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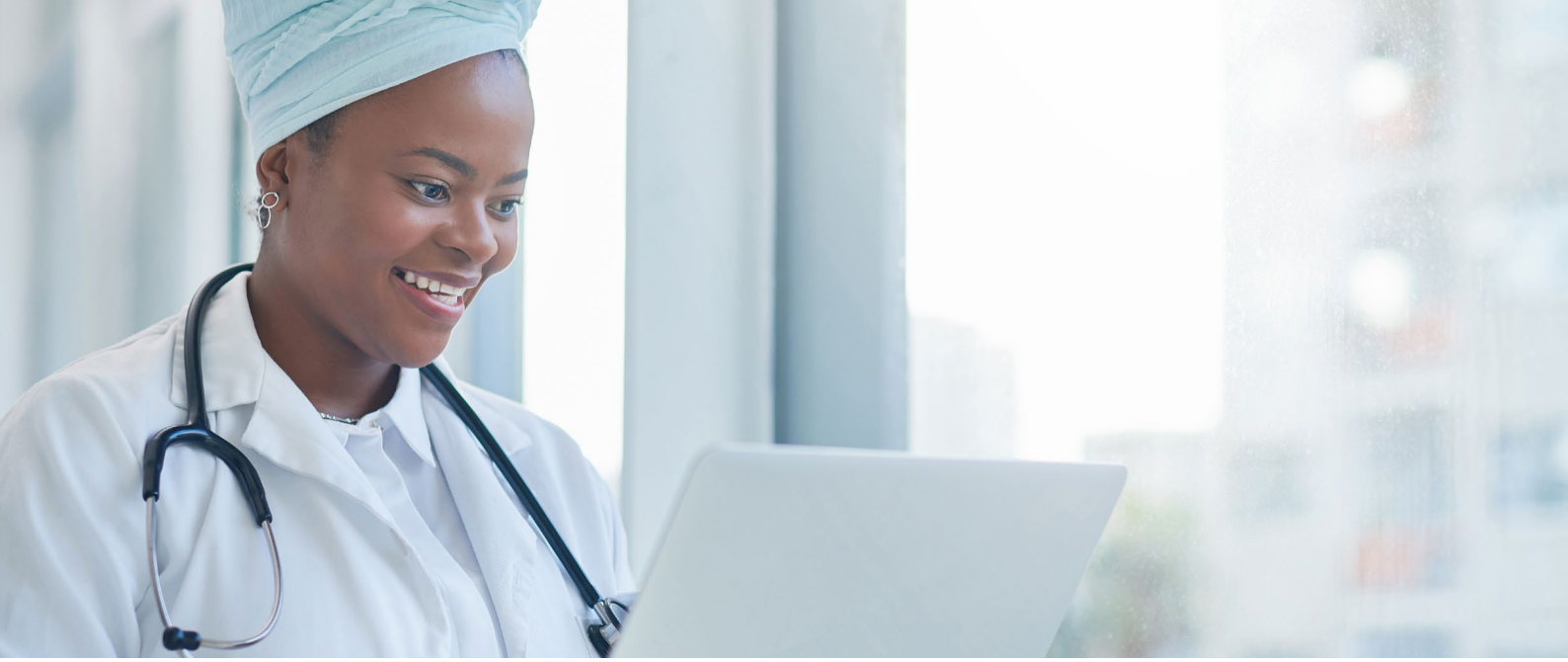

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Dr Mzulungile
NODIKIDA
SAMA CEO

Dear community service doctors,

Welcome to one of the most pivotal years of your medical career – your community service year. This year will challenge and shape you in ways that will not only enhance your clinical skills but also strengthen your resilience and dedication to the healthcare profession. SAMA stands alongside you throughout this journey, committed to supporting you at every step.

Community service is not just a requirement; it's an opportunity to immerse yourself in the realities of primary healthcare in SA. You will be contributing to our communities, far and near, in meaningful ways, often working in under-resourced settings where your knowledge and compassion will be the greatest assets to those you serve.

At SAMA, we believe that safety, ethical conduct and personal wellbeing are the cornerstones of a successful community service year. This Comm Serv 201 booklet for 2025 has been carefully compiled to provide you with practical guidance, insights from those who have walked this path before you and resources to help you navigate the year ahead with confidence.

We encourage you to engage actively with the SAMA community and take advantage of the support available to you through our various wings, including JUDASA, the Women's Wing, and numerous other networks. If you are not already a SAMA member, please join the association to enjoy the full benefits of being a member of your professional community and the opportunities that come with it. Remember, you are not alone on this journey – SAMA is here to advocate for your professional interests, ensure your safety and help you thrive in this crucial year.

We wish you a fulfilling and impactful community service year, filled with learning, growth, and the knowledge that you are making a difference.

Warm regards,
Dr Mzulungile Nodikida
SAMA CEO

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Ruhann
BOTHA
JUDASA chairperson

This is your year to SERVE

Congratulations on powering through your internship. I am sure at times you felt like giving up, but I also know there were moments where you could not help but smile and feel proud of what you were achieving. I am sure your internship has equipped you for your community service year, and even though you might feel anxious, have trust in the skills you have developed thus far, and be open to learning more.

Your community service year will bring good memories, and at times it will be extremely difficult. I want to call on you remember that this is your year to SERVE.

S 19 **Support**. Your community service year has endless possibilities, but with these can come difficulties. Build a support network, whether with family (if they are close by), or colleagues and fellow community service doctors. Do not underestimate the support allied health professionals and community members can lend to you. But also, do not underestimate the support you can give to others.

E 5 **Empathy**. Community service sometimes has the ability to make doctors hard and blunt people. Do not lose your empathy and love for fellow human beings. Treat your patients with dignity and empathy, but also treat your colleagues the same way. In times that are rough, you will need support and care, and you will only receive what you give to others.

R 18 **Read**. This year serves as an opportunity to consolidate what you have learned during internship, but also provides opportunity to read and learn new material. You might develop a newfound love for rural medicine, or who knows, maybe government theatre scrubs are suddenly appealing. Find what you love in medicine, and read up on it. Broaden your knowledge and your skills. And remember, in the field of medicine there is also non-clinical work, and your passion might lie there.

V 22 **Visualise**. Dream and visualise your future. Draw up a vision board if you feel like it, and set out your dreams and goals, and work towards those. Consider writing exams and doing courses to help you make your dream a reality. And again, there is no shame in not knowing what you want, neither in feeling you need a break from medicine (some people might actually advise that after community service, you first take a break).

E 5 **Explore**. Most important of all, enjoy the community service year. You might be placed somewhere you had never thought of going to. Explore the area, and explore the beautiful communities we have in SA. In the Eastern Cape, you can explore the untouched coast, and in Mpumalanga you can visit the world-renowned Kruger National Park (who knows – maybe the bushveld will steal your heart, and you might be the next doctor at Skukuza).

The community service year will definitely have its challenges, but with these will come endless opportunities. Embrace them, and embrace the opportunities you receive.

Build community where you are, and serve the people who so desperately need your healing hands.

We welcome you to this exciting year, and we welcome you to our JUDASA family.

Tips from JUDASA on how to have a successful year

Jancke Mentze, JUDASA Committee

The most important thing one must realise when entering your community service year is that this year must be respected – it is the first time you are practising as an independent practitioner, making decisions without the previously required supervision, fighting for patients and their needs/requirements, entering a difficult system where you are not that well protected.

Community service is the year where you learn what you are capable of, and that might surprise you!

Important tips to follow if you want to ensure a successful community service experience:

- Respect the job and it will respect you. Show up, be on time, make an effort with your handovers, know when to push the queue and when to take a bit longer with certain patients, respect the nursing staff, respect the admin personnel, respect the cleaners. Respect the patients who are seeking your help during their most vulnerable moments.
- Trust your experience. Trust that you have gained enough exposure and experience to most patients/illnesses/presentations during university and internship. You actually do know what you have to do, and if you don't, you know where to find the answers. You will always have a new/old colleague close by or available over the phone to ask if you struggle – not necessarily a senior, but a good second opinion nonetheless.
- Remember you are just one person. Don't take on too much at one time, and really enhance your triage skills during this year – that way you will know when to run to a patient, when to walk to a patient and when to fight for your patient to be transferred or seen by the specialist.
- Always practise self-love. As clichéd as it sounds, you must always keep your own mental and physical health in mind. If your health declines or you reach burnout, you won't be able to fulfill the required community service experience to the best of your ability. If you need to take a break, use your annual leave/sick leave well. Plan ahead, plan something to look forward to and when you are on leave, switch off the work – focus on yourself and your own personal growth away from the hospital.
- Find something outside of the job that replenishes your soul. This can be anything: a partner, a hobby, an activity, a beautiful view, friends, a home-cooked meal … find those specific things that replenish your energy and make you smile. Hold onto them and ensure you get loads of time to do these things; make time for them.
- Keep your career plans post community service always in the back of your mind. You have to think about your career options post community service, and what requirements there are to apply for these career paths. Enhance your CV as much as you can during the community service year – not just for you, but all the courses and knowledge will help your patients as well. You can do primaries, courses, diplomas, online courses, join webinars, start collecting CPD points, participate in NGOs in your area. Also during the year, update your CV accordingly, and your LinkedIn profile.
- Something silly, but always look for the good that happened at the end of the day. Community service can be a very negative, even toxic experience, so you need to start looking for the good in every day. Focus on the positives and just get through the year. You've got this!

Community Service is an experience.
It can be your adventure as well …
The onus is on you to make the most of the experience.

Ruan
Vlok
Head of Unit: Employment Law,
SAMA Legal Affairs department

Understanding basic labour law principles, labour relations and recourse available: Your guide during community service

Ruan Vlok, *Head of Unit: Employment Law, SAMA Legal Affairs department*

Labour law plays a vital role in maintaining fair and just working conditions for all employees in the workplace, inclusive of Medical Officers: Community Service (COSMOs). These laws govern the relationship between employers and employees, providing a framework that protects workers' rights, ensures safe working conditions and promotes equality in the workplace. In this article we will explore the basic principles of labour law, shedding light on fundamental rights during your community service year that you should be aware of. Any appointment within the public service will further be subjected to the Public Service Act No. 103 of 1994, as amended, and the Public Service Regulations.

Contract of employment

One of the foundational principles of labour law is the concept of employment contracts. The employment contract establishes the terms and conditions of the employment relationship between the employer and the employee. It outlines essential details such as job responsibilities, remuneration, working hours, leave entitlements and benefits. Contracts with any provincial department should be in writing, and copies thereof should be requested by medical officers on commencement of employment. In terms of the provisions of the aforementioned Acts and regulations, any contract of employment is subject to submission of the following:

- tax reference number
- identity document
- educational/degree certificate
- registration with the HPCSA as a community service practitioner.

Remuneration

The employer shall pay, and the employee shall accept, an inclusive salary package in the currency of the Republic of South Africa at a rate agreed per annum. As an employee, you may choose to structure your inclusive salary package according to your personal needs in terms of the occupational-specific dispensation. As public service employees, COSMOs will be entitled to all general salary adjustments for public servants

Codes of ethics

The World Medical Association (WMA Declaration of Geneva requires physicians to pledge that "the health of my patient shall be my first consideration," and to provide medical services in "full technical and moral independence." Similarly, the WMA International Code of Medical Ethics states that "a physician shall owe his patients complete loyalty and all the resources of his science."

As an employee, you may choose to structure your inclusive salary package according to your personal needs in terms of the occupational-specific dispensation

applicable to posts as approved by the Minister of Public Service and Administration, subject to negotiation in the Public Service Co-Ordinating Bargaining Council (PSCBC).

Working hours and overtime

Labour laws establish standards for working hours to prevent exploitation and protect employees' health and wellbeing. These laws define the maximum number of hours an employee can work in a day or week before commuted overtime comes into effect. They also establish requirements for rest periods, meal breaks and days off to ensure that employees have adequate time for rest and personal activities. COSMOs are employed on a fixed-term basis in a full-time capacity during their community service year for a minimum of 160 hours over a 4-week cycle.

COSMOs may be required to work overtime as demanded by the operational requirement needs of the department. In

Leave entitlements

The following leave provisions will apply to COSMOs during your community service year.

Annual leave: 22 days per year vacation leave with full remuneration will be granted during the year. Subject to your supervisor's recommendation, this leave may be granted at any time.

Sick leave: COSMOs shall be entitled to a total of 36 days of sick leave with full remuneration within a cycle of 3 years.

Maternity leave: COSMOs are entitled to 10 days of each month of their contract, culminating in a maximum of 4 months of maternity leave. Maternity leave should be regarded as appropriate service for the purpose of community service, and does not in anyway extend the period of community service.

Paternity leave: 3 days paternity leave will be granted if your spouse/life partner gives birth. Such leave applications should be accompanied by proof.

Family responsibility leave: COSMOs are entitled to 3 days leave in the event of a birth of a child or illness of your child, spouse or life partner, and to 5 days in the event of the death of your child, spouse, life partner or direct family member. Such leave applications should be accompanied by proof.

Labour relations play a vital role in shaping the dynamics of the workplace, especially in the public sector

addition, the contract of employment, a commuted overtime contract will have to be completed by COSMOs in this regard. In addition to the aforementioned remuneration, COSMOs shall be entitled to remuneration for authorised commuted overtime worked, calculated in terms of the applicable commuted overtime policy.

Workplace health and safety

Workplace health and safety, also known as occupational health and safety, refers to regulations and practices put in place to ensure the wellbeing, health and safety of employees in the workplace. It involves the identifying and minimising health and safety hazards, promoting a safe working environment and the implementation of measures to prevent accidents, injuries and/or diseases.

This is an obligation placed on the employer in terms of section 8(1) of the Occupational Safety and Health Act No. 85 of 1993, which dictates that every employer shall provide and maintain, as far as is reasonably practicable, a working environment that is safe and without risk to the health of its employees.

Anti-discrimination

Anti-discrimination in the workplace includes principles, policies and legislation aimed at the promotion of equality, fairness and inclusivity for all individuals in an employment setting.

Section 6(1) of the Employment Equity Act No. 55 of 1998 provides that no person may unfairly discriminate, directly or indirectly, against any employee on any ground in any employment policy or practice. Such grounds include race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language, birth or any other arbitrary ground.

Dual loyalties in medicine
SAMA Legal Affairs

Dual loyalty in medicine arises when healthcare professionals face conflicts between their obligations to third parties, such as employers or insurers, and their duty to patients. These conflicts occur when financial interests, institutional policies or resource demands hinder optimal patient care. Navigating these ethical dilemmas requires doctors to strike a delicate balance. International codes of ethics, such as the World Medical Association (WMA)'s Declaration of Geneva and the International Code of Medical Ethics, emphasise the primacy of patient wellbeing and mandate complete loyalty to patients. These codes underscore the importance of prioritising patients' health, providing medical services independently and dedicating all available resources to their care.

Labour relations

Labour relations play a vital role in shaping the dynamics of the workplace, especially in the public sector. The interaction between employers, employees, trade unions and professional associations significantly impacts job satisfaction, productivity, and overall service delivery to the public. Labour relations bind these complex engagements and dynamics. They involve negotiations, policies and procedures that regulates the employment relationship, ensuring fair treatment while balancing the interests of both the employer and the employee.

By establishing effective communication channels, promoting employee participation, and ensuring fair treatment, the employer reaps the benefits of positive labour relations, such as increased productivity, higher employee engagement and reduced situations of dispute.

Recourse in non-functioning establishments

In addressing any act or omission on the side of the employer, an employee may choose to informally approach the employer to rectify the act or omission relating to the employment relationship. Should such fail, provision is made for a formal grievance procedure, in which an employee may raise his/her grievance and propose a desired outcome.

The grievance procedure is a formal process that allows employees to raise grievances relating to employment issues, and is outlined in the grievance rules for the public service. The purpose of the grievance procedure is to advance sound labour relations and address grievances in the public service by fulfilling the primary objectives the procedure, which are:

- to give effect to section 196(4)(f)(ii) of the Constitution, which empowers the commission to investigate grievances of employees in the public service and recommend appropriate remedies.
- to promote:
  - speedy, impartial and equitable handling of grievances
  - sound labour relations
  - resolution of individual grievances at the lowest possible level in the department.

Once a grievance is submitted, the department, as the employer, is obliged to investigate, hear both sides and to provide a formal outcome within 30 business days. An employee in the public sector has the right to be represented by a representative of his/her choice during the process. Should the grievance not be attended to within the period of 30 days, in the case of an alleged unfair labour practice, the aggrieved employee has the right to submit the grievance to the PSCBC or any other relevant bargaining council.

Should COSMOs face any issues relating to their employment relationship, they are encouraged to speak up and address these. SAMA is readily available to assist members in employment matters, and we welcome SAMA members to get in touch with the Employment Law Unit by contacting us at Labour@samedical.org.

SAMA is available to assist members in employment matters. Contact us at Labour@samedical.org

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My community service experience and where you should do yours

Dr Michaela Wells *discusses her community service experience, and explains why a military sickbay or hospital can offer a wide range of rewarding learning opportunities.*

When most doctors decide about their placement choices for community service, they know which department they want to work in, and have a clear plan or timeline post community service. I guess you can call it a clear vision or goal in their career. I wasn't very interested in one department, and I had no passion for a specific field. The only option that actually gives you a general experience during community service is casualty or emergency department work or a district hospital, both of which I did not particularly want to do.

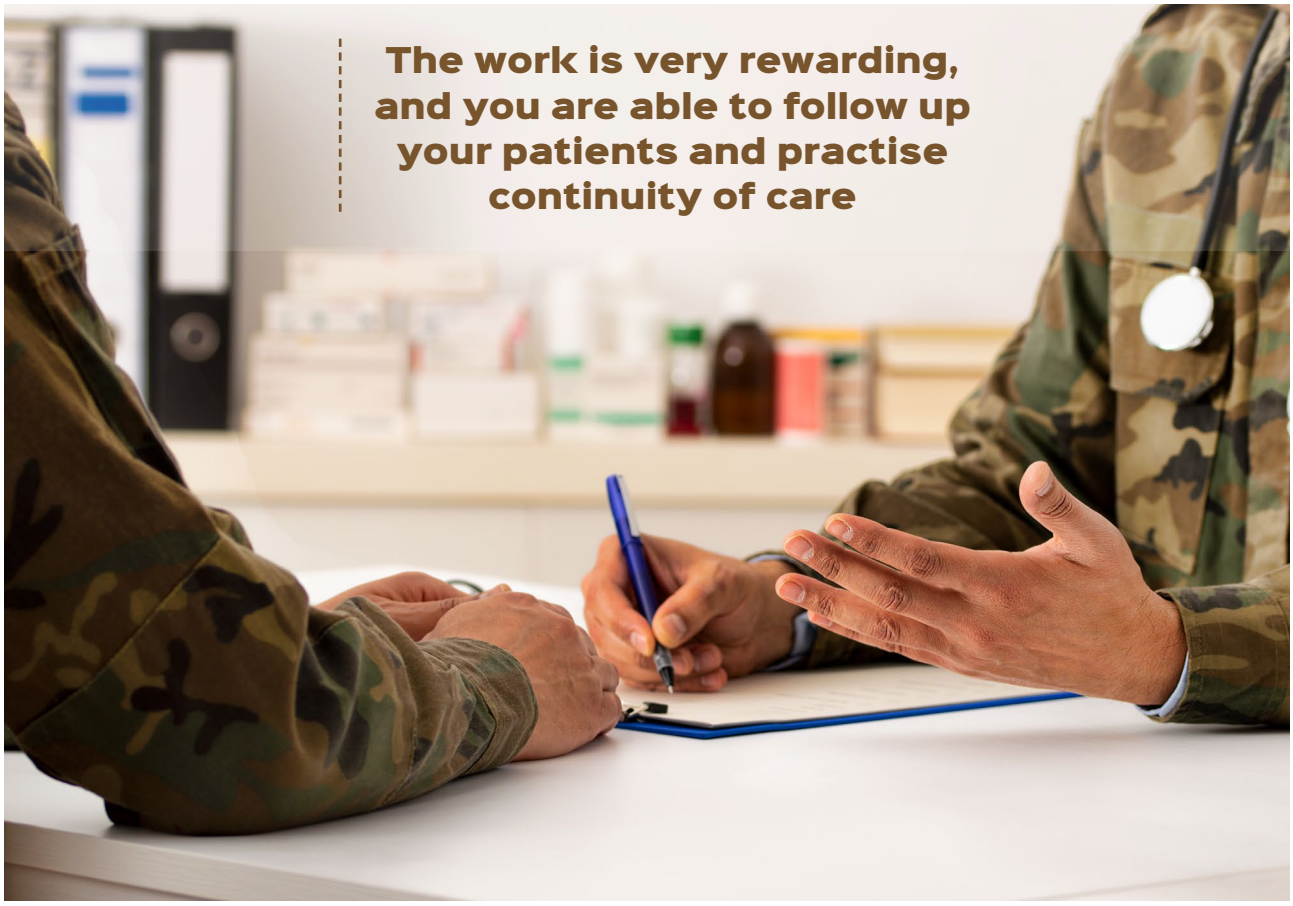
Well luckily, sometimes the choice is taken out of your hands with the process of community service. I was allocated to a military sickbay. At first, I tried everything to switch out and get another placement, but like with most people, I was not able to switch, and no-one wanted my allocation. I eventually made peace with my allocation. In hind sight, I am so happy with my allocation.

