HEALTH & DISEASE - NURSES

1989

JUNE - SEPTEMBER, NOV.
There has been a steady decline in the number of student nurses. South Africa was still short of nursing sisters, particularly student nurses, despite having nearly 50 percent more nurses now than in 1980, said Dr Coen Slaabber, the director-general of the Department of National Health and Population Development.

Speaking in Johannesburg at the launch of a nurses' upgrading programme, known officially as a bridging course, Dr Slaabber said there were at present 140,719 nurses as against 109,196 in 1980. "But we do not have enough and we do not have them in the right categories," he said. He said there had been a steady decline in the number of student nurses over the past five years — from 13,360 in January 1984 to 9,965 in January 1989.

He blamed the shortage on this country's lack of a manpower policy and plans for the production and employment of health personnel as part of a National Health Plan.

"The situation is complicated by advances in technology that demand intensive care which rapidly drains nurses from community health care," he said.
Nurses in boycott

SOUTH AFRICA 22/6/27

ABOUT 400 nurses at Durban's King Edward VIII Hospital embarked on another boycott of meals yesterday — the second in a month.

Last month the nurses boycotted meals for more than a week because they were not happy about the quality of the food served at the hospital's canteen.
Private sector still pays nurses more

Nurses in the public sector were still being offered better benefits than those working for private institutions, a report compiled by the South African Nursing Association has claimed.

According to the report, annual and sick leave provision was generally not as generous in the private sector as in the public service and benefits such as housing subsidies were not as readily available.

The report said subsidised institutions and homes for aged tended to pay lower salaries than the public service.

The private sector, which employs about 12 percent of the country's nurses, paid slightly higher salaries.
Western Cape: 1988 matriculation examination

297. Mr K M ANDREW asked the Minister of Education and Development Aid:

How many pupils (a) (i) wrote and (ii) passed the 1988 matriculation examinations, and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates, in respect of each secondary school falling under the control of his Department in the Western Cape?

B637E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) (i) (b) (i) (ii) (iii) (iv) (v)
Femekwa secondary 95 45 — — — — — 5 9
Intshakaniso comprehensive school 56 13 — — — — — 3
ID Mkhize secondary 74 15 — — — — — 2
Lululza secondary 83 63 — — 2 10 11
Makgo secondary 203 87 — — — — — 6
Langa secondary 70 35 — — — — — 8
Tsilimela comprehensive school 66 13 — — 1 — — 2
Crossroads No 3 secondary 53 31 — — 1 3 7
Sizamile secondary 121 68 — — — — 7 7
Simon Hbe secondary 67 17 — — — — 2

The MINISTER OF JUSTICE:

(a) and (b) Yes. Shortages are experienced in the following vocational groups:
- Work study officer
- Integrated information system (computer personnel)
- Agriculturist
- Agricultural technician
- Tradesmen
- Finance personnel (Accounts clerk)

- Logistics personnel (Material supporting clerk)
- Musician
- Nurse
- Pharmacist
- Psychologist
- Typist

Due to the general under-supply on the labour market, these vacancies simply cannot be filled.

There were no vacancies on the fixed establishment of the disciplinary occupant group, on 1 April 1989. However, the existing fixed establishment as on 1 April 1989 does not reflect the shortage of 5,305 posts which, due to financial realities, are being attended to as a planned and continuous basis by means of the provision of funds on the South African Prisons Service’s budget.

The MINISTER OF COMMUNICATIONS:

(1) Yes; if such dishes can be used for the transmission and/or reception of signals relayed via satellites;
(2) yes;
(a) the Postmaster General.
(b) (i) one, namely the South African Broadcasting Corporation, and
(ii) from 12 June 1986 to date;
(3) yes;
(a) approximately 45.
(b) none;
<table>
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<td>338</td>
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(1) AND POPULATION DEVELOPMENT

The Minister of National Health

BAG 1988

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Furore after trapped nurse is ‘left to die’

THE issue of segregated health services took on tragic dimensions this week when a woman was allegedly left to die after a car accident.

A debate which raged between the Transvaal Provincial Administration, police and members of the public was sparked by the death of Irene Mzizi of Soweto in what was viewed by her family as a clear result of apartheid health facilities.

