



Refiloe Mogale

Introduction

Compulsory community service in South Africa was implemented to attract human resources to the public health sector as well as to overcome the maldistribution of personnel between private and public sector, urban and rural areas and between provinces (Health, 2004). It was implemented in 1998 for medical practitioners and expanded for all graduates in the medical and allied health

fields in 2003. This community service initiative has however been fraught with many challenges such as delays due to administrative bungling, placement process, availability of posts, infrastructure, supervision and management deficiencies in the public health system.

The purpose of this survey was to understand current community service pharmacists' (CSPs) experiences and challenges in the process of applying for a CSP position in South Africa as experienced during the 2017 application cycle. The outcome of this survey will enable the South African Association of Hospital and Institutional Pharmacists (SAAHIP) to engage with the National Department of Health (NDoH) and to suggest improvements to the process.

Methodology

An online-based survey, hosted on the SurveyMonkey platform, ran for a 5-week period between April and May 2018. All current CSPs for community service in 2017 were eligible to participate in this survey. A link to the survey was circulated to all the CSPs registered at that time on the South African Pharmacy Council (SAPC) register for community service, and for whom an email address was available. The

target population was 795 CSPs. A total of 102 responses (12.8%) was received, which formed the sample population.

All data was collected anonymously and no personal data such as names, identification numbers or P-numbers were requested. Data was handled confidentially by the professional department of the Pharmaceutical Society of South Africa (PSSA) and the survey data report was circulated only to the SAAHIP executive committee for analysis and action. Participation in this survey was voluntary and CSPs were able to withdraw from the survey without any consequences.

Results

Survey responses provided a wealth of feedback across various aspects of pharmacy community service. The response rate was quite positive considering that expected response rates for external surveys range between 10-15%. Many of the survey participants were female (76,5%), South African citizens (90%) and over 56% of them were single. Most of the respondents did their internship mainly in the hospital sector (private and public), followed by community pharmacy sector (figure 1).

Most of the respondents found it easy to access information about the 2017 CSP application process, including the online application form, list of facilities, deadlines and how to select facilities. It also helped that they were kept informed throughout the allocation process, resulting in 68% of the respondents being satisfied with the online application process. Almost half of the queries (48%) about the allocation process were not attended to.

District hospitals seemed to be the preferred facility type for most applicants (54%) during first round. A noticeable trend is that most respondents preferred that their first choice facilities be in metro municipalities followed by town municipalities with remotely rural