But my year at the military sickbay has been great. Lots of people are scared of a military placement, for various different reasons. It started off a bit rocky as our contracts were only sent to us in early January, which meant we had to start a bit later than anticipated.

I think a military sickbay post for community service has been the best option for me for various reasons:

You work in a multidisciplinary team that functions well. Most of the sickbays have radiographers, dieticians, social workers, psychologists, physiotherapists and biokinetics

- You get very good exposure to "GP medicine" and patients. You will be exposed to the same type of patients that you would see in a private practice. The military sickbays see three types of patients: the current uniform members; people who were in the military and left early; and then the members who retired at the age of 60. Each of these patients have different benefits, and this functions like a medical aid. You get a lot of exposure on how medical aids work, and referrals to



private doctors and providers. This will make you more confident for the year after community service if you are thinking of going into private practice.

- You work in a multidisciplinary team that functions well. Most of the sickbays have radiographers, dieticians, social workers, psychologists, physiotherapists and biokinetics. Referrals to these various allied health services are much easier than in government hospitals. Communication between departments is also much easier, because the size of the sickbays are much smaller than a hospital and you can easily walk to your colleague to discuss a patient.
- Each sickbay also has a well-stocked pharmacy and knowledgeable pharmacists, which makes prescribing much easier. The pharmacy also has a wide range of medications that you would not have access to in other government facilities, either because they are not seen as first-line treatment or because the government does not provide treatment for those conditions. Again, this helps you bridge the gap to private.
- Working in a military environment also exposes you to the military culture. For example, they have something called "CHA" – this stands for continuous health assessment. Members of the army are expected to undergo a health evaluation every 4 years. This gives you exposure to health evaluations and processes that are similar to those done in private for policies.
- There is also a lot of time to improve your skills. There is ample time for you to study and attend various courses like BLS, ACLS, ATLS and PALS.
- There is an option to do overtime, but the setting is not nearly as busy as a hospital, and the overtime hours are much fewer, and are manageable.
- The sickbay is very unpredictable: some days you can see 70 or 80 patients, and other days only 20. It is difficult to predict what your day or even week will be like. Some days you work yourself dead, and other days are really quiet. For me this was nice, – I enjoyed the busier days, but having a quiet week or two was also convenient, especially when studying.

So for an intern who currently feels, "I don't see myself working in any specific department", consider applying for a military sickbay or hospital. The work is very rewarding, and you are able to follow up your patients and practise continuity of care.

Prof. Binu
Luke

Community service – what you should know

Prof. Binu Luke

Training has ended and service begins! As you start to think about your community service year and all the challenges and opportunities the year will provide, here is some insight.

Purpose of the comm serve year

Community service is primarily a service year, as it has no formal training requirement. Promulgated by the government to make sure that the scarcity of doctors across the country is addressed, the focus is to cover this scarcity in the rural and underserved areas. However, there has to be some form of supervision, because the hospital has to sign off the doctor as having successfully completed 12 months of paid community service. The supervisor can be a medical superintendent or the CEO of the hospital.

Allocation

The allocation is done through a national allocation process called the ICSP (Internship and Community Service Programme) system. You are given five choices, and there are certain rules on how you can apply. It is a mix of different levels of hospitals and clinics, and includes tertiary, secondary and district facilities. There is a protocol by which you can only apply to a certain number of central hospitals, regional hospitals and district hospitals. There are also regulations stipulating that you can only apply for so many in a particular province, and there are special circumstances and social compact criteria. Based on which categories you fall into, you have to make your choices, and a computer algorithm will allocate your choices.

Once these are allocated, some people will be extremely happy, and some will be disappointed. If the algorithm has not considered your special circumstances or five choices, you are given an opportunity to swap, to try and get the best possible site allowed by your circumstances.

There may be a certain percentage who will not go to any of their five choices, and they will be allocated a vacant place. A problem arises if there are no places at any of your five choices. You cannot really complain if you are sent to one of your choices.

It is a statutory requirement – the state has to place these doctors, and if they don't place them they cannot complete the year and go into independent practice as legislated. Past figures have shown that there is a 95% chance that you will get one of your choices.

What should you expect?

The hospital management should welcome you when you arrive, and they should do their clinical allocation for the entire year. Hospitals have different systems, but normally you are allocated to an area for the whole year, but they may have a rotation policy. It depends on the size of the hospital and the services they offer. Your aspirations are usually taken into account and balanced with the needs of the institution – their main job is to provide a service at the level of a junior medical practitioner under a certain level of supervision.

There is always some form of training that happens in every institution, but there is no specific training requirement legislated. Use it as a time to train yourself

About community service

In 1998, a community service policy was implemented that required health professionals to complete 12 months of community service through remunerative work in the public sector. The purpose was to achieve better distribution of human resources for health to underserviced areas, and thereby improve equitable access to primary healthcare services.

In accordance with the National Department of Health's annual performance plan, all eligible SA graduates from SA universities must apply to be allocated to community service each year, within available resources.

Legislation prescribes that health professional graduates who wish to register for independent practice first need to complete 1 year of remunerated community service at health establishments, as approved by the Minister of Health in the Government Gazette.

The following fields of study are applicable for community service: audiology, clinical psychology, dentistry, diagnostic radiography, diagnostic sonography, dietician, environmental health practitioner, medical practitioner, nuclear medicine, radiographer, occupational therapist, pharmacist, physiotherapist, professional nurse, radiotherapy, speech and audiology therapist and speech therapist.

and get some direction for your career post comm serve. For example, if you want to be a registrar to specialise, the year can be used to write certain exams or diplomas. There are often in-house training opportunities, and you can do short clinical courses, which take 2 - 3 days. If these courses are aligned to your area of work, you will be given special leave by management. Obviously you need approval, and you can ask for a few days' special leave to study. Longer leave is generally not possible because you need to be at your facility doing service.

Once allocated

Before you go to the facility you have been assigned to, it is important to study the hospital/facility in advance. Check with friends to ensure that before you go, you have an idea of where you are going. The comm serve year is often in rural or underserved areas, in a clinic or district hospital, which for a lot of doctors will be an entirely new experience. It may be in a village. Try to understand the place, and check with the medical managers in advance about the size of the hospital, the services they provide, accommodation possibilities, whether the hospital provides accommodation, whether there is transport from the accommodation to the hospital. I would even suggest that you go to the place in advance: sometimes a rural place is very beautiful – make the effort, so that when you go you are best prepared to manage the circumstances you are going to face. Some hospitals have accommodation allocated for comm serve doctors – this is something you need to find out about, as it depends on the facility. As a rule, the more metropolitan you get, the less chance you have of getting accommodation. For example, if you are allocated to hospitals in Johannesburg, you may not be given accommodation, but if you go to a more rural area, the hospital has usually made that allowance.

Monitoring and assessment

During this year, there should be supervisors, but

not necessarily formal training. There is a difference. In internship, the supervisor has responsibility for training the doctor, but in the comm serve year, ideally, the supervisor looks after the comm serve doctor as a junior employee. This means that they need to monitor your work and advise you, but without a specific training requirement. The supervisor provides support, because as a junior doctor you do not have all the clinical acumen required. The work allocation should be in line with your experience and training. A junior doctor should not be left alone to manage complicated patients beyond their scope of practice. The HPCSA stipulates scope of practice for medical professionals, as determined by your qualification, registration and years of experience, and what someone with a similar qualification, training and experience will be able to do. For example, we teach interns to do a caesarian section, but this does not mean that when you go to a district hospital you can perform a caesarian on any mother. Similarly, you cannot do any form of anaesthesia – this is limited, and usually decided by the hospital or supervisors.

The bottom line: if a comm serve doctor is given responsibility beyond their capabilities, based on experience and training, it should be raised with the supervisor. Either someone else does the job or the junior doctor is assisted to complete the task. You should not do a job that you think is beyond your scope of training. Know your limitations and your strengths and weaknesses. If you are asked to go beyond the scope and/or capacity that you can handle alone, alert hospital management.

Misconduct and negligence

There is no curator for community service, unlike internship. There is a provincial co-ordinator for community service, usually the same person who manages internship. The HPCSA, as the regulator, deals with professional misconduct and negligence. You have the right to complain to the HPCSA against a practitioner whom you feel has not treated you well or who was unprofessional in their conduct.

If you feel you are being bullied, use the channels within the system: your medical manager, the CEO or your supervisor. Who you go to obviously depends on who is bullying you.

Hospital management should address bullying during orientation, to give doctors the confidence and assurance that such instances will be treated with confidentiality and without victimisation.

Join SAMA if you need assistance.

Challenges

Young doctors need to know that every level of hospital has a mandated package of services. Sometimes it is not that the hospital is dismal – their services are just limited. A medical student or intern is placed in a tertiary institution,

which is at a higher level. This is why we include family medicine in second year, so that interns get an understanding of what primary healthcare is prior to becoming a comm serve doctor. You will see that the facilities and support that you are used to in a teaching hospital are no longer there at primary level care. They do not have the level of supervision or facilities.

The package of care is different, but within that package there are certain non-negotiables that must be provided. For example, if you want to do something basic, such as test for haemoglobin or test a urine sample, and if these things are not available, it can be really frustrating. When this happens, the hospital is not providing the required package; the only recourse is to complain, to bring it to the attention of the authorities. Young doctors should be health activists, helping to change the system, and this does not have to be adversarial or confrontational. Sometimes we accept mediocrity and think that it is acceptable. Develop a managerial mind – at the end of the day, as you progress in your life as a professional, at some point you will be a manager: you will manage somebody. If you see that something is not working through the informal processes, bring it to the attention of the authorities. Often managers will say, "I didn't know", or "nobody told me there were no urine dipstix in the ward". Notify the authorities of the gaps they have in the package of services, and follow up. If nothing happens, go to the provincial co-ordinator and complain. If a hospital does not provide the required package, they cannot keep allocating comm serve doctors to that facility, where there is no support to complete the basic functions of the hospital.

Subscribe to and understand the code of conduct that applies to every public service employee, so that you can work with it. When you sign up as an employee, you are agreeing to that code of conduct. Try not to be confrontational when managing situations. Ethics state that a doctor must fight for the patient, and this is where issues might arise. As doctors, we take an oath to stand up when patient care is compromised. The challenge is to keep a balance between our oath and the code of conduct.

Finally, you can always find opportunities for enjoyment during your comm serve year. Explore the local community and local tourist attractions, and get to know your colleagues. Try not to be too individualistic, and try to mingle socially. Sometimes rural settings are ideal for socialising with the group, and this need not be limited to other doctors. Develop social skills and enjoy nature and what the place offers. Doctors sent to rural placements get a rural allowance from the state – use this for your wellbeing.

Prof. Louis **Jenkins**

Prof. Steve **Reid**

COSMOs – being a healthy doctor in SA

Prof. Louis Jenkins *and* **Prof. Steve Reid**

You have moved through 2 years of internship from being a medical student to becoming a medical doctor, and have now arrived at the COSMO station. This year of being a community service medical officer is an interesting new phase in your professional journey. The COSMO year was introduced in 1998 in SA as an attempt to address the massive health needs of the people of this country, particularly in rural areas. Hence, there are many pros and cons to this year.

During internship, you had a fairly good support system of training and supervision. The COSMO year offers no guarantee of supervision. Essentially, you have been transplanted from a protective nursery into the wild, still with support, but having to respond to the climate you now find yourself in, and learning to adapt and grow. You are now in a space of being a "full" doctor, working on average 56 hours a week, carrying all the responsibilities and experiencing all the expectations of our profession. However, you are still a very "young" doctor, feeling uncertain about many clinical areas, knowing that you need to learn much more, while hoping to meet the needs of the patients you are treating and the expectations of the health system that "placed you" somewhere in the country. Managing a night shift in a busy district or regional hospital, covering the emergency centre, and/or labour ward, and the wards, and going to theatre to do a caesarean section, without the typical seniors around to ask for help as before, will be daunting.

Some of the insights gained from research by Prof. Steve Reid and others on the COSMO year have shown that satisfaction with placement at the end of the year was not statistically related to the ranking of choice originally submitted. And interestingly, by the end of the year, those placed in rural district hospitals were generally more satisfied with community service and experienced greater professional development than those in urban hospitals.

In your choices of where to apply, or where you end up as a COSMO, do not look for a comfort zone: the more rural or remote, the greater the benefit for your overall development as a health professional, and the greater the difference you can make. We learn and grow through discomfort and challenges. The vast healthcare and social challenges in our country provide unlimited opportunities for innovation, learning and growth. Tackle the challenges positively by being part of the solution rather than part of the problem.

Apart from the amazing clinical and technical skills you gained from your internship training, you also have other skills that are developing now. These so-called "soft" skills

Tackle the challenges positively by being part of the solution rather than part of the problem

relate to how to be a leader in your local health team, respecting and collaborating with everyone you work with, from management to nurses to allied health colleagues, to security, porters, clerks and your human resource department. Being truly patient- or person-centred, while practising evidence-based medicine, is a big skill to hone. Being an advocate for social justice, reporting gender-based violence, getting involved in community initiatives around substance abuse, looking out for the health needs of the most vulnerable in your community, being aware of your personal and professional values, are all skills or attributes that will become more visible during this year. You can choose just to focus on being a mechanical doctor, honing your technical skills, which are certainly very important, or you can choose to expand your world by also being intentional about these other skills.

Apart from being caring and kind to patients, you also need to be kind to yourself and your peer colleagues. This "VUCA" environment that we work in (volatile, uncertain, complex, and ambiguous) demands a lot of energy to maintain your strength and sanity. Do not try to change the system on your own. Find support in colleagues, and advocate collectively for better working conditions and services. Learn how to voice your values in a way that will be heard. Connect with other COSMOs, with mentors, social support networks and organisations.

Hopefully your family offers much comfort and support. Make sure you build a healthy personal routine into your work life around regular small breaks, exercises and fun activities. Pace yourself. Learn what "*festina lente*" means: make haste slowly. Everyone functions best at a certain pace, whether it is working, exercising, reading, eating, resting, or talking. Be aware of your ideal pace. Explore the surrounding areas in the place where you are working. Write about your experiences, make blogs or movies, and share your journey with others. It is through reading and writing that we know we are not alone.

Being truly patient- or person-centred, while practising evidence-based medicine, is a big skill to hone

Finally, if you are making a difference for your patients and the community that you are allocated to serve, even in a small way, that is sufficient. This is an opportunity to become the kind of doctor that you want to be. Building from your naive original motivations for applying to medical school, and then your experiences within and outside the medical curriculum and internship, you will have a good idea of your personal strengths and weaknesses. The resilience you develop during your COSMO year will stand you in good stead for your next career move, whether it is to specialise, as it seems most folk are keen to do, or to continue working where you are, or even to spread your wings to fly much further.

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Female employees are entitled to 4 consecutive months of maternity leave while receiving the full basic salary

Maternity leave benefits for employed doctors in the public sector in SA

Ruan Vlok, *Head of Unit: Employment Law, SAMA Legal Affairs department*

Maternity leave is a crucial component of employment benefits, particularly for working women who plan to start or expand their families. In SA, the public sector offers specific maternity leave benefits to ensure that women employed in government positions can take necessary time off for childbirth and postpartum recovery without the risk of losing their income or employment status. This article delves into the details of these benefits, highlighting their significance and the regulations governing them.

The provision of maternity leave in SA is governed by the Basic Conditions of Employment Act No. 75 of 1997 (BCEA), which sets out minimum standards for maternity leave across all sectors. However, the public sector often has additional regulations and benefits that complement the BCEA, ensuring enhanced protection and support for government employees. In terms of the Public Service Co-Ordinating Bargaining Council Resolution No. 3 of 1999, female employees are entitled to 4 consecutive months of maternity leave while receiving the full basic salary. This period can commence at any time from 4 weeks before the expected date of childbirth, or earlier if a medical practitioner deems it necessary for health reasons. Employees are encouraged to inform their employers of their pregnancy and intended leave dates as early as possible to facilitate smooth planning and transition.

Beyond the basic leave and remuneration, the public sector in SA may offer additional maternity-related benefits. These can include:

- medical aid contributions: continuation of medical aid contributions during the maternity leave period to ensure uninterrupted healthcare coverage for both the mother and the newborn
- paternity leave: provisions for paternity leave for the partner, fostering a supportive family environment.

Job security and non-discrimination:

Labour legislation mandates that employees on maternity leave are entitled to return to the same or equivalent position with the same terms and conditions of employment. This provision ensures job security and protects against potential discrimination due to pregnancy or childbirth. No female employee returning from maternity leave shall be compelled to accept a less favourable position. They are expressly protected by the Labour Relations Act No. 66 of 1996 and the Employment Equity Act No. 55 of 1998.

Conclusion

Maternity leave benefits in the SA public sector are designed to support the wellbeing of female employees, providing them with necessary time off and financial security during a crucial phase of their lives. By adhering to both national legislation and specific public sector policies, the SA government demonstrates its commitment to promoting gender equality and supporting working mothers.

Dr Randall
Ortel

Show up ready to learn

Dr Randall Ortel, *Manager of Medical Services at Karl Bremer Hospital, offers some words of wisdom.*

1

Looking back, what advice would you give to young doctors starting their comm serve year?
Community service can definitely be challenging, especially with staff shortages and limited resources. Try to stay fully engaged in patient care. Get involved with patient scenarios, learn wound care and focus on reflective practice – thinking critically about treatment options and ways to improve. Take every opportunity to learn, whether it's through observing management practices or gaining administrative experience. Also, getting familiar with research protocols can really benefit your work with patients. Be inquisitive, ask questions and show up ready to learn – the more active you are, the more you'll get out of it.

2

Any tips for working in hospitals with limited resources, and managing the ups and downs?
Working with limited resources can be frustrating, but you can still be effective by making the most of what's available. In low-resource settings, treatment protocols are often designed to maximise outcomes with minimal supplies, so focus on the fundamentals. Spending extra time with patients, using side investigations and practising careful resource use are key. Participating in commuted overtime can also offer a bit more experience and income. Always know your limitations, and be ready to refer patients for higher-level care when needed.