Mzizi died in a car crash in Winburg this week. Soon after the accident, an ambulance aircraft airlifted two injured whites to hospital, leaving four blacks on the hard. Mzizi and her husband were left trapped in their car. When freed some time later, Mzizi was dead.

It has been alleged by members of the family that Mzizi, an Orlando East nursing sister, had been left to die slowly after being ignored by a helicopter crew.

A Johannesburg newspaper reported that the family of the woman had pleaded in vain with the white helicopter crew to leave them behind but that their pleas fell on deaf ears. The family claimed the victims had been left unattended for five hours.

Reacting to the allegations, the Orange Free State’s Provincial Administration said this week it did not run a separate white and black ambulance and all its ambulances were used for all population groups.

The Mzizi had been left behind, as Irene Mzizi was already dead and the others were not seriously injured, according to the provincial administration.

The police liaison department has also said in a statement that because of the nature of her injuries, Mzizi must have either died on the spot or soon after.

Mzizi had served for 40 years at Baragwanath and Hillbrow hospitals. Shortly after she was buried in Orlando West, Soweto, on Sunday, her son, Pec, spoke about it. "My mother would treat people of all races. If a white person won’t help a black lady after she had spent her life treating whites, that’s very bad. If I need help from you, you need help from me.

"I’m not saying she wouldn’t have died if they had helped, but for two hours in the car, she was breathing and screaming for someone to free her."

Pec was also hurt in the accident, breaking a leg and his arms so badly that he had to be rolled out in a wheelchair to the funeral.

"Sister Mzizi has gone to a new heaven where there is no discrimination," said a matron at Baragwanath who had worked with Mzizi during her 31 years there. "There is only one helicopter there; there is only one jaws of life there; there is only one doctor there — and that is the Almighty God."

Whatever the details of this case, certain health services remain segregated and available only to members of a particular race group.

According to a representative of the Transvaal Provincial Administration in Pretoria, certain hospitals became "own affairs" when they were transferred to the House of Assembly on the April 1.

The JG Strydom Hospital in Johannesburg is one such hospital. It has been a white hospital for some time; however its transfer to the House of Assembly has entrenched its image as a segregated hospital.

The University of the Witwatersrand, which has mainly used the hospital as a teaching facility, announced this week it would reconsider its contribution to the hospital.

Dr Max Price, speaking on behalf of the Health Workers’ Association, said that the university would withdraw its contribution from the hospital as a demonstration of its opposition to segregated health services.

A TPA public relations officer told the Weekly Mail: "Blacks would only be admitted to such a hospital in cases of great emergency."

Price — a member of the Centre for the Study of Health Policy Studies and the National Medical and Dental Association — compares child mortality rates in Johannesburg and Soweto to show other effect of the racial segregation of health facilities.

"Johannesburg and Soweto may well be unique in the world," he says. "In that while the child mortality rate for Africans is higher in Soweto than in Johannesburg, the rate of stillbirths is higher for Africans in Johannesburg than in Soweto.

"The difference is due to the fact that while the socio-economic conditions are worse in Soweto, the access to health services is worse in Johannesburg."

"The statistics suggest that the absence of appropriate facilities for Africans in Johannesburg is associated with stillbirths and newborn deaths,"

According to the statistics of the Centre for the Study of Health Policy Studies, Johannesburg has a population of half-a-million whites, and about 500,000 non-whites. Of the total, only 36 maternity and child health clinics are in Johannesburg for pregnant African women.
Half those accepted for training were whites

CAPE TOWN — Only 2,784 of the 19,036 people who applied in 1987 to train as nurses were accepted, says National Health and Population Development Minister Dr Willie van Niekerk.

More than half those accepted for training — 1,449 — were white.

Van Niekerk, replying yesterday to a question tabled in Parliament by Dr Marius Barnard (PFP Parktown), said 2,745 whites applied for training.

This means 32.8% of white applicants were accepted. However, 359 of 9,147 coloured applicants (3.9%), 97 of 2,277 Indian applicants (4.2%) and 944 of 26,414 black applicants (3.5%) were accepted.

Van Niekerk said there were 3,223 vacancies at training institutions.
Health care in SA threatened, says professor

By Toni Younghusband, Medical Reporter

Academic hospitals should serve solely as tertiary referral centres and alternative arrangements must be made for the current uncontrolled influx of patients into these institutions, a memorandum before the South African Medical and Dental Council (SAMDC) has suggested.

