



**defence**

Department:  
Defence  
REPUBLIC OF SOUTH AFRICA

# **MEDIA STATEMENT**

Department of Defence  
(Defence Corporate  
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## **MEDIA STATEMENT ON THE IMPLEMENTATION THE MINISTERIAL MEDICAL TASK TEAM RECOMMENDATIONS OF THE INVESTIGATIONS INTO THE SITUATION AT ALL 3 MILITARY HOSPITALS**

The Minister of Defence and Military Veterans appointed a Ministerial Medical Task Team consisting of 9 independent Health Care Professionals to conduct an investigation into a range of complaints received from Health Care Professionals in the employ of the South African Military Health Services (SAMHS). This task team was mandated to consult with all relevant stakeholders in and outside the SAMHS and make recommendations. The areas that were looked at included human resources, military readiness, health services, facilities and equipment at the three military hospitals from 10 March 2014 to 21 April 2014. Soon after the task team tabled their first report it became clear that more work needed to be done thus the work of the task team was extended.

The task team came out with eight (8) broad recommendations and 10 specific recommendations. The broad recommendations included the following:

- Review of Human Resources practices and policies
- Filling of vacant funded posts within three months
- Review of payment of Commuted Overtime to be aligned with the National Department of Health
- Review of delegation authority
- Repair and maintenance program of the three military hospitals must be investigated
- Personnel turnover and negative personnel growth
- Rigid application of policy without recognizing peculiarities of health care practitioners.
- Lack of capacities and increase in medical outsourcing.

The findings of the Ministerial Medical Task Team were translated to implementation plans by an implementation committee allocating timeframes and responsibilities. Three sub-committees for the implementation process were established, namely the Human Resources, Infrastructure and the Health Care sub-committees.

### **Human Resources Sub-Committee**

The South African Military Health Services (SAMHS) has embarked on a process of placement and rotation of members with correct competencies into the correct posts and this is part of succession planning. Plans are in place to align the SAMHS HR structure in line with that of the DOD Human Resources structure. A project Office dealing with the skill audit has been appointed in the SAMHS.

Continuous selection boards for the appointment of new health care professionals are taking place. Priority has been given to process the applications of 28 doctors and specialists since February this year. While some are in the process of making sure that the required documents are in place, the others have been processed for appointment. 11 have been employed from September 2013 thus far.

The decision to accord the Surgeon General the delegation for acquisition has been put in place.

The payment of outstanding commuted overtime for the Financial year 2012/13 for some doctors (Medical Officers and Practitioners) started from 15 October 2014 onwards. Outstanding issues regarding the payment of commuted overtime are being addressed whilst all outstanding documentation related to commuted overtime have been audited. All outstanding overtime payment that has been captured will be paid out on the 15 December 2014.

A comprehensive audit on the translation of health professionals to the various Occupation Specific Dispensations and the outstanding grade progressions thereafter is underway. The audit process started at the end of September 2014 and will continue until all the audits and rectifications of health professionals remunerated according to Occupation Specific Dispensations (OSD) are completed.

A total of 1191 files of medical practitioners eligible for the OSD has been identified and thus far, 406 files have been completed whilst auditing of the remaining 785 files continues.

Emanating from the four hundred and six (406) files that have been audited so far, it is clear that some Occupation Specific Dispensation translations were incomplete and grade progressions were outstanding that resulted in perceptions that Occupation Specific Dispensations were implemented incorrectly. As a result audit rectifications are being done in phases.

A training session on the Performance Management and Development System (PMDS) has been conducted at 1 Military Hospital. This is an important phase in the correct implementation of the grade progression since this is dependant on performance assessments. To keep every affected individual informed regarding this intervention, there has been constant information dissemination to inform all health care professionals on progress regarding corrective measures being taken regarding commuted overtime, normal overtime and the OSD grade progression. The Surgeon-General and the Chief of Human Resources (C HR) and the implementation team visited all three hospitals with the purpose of engaging the affected individuals, furthermore to communicate progress being made in the implementation of the Medical Task Team.

### **Infrastructure Sub-Committee**

The Defence Works Formation has taken over the Refurbishment Project of the first floor of 1 Military Hospital following the prescribed Public Finance and Management Act (PFMA) processes. The Departmental Commercial Procurement Board (DCPB) has approved the taking over of the consultants that were utilized by the Department of Public Works (DPW). The refurbishment work to be done at 1 Military hospital will now be managed by the Defence Works Formation.

CSIR (Council for Scientific and Industrial Research) has been approached to form a Joint Interim Operation Centre to capacitate the Defence Works Capability and use 1 Military Hospital as a pilot project. It is envisaged that the first floor of 1 Military Hospital refurbishment will be completed early 2016.

An inventory list of all the main medical equipment of the SAMHS has been completed. Funds have been set aside for the purchase of medical equipment according to the requirements of the commanders of the three military hospitals.

### **Health Care Sub-Committee**

Clinical meetings and morbidity and mortality meetings have been established in the 3 military hospitals for training and development of the community service doctors and interns in these institutions. Monitoring and supervision mechanisms to oversee the implementation of these training programs have been developed.

The SAMHS has qualified instructors who will be facilitating training of ATLS, ACLS BALTS and BARTS at both 1 Military Hospital and the School of Military Health Training. A handbook with protocols for deployment of combat elements is available and has been updated.

Communication has been made with the chairperson of the Office of Health Standards Compliance (OHSC) with a view to making sure that the military hospitals meet the provincial benchmarks for accreditation for the National Health Insurance (NHI). A meeting has been set up with the vice chairperson of the OHSC to realise this objective. In these discussions, it was made clear that the rollout of the requirements for compliance is to be done beginning of 2015. The delegation for salary pay progression has been given to the Surgeon General.

**Ends.**

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