3

What can you expect during your comm serve year, and what's expected of you?
Your primary responsibility is to serve your local community to the best of your ability. Many hospitals allow rotations across departments, giving you the chance to broaden your skills. There are no formal assessments or logbooks – just a signature at the end of the year to confirm completion, which allows for HPCSA registration as an independent practitioner. You'll be expected to work as part of a team, complete 16 - 20 hours of commuted overtime weekly and offer support to juniors and seniors alike.

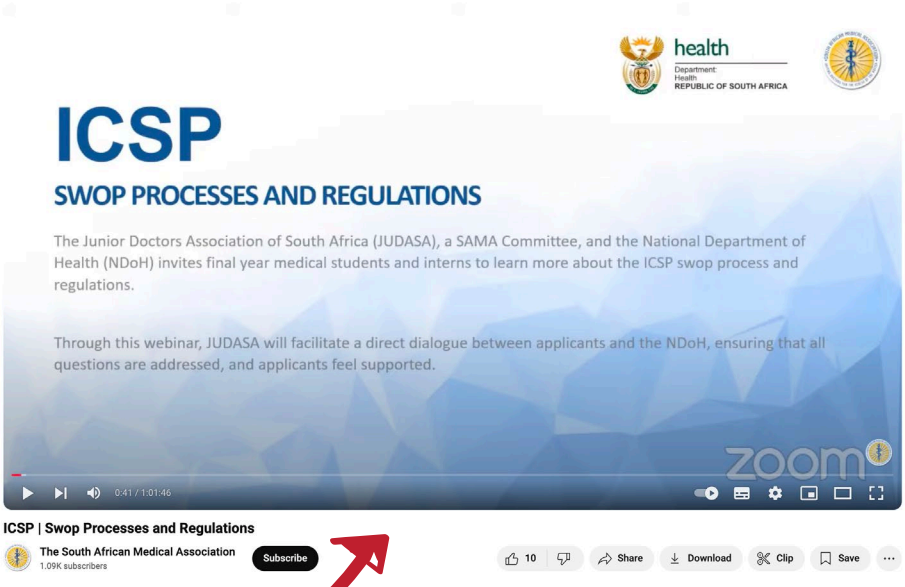
4

What is your advice on where to apply?
If you have decided on a route of specialisation in a specific discipline, it is advisable and advantageous to apply at a hospital that offers that specialty and is attached to a training university. Other than that, it depends on your personal choice and circumstances.

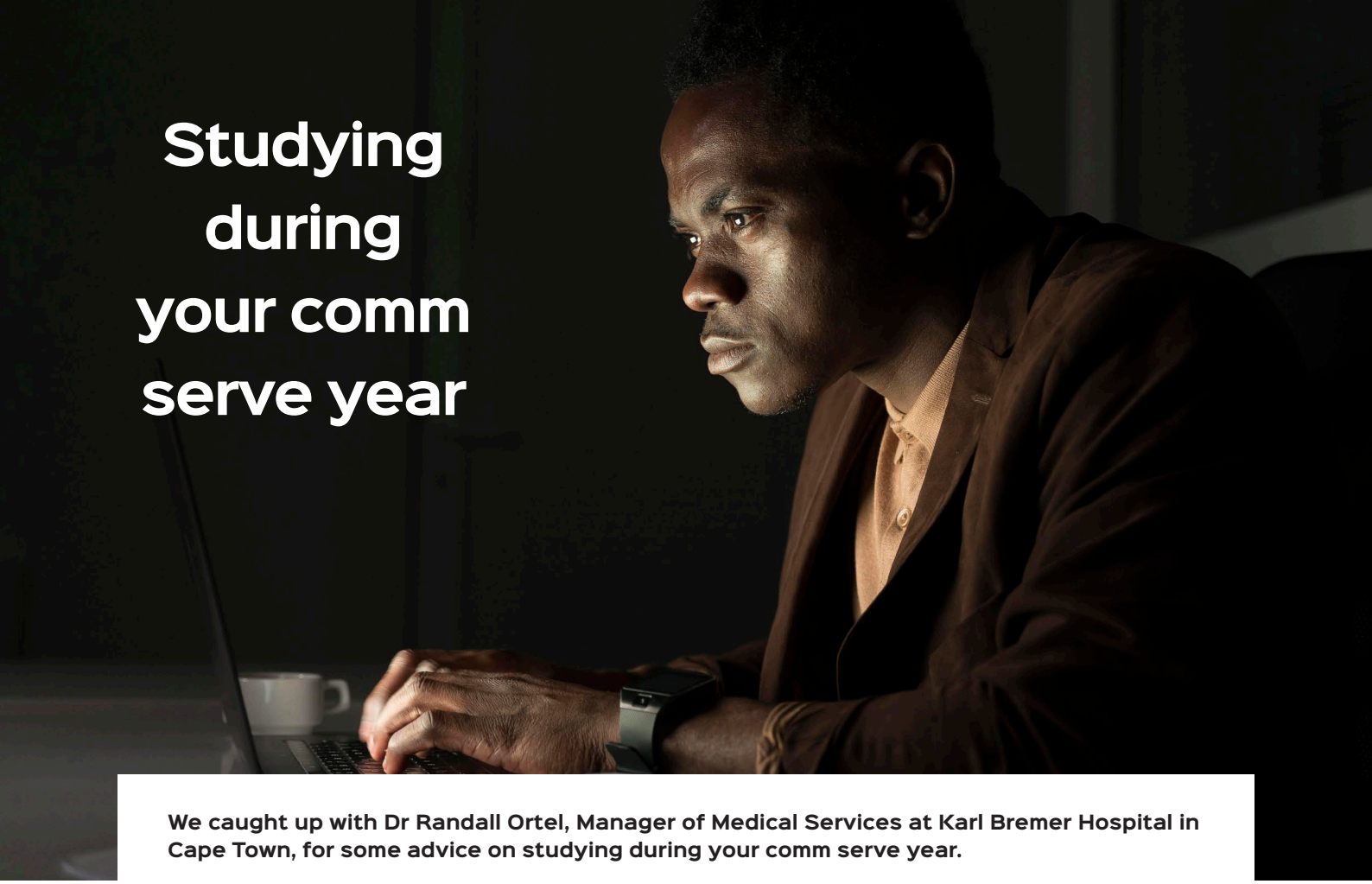
The application process

ICSP – all you need to know about applying
https://www.youtube.com/watch?v=aOWPf2qG0bQ&t=40s
The opening of the ICSP system has generated numerous inquiries and concerns among final-year medical students regarding their upcoming placements. JUDASA recognises the need for accurate and timely information to assist students in navigating this critical phase of their medical careers. In response, JUDASA hosted a webinar to facilitate a direct dialogue between students and the National Department of Health (NDoH), ensuring that all questions are addressed and students feel supported.

ICSP – swap process and regulations
https://www.youtube.com/watch?v=P6KBkTkjICA
JUDASA and the NDoH invite final-year medical students and interns to learn more about the ICAP swap process and regulations. Through the webinar, JUDASA facilitated a direct dialogue between applicants and the NDoH, ensuring that all questions are addressed and applicants feel supported.



Studying during your comm serve year



We caught up with Dr Randall Ortel, Manager of Medical Services at Karl Bremer Hospital in Cape Town, for some advice on studying during your comm serve year.

Can you study during comm serve? If so, is there any support from the facility?

Yes, you can study during your comm serve year, but it's usually limited to short courses, which might vary by facility. Common courses include basic life support (BLS), advanced cardiac life support (ACLS), paediatric advanced life support (PALS) and trauma life support (ATLS), among others.

You may be able to apply for financial support through your facility's skills development fund, though this isn't a guarantee. Each institution has its own process, so check with the people management department for guidance on skills development. In some cases, your facility might cover costs for certain approved courses, with a list of eligible options typically available. If approved, you might also get leave to attend courses, and potentially support for travel, accommodation, or meals, depending on the policies – but none of this is assured.

Are specific courses required to apply for a public sector position after comm serve?

While not strictly required, having certain life support or advanced skills courses under your belt can be a real advantage when applying for a permanent role. The courses you'll need depend on the position, but common ones include BLS, ACLS, PALS, ATLS, basic ultrasound skills and ICU basics. If you're leaning toward a specialty like ophthalmology, specific courses in areas like basic eye screening or cataract surgery would be helpful. Working in emergency centres often calls for emergency-focused courses, and international positions might ask for certifications like ACLS and ATLS/ITLS. Experience in primary healthcare or emergency settings also looks great on your CV.

Which courses would you recommend, and why?

I'd suggest choosing courses that not only align with the roles you're interested in but also fill any personal skill gaps you want to strengthen. BLS and ACLS are especially valuable as a foundation before moving into medical officer roles. Some positions may also require training for specific machines or procedures.

During your comm serve year you can also enrol for postgraduate diploma examinations at the Colleges of Medicine of SA (CMSA) after completing a minimum of 6 months in a specific rotation, as per the CMSA regulations. Please inform the supervisor or manager in the specific discipline that you intend writing the CMSA diploma examination for that specialty, and you will receive the appropriate support.

How do you apply for these courses, and where can you find them?

Most courses are offered by accredited providers, such as the American Heart Association or the Resuscitation Council of SA. You can search online for centres offering the courses you need, or you could consider travelling to larger cities such as Cape Town, Durban, or Johannesburg for more options. Some hospitals also keep a list of contracted providers. Keep in mind that for advanced courses like ACLS or PALS/APLS, you'll often need a current BLS certificate as a prerequisite.

Connect with Dr Randall Ortel on social media@ dr.randall.ortel.

Why work rural?

Rural Doctors Association of Southern Africa (RuDASA)

As the portal for community service placements opens each year, we start hearing about interns who want to avoid "going rural". But are they making a mistake? We asked rural doctors and consultants at tertiary care hospitals who have "travelled the rural track" to find out what you can gain by going rural.

Impact on people

Many of you applied for medicine because you wanted to be a person who has social impact, who can "do something to help others". Below, some of our rural doctors tell you about the impact they make on people:

"The greatest by far is the patient profile and their genuine appreciation for your efforts. They are so respectful and appreciative each day that you GENUINELY feel like you made an indelible mark in a person's life, and it really carries you through the not-so-great moments." Dr Lusanda Zwane

"For me a key lesson has been how much of rural health has been relational. One can become part of the community, the teams are smaller and greater trust develops, one can see a patient at the hospital, in the clinic and at home and get to know the whole family … and allows for much greater agency and impact." Prof. Bernhard Gaede

"Rural healthcare work allows doctors to build closer relationships with patients and the community. This continuity of care can be fulfilling, as doctors often witness the direct impact of their work on individuals and families." Dr Nhlakanipho Gumede

Skills

As young professionals, you are concerned about what you might not learn if you are not in an urban hospital. But in rural areas, you gain life skills and clinical skills that you cannot get anywhere else, which will help you thrive in further studies or posts. You can also attend the annual Rural Health Conference. Additionally, there are plenty of training opportunities available online. Here is some feedback from doctors on the advantages of working rural:

"You get to see and manage a wide variety of clinical problems, and you get to do significantly more procedures." Dr Francois Coetzee, reporting on comments from Stellenbosch University's Ukwanda Centre for Rural Health graduates

"The time spent in rural made me realise the need of caring for the disadvantaged population, realising the impacts of social circumstances in patients seeking healthcare. Overall I learnt to be human more than being a physician, and hope to carry that throughout my academic and professional life." #Mfanukhona_Nyawo

"For me, working in rural has exposed me to many avenues (and facets of myself) I would probably have never been exposed to, had I not chosen to stay rural.

Mother and child in Majola Village (photo: occupational therapist Lalenja Kolbe)

A happy clinic day at the Khula Natural Health Centre (photo: Nokuwela Mlambo)

I'll mention a few:

- You become intertwined with the community, realising the needs and can choose to fill in gaps as you become aware of them, e.g. teenage pregnancy.
- You are a part of developing solutions with the community.
- You become an advocate, a teacher, a mentor.
- You grow spiritually as you realise there is no other hope out there except God.
- You become a better communicator while opening yourself to different cultures and opinions.
- You learn different skills, become a fixer – leaking taps, roofs, broken windows, self-made T-pieces, etc).
- You are more of a mollusc in human form – adaptable, flexible, resilient and thick skinned.
- *Each day is an opportunity to make things better, not just for patients but for you as well. Each challenge is an opportunity to grow as you take leaps of faith into the unknown. Each victory is a celebration for decades. Lastly, I have travelled so much from the opportunities I got by working rural and I wouldn't trade my experiences as a rural traveller for anything!!!"* Dr Lungile Hobe (previous Chair of RuDASA).

Challenges

Rural hospitals are seen as "resource poor", so you may ask yourself how you will be able to diagnose and treat patients effectively. The answer is that in rural areas, you work with creative problem solvers, and become one yourself.

"For me, working in rural areas helped me realise how much I can do with just the knowledge I have, and my clinical skills. Sometimes we are taught that we need more infrastructure, such as equipment or laboratory tests, to be able to diagnose or treat a condition, but the rural experience taught me to be more resourceful with less." Dr Indira Govender

Developing solutions

During COVID, lifesaving solutions emerged from rural doctors and engineers in the Eastern Cape. Led by Dr Craig Parker, they created Oxera – a cheap, easy-to-use ventilation system. To read about his work and other inspiring rural doctors go to https://rudasa.org.za/articles and click on "view previous participants".

As another example, Justus Hofmeyr, DSc, is a professor in the Obstetrics and Gynaecology Department, University of Botswana, and associate director of the Effective Care Research Unit, SA. He worked rural, and so his research

A rural home visit in gumboots and rain jackets (photo: Sarah Wilkins)

interests are innovations relevant to maternal health in low-resource settings, with over 400 peer-reviewed publications (h-index 87). He has conceived several obstetric innovations including titrated oral misoprostol solution for labour induction and the re-usable Maternawell tray for monitoring blood loss after birth. These save lives in all hospital facilities, not just rural.

The Vula App was developed by Dr William Mapham, from his experience working in the Eastern Cape and Eswatini, to help with rural diagnoses, specialist advice and referrals, and to provide priceless remote, case-by-case learning.

A career pathway

Young professionals are concerned that there may be no career pathway if they work rural. But is this true? Prof. Helmuth Reuter is an infectious diseases specialist, a rheumatologist and professor of internal medicine. He talked about "The exciting path from rural health to running a department of medicine" at the Rural Health Conference 2022. This was a "reflection of choices made to work in rural communities to becoming a teacher and departmental manager. An essential focus [is] the potential role of in-hospital ward rounds in managing clinical problems and learning about the value of the healthcare team."

Rural doctors are often drawn to the family physician specialisation. The Department of Health human resource planning teams indicate that family physicians will soon be in key posts in rural health.

Most universities have postgraduate training in public health, and Stellenbosch University recently started a postgraduate Diploma in Rural Medicine at the Ukwanda Centre for Rural Health. This is a hybrid course, meaning that you can study wherever you are, with occasional trips to Worcester, Western Cape.

There is also the opportunity to do research at facility level, which may influence healthcare nationally and internationally – if you are thinking "large", read about the Zithulele Training and Research Centre, a model of rural healthcare research.

Advantages

Although you may work in some of the most impoverished areas in SA, they can also be the most beautiful parts. Let's

be honest, when you are working in the city, how many of you long for a weekend away? So why not live the lifestyle choice that you would be dreaming of in the city?

"It is better for the family-centred life, some rural environments are safer than urban environments, [you] can experience continuity of care with patients and communities, exposure to impactful individuals, exposure to patient contexts and being appreciated by patients, facing challenges in the public sector that stimulate personal growth and resourceful thinking." Dr Francois Coetzee, quoting Ukwanda Centre for Rural Health graduates

"You can be close to family and friends, and the cost of living is lower." Gavin MacGregor

These are some of the reasons cited by rural-origin health science graduates for working where they do:

- Access to the Rural Health Conference
- Paying off your bond: take advantage of that rural allowance. *"If you stay in staff housing and rent out your house/duplex/flat in the city. Come back to specialise and your bond is almost paid off. In our case it was paid off as we have never gone 'home' to Durban having left in 2008."* Dr Patrick Rogers
- You can swap rush hour traffic for just 15 minutes or less. Even if the drive is longer, it's less fraught – some even get to do some game spotting on the way home.

We know that it is easier to consider rural-based posts if you come from a rural area, or were exposed to a rural area during training. Dr Francois Coetzee explored the influences on early career journeys of graduates from a longitudinal integrated clerkship (LIC), and found that some of these were:

"Being ready for rural practice, a search for social impact, experiences that changed choices and the unexpected challenge of job insecurity. Family preferences, support within a work environment and the availability of posts are important factors in the years following the compulsory community service of LIC graduates. LIC graduates were enabled by their undergraduate training to explore non-traditional career options. They

Lost in Jalamba. On a home visit with an NGO-employed community disability worker, Mam Nosi. We were looking for the homestay of a teenage type 1 diabetic patient who had some social problems. We asked for directions to her home, and were directed down to the far end of the valley. We walked for 45 minutes down the hill and across the valley, only to be told it's the wrong homestay, and in fact her homestay was right next to where we had left the car! On our journey back up the hill, Mam Nosi reported she was struggling with a tight chest from asthma, and I regretted walking all that way to the middle of nowhere. We laughed at ourselves for getting lost. From that day I learnt to be specific about directions before heading off in the wrong direction again! I also had a profound appreciation for the distances that people travel on foot to get around, as there are no roads for a car to travel on. (Photo and text: Phillipa Scotcher 2018, at that time a family physician registrar at Zithulele hospital)

At the Khula Natural Health Centre, happy patient = happy doctor (photo: RuDASA)

were familiar with rural environments, which took away the strangeness of it and enabled doctors to take on posts in rural environments. LIC graduates prefer working in rural environments and are inclined to return to rural environments after specialising. Conclusions: participants had transformative learning experiences during and after their LIC training and made career choices that would allow them to have an impact on the healthcare outcomes of patients."

Rural medicine as a subspecialty

In *In a Nutshell*, Prof. Steve Reid looks at rural medicine as a potential subspecialiisty in its own right, and lists the some of the unique advantages:

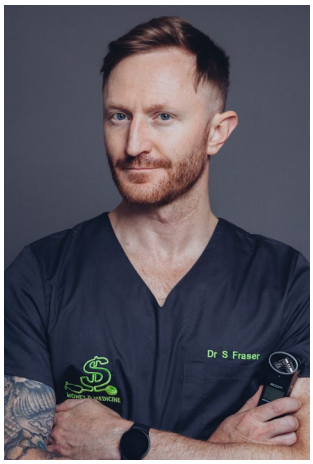
- "the extremely wide scope of medical practice, including surgical, anaesthetic and obstetric care, as well as community-oriented primary care in addition to office-based primary care
- the flexibility and adaptability required in resource-constrained situations
- the long-term commitment of rural practitioners to their communities
- the scope of practice, best described by the maxim 'any patient with any problem, at any time, and anywhere'
- the adaptability of rural doctors in the context of development, the relative lack of resources, as well as the language and culture of traditional communities in rural areas
- the commitment of rural doctors to particular communities, as part of the value systems of those who have made their careers in rural medicine
- Rural medicine should be developed as a subspecialty of family medicine in such a way that both are strengthened in the process."

Don't let lack of experience stop you from trying rural – think whether you have what it takes to succeed in the environment.

For support while working rural, visit www.rudasa.org.za.