The memorandum, drawn up by Professor Andre Coetzee of Tygerberg Hospital in the Cape, said academic doctors were worried about their future in this country.

He said doctors were overworked and the hospitals they worked in were poorly equipped and overcrowded. He said specialists could not be expected to handle huge numbers of uncomplicated cases purely because there was a shortage of doctors in hospitals.

Professor Coetzee said the present uncontrolled flood of patients into academic hospitals had had the following effects:

- The academic hospital’s training function was no longer a top priority.
- There was a severe shortage of beds.
- Patient care was below standard.

SHORTAGE

- There was a relative shortage of medical personnel on all levels, particularly nurses.
- Professor Coetzee said if training conditions at academic hospitals were being adversely affected, the standard of health services throughout the country would obviously deteriorate.

He pointed out, however, that Government authorities had indicated that conditions at the hospitals were unlikely to change due to a shortage of funds.

"Because an academic hospital is responsible for the quality of health care in this country it should be seen as a unique institution, separately financed from other provincial and state hospitals," he said.
Less than 10% taken as nurses

ONLY 2 794 of the 33 028 people who applied in 1987 to train as nurses were accepted at nursing training institutions, the Minister of National Health and Population Development, Dr. Willie van Niekerk, said yesterday.

More than half of those accepted for training were white applicants.

Dr. Van Niekerk, who was replying to a question which had been tabled by Dr. Marius Barnard (FFP, Parktown), said 2 745 whites applied for admission at nursing training institutions.

Of the remainder, 329 of 917, coloured applicants (3.6%), 97 of 227, Indian applicants (42.7%) and 644 of the 25 414 black applicants (2.6%) were accepted.
Nurse shortage 'very worrying'

The critical nursing shortage suffered by most provincial hospitals in the country could be alleviated, if salaries were increased and training programmes upgraded.

In a letter submitted before the council, Dr F J van der Merwe of the J G Strijdom's medical advisory committee, said his committee was very worried about the shortage.

There was a 30 percent shortage among all nursing disciplines at his hospital, and the lack of staff was also being felt at many others.

Besides poor salaries, he said, training was inadequate with student nurses spent too much time in lecture rooms.

They were not getting enough exposure to patients.

He added that an intensive recruitment drive for nursing staff was urgently needed.
If you believed smoking was dangerous, here's some food for thought

CAPE TOWN — An unhealthy diet is more likely to cause death through cancer than smoking cigarettes, according to the National Cancer Association.

Professor J D Anderson, president of the association, said more than a third of all cancer deaths were caused by diet.

Some foods appeared to confer some measure of protection against cancer while others had been linked to the development of the disease.

The cancer association has launched an information campaign — linked to a major fund-raising drive — to increase public awareness of the link between cancer and an unhealthy diet.

Professor Anderson said as with heart disease, fat was the dietary factor linked most often to cancer. The more fat eaten in proportion to the size of a population, the higher the incidence of cancer of the breast and the colon, two of the biggest killing cancers.

In South Africa, where the consumption of fat was far higher among whites than blacks, the rate of breast cancer among white women was 34 in 100 000 while it was only seven in 100 000 black women.

A similar pattern was evident with colon cancer. Statistics revealed that the incidence of colon cancer in white males was 7.7 in 100 000 and in white females it was 6.8 per 100 000. In black males the rate was only 0.7 and in black females 0.5 per 100 000.

A low fibre content in the diet has also been linked to a high incidence of colon cancer.

Professor Anderson said white South Africans tended to eat highly refined diets low in fibre, which could be a contributing factor in the high incidence of the disease.

Another form of cancer associated with dietary causes was cancer of the oesophagus where the incidence among black males was 19.4 in 100 000 compared to 3 in 100 000 white males.

The reason was that this type of cancer was associated with malnutrition, particularly in those whose staple diet was maize, resulting in a lack of essential vitamins and trace elements. The maize was also often contaminated with a carcinogenic fungus.
Nurse axed after her letter to ‘racist’ council

The Argus Correspondent

DURBAN. — A nurse is still jobless nearly three months after being fired from the Queensburgh clinic after challenging her superiors about their allegedly racist treatment and her working conditions.