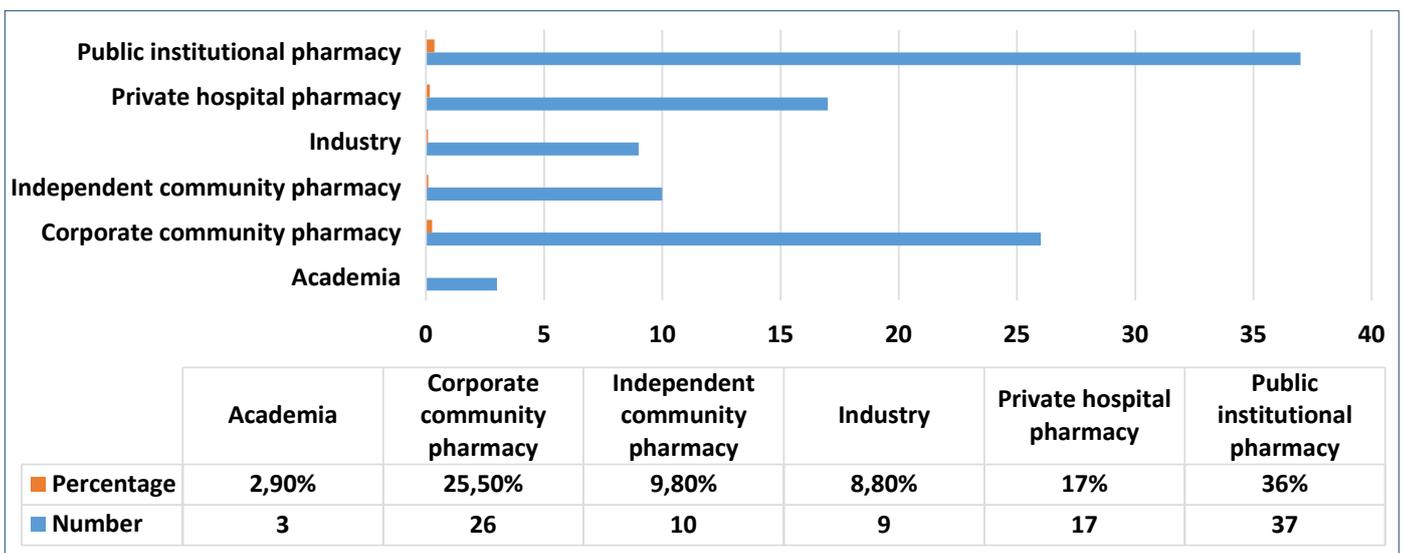


Figure 1: Sector of internship

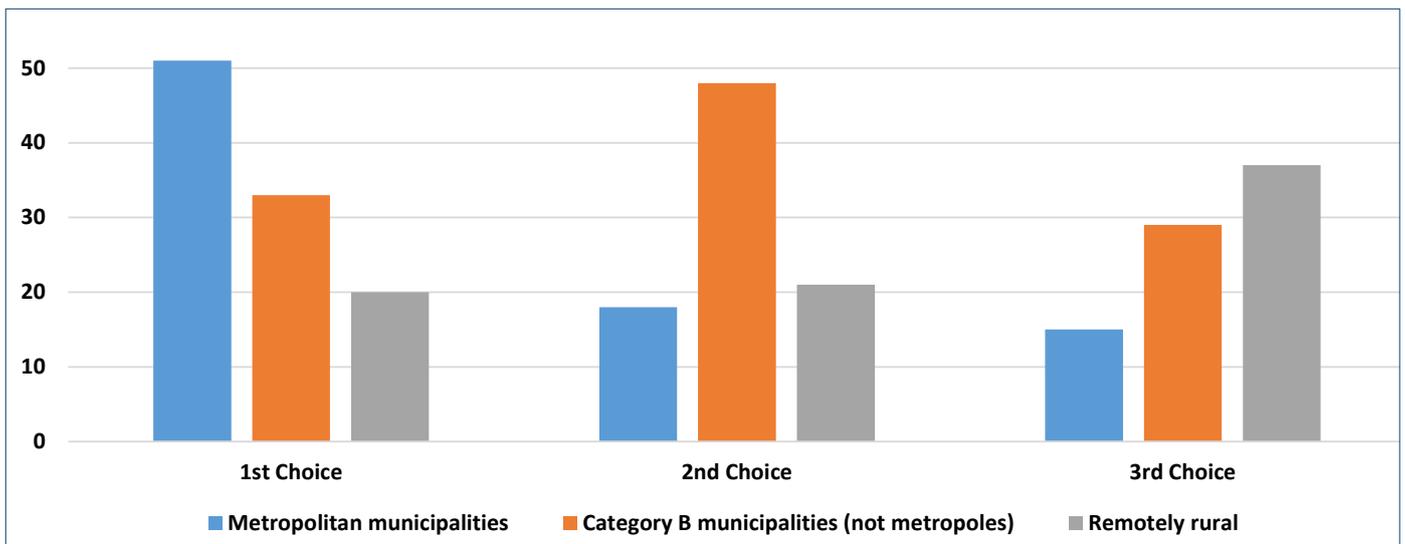


Figure 2: Location of facilities selected for community service

areas as last (third) choice. Almost half the interns were placed in their first choice, however 28% were not placed during first round placements (figure 2).

Half of the respondents commenced their community service on time. Various reasons were provided by those who resumed their community service later.

About half of respondents were contacted by pharmacy managers before assumption of duty and they were also introduced to the facility orientation programme where service conditions were explained to them. Interestingly, more than 50% of the respondents did not apply for accommodation.

Discussions and recommendations

The community service pharmacists' survey illustrated positive trends in the 2017 placement period, indicating the NDoH's view of continued enhancements to the programme's effectiveness. Also, most of the respondents were satisfied with the online process. It shows that the modifications to the online system are really working. Greater efficiencies will be seen via increased process timeliness and feedback and continuous streamlining of standards and increased transparency.

About 39% of the CSPs received information relating to the online application process via the NDoH. The number is too low as the NDoH is the main provider of this information. Other providers are merely second-hand message conveyers. It clearly indicates that the message is not going through from the NDoH. Reasons why the message is not being reached may be due to an outdated database. Thus, the recommendation is that NDoH needs to review their communication process as indicated by the results. It is known that many of the interns still indicated their university email addresses, although they become inoperative after graduation. The NDoH should therefore involve the pharmacy schools so that they can encourage pharmacy students to have private email accounts which they can use for CSP application processes.

From the results, as expected, most interns selected rural areas as their third choice. Some provinces allocate more CSP posts to urban areas. Respondents expressed dissatisfaction on facility-readiness issues ranging from late signing of employment contracts, availability of accommodation and orientation/induction of new employees by the receiving facilities regarding their placements from the provincial departments. The NDoH must engage the relevant provincial department officials to ensure that they deliver on their mandates. Support partners at provincial level can be engaged to design and implement orientation programmes for community service pharmacists. The delays in signing employment contracts has a huge impact on the application process, which undermines the online application process.

For a smooth receiving process of CSPs by facilities, all information including facility details, responsible Human Resources and pharmacy managers and accommodation details should be posted on the NDOH's website. Regarding the adherence to established timelines, the NDoH should engage timeously, communicate and report envisaged challenges, which may result in delays, to the relevant stakeholders and the interns. It is also recommended that the process of collecting feedback on experience from the CSPs at facility level should be implemented.

Conclusion

The modifications to the CSP online application process have yielded positive results. However, the review of CSP experience has not been documented systematically and comprehensively in the past and this has resulted in many opinions and perceptions which need to be investigated. This kind of systematic and comprehensive review needs to be endorsed and encouraged. The recommendations stemming from the survey results need to be implemented to achieve an all-round successful placement of CSPs.

Reference

Department of Health, 2004. National Department of Health Annual Report. Pretoria: Department of Health