Further reading

1. Jenkins JS, Gunst C, Blitz J, Coetzee JF. What keeps health professionals working in rural district hospitals in South Africa? Afr J Prm Health Care Fam Med 2015;7(1):805. http://doi.org/10.4102/phcfm.v7i1.805
2. Lotz J-DK. Reflections on a rural road to family medicine. S Afr Fam Pract 2022;64(1):a5594. https://doi.org/10.4102/safp.v64i1.5594
3. Rose A, van Rensburg-Bonthuyzen EJ. The factors that attract healthcare professionals to and retain them in rural areas in South Africa. S Afr Fam Pract 2015;57(1):44-49. https://doi.org/10.1080/20786190.2014.977023
4. Bateman C. Heroism in adversity – SA's heart-rending rural health story. Axess Health, May 2023. https://www.axesshealth.org/blog/heroism-in-adversity-sas-heart-rending-rural-health-story
5. Southern Queensland Rural Health. Here are five key reasons to pack your bags and head rural for an incredible opportunity to shine. SQRH, 2024. https://www.sqrh.com.au/why-go-rural#:~:text=Working%20in%20our%20regions%20is,students%20fall%20in%20love%20with.
6. Andrews A. Working in rural South Africa. BMJ 2007;334:s125. https://doi.org/10.1136/bmj.334.7596.s125



Dr Simon
Fraser
JUDASA

I don't care if you read this or not: Surviving your community service year ETHICALLY

Dr Simon Fraser, JUDASA

Now that I have your attention, let me explain. Because I actually *do* care whether you read this or not. So much so, that I'm awake and typing this at 3:30 am on a post-call morning after working 30+ hours straight the day(s) before; bashing this out on my laptop when I have two expensive courses to study for, squeezing my fried synapses for the last pico-ounce of precious neurotransmitters, knowing my unit was on intake yesterday and I have a post-intake round and busy day in the wards ahead of me today. In short, I care. Because when I think about surviving community service ethically, I think about how difficult it can be to do just that: simply **to care.**

Perhaps you have had people tell you while in internship "you are protected". I know when you're an intern it doesn't feel like it: you work extremely long hours, there's that one grumpy MO who blames you for everything wrong, including the weather that day, and your registrar is never available when you really need them. But when you become a community service medical officer (or COSMO), you quickly realise how protected you were. There was always someone more senior or more experienced who you could defer to in a diagnostic pickle, when a delicate conversation was needed, or when the troublesome but cute neonatal jaundice baby pulled the drip out of their last available vein, and mom was tired of you ineptly poking her bundle of (Oros-orange coloured) joy. The reality is that you are indeed protected as an intern (rightly so), so that

you are able to develop a measure of competence for when you will be truly alone: enter comm serve.

I have lived 39 years on this planet (I know, you wouldn't say I'm so old, but I'm a proper ballie, born in the 80s and everything), and I can honestly say I have *never* felt so alone and out of my depth as I have this year. The transition from intern to COSMO was striking in how sudden and extreme it was. Instead of a community – besides the one I am supposedly serving – I have found an inhomogeneous and fractured group of colleagues all desperately trying to get everything done with the least amount of difficulty and trouble to themselves. That is equal parts due to sheer enormity of workload, and the sometimes-toxic medical hierarchy that always needs someone to blame if something isn't perfect (and the interns are largely protected, remember). The results are often negative for embattled COSMOs, who long to be able to complete the 3-month rotation and move on like they once did. It feels like

And when you're tired, overworked, out of your depth, or alone, it can feel like you should stop caring. It can feel like no-one else does, right? Please don't stop. Please care. I hope you find that in caring, you find the ultimate joy of not just surviving, but thriving, in comm serve.

everyone is forced to hunker down into survival mode and look out for "number one". Comm serve has literally taken me away from my family and friends geographically and emotionally, and forced me to adopt a professional attitude that is quite different to how I have ever approached medicine before. It must be said, I can't complain too much: I'm very fortunate to be doing my comm serve at a tertiary hospital that has specialised departments, and I'm completing 12 months in a department I'm genuinely interested in pursuing long term. But I'm acting now as a junior medical officer, not an intern sojourner through the wonderful buffet of medicine, sampling each for 2 - 3 months at a time, and giving feedback in my logbook like my subjective tasting notes. Not only is the expectation on me as a COSMO much greater, but the hours are much longer, and the grief for missing deadlines, or an incorrect clinical decision, is much much greater. It all becomes a bit *too* much when you factor in that you're often also trying to study for courses and exams, getting involved in research and/or trying to have a life outside of medicine like a normal young person (not me – I'm old, remember – but I'm trying to be relatable. On God. No cap). And so, the point I'm making is that when you have so much extra responsibility, it's easy to stop caring.

To "stop caring" in this sense is to stop bothering yourself about the patient who asks you for a cup of water from their bedside because they can't reach it. Or to throw in your suture any which way because "the skin will close in any case, won't it?". To stop caring is to stop demanding the highest levels of excellence you committed to when you took your Hippocratic Oath, to begin to become more aware of yourself and give in to the wisdom of that other Greek sage Mediocrates: "Meh, that'll do." You figure that because you haven't had any complications up to this point, you must've been doing okay, so you can keep doing it that way and no-one will get hurt.

Until you realise they do get hurt.

As an intern, you're often not in a rotation long enough to see the effects of decisions and management plans beyond a few weeks. But in community service, you'll be someone's familiar face in clinic when they come for a follow-up, or the doctor they want to speak to about the side-effects of the medications *you* prescribed. You'll be the surgeon they remember doing the operation they were so scared about. You'll be the person they want to see if something went wrong. And in that situation, possibly the *worst* thing you can do is appear not to care.

In a time when perceptions of public healthcare facilities are at an all-time ebb, when junior doctors are being squeezed to cover for every part of an overburdened system, and doctors are "exposed" on social media when in reality they've just worked more than 24 hours straight, need to pee, and had an unsuccessful resus in the ward, and are fighting back tears while trying to chart diligently – at just such a time, we cannot afford to not care. We need to care like nobody has cared before! We need to care about caring!

So here is my advice about surviving community service ethically: CARE. Care deeply for people. Care about their problems. Care about their pain. Care that they are upset they haven't eaten since midnight last night and their case got cancelled at the last minute. Care about your job. Care about the wards running well and all the tasks from the round being completed. Care that your intern is new to this rotation and might not know what they are doing. Care about the clinic you're working at. Care that the gogos came out in the cold to see the doctor, and they got you. Care about your colleagues. Care about their tough calls, care that they're tired and might need someone to help them get home okay. Care. Because in doing so, you will fulfil the ultimate ideals of ethics. By caring, you'll aspire to ethical conduct as a healthcare professional. By caring, you'll make people feel more confident about your advice as their doctor, and more willing to implement what you say. By caring, you'll elevate others to higher standards, rather than settling for the status quo. Whenever I think of ethics and the question of how to live ethically, I'm reminded that when Jesus was asked (by a teacher no less) which of God's commands was the greatest, He didn't um and ah and try to explain why one instruction was more important than another; he kept it simple: Love God, love people. In doing so, you'll keep away from wrong and stay on the right path. You won't have to worry about which commandment is the greatest, because you care about all of them. No matter what your religious view, there is a clear message here: caring deeply for people is the ultimate ethic. Caring is at the core of moral excellence.

And when you're tired, overworked, out of your depth, or alone, it can feel like you should stop caring. It can feel like no-one else does, right? Please don't stop. Please care. I hope you find that in caring, you find the ultimate joy of not just surviving, but thriving, in comm serve.

Dr Azhar Adam
Nadkar

Community service profoundly shaped my growth as a doctor

Dr Azhar Adam Nadkar, *community service medical officer (2024), Karl Bremer Hospital*

Reflecting on my year as a community service medical officer (CSMO) at Karl Bremer Hospital (KBH) in the Western Cape, I realise how profoundly this experience shaped my growth as a doctor. Working in emergency medicine (EM), a field defined by its fast pace and unpredictability, has been both challenging and rewarding. For incoming COSMOs, embracing the demands of this role will be key to your growth, as every challenge is an opportunity to learn and evolve.

The reality of EM

EM is the frontline of healthcare, and my time at KBH confirmed this. Every day, I managed a diverse array of cases across internal medicine, trauma, general surgery, orthopaedics and paediatrics. This diversity demands a broad knowledge base and the ability to adapt quickly. I learned the importance of staying curious and continuously expanding my knowledge, something I urge incoming COSMOs to prioritise. Rapid decision-making in the emergency centre (EC), often with limited information, underscored the value of clear communication and teamwork. These are crucial skills that will help you maintain composure and deliver quality care under pressure.

Exceptional leadership and support

The exceptional leadership and support from senior consultants and the medical officer team were instrumental in my development. Their guidance allowed me to work independently, yet with the necessary support when needed. I advise incoming COSMOs to actively seek mentorship, and be open to feedback. Building strong professional relationships with your seniors and colleagues will not only enhance your learning, but also create a supportive work environment. This balance between independence and support is key to building confidence and competence.

Lessons learned

One of the most valuable lessons I learned is the importance of holistic patient care. In the fast-paced EC environment, it's easy to focus only on immediate medical issues. However, considering the patient's overall wellbeing, including their psychological and social circumstances, is crucial. I encourage incoming COSMOs to adopt this holistic approach – it will improve patient outcomes and make your practice more rewarding.

Teamwork was another critical lesson. The EC is not a place for lone heroes; it's where the collective efforts of doctors, nurses, medical students and support staff come together to save lives. I urge you to engage actively with your colleagues and foster an environment of shared knowledge and support. This collaboration is vital for patient safety and your success as a doctor.

Looking forward

As I look to the future, I feel immense gratitude for the

experience I gained during my community service year. It solidified my passion for medicine, and provided a strong foundation for my career. For those about to begin their COSMO journey, approach this year with enthusiasm, resilience and a commitment to continuous learning. This mindset will serve you well in both your professional and personal growth.

In conclusion, my COSMO year was transformative. It tested my limits, honed my skills and deepened my understanding of what it means to be a doctor. I hope incoming COSMOs can draw from my experiences, and enter their community service year with a mindset that is open to learning, and resilient in the face of challenges. This year is not just a mandatory step in your career; it's an opportunity to define the kind of doctor you want to become. Remember, as Sir William Osler wisely observed, "The good physician treats the disease; the great physician treats the patient who has the disease."

12 Tips for incoming comm serve doctors

1. Embrace the learning curve
Approach each challenge as an opportunity to grow. Don't hesitate to ask for help when needed.

2. Prioritise patient communication
Clear, empathetic communication can significantly impact patient care. Make sure patients understand their diagnoses and treatments.

3. Foster strong relationships with nursing staff
Nurses are invaluable allies. Build strong, respectful relationships with them – they offer crucial support in patient care.

4. Stay organised
Develop a system to manage patient care tasks and documentation. Staying organised is key to managing the EC's chaos.

5. Know your limits
Understand your scope of practice, and seek guidance when a case is beyond your expertise. Patient safety always comes first.

6. Manage your mental health
Regularly check in with yourself, practise self-care, and seek support if needed to avoid burnout.

7. Be adaptable
Flexibility is crucial in public healthcare. Learn to adapt and improvise without compromising the quality of care.

8. Develop teamwork skills
Effective teamwork is essential in healthcare. Engage with your colleagues, share knowledge, and support each other.

9. Stay curious and keep learning
Medicine is ever-evolving. Stay curious, keep reading, and take advantage of learning opportunities.

10. Maintain professional boundaries
Compassion is important, but so is maintaining professional boundaries with patients and colleagues.

11. Balance work and life
Strive to balance work demands with personal life. Make time for hobbies, exercise and loved ones, to recharge.

12. Be patient and stay positive
Patience and a positive attitude will help you navigate challenges and make the most of your experience.

The experience made me prioritise my emotional and physical health

The author completed her community service in 2023 and wishes to remain anonymous.

When I received the news of my placement for comm serve, I was overjoyed. I had dreamed of working there since before I even got into medical school. To me, it was a socialist success story – a state-funded facility that actually served its community well.

I chose the hospital I put as my first choice for comm serve for two (very common) reasons: it meant I could work for a whole year in the specialty of my choice, a specialty I was hoping to go into for my career, and because I had been told by colleagues that I would be worked, effectively, to death. I had a great desire to prove myself, and when I was told by fellow interns that people they knew had had to be booked off from working there due to emotional burnout or mental breakdown, I took it as a personal challenge that I could do better. It turned out that those rumours were mostly true, and the lessons I learnt during 2023 have heavily informed all my career choices going forward.

I had enjoyed internship immensely (well, the work part of it – the small conservative town part, not so much), and I started 2023 full steam ahead, with the hopes of following the usual steps of becoming a consultant.

I urge all young doctors to try different challenges, but to always be honest about what it is that you really need from your career

Since I had a provincial bursary, I was also extremely excited about heading back to my home town after many years away.

However, what I found was that moving back to a metropolitan academic hospital meant a lot of my clinical independence being removed, and becoming entirely dependent on my seniors for any type of decision-making. I also discovered about myself that my neurodiversity was not meant for specialising – the monotony of seeing the same type of patient again and again didn't work for me at all. Specifically, the hospital I worked in was a factory that worked on very strict protocols, with almost zero wiggle room for out-of-the-box or critical thinking. On top of this was placed the extraordinary pressure of medical hierarchy, and the outdated expectation that doctors may not be human in any way, shape or form. Asking for a sick day was met with extreme resentment, and any form of weakness during 26-hour calls from interns or medical officers was met with disdain. The blame culture meant that I soon became petrified of making any mistakes, and I found myself sometimes paralysed at work, the anxiety

Highlights and lifesavers: wonderful nursing staff, empathetic and astronomically hard-working registrars, wonderful patient population.
Downers: toxic blame culture and interpersonal politics, no recognition for doctors as individuals, extreme working hours.
My advice: Choose something you know will challenge you, and whichever way it goes, you'll learn a great deal.

My time there forced me to seek help from mental healthcare professionals as well as my social support group, on whom I leant heavily during the year. The experience has made me prioritise my emotional and physical health

of making a mistake causing a constant level of panic that meant any ability to learn went straight out the window.

Many of my colleagues enjoyed their time during comm serve, and I am the first to admit that my experience was strongly skewed by my own personal challenges. And so I would say that your comm serve year will always be heavily influenced by who you are as a person, as well as the hospital where you are placed. My community service year was the first time where I truly felt like I had failed, that I had not lived up to my own expectations, and where I struggled enormously. Luckily this meant that I learnt a huge amount – at a cost, but there is no doubt it was worth it.

I am extremely grateful for the time I spent in comm serve, as I now know exactly what it is that I do not want from my career. My time there forced me to seek help from mental healthcare professionals as well as my social support group, on whom I leant heavily during the year. The experience has made me prioritise my emotional and physical health, and given me a better blueprint of what it is that I value in my career going forward – novelty in my clinical work, forming strong and meaningful and ongoing connections with my patients, and continuing to work on having strong boundaries between work and my personal life. I learnt that I define success as waking up each day looking forward to going to work, as opposed to lengthy academic achievements.

I urge all young doctors to try different challenges, but to always be honest about what it is that you really need from your career. My hope for every person going through community service is that it helps them define what success means to them.

"When we long for life without difficulties, remind us that oaks grow strong in contrary winds and diamonds are made under pressure" – Peter Marshall

Dr Tumisang
Malete

Reflecting on my recently completed community service year

Dr Tumisang Malete, *medical officer: internal medicine, Greys Hospital*

As young doctors in SA, we go through multiple challenges within our healthcare system and journey. This quote reminded me that all the challenges one goes through during their internship and community service build one's character, and accelerate personal and professional development.

Being a junior doctor in SA is a roller coaster. Immediately after completing your medical school journey, you are faced with 2 years of internship. A moment in your career where you start to become a "real" doctor. During this time, you learn many valuable skills and lessons. However, internship goes by so fast that as you start to gain confidence, it comes to an end. At this point, you need to have started the process of deciding where you would like to do your community service. The tricky part about this is the realisation that most of us will not get into our first-choice sites, and as such, you must be be prepared to go out and service a community you are unfamiliar with, or have not even heard of.

As you prepare to finish off the 2 years in the place that welcomed you into the health system, you realise how much invaluable knowledge and wisdom you have accumulated over the period. As you bid farewell to your internship site, you take with you memories, friendships and valuable experiences.

"Comm Serve": finally the "IN" number changes to "MP". You are now a community service medical officer ready to serve the community you have been allocated to. Throughout your internship you heard: "We are preparing you for community service, where you might be the only medical officer." A daunting task lies ahead, but by the virtue of being South African, you have a spirit of ubuntu and resilience – traits you need in the uncharted journey ahead. I remember travelling to my new place of work in rural Mpumalanga. I didn't know what to expect, but I was willing to learn. The people were friendly, and willing to help me navigate this new journey. As a group of eight community service medical officers, we immediately created a community

It is also a time when you start to reflect on what the next step for your career is, as the 12 months of community service slowly come to an end. For some, it's a time to prepare for eventual specialisation; for others it's an opportunity to explore beyond the traditional specialisation or starting a practice

where we could confide in each other and help in times of struggle.

Your community service year is where you learn to swim, and apply all the knowledge that you have acquired throughout your internship. You literally become the difference between life and death for a patient. Unlike in internship, discussions with seniors during comm serve are mainly for support (if you are lucky): most decisions you have to take on your own. This is where I realised that it's important to equip yourself with the necessary knowledge and skills to function as an effective member of a team. This is a good time to do your short courses such as ACLS, PALS, ATLS etc., as they allow you to become more confident in managing patients, considering that you will be the first line of contact for most of these patients before they are transferred to a higher level of care.

As the months progress, you start to become confident and more independent. Emergencies become your best friend. You start to become the doctor you have always imagined yourself to be. You start to reflect that maybe, being allocated to this small town was a the best thing for your career. It is also a time when you start to reflect on what the next step for your career is, as the 12 months of community service slowly come to an end. For some, it's a time to prepare for eventual specialisation; for others it's an opportunity to explore beyond the traditional specialisation or starting a practice. It's not an easy decision, as there are many uncertainties post community service. We have seen the rise of unemployment in our field, which creates a lot of fear, especially towards the end of the community service journey. However, despite all these uncertainties, as I reflect back on my journey of community service, I would like to leave you with the following:

- Learn as many skills as possible throughout your community service year.
- Explore the different areas of medicine, both clinical and non-clinical, especially when you aren't sure of the direction you would like to take.
- Use your community service year to grow your knowledge and skills through diplomas, short courses, primaries, etc.

However, amid all the seriousness, make sure that you enjoy both your internship and community service. As Cesare Pavese said: "We do not remember days, we remember moments."

Dr Mareike
Rabe

Mareike Rabe is a family physician. She is currently the clinical editor lead at the Knowledge Translation Unit: www.knowledgetranslation.co.za. She also serves as a board member of the Ithemba Foundation, which aims to raise awareness of the importance of mental health: www.ithembafoundation.org.za.

Open mind, open heart

Dr Mareike Rabe

While many of my classmates secured placements for internship and community service in the Western Cape (which is still the "holy grail" for young doctors starting their career journeys, I believe), I embarked on my journey to the North West Province with equal parts trepidation and excitement, as I am a resident Capetonian and was a newly qualified graduate from Stellenbosch University.

My approach at the time was to view this period as an adventure, and to explore our beautiful country. I consider myself fortunate to have completed internship and community service (from 2011 - 2013) at the Klerksdorp-Tshepong Hospital Complex.