Mrs Elizabeth Mbonambi of Umlazi, who had worked for the clinic for about four years, was given 24 hours’ notice in January after writing a letter criticising the Queensburgh Borough for its discriminatory attitude.

The borough’s town clerk had written to the Medical Officer asking him to bar black patients from entering through the main entrance. He said they should be admitted via the kitchen.

He also advised that the black clinic’s opening times be rescheduled, so that it did not function at the same time as the white clinic.

Mrs Mbonambi said since she started working for the council she had never been invited to a meeting or a party with her colleagues.

She got 14 days’ leave a year while new white staff members got 25 days, she said.

Private hospitals to help train nurses

The Argus Correspondent

JOHANNESBURG. — Two of South Africa’s largest private hospital groups have joined forces with provincial authorities in training nursing staff.

The Healthcare division of Afrox, in conjunction with the BG Alexander College of Nursing, Johannesburg, will offer specialised post-basic training courses for nurses.

SIMILAR COURSES

These will include intensive nursing science and operating-theatre techniques.

The Clinic Holdings Group is offering similar diploma courses through the Nursing College.

Clinical training will be given at their hospitals and at the Johannesburg Hospital.

Each course lasts a year.
Diet link to cancer greater than smoking

By KAREN STANDER, Medical Reporter

An unhealthy diet is more likely to cause death through cancer than smoking cigarettes, according to the National Cancer Association.

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Professor Anderson said white South Africans tended to eat highly refined diets low in fibre.

Another form of cancer associated with dietary causes was cancer of the oesophagus where the incidence among black males was 18.4 in 100 000 compared to 3 in 100 000 white males.

The reason was that this type of cancer was associated with malnutrition, particularly in those whose staple diet is maize, resulting in a lack of essential vitamins and trace elements. The maize was also often contaminated with a carcinogenic fungus, increasing the risk of developing cancer.
PRETORIA — SA could never afford First World health services, National Health Director-General C F Slabber said here yesterday.

Opening the new Council on Nursing, he said SA ranked 21st in the world league table of total GNP. However, when population was taken into account, SA achieved only 50th position in the world GNP per capita table.

According to the World Health Organisation, SA, together with 13 other countries, such as Algeria and Portugal, fell within the lowest range of middle-income countries.

“The obvious conclusion is funds within SA are limited and will remain limited for the foreseeable future,” Slabber said.

He said it had to be accepted SA was not a First World country. It was a Third World country with a small First World component.

Slabber said there had been a steady decline in the number of student nurses, since 1984. There were 13 369 student nurses on the council’s register in 1984, 11 818 in 1986, 10 435 in 1988, and 9 955 this year.

He added there was a double problem — a fall in the actual number of students and a poor distribution. The long-term prospects were bleak and, with an ageing population and a declining birth rate, the situation could only get worse.
Ageing population adds to crisis

SA health services ‘can only get worse’

Pretoria Correspondent

Long-term prospects for health services in South Africa are bleak.

This was said at a South African Nursing Council meeting in Pretoria yesterday by the Director-General of the Department of National Health and Population Development, Dr C F Slabbet, who added that a decrease in student-nurses and poor distribution of registered nurses was a “double problem”.

“With an ageing population and a declining birthrate, the situation can only get worse,” he said.

However, he believed South Africa’s health services’ personnel had the expertise and dedication required to meet the country’s needs in the future provided they worked in close co-operation.

South Africa, with 13 other countries, fell within the lowest range of middle-income countries, said Dr Slabbet.

Funds in the Republic for health services were limited and would remain so in the “foreseeable future”.

The country could not afford First World health services. The quality of services ranged from standards comparable with the best in the world in urban areas to “problematic” in the rural areas.

For his department to provide an affordable health service of an acceptable standard to all South Africans in the future, the service would have to be based on primary health care.

“The nurse is essential to the planning, implementation and evaluation of primary health care in the RSA,” Dr Slabbet said.

However, despite an increase in nursing personnel of 31,524 since 1980, the country did not have enough nurses in the “right categories, at the right time and in the right places”.

Dr Slabbet said many problems related to a lack of a national health policy.

The National Health Policy Council (NHPC) had reaffirmed a need for planned primary health care, he said, adding that the Health Matters Advisory Committee would meet in May to determine national health goals and priorities and to develop a national health plan and a broad implementation strategy.

