













# JOINT STATEMENT ON THE GAUTENG DEPARTMENT OF HEALTH'S UNILATERAL DECISION TO MOVE DOCTORS INTO A LOWER COMMUTED OVERTIME TIER

For immediate release: 05 April 2025

We write to you on behalf of the clinicians and leadership of the medical faculties from the University of Pretoria, the University of the Witwatersrand, and Sefako Makgatho Health Sciences University, in conjunction with representatives from the Health Professions Council of South Africa (HPCSA), the Colleges of Medicine of South Africa (CMSA), the South African Medical Association Trade Union (SAMATU).

This collective of stakeholders recently convened to discuss the Gauteng Department of Health (GDoH)'s austerity measures leading to proposed amendments of the 'Commuted Overtime (COT) framework', termination of sessional contracts, both of which ensure the availability of healthcare professionals outside the normal corporate business hours. In addition, healthcare posts have not been filled since October 2024. Should these measures be implemented they will reduce patient access to healthcare, compromise the quality of clinical care and impair the training of health professionals.

At the heart of our healthcare system are dedicated healthcare professionals, whose expertise and commitment are essential not only for the immediate provision of quality patient care but also for the mentorship and training of future generations of medical professionals. The proposed changes threaten to destabilise this delicate balance, compromise patient care, undermine training programmes and research, and thereby exacerbate the healthcare crisis in our public sector facilities.

We wish to highlight our concerns regarding these austerity measures and the unilateral manner in which they were implemented by the GDoH. These measures will have the following impact:

### 1. Patient care and service delivery

By reducing the COT of doctors and abrupt termination of sessional contracts, the GDoH risks exacerbating the challenges faced by an overburdened system, potentially leading to the unavailability of doctors to provide essential care. This will result in patients experiencing significant delays in receiving treatment, ultimately undermining the quality of healthcare services delivered to our communities. The Clinical Heads of the Departments and Units, who remain responsible and accountable in the face of these immense challenges, are extremely concerned about their ability to ensure the uninterrupted availability of clinical services in the current situation.

## 2. Impact on health professionals and their work

The public health system in Gauteng is being sustained by the dedication and resilience of hardworking and selfless healthcare professionals, who are already operating under extremely challenging conditions. Healthcare provision is a 24-hour service and cannot be confined to normal working hours, making appropriate hours of COT essential. The proposal to move clinicians to reduced tiers of COT would have a dire impact on patient care and service delivery. This would have far-reaching negative repercussions on training, quality and safety of care, staff morale, and the sustainability of the public health system.

Furthermore, the GDoH's COT proposal should be viewed in the broader context of the continuing moratorium on appointments and freezing of posts since October 2024. Despite the absence of official written communications, clinicians are aware of the GDoH's position and have to deal with the consequences of insufficient staff on a daily basis. The circular sent out by the GDoH on the 4th of April 2025 only offers a temporary relief to this undocumented position. This relief is workable for some departments but remains inadequate for other departments and for the near future. This has had a serious and continuing impact on staff morale and service delivery.

## 3. Training of future generation health professionals

The GDoH's austerity measures will have a devastating impact on the training of undergraduate and postgraduate healthcare professionals. Training occurs throughout a 24 hour period and isn't confined to normal working hours. After-hours training is part and parcel of the instruction of healthcare professionals. Lack of specialist supervision of training of junior staff (such as medical interns and registrars) not only compromises patients' safety but also could be considered illegal.

# 4. Far-reaching Impact beyond labour relations

As evident from the points above, this matter transcends a mere labour or employer-employee dispute. Currently, the public health system is already overburdened as evidenced by the long OPD waiting periods, and surgical and dental backlogs. The proposed changes will have disastrous repercussions for the entire public health system (for example, maternal and child mortality and morbidity to name a few), a system that is already on the brink of collapse. Poorly considered alterations to the framework will impact training programmes, contribute to further systemic failures, increase medico-legal risks and costs, and ultimately compromise the health of the population.

# Based on the impacts mentioned above, we unconditionally reject the current proposal of austerity measures due to the following reasons

The GDoH's decision is rooted in a misunderstanding of the realities faced by healthcare workers operating under severely constrained and understaffed conditions. The GDoH's proposed measures are unreasonable and would have far-reaching negative repercussions on our ability to deliver patient care, staff morale, training and the sustainability of the public health system.

#### Effect on staff morale and retention

The public health system in Gauteng is facing critical challenges and is currently being sustained by the commitment, dedication and efforts of healthcare professionals who work under unimaginable pressure and compromised circumstances. Abrupt reduction in service hours through this proposal, will exacerbate the challenges of morale and staff retention. This

intervention is likely to drive clinicians away from the public sector to private practice or, worse, to other countries, thus intensifying the shortage of manpower.

## Need for sharing information and meaningful engagement

We are in vehement opposition to the proposed unilateral amendments by the GDoH. This decision is poised to drastically reduce service hours of the healthcare professionals and amend their employment contracts without due process or consultation. Such a move blatantly disregards the established protocols that safeguard fair labour practices within the healthcare sector not only in South Africa but also across the world. In fact, in many countries, healthcare is seen as a 24 hour service and health professionals are remunerated for providing services for 24 hours unlike in South Africa where packages are split between basic and COT.

As the healthcare professionals at the coal face of service delivery, we call upon the GDoH to rescind the decisions related to these austerity measures with immediate effect and to engage in earnest discussions for a long term solution. The path to improving national healthcare lies in strengthening the foundation upon which it stands. This is best achieved by fostering respectful, robust and transparent communication, where all stakeholders, especially our frontline healthcare professionals, are valued and their voices heard.

#### Conclusion

In conclusion, we firmly believe that this proposed intervention will only compound existing challenges, leading to further systemic failures and ultimately compromising patient care and training of future healthcare professionals. We reject these proposed austerity measures and realise the eventual negative consequences of these decisions on patient care, training, research, morale, retention, and the future of the healthcare system.

We hereby request that the GDoH rescinds these proposals and urgently initiates a constructive dialogue with all stakeholders to collaboratively address the underlying issues raised.

### Signed:

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SAMATU: Dr Cedric Sihlangu (General Secretary)

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