What I've learned

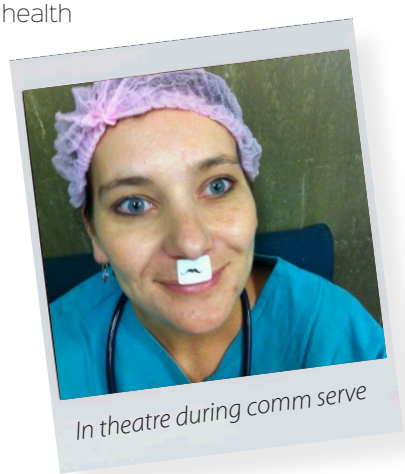
Be an advocate for the community you serve. I worked in the anaesthesia department during community service. We often dealt with complicated cases, including patients who needed surgical care for severe burn wounds and neurosurgical problems. We were faced with difficult and precarious situations, including having to "push back" if patients weren't optimised for surgery, and working with impaired colleagues. It was imperative that we asked for help early, spoke up about these challenges and reached out to the management teams when needed. It took positive energy, clear communication and regular check-ins to solve many of these challenges. Although I had good support as one of the more junior members of the team, the year was often quite an isolating experience, and that's where my peers' and the rest of the team's guidance and inputs made all the difference.

Remind yourself of the purpose of this unique year: to serve the community you have been allocated to to the best of your abilities. Make an effort to fight for, learn about and understand the community you are fortunate to serve. Listen to their stories (and complaints), and find ways to make them heard. Integrate yourself into the community as much as possible.

Be an advocate for yourself. A number of us embarked on preparing for and completing various courses and diplomas during our community service year. We took the initiative to liaise with colleagues from other institutions, and invited experts to facilitate lectures and study sessions to prepare for the relevant examinations and assessments. This gave me the confidence I needed to succeed, and contribute to my future career path. You don't necessarily need to focus solely on career-oriented pursuits; nurture existing skills or hobbies, and learn new skills or explore new hobbies.

A stronger emphasis is placed on mental health in the workplace these days, which is great. I encourage you to seek professional mental health input and support early on in your career, even if you don't think you need it. The things you learn about yourself will come in handy when you least expect it.

Don't take things too seriously. Young doctors work in high-



In theatre during comm serve

Celebrating life with Praveer Sooka, Leani Harmse and Meandra Jordaan in 2014

pressure environments. I'm not suggesting being a clown when the situation calls for professionalism and focus, but carve out time to be playful with your colleagues and connections: organise or attend fun events, such as an awards ceremony or tennis tournament. In my experience, these types of events allow people get to know one another on a different level, build trust and offer insights one can't gain by interacting with colleagues at work only.

What I've gained

Life-long friends. Such a cliché, but it is near impossible to survive community service without the support of those who are in the same boat as you. We needed to tackle the challenges at work by presenting a united front and following a team approach; we often found ourselves helping each other out, even after hours.

Not only work colleagues but other people in very diverse professions became some of my dearest friends.

A superhero partner. Also a cliché, but my path would never have crossed with my husband's had I not journeyed to Klerksdorp. He knows me at my worst, best and everything in between. I think the fact that he does not work in the healthcare sector offers an advantage in how we support each other to bring fresh, different perspectives when we face and discuss work-related challenges.

You never know … you may strike gold like I did!

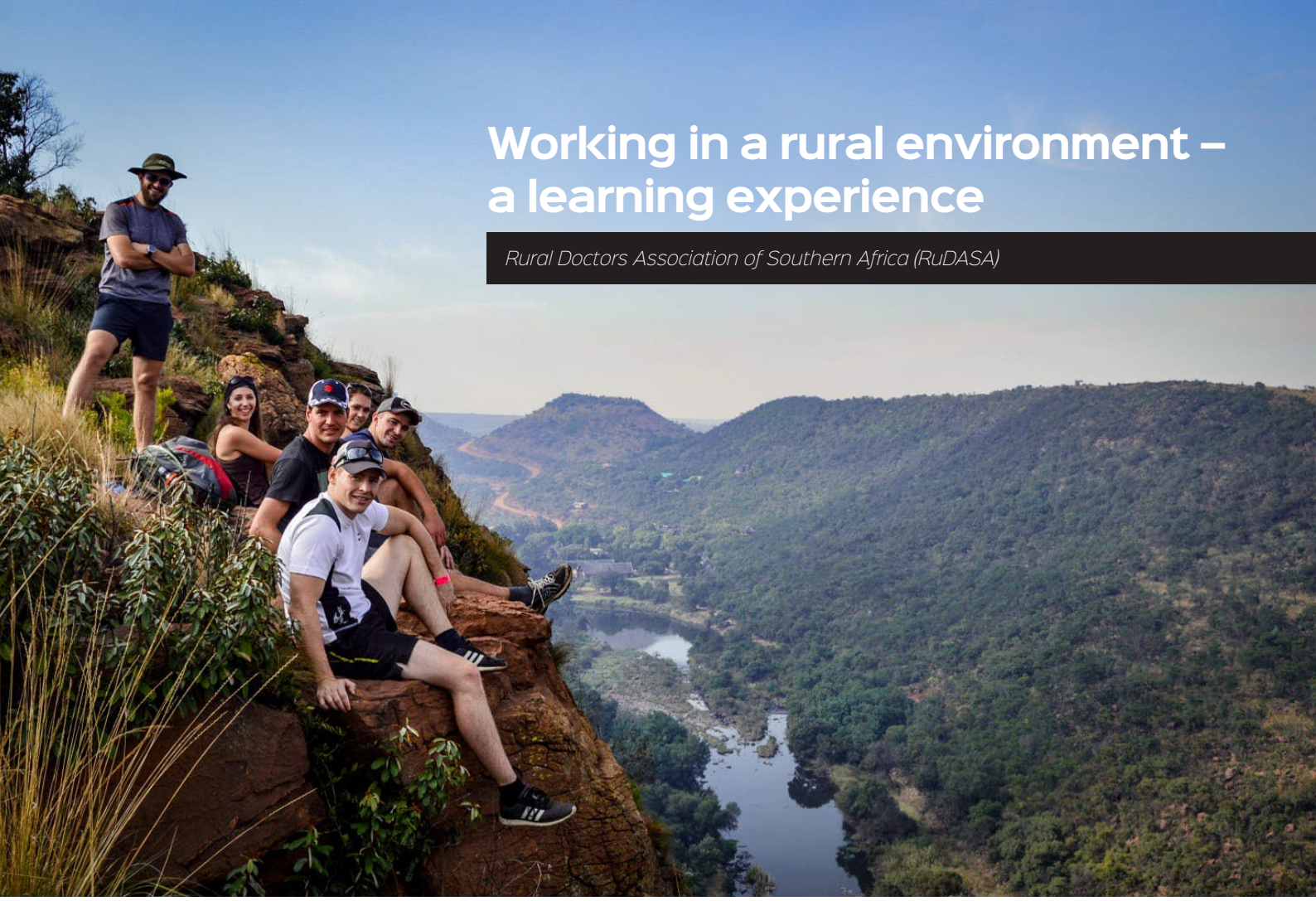
A better understanding of healthcare systems, epidemiology, healthcare challenges and needs. Although there were universal truths, the patient profiles, disease burden, community challenges and needs differed starkly from what I was exposed to during undergraduate training. I found the experience of working in two different provincial healthcare systems gave me plenty of insight. I have a broader perspective of the complexities involved in planning and implementing strategies to improve health service delivery, and feel that we are should all be part of the solution in some way, however small.

Hanging out with Praveer Sooka, 2012

I believe that, to become a better version of oneself, one needs to expand one's horizons and explore the possibilities with an open mind and an open heart. Here's to a very enriching and rewarding experience for each of you.

Working in a rural environment – a learning experience

Rural Doctors Association of Southern Africa (RuDASA)



The good news is that most people completing community service realise that it was a good learning experience, and you will learn far more life skills in a rural environment than an urban one.

Orientation to working in a rural hospital

The Department of Health runs orientation workshops for community service personnel. These vary across provinces. They may be done at district or provincial level, and often later in January to make sure everyone has "arrived". At the hospital, the human resources team should organise a facility orientation. Some hospitals/districts/provinces also have orientation manuals. Important things to learn immediately:

- Who your line manager is.
- Your district hospitals and referral hospitals and the local referral process. Try to get direct contacts with departments rather than going through each hospital's main switchboard.
- Organising transport to get to clinics, or for patients to be transferred. Be friendly – the transport manager can make your life easier if treated with respect.

On call

Some tips for when you are on call in a rural hospital:

Carry your cellphone when on call: Staff are usually competent at finding doctors through the internal phone system, but sometimes this can play up, and sometimes they can fail to find you if you are busy on a ward, in which case a cellphone is a most useful back-up. There are few things more disagreeable than being woken at 2 am, while second on call, with the news that the hospital is unable to contact the first on-call doctor, who may well be busy somewhere, but has left his cell behind, or turned it off.

Night calls – go and see the patient: No-one in the clear light of day can quite remember how difficult it can be to be called to work in the middle of the night. However, if you try to avoid going to see a patient at night you will be playing Russian roulette with the patient and your own career. Not going to see a patient is the most basic and indefensible mistake a doctor can make, so grit your teeth and get up. It should also be borne in mind that doctors are the only group of workers with fixed overtime. Most nurses are not permitted overtime, and those that are have to fill in a claim form each month. So failure to get up at night will get you absolutely no sympathy from your colleagues in other professions, and may lead to calls for your overtime pay to be reduced. When called at an unsocial hour to see something that sounds like it should have come in daytime, it is tempting to try and wriggle out of it on the phone. Go and see the patient even if it is for an earache or injured little toe. History given by nursing staff over the phone can be extremely misleading, and

you cannot reliably judge the severity of a condition. They will also not mention that the patient is a relative of the Minister of Health. If the nurses call you twice, then that is a sign that *your presence is required at once*.

Almost all complaints regarding doctors involve bad manners or refusing to see a patient.

Acquiring skills

While it is helpful to have anaesthetic and surgical skills before commencing your community service, many doctors arrive with few or none, and then acquire them to a certain standard. As with most jobs, attitude and willingness to learn are the most important qualities. From the point of view of getting through a night or weekend on call, the most important skills are spinal anaesthesia and the ability to do a caesarean section, so acquiring these skills should be a high priority. After between 6 months and a year, doctors should be reasonably competent in these skills sufficient to act as a "senior" in the duty roster. But doctors have to be prepared to try and sweat a little in their earlier efforts in order to learn.

RuDASA run a 6-week onboarding programme via Zoom from late January/February. This is after hours, and covers working for the Department of Health, key clinical skills and taking care of your mental health. The programme has been developed by Dr Madeleine Muller (mentor@rudasa.org.za), who is a rural veteran and now part of Walter Sisulu University. Details will be sent out via RuDASA Facebook, Twitter, Daily Digest and Rural Buddy Whats App in late January. Videos from the onboarding programme 2022 and 2023 can be watched on the RuDASA You Tube Channel: https://www.youtube.com/channel/UCvH-hC_ev2oAiCuHaNo6XNg.

If you are a member of RuDASA, you can also use the RuDASA Learning Portal for further resources, and get updates on CPD events, treatment guidelines, etc. (www.rudasa.org.za).

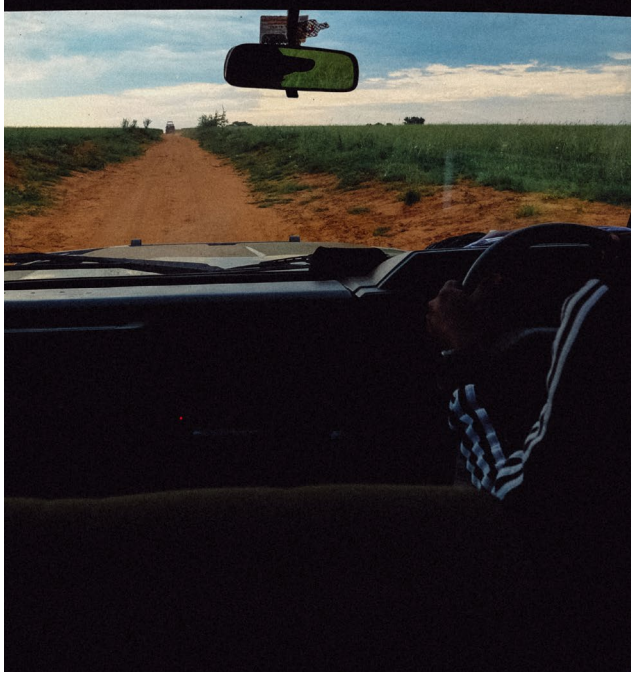
The Knowledge Hub stores government documents you may need, and provides regular Zoom education sessions so sign onto their notification system (https://www.knowledgehub.org.za).

You may find the Rural Doctor Handbook very useful – it was compiled by Dr Ben Gaunt, a veteran rural doctor from Zithulele Hospital (https://www.ruraldoc.info). You can download it as a widget.

Clinical help

As some of you may be working in areas with few health colleagues, we recommend that you download the Vula app from Google Play or the App Store. The app links you to specialists on call in your area who can provide you with telephonic advice about patient care and help with referrals to secondary and tertiary care facilities (www.vulamobile.com).

Rural driving: A major risk to health comes from car accidents. Try to avoid driving at night, when you are at much greater risk of hitting cows, goats, potholes, stones, logs, other vehicles with one or two lights missing, or no tail-lights, or drunken drivers – or drunken pedestrians. Riding in the back of an open truck is also dangerous, especially with a driver of uncertain competence.



The RuDASA Buddy WhatsApp group puts you in contact with other rural doctors in your province, so you can use it to ask questions and get support. You have to join RuDASA (https://rudasa.org.za/signUp).

There is an annual Rural Health Conference in September. It moves province each year. It's a relaxed conference and great way to meet others working in rural environments, as well as learning about coping with rural issues (www.ruralhealthconference.org.za).

Making the most of a rural environment

Where will I live? Many rural hospitals have nurses' homes and staff housing. This might be a flat or house or accommodation blocks with shared kitchen, bathrooms and living rooms. Most accommodation is old and basic, and often in need of repair. There will be electricity and running water, and in older housing, baths rather than showers. A housing committee determines the allocation of accommodation. At the beginning of the year the

housing is usually very pressured, because it is traditionally a time that new staff (not just comm servs) join the hospital. Expect to have a "house cleaning" day when you arrive. Light bulbs and sink plugs are frequently missing.

Electricity and water supply can be affected by the capacity of the local municipality, and it's best to invest in some water storage, e.g. 25 - 50 L capacities for those days when there is no water. Most of us are now used to loadshedding, and have various emergency lights or lamps with bulbs with batteries. Kitchens in rural areas are usually equipped with old-fashioned electric stoves, so you may want to bring a gas plate stove. The Hospital Maintenance Department has to be formally requested to fix any problems with housing – and this can take time.

For hospitals that do not have housing on site, they may have contacts for nearby private housing that has been used by previous staff/comm serves. Some tourist establishments can be persuaded to give you a monthly rental at a reasonable rate.

You do not have to stay on site, but if you live more than 30 minutes away you will be expected to stay on site on your call days.

Getting around: Everything shuts at 5 pm! One of the things you have to get used to is that shops rarely stay open after 5 pm. Restaurants may close at 8 pm if there is no custom, or only be open on the weekend. Make sure you have a banking app, as banks might be far away. Mr Delivery or Uber Eats do not exist outside urban areas. Say goodbye to Woolworths. You might have to learn to make your own pizza. If you are really far from a supermarket, think about a monthly shop (this means making a detailed shopping list so you can quickly add the amounts you need for each item) in the nearest town – the saving on food costs can pay for your petrol. Invest in a big coolbox – a plug-in one is even better to keep everything cool until you get home. The good news is that Takealot is amazing and delivers everywhere.

Useful links

- We recommend you watch Dr Lungi Hobe (RuDASA Chair) on "Orientation to the DoH": https://www.youtube.com/watch?v=Ix7GAAoUOc0&list=PLBS4k3o3cGeb-NlHVg7W4teVnLQ5BuUml.
- There is an official government reporting system for issues, and this should be part of your hospital induction programme. Alternatively you can report medication stock outs to the Stop Stock-outs project: www.stopstockouts.org.
- The Rural Health Advocacy project (RHAP) is interested in rural health service equity, and you can voice your concerns to them via our Rural Buddies Whats App group (members only) or directly to info@rhap.org.za. See their VOICE work at www.rhap.org.za.

You don't need a 4×4, but you do need a vehicle with high clearance, to get over *middelmannetjies* and rocks in deep rural areas. You may also need off -road tyres here. Air cons will make driving, and cooling down after work, more pleasant. Petrol is more easily available than it used to be in rural areas, but as a rule of thumb, keep your tank above half full, in case the petrol delivery doesn't come through. Even petrol stations may close by 7 pm. Most take payment by card, but check before filling up. For car servicing you may need to go to a nearby town, especially if you have a newer vehicle. Negotiate with the garage to drop you at the shops or provide a loan car while you are waiting (it may be the mechanic's own car).

When you're feeling far from home, airways have cheap flight prices if you book well in advance, e.g. a couple of months. Think of getting family and friends to visit you for a holiday with a difference, or meet somewhere nice halfway between.

Tips for a social life

Sometimes a rural hospital may seem like a better place to be married than single. However, everywhere is what you make it, and a number of predecessors have not had their social life in any way inhibited by their situation, managing to disappear every weekend off to somewhere or other, with some group or other. There are quite a few people in the same position as you in neighbouring hospitals. If there is a district orientation workshop then you will come into contact with others new to the area – set up a social media group to share ideas about what to do. Many rural hospitals are in tourist areas, so do take advantage of where you are.

Rural driving: A major risk to health comes from car accidents. Try to avoid driving at night, when you are at much greater risk of hitting cows, goats, potholes, stones, logs, other vehicles with one or two lights missing, or no tail-lights, or drunken drivers – or drunken pedestrians. Riding in the back of an open truck is also dangerous, especially with a driver of uncertain competence.

Help, there's no take-away! It's just your definition of "take-away" – there are enterprising food outlets that serve enjoyable food, even if it's not a chain restaurant, but rural veterans have been known to travel 50 km just for KFC! If the local restaurants are few and far between, consider a regular "supper club" with a group of co-workers – it's also a good life skill to learn to cook.

Social contact with others outside of the work facility: Living and working with the same people can make problems seem bigger than they really are, as it is easy to focus on "what is not working" rather than "What did I achieve today?" Your life experience probably means you have socialised with people who are very similar to you, but in a rural hospital you meet a great variety of people, and this can take some getting used to. Ask about local groups such as running clubs, choirs, church groups and bookclubs. In the traditional areas, find out about traditional dance sessions and what happens on public holidays – often there is some big event in the district.

Help, I've got kids!

There are local creches and schools, but as these are usually not up to urban standards, many rural health professionals "adopt" a creche or school and help it develop so that both their children and the local children benefit. Day mothers in the local community can be a rich source of local customs and language – your children will be able to teach you about this! Your children are going to learn to mix with a much larger variety of children and adults than they would in urban areas, where they are more likely to meet people just like you. This gives them a lot of skills and confidence in social situations. While many parents are happy for children to be schooled locally when young, entering high school often means weekly boarding in a town, and small towns usually

have schools with hostels and either a regular bus "pick-up and drop-off" scheme (although very early morning starts on those days), or you may have to develop a school carpool system with other parents to ease the burden of long travel times. Otherwise, a parent can register with the Department of Education for homeschooling, and there are online learning curricula available. Note that you must register so that your child will be accepted back into mainstream schools later on. Also, if you use an online curriculum or independent local schools, make sure they are registered with the Department of Education, otherwise returning to mainstream school can be fraught with difficulties.