Other issues that needed attention were the definition of the roles of the different health professionals and an improvement in the working and living conditions of nurses.
No word yet from angry nurses

Medical Reporter

Black nurses' complaints about the "degrading, racist" conditions of service at white hospitals had not reached the ears of the SA Nursing Association, the organisation's director, Mrs Susan du Preez, has confirmed.

Mrs du Preez said the association had not received any complaints from its 70,000 black members.

Earlier this month, black nurses interviewed at the Johannesburg Hospital said they had been subjected to unequal conditions of service. These included:

- Creche facilities were available to their white counterparts only.
- Separate medical aid societies.

COURSES

- Restrictions on black nurses' entry to post basic training courses.
- Black nurses were ineligible for accommodation at the nurses' home.
- Promotion for black nurses was not on merit.
- The black nurses said their white colleagues were transported home while they were denied such a privilege.

"We are working at this hospital simply because there are no alternative vacancies. All new posts under the auspices of the Transvaal Provincial Administration have been frozen," the nurses said.

The dean of the medical faculty at the University of the Witwatersrand, Professor Clive Ronsendorff, has called on provincial authorities to improve the situation.
The Minister of Education and Cult

date

The minister's decision is based on the consideration of the evidence presented at the HEARING.

In making this decision, the minister had to consider a number of factors, including:

- The evidence presented at the hearing
- The impact on the education system
- The views of stakeholders

The minister has decided to:

1. Implement a new curriculum
2. Increase funding for education
3. Improve teacher training programs

The minister's decision was made after careful consideration of all available information and consultation with relevant stakeholders.

The minister's action is in line with the government's commitment to improving the quality of education in the country.

In conclusion, the minister's decision is a step forward in the ongoing efforts to improve the education system, and it is expected to have a positive impact on the lives of students and the country as a whole.
A bitter pill for black nurses

BLACK nurses at the "white" Johannesburg Hospital yesterday confirmed they were working under degrading racist restrictions.

The nurses, who refused to be named for professional reasons, backed the dean of the faculty of medicine at the University of the Witwatersrand, Professor Clive Rosendorff, who disclosed they had been subjected to unequal conditions of service.

Professor Rosendorff, speaking at the B.C. Alexander Nursing College's graduation ceremony on Wednesday, said that while black nurses had been allowed to work at the Johannesburg Hospital they had been subjected to unequal service conditions.

The nurses confirmed as the norm:

- Creche facilities were available to their white counterparts only.
- Nurses belonged to separate medical aid societies.

- Restrictions were imposed on entry to post basic courses.
- They were ineligible for accommodation at the nurses' home.
- Promotion was not on merit.

The black nurses added that their white counterparts were transported home while they were deprived such a privilege.

"We are working at this hospital simply because there are no alternative vacancies. All new posts under the auspices of the Transvaal Provincial Administration have been frozen."

"We were forced to apply at the white Johannesburg Hospital, anticipating that conditions would be much better. They were not better at all. It was a sugar-coated pill."

"The general attitude from the administration to the white staff is negative and racist. We feel we are not part of the hospital."

No comment was available from the hospital.
JOHANNESBURG. — Black nurses at the "white" Johannesburg Hospital had to work under degrading, racist restrictions, said the Dean of the Medical Faculty at the University of the Witwatersrand, Professor Clive Rosendorff.

Speaking at the BC Alexander Nursing College's graduation ceremony, Professor Rosendorff said that while black nurses had at last been allowed to work at the Johannesburg Hospital, they had been subjected to unequal conditions of service.

These included: ineligibility for creche facilities available to white nurses; ineligibility for medical care at the hospital; a quota restriction on entry to post-basic courses; ineligibility for accommodation at the nurses' home and problems with transport to work on the racially-segregated Johannesburg buses.

"How humiliating that a black nurse has to suffer these degrading, racist restrictions," Professor Rosendorff said.
Black nurses, humiliated at Johnsonesburg Hospital
Patients taking care of Vital Period in AIDS

BY MOKGADI PELA

HEALTH GUIDE

SOCOTAN, FRIDAY, MARCH 17, 1989

The patient is advised to be monitored at all times and to be alert to any signs of illness. The patient should be instructed to report any symptoms immediately. The patient should also be advised to maintain a healthy diet and to avoid alcohol and tobacco. The patient should also be advised to avoid contact with other patients with similar symptoms. The patient should also be advised to seek medical attention if symptoms persist.

