manager. This will ensure that there is clarification of roles and responsibilities and ensure that the development needs of the individual are congruent with the needs of both the facility and the manager. Further education opportunities should also be agreed on at this stage to allow for proper planning during the course of the year.

b. It is desirable that a facility-based mentor is available to Community Service Officers at each site. This need not be the medical/professional or line manager but should be a member of staff who wants to fill this role. The aim is to ensure that the Community Service Officers are able to interact easily with more senior staff. Ideally the mentor could jointly identify specific projects with which the Community Service Officers could become involved. It is expected that where such projects are identified the Community Service Officers feel supported, useful and may have enhanced learning opportunities.

c. The Provincial coordinator, supported by Health Programmes, should meet with site mentors at prearranged times during the year to identify problems that need to be addressed .This would obviate the need to meet with Community Service Officers and provide an opportunity for sharing of best practices when dealing with Community service Officers.

d. Good professional conduct must be reinforced by supervisors and mentors, as there are shortages of good role models, partly as a result of the high turnover of staff at some institutions. Placing community service officers where good role models are not present may not be in their best interest. A confidential arrangement could be formalized whereby they are able to raise these issues with a senior manager.

15. MONITORING AND EVALUATION

The Provincial Coordinator will be responsible for implementing monitoring procedures on a continuous basis to ensure that all CSOs are optimally productive throughout their year of service.

Annual evaluations of the programme will also be carried out by coordinators responsible for each professional category, and reported to the HOD as well as to the national stakeholders meeting.

16. SUPPORTING DOCUMENTS

1. National Health Act
2. Regulations relating to performance of community service by persons registering in terms of the health Professions Act, 1974. Regulation R. 688, 15 May 1998.
3. Medical Community Service: 2009. Department of Health open letter to Medical Interns.
4. Regulations relating to the performance of Pharmaceutical Community Service. Pharmacy Act, 53 of 1974. Regulation R 1157, 20 November 2000.
5. Guideline for Community Service Pharmacists. D.R. Gooden, Pharmaceutical System Development, 6 December 2001.
6. Community Service for Pharmacists. D.R. Gooden, Pharmaceutical System Development, July 2008.
7. Nursing Act 2005 (No.33)
8. Leave Measures and Arrangements: Medical Interns and Community Service Workers. Shaun-Allan Smith, Department of Health. June 2002
9. Policy on Community Service for Doctors. Dr P Mc Neil. Centre for Rural Health: UKZN. January 2009.
10. KZN Provincial Policy on Provision of Accommodation.
11. Perceptions and attitudes of Rehabilitation Therapists to the Compulsory Community Service in KZN 2005: N.B. Khan and S. Knight