Best ways to keep sane

- Have a physical outlet for your adrenaline: there are lots of apps for personal physical fitness, and many rural areas have a running club. Even yoga groups are becoming more widely available now. Nearby towns may have golf, tennis or some other sports clubs. Most clubs do allow "social members" – i.e. you don't have to play the game, you can still hang out at their facility.
- Focus on "what I achieved today" rather than dwell on "this is not what I'm used to". Think of your way to leave problems at work, e.g. "I'm leaving those problems at the gate and not bringing them home", or how to create a positive mood when leaving work – e.g think of two things that went right today. Even if nothing went right, there may be a great sunset to look at!
- Learn how to navigate difficult interactions with Dr Madeleine Muller: https://www.youtube.com/watch?v=JgylbNttvCI&list=PLBS4k3o3cGeb-NlHVg7W4teVnLQ5BuUml&index=15.

References: Notes for doctors in Umkhanyakude District, by Dr Hervey Vaughan Williams.

When its all too much:

Taking Care (https://www.takingcare.co.za) is a programme developed by rural doctors to build coping skills, and prevent stress and burnout.

SADAG (SA Depression and Anxiety Group) have online sessions for health workers to talk about their issues, and there area number of other resources or people to talk to: https://www.sadag.org/index.php?option=com_content&view=article&id=3232:support-groups-health-care-workers-hwcn&catid=96:support-groups&Itemid=152.

Dr Alistair McAlpine is a paediatric infectious diseases physician who was born and raised in Johannesburg. His recent book, *Prescription Ice Cream: A Doctor's Journey to Discover What Matters*, is a memoir about the highs and lows of working as a medical doctor in SA – from tackling the packed wards of Baragwanath Hospital as an intern, to navigating his rehabilitation as a patient.

Alistair
McAlpine

The ultimate responsibility for patients was never yours – now it is

Alistair McAlpine

Community service is a bit weird, isn't it? You're a fully fledged doctor now, free from the shackles of the limitations of internship … but you're not. You still had to apply to work somewhere and nameless forces assigned you to a hospital. Perhaps it's where you wanted to go, perhaps it wasn't, but you're still tethered to the feeling that you're not yet totally free. If internship was driving as a learner with someone else in the car, comm serve is finally being by yourself … but the roads you can navigate are limited.

And if you're second rounded … well … welcome to the club! Me too. I wanted to break free of the shackles of the large hospital at which I had done my internship (Chris Hani Baragwanath), and explore whether paediatrics was for me. I applied to every paediatric hospital in Gauteng … and got the dreaded rejection letter. The only hospital that would take me? You guessed it – Baragwanath.

With the benefit of hindsight, this wasn't a disaster. I didn't have to learn the machinations of a brand-new hospital system, I knew many of the staff, and I was able to negotiate a little paediatric time. But the expectations were totally different. No longer was I paired with a registrar for busy intakes. No longer did consultants smile ruefully at youthful errors; I was now fully expected to make the correct decisions and be accountable for those. And no longer did I have my network of intern colleagues. Most had moved on. It was simultaneously a lot more work, and a lot lonelier. But it was the year when I truly I discovered what it meant to care for children (rather than examine them and defer the decisions to the reg), and that made all the difference.

There are definite perks to the comm serve experience: the pay is better, you (might) have some say in the rotations you pick, you can start building experience for a reg post (if that's your aim), you no longer feel like you're at the bottom of the food chain. But don't underestimate the feeling of not having the safety net of internship supervision anymore. Yes, it may have been haphazard, but the ultimate responsibility for patients was never yours. Now it is. And you will feel that on your very first day. In many instances, you are now the final arbiter of a patient's wellbeing, with no backup. It's a tough jump, but one you must make.

I don't pretend to have all the answers for how to make your comm serve experience worthwhile. What I can provide are some titbits for how to make it unpleasant. After 2 gruelling years of internship, trust me … you don't want a miserable comm serve. These are some of the things NOT to do:

- **Think that you're now hot stuff because you finished internship.** Yes, your experience is valuable, and you have 2 important years under your belt … but you'll be in an environment surrounded by people who have been there for 10, perhaps 20 years or more, and they can smell arrogance like sharks smell blood. You're still just starting out, and bringing an ego will only isolate you from those who you will be relying upon heavily. Be confident in your abilities, and stand up for yourself, but

show humility and respect to those around you. You're good … but you're not *that* good (yet).

- **Worry too much if you don't get the rotations you hoped for.** Yes, it's nice if you can use comm serv as a stepping stone for you career … but you know what? There's plenty of time for that. A few months in a specialty you're not wild about won't harm you, and it may just open your eyes. I had to do 4 months of emergency care in my comm serv, and I thought I would hate it. Turns out, I was rather good at it, and it made me a much better paediatrician when the time came. Keep an open mind, and embrace the challenges comm serv throws at you.
- **Think you can't ask for help.** Some people have this idea that because you're not an intern, you can't ask for help from other physicians anymore. That now, you should know everything. Disabuse yourself of this notion immediately. Good doctors spend their entire careers asking for help. Knowing your limitations, and knowing what you *don't* know, are key components of maturing into an excellent physician. That ophthalmology reg you made friends with in internship? Give them a call when there's a patient with a weird eye issue. Your pal who loves paeds? Give them a buzz when a baby rolls in. A patient deteriorating despite your best efforts? Call the nearest tertiary hospital. Yes, you can't farm out all your big decisions, and the final call rests with you, but asking for help is a sign of strength, not weakness.
- **Rely on fancy equipment.** Most comm serve physicians work in severely resource-constrained environments. This will require all of your ingenuity to get around. Jelcos doubling as LP needles? Skull X-rays for hydrocephalus? Impromptu surgeries with minimal equipment? Medication shortages? These (and more) will all become standard. Without fancy diagnostics, you will need to rely on all those clinical skills you mastered in med school. You will need to summon your inner MacGyver *and* your inner Greg House, while maintaining your kindness or composure.

- **Resent the year.** Comm serve is funny. It's not popular when people are doing it, but very, very few doctors regret it when it's over. Don't believe me? Just ask them. There is something unique about a year dedicated to giving back to others. A year in which you may be out of your comfort zone. A year where it's not all about you, but about the people you serve. I have never experienced gratitude from patients like I did during community service. It opened my eyes to the reality of healthcare for the majority of South Africans, and the incredible grace and patience they show in the face of all the challenges. You will realise that the universe, for whatever reason, has put you in a position to help – and I mean, truly help – other human beings. And isn't that, at the end of the day, why many of us studied medicine in the first place?

Coenie
Smith

NEDBANK

Young doctors face financial and lifestyle pressures due to misperception of wealth

Coenie Smith, *Nedbank National Manager: Medical Private Clients*

Despite a widespread belief to the contrary, doctors face many of the same lifestyle and financial pressures as everyone else. In fact, those pressures can often be far more acute for young medical professionals given the rigorous training and work schedules they are required to maintain, particularly in the early years of their careers. Add to that the often significant social and peer pressure that many young doctors experience, due to the misperception by peers and the general public that medical professionals should meet high wealth and lifestyle standards.

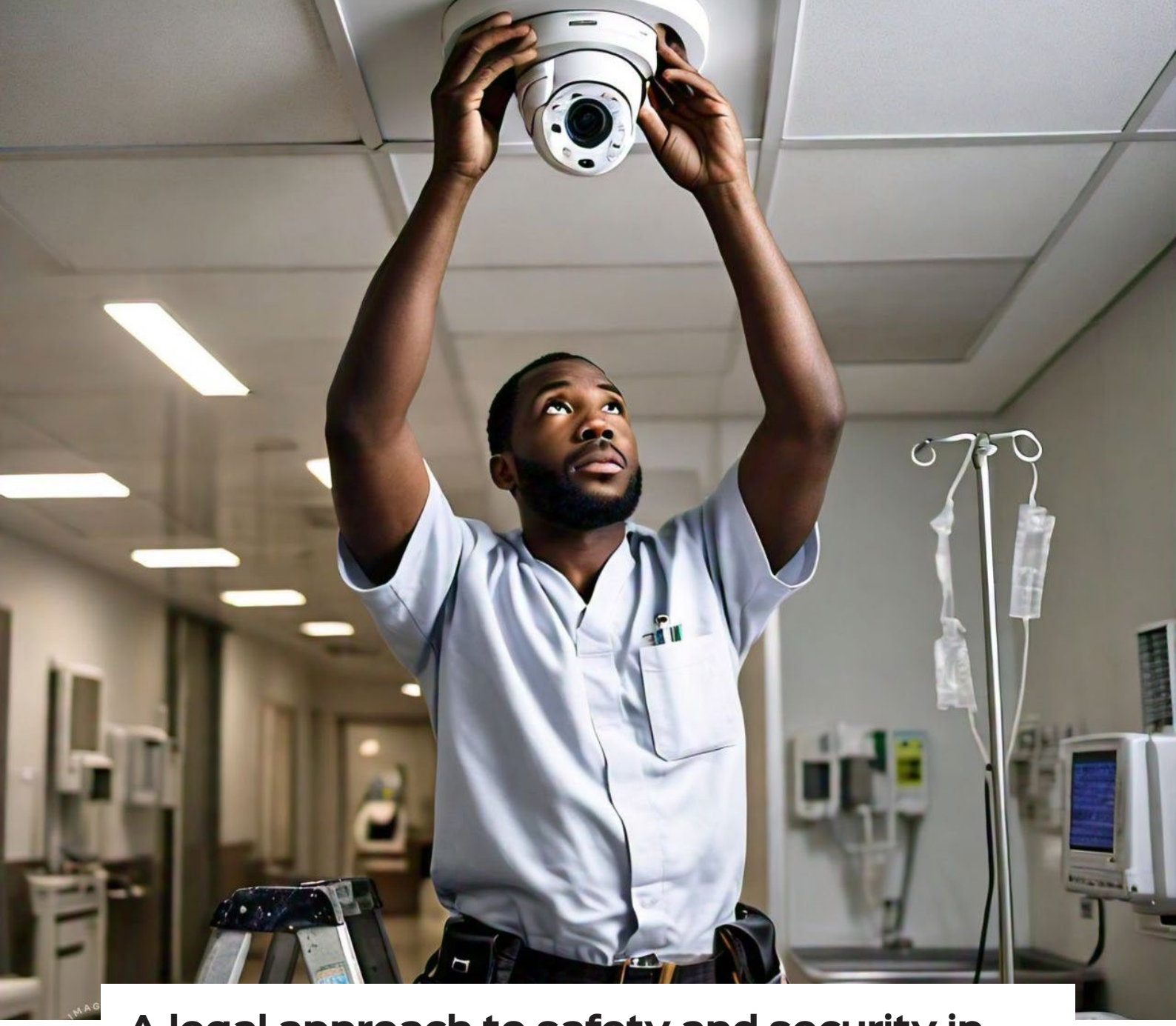
While it's true that established doctors can earn a very good income, it typically takes many years to achieve. In addition to having to "pay their dues" via modestly paid internships, newly qualified doctors often also have study costs to repay. It's only after years of private practice, or specialisation, that most doctors achieve the level of personal wealth that most people expect them to have. However, those expectations can put immense pressure on young doctors, leading many to give in to the temptation to live beyond their means and, in the process, face steadily increasing levels of financial stress and anxiety.

In fact, financial stress is a widely recognised element in medical doctors' burnout. It's a situation that is often exacerbated by the fear of the unknown. While young doctors are highly intelligent and have extensive knowledge of their field, there are few, if any, medical degree courses that include comprehensive modules on personal financial management. And given how busy young doctors are when starting out in their field, few have the time to invest in gathering the insights they need to inform the financial decisions they have to make. Which is why it is imperative for medical professionals, and especially young doctors, to partner with experienced financial professionals who understand the financial pressures they face, and have valuable insights into how they can best balance their career aspirations with realistic financial planning and wealth management principles.

While a solution to this problem would be for medical degree programmes to pay more attention to financial, business and investment planning for medical professionals, until that happens, the best approach for any young doctor is to team up with a financial professional who can focus on their financial wellbeing, while they focus on the wellbeing of their patients and on building their careers.

In the end, no matter how much income doctors earn at any point in their career, if they are living above their means, and they don't have a comprehensive financial plan in place for their future, the resultant financial stress could place their effectiveness as a medical professional at risk. Not to mention the negative impact it might have on their mental wellness. The key to avoiding this situation is working with the right financial planner, like the qualified and experienced professionals you'll find at Nedbank – many of whom have vast experience helping young doctors improve their prognosis for a very healthy financial future.

For more information on financial management visit https://moneyedge.co.za/resources/.



A legal approach to safety and security in hospitals

Ruan Vlok, *Head of Unit: Employment Law, SAMA Legal Affairs department*

SAMA is deeply concerned about the increasing number of incidents compromising the safety and security of medical doctors and other healthcare staff in public health institutions across the country. Provincial departments of health bear a legal and ethical responsibility to ensure a safe working environment for their employees. Failure to uphold this responsibility can lead to significant legal repercussions, and negatively impact the wellbeing of healthcare workers.

The legal framework

The obligation to provide a safe working environment is enshrined in SA labour laws, particularly the Occupational Health and Safety Act No. 85 of 1993 (OHSA).

The OHSA

The OHSA imposes a legal duty on employers to maintain a safe working environment. Non-compliance with this Act can result in severe consequences, including fines, penalties and potential imprisonment for employers or management responsible for violations.

Section 8(1) of the OHSA provides as follows:

8. General duties of employers to their employees

Every employer shall provide and maintain, as far as is

reasonably practicable, a working environment that is safe and without risk to the health of his employees.

Non-compliance

The Department of Labour offers an anonymous complaint procedure for instances of non-compliance with OHSA. The Act is enforced by the Inspections and Enforcement Services in the Occupational Health and Safety branch of the Department of Labour. Occupational health and safety inspectors conduct workplace inspections and investigations. Section 24 of OHSA mandates the reporting of certain incidents to inspectors.

Functions and powers of inspectors

Section 30(1) – Prohibition notice: An inspector may prohibit specific actions if they pose a danger to workers' health and safety.

Section 30(2) – Contravention notice: If OHSA or its regulations are violated, a contravention notice may be issued to the employer, potentially leading to immediate prosecution. The inspector may allow the employer a specified period to rectify the contravention.

Section 30(4) – Direction notice: If existing health and safety measures do not adequately protect employees, the inspector may direct the employer to implement necessary measures within a specified timeframe.

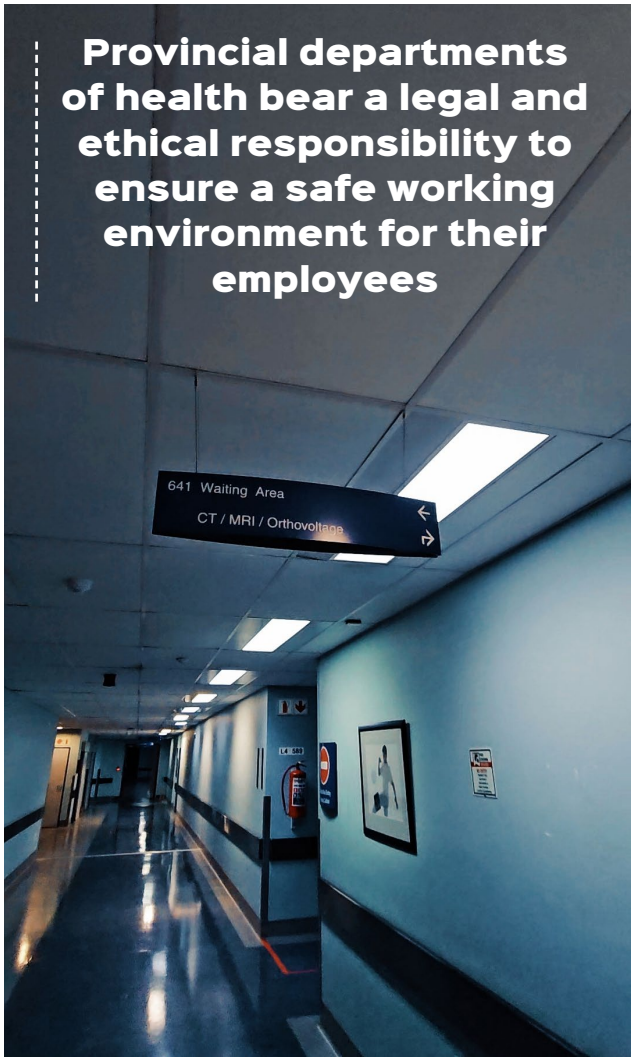
Appeals (section 35(3) of OHSA)

Any person aggrieved by an inspector's decision may appeal to the chief inspector within 60 days. Further appeals against the chief inspector's decision can be made to the Labour Court.

Given the workload of the Department of Labour and delays in inspections and investigations, alternatives such as litigation might be considered. However, the labour court has provided guidance on this.

In the case of PSA obo Members v Minister of Health & Others, an application was brought before the labour court under section 158(1)(b) of the Labour Relations Act No. 66 of 1995 (LRA). This section empowers the court to enforce compliance with the LRA and other employment laws, including OHSA. The applicants, representing Department of Health employees, argued that their workplace was unsafe, and sought a directive under section 8 of OHSA to ensure a safe working environment.

The labour court highlighted jurisdictional complexities, noting that sections 157 and 158 of the LRA delineate overlapping jurisdictions. Section 157(5) explicitly states that the court lacks jurisdiction over disputes that must be resolved through arbitration as required by the LRA or other employment laws. Consequently, the court must be cautious in assuming jurisdiction without explicit provisions conferring it, especially for matters primarily overseen by other enforcement institutions such as OHSA inspectorates.



Provincial departments of health bear a legal and ethical responsibility to ensure a safe working environment for their employees

Except for section 35(3) of OHSA, no other provision expressly grants the court jurisdiction. Therefore, the court dismissed the application, ruling that it lacked jurisdiction as a court of first instance.

Conclusion

Legally, the processes prescribed by OHSA remain the primary recourse for employees working in unsafe conditions. Beyond these legal channels, employees can individually pursue civil proceedings for damages resulting from unsafe working conditions.

Ensuring the safety and security of healthcare workers is crucial. Legal frameworks and proactive engagement with relevant authorities are essential steps toward creating a safer working environment in hospitals. Members encountering unsafe working conditions are strongly encouraged to contact SAMA for assistance.

Dr Mhlengi Vella
Ncube

Your safety – some practical measures to protect yourself

Dr Mhlengi Vella Ncube, *HOD, SAMA Health Policy and Research*

Comm Serve doctors in SA are essential to the healthcare system, often working in high-pressure environments that come with significant safety challenges. The country's high crime rate, combined with the demanding nature of the medical profession, put Comm Serve doctors at risk of various forms of crime and violence, both inside and outside healthcare facilities. Doctors need to take practical measures to protect themselves from these risks while ensuring their safety.

Understanding the risks

SA's high crime rate affects healthcare professionals, in several ways. Whether working in busy urban hospitals or remote rural clinics, doctors are vulnerable to muggings, hijackings, assaults and other forms of violence. This is particularly concerning for doctors who work late, have to travel during unsafe hours, or practise in areas with insufficient security.

A recent analysis by SAMA highlights several categories of crime risk faced by healthcare practitioners:

- **Interpersonal physical violence:** This includes gunshots, stabbings, physical assaults, hijackings and kidnappings, often during travel to or from healthcare facilities, or while responding to emergencies.
- **Psychological and emotional abuse:** Verbal threats, bullying and harassment are common, particularly in under-resourced areas. Medical interns working alone in rural clinics may face intimidation from patients or their families, especially in cases where medical resources are limited.
- **Sexual assault and harassment:** Female healthcare workers, including interns, face a heightened risk of sexual harassment and assault, both within healthcare settings and during travel to and from work.
- **Damage to property:** During protests or community unrest, ambulances, personal vehicles and even clinics or hospitals may be targeted and vandalised. Medical interns on duty during such events may be caught in the crossfire, facing additional dangers.

Practical safety measures for medical interns

While many safety concerns stem from systemic issues, doctors can take practical steps to protect themselves from crime and violence. Here are some safety measures that Comm Serve doctors can implement in their daily routines:

Develop a personal safety plan. Every doctor should create a personal safety plan that outlines steps to follow in case of an emergency, whether at work or during travel. This plan should include emergency contact numbers, safe routes to and from the workplace and procedures for dealing with violent situations. Ensure that your colleagues and family members are aware of your plan, so they can assist in case of an emergency.

Travel smart. One of the most significant risks faced by doctors is during travel, especially late at night or early

in the morning. Here are some travel tips to stay safe:

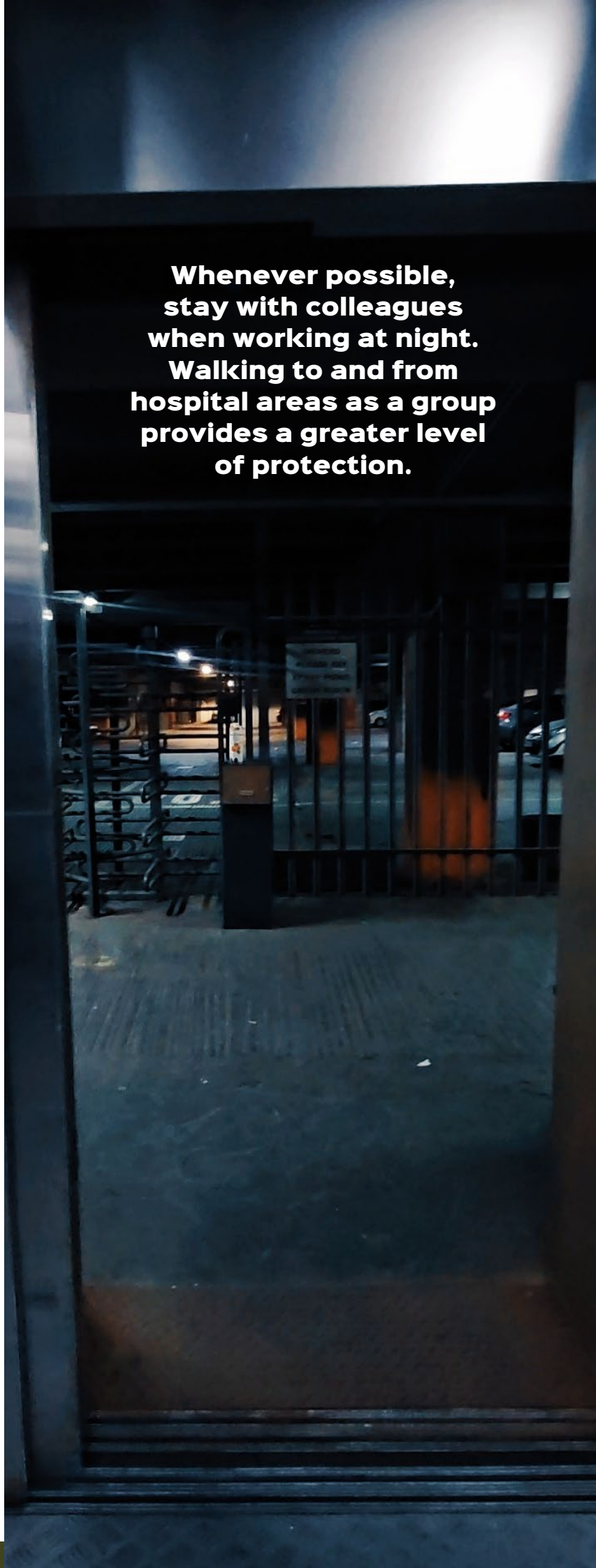
- **Avoid travelling alone:** If possible, travel with colleagues, especially after dark. Whenever possible, carpool with other interns when working at night.
- **Use well-lit, populated routes:** Stick to main roads and avoid shortcuts through unsafe areas. If you must walk, do so in well-lit areas, and stay aware of your surroundings.
- **Avoid public transport at night:** Consider using ride-hailing services such as Uber, but always ensure that your ride details match the app before getting into the vehicle.
- **Keep emergency numbers handy:** Save local emergency services and hospital security numbers on your phone for quick access. This can help you act quickly in case of an emergency.

Secure your personal belongings. Doctors should be mindful of their personal belongings both at work and during travel. Here are a few tips:

- **Avoid displaying valuables:** Do not openly carry expensive items such as smartphones, laptops, or jewellery. Keep these items securely stored while travelling or at the workplace.
- **Secure your vehicle:** If you drive, park in secure, well-lit areas close to hospital entrances. Always lock your doors, and avoid leaving valuables in plain sight.
- **Keep a low profile:** Avoid attracting attention to yourself, by dressing modestly and being discreet about your possessions, especially when moving between high-crime areas and your place of work.

Be vigilant during protests and unrest. SA frequently experiences service delivery protests, which can sometimes escalate into violent situations. Healthcare facilities, and vehicles such as ambulances, are occasionally targeted during such events. Doctors should stay informed about local protests, and take appropriate precautions:

- **Stay updated on local news:** Regularly check news outlets and social media for updates on protest activity in your area. This can help you to avoid dangerous zones when travelling to and from work.



Whenever possible, stay with colleagues when working at night. Walking to and from hospital areas as a group provides a greater level of protection.

- **Follow hospital protocols during unrest:** Ask your clinical manager for safety protocols. If protests occur near your facility, follow hospital guidelines on lockdown procedures or movement restrictions to ensure your safety. Avoid venturing outside until it is safe.

Maintain awareness and vigilance. Being aware of your surroundings at all times is crucial to personal safety, both inside and outside healthcare settings. Here are some important tips:

- **Be aware of suspicious behaviour:** Whether you're at work or commuting, stay alert to unusual behaviour or individuals loitering in or around healthcare facilities. Report any suspicious activity to hospital security.
- **Stay in well-populated areas:** If you must leave the hospital or clinic, try to remain in busy areas where help is readily available. Isolated locations increase the risk of falling victim to crime.
- **Trust your instincts:** If you feel unsafe or sense that something is wrong, trust your gut. Take action immediately, whether that means changing your route, seeking help, or contacting emergency services.

Protect yourself at work. Even within healthcare settings, doctors may face potential threats from patients or visitors, especially in high-stress environments such as emergency rooms. Some steps to enhance your safety at work include:

- **Be cautious with controlled substances:** Drug-seeking patients can pose a risk to healthcare workers. Ensure that all medications, particularly controlled substances, are securely stored and only accessible by authorised staff. Avoid keeping drugs on your person when not necessary.
- **Maintain clear communication:** When dealing with agitated patients or families, communicate clearly and calmly. If a situation begins to escalate, seek assistance from a senior doctor or hospital security to de-escalate the situation.
- **Physical boundaries:** Patients or families, particularly when agitated, can pose an additional risk to healthcare workers. As far as is possible, doctors should attempt to maintain a safe distance between themselves and these individuals.

Personal security when working at night

Working at night can be particularly dangerous due to limited visibility, fewer people around and increased crime risks. To stay safe during night shifts:

- **Stay in groups:** Whenever possible, stay with colleagues when working at night. Walking to and from hospital areas as a group provides a greater level of protection.
- **Report unsafe conditions:** If you notice areas of the hospital or clinic that lack proper lighting or security, report these concerns to hospital management to ensure they are addressed.

Prioritise your safety

Comm Serve doctors are critical to SA's healthcare system, but they must navigate the challenges of working in high-crime environments. By adopting practical safety measures such as developing a personal safety plan, traveling smart, securing personal belongings and remaining vigilant at all times, doctors can reduce their exposure to crime and enhance their personal security.

Ultimately, your safety is the top priority. While healthcare work is demanding and often stressful, taking steps to protect yourself from the dangers that exist both inside and outside the hospital will allow you to continue delivering quality care without compromising your wellbeing.

Safety – check out this SAMA webinar

Healthcare professionals, including doctors, nurses and support staff, face numerous risks, not only by the nature of their work but also from external factors related to crime and personal safety. These risks manifest both within their practice environments and during their commutes to and from work. Ensuring the safety of healthcare workers is paramount, as it directly impacts their wellbeing and the quality of care they provide. In recent years, there has been a growing recognition of the need to address these safety concerns comprehensively. Healthcare settings can be targets for various types of crime, ranging from theft and vandalism to more severe acts of violence. Additionally, healthcare professionals may encounter dangers during their commutes, including assaults, thefts and accidents. This webinar aims to highlight the types of danger healthcare professionals face, as well as to recommend various measures to prevent and respond to such dangers.

See: https://www.youtube.com/watch?v=lcg1PTQIPrw&t=4s.

Look after your mental health

When you are focused on a career helping others with their health, it can be hard to admit when you need help yourself. It is important to recognise the signs that you or a fellow colleague might be experiencing stress or mental health problems. If left untreated, stress and acute distress can lead to depression and anxiety disorders, severely affecting your mental and physical health.

The good news is that there are many types of effective, easily accessible supports and treatments available. Help is out there, so nobody should be afraid to ask for it.

Recognising stress

We react in different ways when we are stressed. Get to know your "stress signature" – the different ways that it can manifest in you. This may include a conglomeration of nonspecific experiences, as described below:

- feeling unsettled, worried, or restless
- thoughts going around in circles
- sleeplessness, or change in sleep pattern
- changes in appetite, eating pattern and even weight
- short temper
- problems with concentration, which can affect your ability to remember things
- decreased ability to take decisive decisions
- self-doubt
- increase in coping styles that may be damaging to your health and or wellbeing, e.g. drinking, substance use, gambling etc.
- physical symptoms such as tension headaches or other aches and pains, loose tummy, etc.

Coping with stress

- Accept that some days will be better than others. That is normal.
- Try and identify what is the source of your stress.
- Ask yourself what you can do that is in your control about what is stressing you. If you can, identify something you can do to take the stress levels down – it is good to write out an action plan for yourself.
- Once your action plan is ready, you can break it down into smaller chunks and target one action per day, or every 2 days – whatever works for you.

- If you feel that what is stressing you is beyond your control, look at how you have been reacting to the stress to see if there are behaviours that you can change to minimise the effect it has on you.
- Look at your sleep pattern, eating habits, physical activity and exercise, and how much time you are spending worrying about what you cannot control. For every behaviour you have identified that is unhelpful to you, try and think of helpful behaviours you can replace it with.
- Make a list of 5 - 10 things that you know have brought you pleasure in the past, even if it does not feel like you are interested in doing them anymore (as long as they are not harmful to you or others). Add these activities to your day, even if it is one or two per day from your list.
- Schedule allowed "worry time" of no more than 5 minutes for every given 3 - 4-hour period, to enable yourself to take "breaks" outside of that worry time. You can do this by monitoring your thoughts and deliberately focusing your mind on doing more activities from your pleasure list every time you catch yourself worrying outside of your worry time.
- Remain connected to loved ones in various ways. Stay connected to your source of strength as well, whether this is spirituality, belonging to support groups, sports clubs, social clubs, etc.
- Remember to take it one day at a time. If everything feels like it is too much, then make an effort to focus on the task at hand, until it is complete.
- Good sleep, a balanced diet, exercise, relaxation techniques and meditation also help. So does building fun activities into your daily schedule, even if you are convinced you will not enjoy them at the time of planning.
- Spend time outside, on a walk, with a pet or with other people whose company brings you pleasure, to avoid being closeted indoors all day obsessing about your worries and your thoughts. This will give your mind a break, even if it is short-lived.
- Monitor your stress levels to make sure there is an improvement. If there is no improvement and the pattern continues for protracted periods, seek help from a professional.

Source: Prof. Zuki Zingela, SAMA Mental Health Supplement 2020

Janine
Roos

Maintaining wellbeing in the face of healthcare system challenges

Janine Roos, *director, Mental Health Information Centre of SA, registered psychiatric nurse and mother of two recently qualified doctors*

The healthcare system in SA presents significant challenges, including inadequate resources and demanding work conditions. After internship, you will be well aware of this. These factors can contribute to burnout, especially among early-career professionals and those in rural areas. It is essential to be aware of these challenges and proactively address your mental and emotional needs. Being caught up in routine between work and social life, and sometimes failing to draw a line between these, can be overwhelming, exhausting and detrimental to our health.

Understanding the realities of a broken system should not deter you, but rather prepare you to navigate these challenges effectively. Practise self-care and seek support when needed. Recognise that while the system may be flawed, maintaining your wellbeing is crucial for making a positive impact. Remember, one cannot pour from an empty cup.

Recognising and addressing burnout

Trainee healthcare professionals, as well as newly qualified practitioners, can be faced with overwhelming feelings of frustration, anger, doubt, anxiety and stress due to challenges in the healthcare system. The SA public health sector where most healthcare professionals are trained is confronted with significant structural, governance and systemic problems. Such problems impact the work of healthcare workers, and inevitably compromise their ability to offer meticulous and quality healthcare service.

Burnout is a state of emotional, mental and physical exhaustion caused by excessive and prolonged unresolved stress in the workplace. It occurs when one feels overwhelmed, and no longer able to meet constant demands. The overall functioning of the individual deteriorates, and they are unable to cope.

Burnout is characterised by:

- **Chronic exhaustion:** persistent fatigue that is not alleviated by rest. Prioritise getting enough sleep whenever possible. Chronic sleep deprivation can exacerbate stress and burnout.
- **Isolation:** a growing tendency to withdraw from social interactions.
- **Loss of productivity:** difficulty in completing tasks despite working long hours.
- **Avoidance:** ignoring work-related responsibilities, and feeling a sense of dread.
- **Diminished self-care:** neglecting personal care and wellness routines.

Coping mechanisms for burnout

- **Focus on what you can control:** channel your energy into aspects of your work that you can influence. Don't let systemic issues that are beyond your control consume you.

- **Improve processes when possible:** if you can enhance a system or process, and have the energy to do so, take the initiative. However, don't feel personally responsible for broader system failures.
- **Practise self-compassion:** be kind to yourself and accept that you are human, and, therefore, not perfect. Self-compassion includes appreciating one's positive traits and celebrating achievements. Constantly remind yourself that you are not "superhuman", and that the practice of medicine has significant physical, emotional and cognitive demands.
- **Take care of your mind:** self-awareness and mindfulness can significantly impact your emotional health. Reflect on your internal state and reactions to external forces. Mindfulness practices, such as meditation or focused breathing, help you observe and understand your thoughts and feelings without judgment.
- **Plan for regular rest:** Use your vacation and days off to recharge and prevent burnout. Rest means disconnecting from work entirely, avoiding tasks like checking emails or social media.
- **Prioritise sleep when possible:** aim to get quality sleep whenever you can. Even short naps can help. This can be very difficult, because doctors are expected to do calls that last 24 hours and longer. Chronic sleep deprivation can exacerbate stress and burnout.
- **Nurture relationships:** prioritise time with family and friends, as social connections are vital for your wellbeing. Engaging in activities with loved ones, and expanding your social circles, can provide emotional support and enhance life satisfaction.
- **Invest in physical health:** prioritising your physical health is a crucial part of self-care. Regular physical exams and a commitment to health goals are essential. Find enjoyable activities to incorporate into your exercise routine, and maintain a balanced diet.
- **Seek professional help when needed:** talk to trusted colleagues, supervisors, or mental health professionals. Many doctors have demanding schedules and may avoid seeking help for health issues, but self-medication can be harmful. Globally, doctors have a higher incidence of screening positive for depression and anxiety. Acknowledging when you need professional support for mood changes or physical symptoms is crucial. Don't let stigma prevent you from accessing necessary care.

Advocate for better working conditions:

- **Voice concerns:** collaborate with colleagues to advocate for improvements in working conditions, such as reasonable working hours and better resources.
- **Engage with professional bodies:** work with medical associations and unions to address systemic issues and push for reforms that benefit healthcare professionals.

Maintain work-life balance:

- **Set boundaries where possible:** establish clear boundaries between work and personal life, to prevent burnout and maintain a sense of balance.
- **Quality time:** spend quality time with family and friends to nurture personal relationships and reduce feelings of isolation.

Final thoughts

As you embark on your career in healthcare, remember that self-care is not a luxury but a necessity. By integrating these strategies into your routine, you can better manage the stresses of the profession, and maintain a healthy, fulfilling career. Be mindful of the balance between work and personal life, and always prioritise your own wellbeing as you continue to care for others.

Acknowledging the reality of this situation should not demotivate you. Rather, be prepared. Enter this situation knowingly. Ensure you have enough "fuel in the tank" to be resilient, rather than finding yourself not only disillusioned and struggling, but needing specialist mental healthcare.

Hey future docs, here's why you should care about SAMA

As an intern or community service doctor, you're at the start of a thrilling yet challenging journey in the medical field. SAMA is here to make sure you don't have to face it alone.

Meet your go-to team at SAMA

SAMA's Corporate Affairs team is like the backstage crew making sure everything runs smoothly. They're the ones keeping you informed, connected and protected. Whether it's through newsletters, social media, or face-to-face events, this team ensures you're always in the loop about what's happening in the healthcare world.

But that's not all – they're also the ones who've got your back when things get tough. Whether it's advocating for better working conditions, handling a crisis, or building relationships with key players like government bodies and healthcare organisations, SAMA's Corporate Affairs team is working around the clock to protect your interests.

Why you Need SAMA in your corner

Starting out as a doctor isn't just about surviving endless shifts and mastering the art of the coffee break. It's about navigating a complex world where your voice needs to be heard. SAMA steps in to make sure that happens.

- **Advocacy that matters:** Whether it's pushing for fair pay, better placement conditions, or the resources you need to do your job right, SAMA is constantly fighting for you.
- **Legal support:** Confused about your rights as a doctor? Need help with an employment contract? SAMA's got legal experts on hand to guide you through the tricky stuff, so you can focus on what really matters – your patients.
- **Professional growth:** SAMA offers workshops, training and resources to help you sharpen your skills, improve patient care and tackle the steep learning curve with confidence.
- **Networking and mentorship:** Get access to a network of experienced doctors and specialists through SAMA events and seminars. These connections can offer invaluable advice and mentorship as you carve out your career path.

Your future with SAMA

SAMA isn't just another professional association. It's your partner in this journey, offering support, advocacy and guidance when you need it most. With SAMA by your side, you're not just surviving – you're thriving. Ready to take your career to the next level? We've got you covered.

Stay connected

Have questions or need more info? Hit us up at marcomm@samedical.org.

Join JUDASA – we are here to support you

Dr Ruhann Botha, *JUDASA chairperson*

The Junior Doctors Association of SA (JUDASA) is a subcommittee of SAMA, and was formed in 1992 to address the needs and challenges of young doctors.

Junior doctors face unique challenges, quickly shifting from intern to community service doctor to seeking employment as medical officer. Shifting through this challenging landscape brings about many challenges, and JUDASA was formed with the aim of supporting junior doctors. Over the last few years, JUDASA has lost some steam and fallen flat a bit, but this year we have a new group with much vigour wanting to support their peers and address the struggles faced by juniors.

The team includes the following:
Ruhann Botha – chairperson
Shadé Breedt – vice-chairperson
Maki Kaseke – Gauteng representative
Tumisang Malete – KwaZulu-Natal representative
Vhudi Ravhutsi – Limpopo representative
Jessica Davies – Eastern Cape representative
Michaela Singh – Western Cape representative
Simon Fraser – North West representative
Esmari Koch – Northern Cape representative
Farheen Abdullah – Mpumalanga representative
Jancke Mentz – Free State representative

Follow the link to meet the team: https://youtu.be/Ts-vNRb6CG0?si=owV9x3yiO78bnZTl]

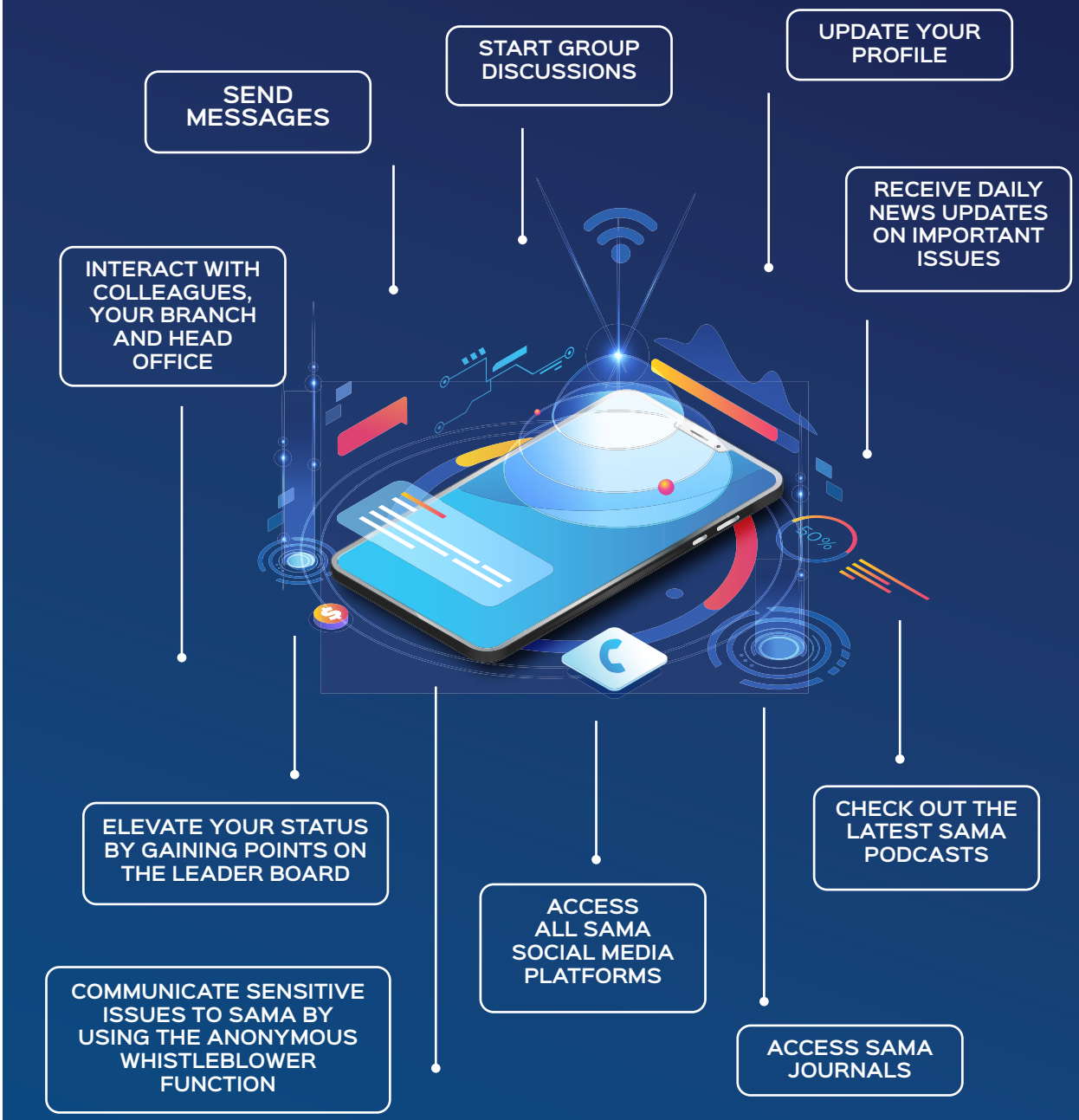
As JUDASA, we are here to work for and with you. We want to assist you in addressing difficulties or injustices you face, we want to improve the working conditions of junior doctors and we want to create a community where junior doctors support each other. In order to achieve this, we have set out a few priorities for JUDASA:

- ICSP (internship and community service placements). We aim to work with the Department of Health to make this process as smooth and comfortable as possible for all parties involved. We aim for timely release of posts, effective and clear communication channels between ICSP and applicants, as well as a system that is functional, fair and accurate in placing applicants.
- We will be working hand in hand with SAMA to address job security and the unemployment of junior doctors.
- We will be providing a support platform for junior doctors addressing mental health and all-round wellbeing of junior doctors. Keep an eye out for enriching webinars with useful talks. But we will also be working to address the contributors to mental illness, such as work hours, workplace bullying and toxic work environments.
- We will be hosting various webinars aimed at informing our members of important developments within the SA health sector, but also developing personal skills. Webinars will include topics regarding CV drafting, preparing for interviews, how to start a private practice and many more.
- We have exciting plans to develop a mentorship programme. We are planning a platform where junior doctors can come into contact with senior doctors who are willing to serve as mentors – guiding juniors through paths such as specialising and opening doors outside of the clinical platform.
- We will be creating a platform for a junior doctors' community where junior doctors can communicate easily with each other. Where junior doctors can share information, tips and useful course recommendations with each other. A community where junior doctors feel supported and a sense of belonging – a community that is currently lacking.

All of the above is only possible if we have members. Members to serve, but also members who communicate with us what JUDASA can do for them. Please join JUDASA, and let us do the above for you – let us support you. And by joining JUDASA, you are also a SAMA member and will appreciate all the benefits of SAMA membership, from legal support, SAMA-driven CPD events and discounts from some retailers. JUDASA is back, and the fire in the team is burning strong, we want to help – please join and let us help.

SAMA app – developed just for you

Designed for mobile devices, and powered by SAMA.



As a valued SAMA member, we will send you an invite to download and install the official South African Medical Association Mobile app. The invite will include installation details and a unique username and password.

Join the SAMA Women's Wing – tackling issues that impact women in healthcare

The creation of the Women's Wing (WW) is a crucial and long-overdue initiative. The widespread problem of gender-based violence (GBV) in SA society highlights the need for an organisation like this. The pressing necessity for a specialised advocacy organisation is underscored by this social dilemma, as well as the numerous obstacles that women in healthcare persistently encounter in their professional settings. WW seeks to shed light on the ongoing difficulties encountered by women in the healthcare industry and aims to emphasise the crucial contributions made by women in the profession, demonstrating their perseverance, creativity and ability to lead.

Objectives

The primary objective of the WW is to tackle and promote issues that particularly impact women in the healthcare sector. This focus includes, among other things, addressing workplace discrimination, guaranteeing fair chances for career progression and offering assistance to female healthcare workers who experience GBV. The lobbying activities of the WW aim to cultivate a more inclusive and friendly professional environment for women, consequently positively impacting their contributions to the healthcare sector.

The need to provide a platform for female medical professionals to express their opinions and concerns prompted the establishment of the SAMA WW. The advice that the WW provides on GBV, gender equity and parity, workplace harassment, career progression and maternity leave are in alignment with the members' needs. This initiative aims to shape policy regarding issues specific to women and marginalised groups.

It is regrettable that, despite the current era we are in, there continues to be a lack of female representation in many leadership roles within our healthcare sector. Women's participation in leadership roles promotes the development of high-performing teams by integrating the diversity and views that women provide, and the WW believes that this must be the case within our healthcare sector.

Therefore the WW has the following objectives: to

- exert influence on legislation and raise public awareness of GBV for all medical practitioners practising and working within the healthcare sector
- strive to safeguard the rights and welfare of SAMA members from GBV

Dr Sharon Harbor, chairperson of the WW, emphasises the fact that "the challenges faced by women doctors have far-reaching implications, not only for the individuals themselves but also for the quality of healthcare provided to our communities. It is time that we address these issues collectively and work towards a more inclusive and equitable healthcare system."

As a women working in medicine, if you would like to support this female-led initiative and become involved in the WW, email **marcomm@samedical.org**

- advocate for the recognition of justice and the implementation of equal treatment and gender parity in the healthcare sector
- encourage women and marginalised individuals in the medical field, as well as other underrepresented groups, to develop professionally
- address harassment and bullying, including verbal, physical, social and psychological abuse, that SAMA members encounter in their employment and the wider healthcare community
- advance fair policies that tackle unfair prejudice in matters concerning maternity and parental leave
- enhance the availability and involvement of women and other disadvantaged groups in STEM (science, technology, engineering, and mathematics) disciplines
- encourage dialogue to address relevant issues affecting women and other marginalised groups in SA.

It is regrettable that, despite the current era we are in, there continues to be a lack of female representation in many leadership roles within our healthcare sector

Hotline

GBV is prevalent in all aspects of our society, including the healthcare profession, where hierarchical systems and power dynamics can negatively impact women. The lack of reporting structures may be a further barrier for them in seeking justice. An essential proposal put up by the WW is the creation of a confidential hotline exclusively for its members. The purpose of this hotline is to provide a secure and confidential forum for women to report cases of GBV and other types of abuse that occur in the workplace. The WW attempts to empower women by offering a confidential means of reporting, allowing them to speak out without fear of retaliation or social disapproval.

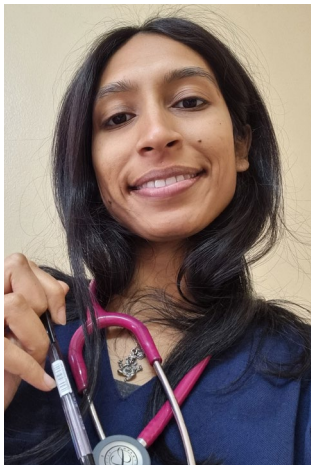
The establishment of this hotline not only functions as a means of reporting, but also acts as a crucial lifeline for women in the healthcare industry. This is a proactive action that demonstrates the WW's dedication to promoting a safer and more friendly working environment. This effort is anticipated to have a pivotal role in tackling the systemic problems that sustain GBV, hence making a significant contribution to creating a healthcare system that is fair and impartial. By undertaking these initiatives, the WW aims to not only provide assistance to its members during difficult times, but also to promote more extensive cultural and structural transformations within the healthcare sector.

Have SAMA by your side

Dr Sahil Raichund

I am a community service doctor in the East Rand. I encountered difficulties with my HR department regarding the sanctioning of special leave as per the National Department of Health circular. After contacting a SAMA representative, I was promptly assisted, and the matter was dealt with timeously and in our favour. I must commend the SAMA team for their brilliant attitude and willingness to assist, especially in such a short time frame, while also yielding positive outcomes. This is a definite recommendation for all future and current junior doctors going forward to have SAMA by your side.

Dr Sahil **Raichund**

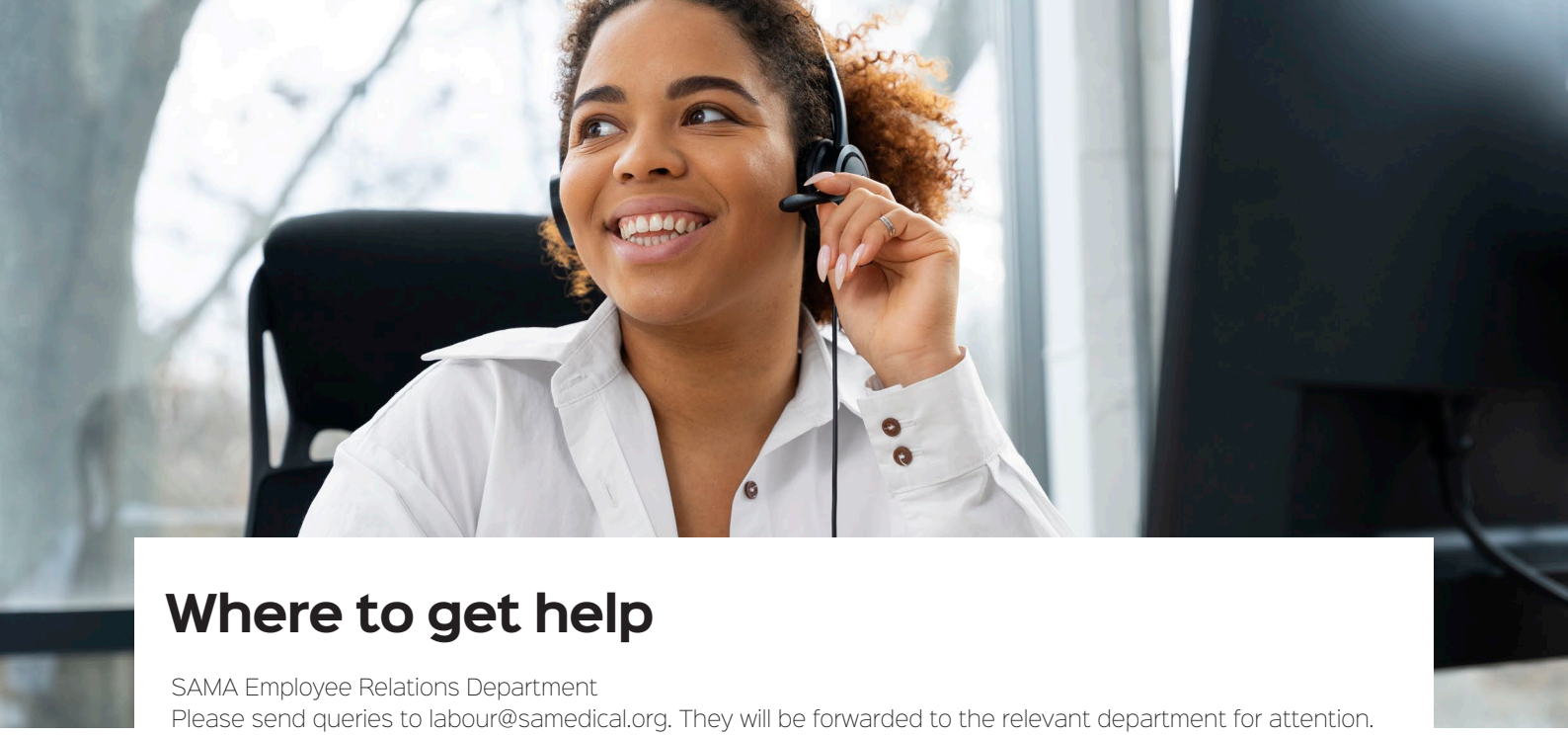


Dr Varshna **Govender**

Expediting my HPCSA IN registration in 1 day!

Dr Varshna Govender

SAMA was helpful in expediting my HPCSA IN registration numbers – in 1 day – and this allowed me to complete all my HR requirements and start duty on time. This meant that there were no further delays, which avoided the ever-so-constant uphill battle with the HPCSA as a foreign graduate. Much appreciated.



Where to get help

SAMA Employee Relations Department
Please send queries to labour@samedical.org. They will be forwarded to the relevant department for attention.

Contact your local SAMA branch for assistance:

Branch contact details		
Branch	Email	Telephone
Border Coastal	samabcb@samedical.org	043 642 1947
Cape Western	samacwb@samedical.org	021 532 3910
Eastern Highveld	samaehb@samedical.org	083 449 3556
Eastern Province	samaepb@samedical.org	041 365 7330
Free State	samafsb@samedical.org	071 353 0817
Free State Goldfields	samagfb@samedical.org	057 916 5618
Gauteng	samagsb@samedical.org	012 481 2102
Gauteng North	samagnb@samedical.org	012 481 2102
Griqualand West	samagwb@samedical.org	053 831 1154
KwaZulu-Natal Coastal	samancb@samedical.org	031 030 0223
KwaZulu-Natal Midlands	samanmb@samedical.org	033 347 0628
KwaZulu-Natal Northern	samannb@samedical.org	034 347 0628
Limpopo	samalpb@samedical.org	015 295 4218
Lowveld	samalvb@samedical.org	066 239 2501
North West Province	samanwb@samedical.org	082 826 4083
Outeniqua	samaoqb@samedical.org	044 871 2131
Transkei	samatrb@samedical.org	047 531 2809
Tygerberg Boland	samatbb@samedical.org	021 532 1287
Vaal River	samavrb@samedical.org	016 363 0400
West Rand	samawrb@samedical	087 997 0726

South African Depression and Anxiety Group (SADAG)
24-hour suicide crisis helpline: 0800 567 567
SADAG website: www.sadag.org
SADAG SMS: 31393

Healthcare Workers Care Network
Free to all healthcare workers in SA,
including Comm Serve doctors who may need help or counselling:
www.healthcareworkerscarenetwork.org.za
Tollfree number: 0800 212121
SMS 43001

WHISPA listens, WHISPA protects
If you are experiencing a traumatic or life-changing event, or need emotional or psychological support in the event of violence, abuse or trauma reach out to WHISPA
Call: 0861 106 151 (available 24/7)
Email: info@whispa.co.za

Others
Lifeline SA (any time day or night, every day of the year): 0861 322 322
National Institute for Communicable Diseases toll-free: 0800 0299 299
Discovery medical students helpline (24 hour): 0800 323 323
Higher Health 24-hour toll-free mental health helpline: 0800 36 36 36

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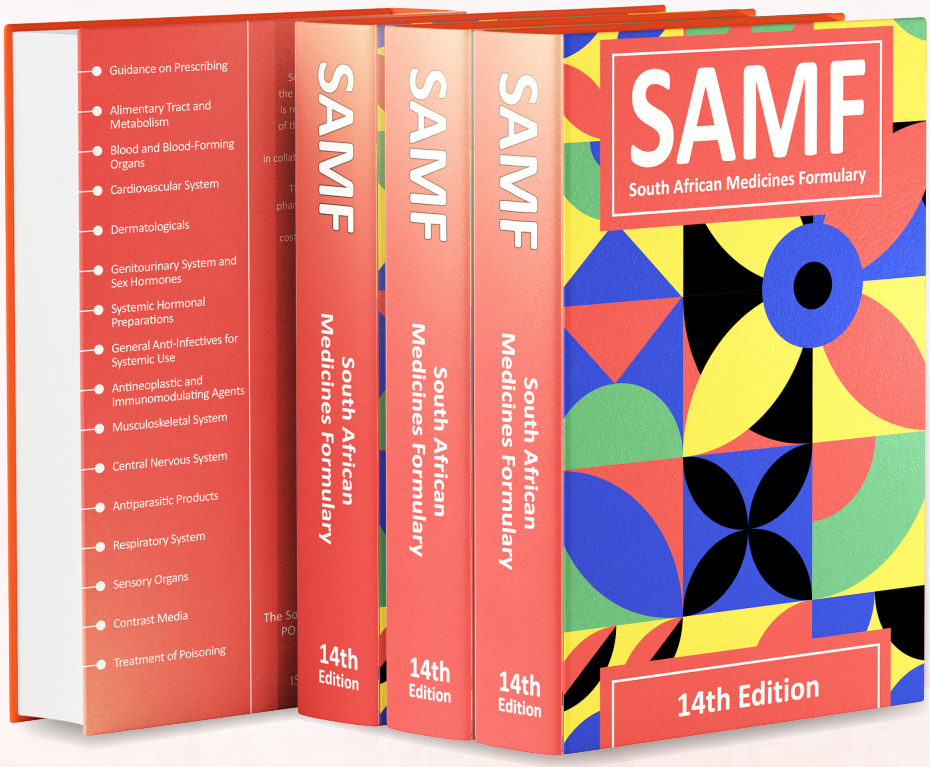

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