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Racist conditions for black nurses

A Medical Reporter said that the whites who worked at the Johannesburg Hospital had been forced to work under degrading racist restrictions, the mean of the hospital’s policy of white-waterland. Professor Clive Rosenthal said last night.

Mr. Alexander Nursing College’s graduation ceremony earlier this week included a statement by Clive Rosenthal, Professor of Obstetrics. He said that the pay for black nurses was pitiful, and that the hospital had no accommodation for black nurses. The pay differential would have had to be cut down, he said.
HOUSE OF ASSEMBLY

The Minister of National Health and Population Development

The Minister of National Health and Population Development

Mr. Tshabalala Msimang introduced a new policy measure in government notices on the implementation and promotion of health care services.

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Cape Province

Orange Free State

BIBLICAL

TRANSAFAL

The Minister of Constitutional Development and Planning

Mr. Thabo Mbeki addressed the chamber on the latest developments in the constitutional framework and the implementation of democratic principles.

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Group stage of application for election

Group stage of application for elections

The Minister of Education and Development

Mr. Jacob Zuma informed the assembly about the latest developments in the education sector and the implementation of the new curriculum.
Striking nurses to be disciplined?

Staff Reporter

Disciplinary action could result from Wednesday's strike by 36 Kalk Bay nursing assistants at the New Kings old-age home.

Mrs Hester la Grange, of the SA Nursing Association's W Cape branch, said the association was "extremely upset" about the incident and that it was "totally illegal". Disciplinary action could result, she said.

The strike was called over job allocation for two nursing assistants who had previously been dismissed but were given back their jobs after talks between management and the Health Workers' Union.

After being reinstated, the two nursing assistants refused to work in the occupational therapy department and a strike was called.

Nurses are barred by law from striking and could face disciplinary action.
Another first for Groote Schuur

CAPE TOWN's Groote Schuur Hospital is on track to save millions of rands each year through the implementation of a new system.

The materials management information system, which is the first of its kind in SA and probably the biggest in the world, was developed over nine months by six of SPL's Cape based project team using Adabas, Natural and Walker, with a VM operating system running on an IBM 387/70-60.

SPL's Mike Heyns explains that the physical materials handling system distributes all expendable and pharmaceutical supplies to 120 different clinical departments on the hospital's 18ha site. The vehicles used for the distribution are mobile exchange carts with customised inventories suiting the needs of each department. Any one of about 5000 line items are packed in the unit-of-use on to the shelf and containers in the cart. The items are used when necessary, and after a while an identical full cart is exchanged on the ward for the depleted cart, and the depleted cart returned to stores for sanitising and replenishment.

"Inventories of each cart and the replenishment picking lists provide raw data for the use of every consumable item used at the hospital, and form the basis for cost centre accounting and a hospital management information system," says Heyns.

Module

"Also, supplies forecasting, tender details, the effects of surcharges, the allocation of critical items in short supply, expiry dates and batch numbers, and the standardisation of inventories are managed by the system," he explains.

Apart from this, a pharmacy module includes the manufacture of lotions and ointments, pre-packaging of tablets into unit doses and the compounding of intravenous admixtures. Data on doctor's prescribing habits and patient drug profiles will also be collected and analysed.

Heyns says the distribution module allocates the deliveries of 2000 exchange carts according to a set schedule, as well as 140 catering trolleys and the collection of 140 refuse trolleys. Routes and lifts are allocated per trip type and if a lift fails, alternative routes are identified.

"The system even monitors the productivity of each trolley 'pusher' with respect to route and distance covered. This module can thus cut bottlenecks and congestion in corridors as well, as ensuring meals and medicines arrive on time."

The hospital hopes the system will cut total inventory of consumables and medications so millions will be saved per annum, while stockouts will be kept to fewer than 8% of all items.

Clinical staff will now have more time for direct patient care because functions involved with getting supplies - from requisitioning to stock-taking - have been reallocated to the materials handling department.

With increasing demand for subsidised health care by the hospital's 65000 in-patients and 182 million out-patients each year, the system is seen as particularly valuable as it will give management detailed information about consumable supplies use and expenditure.

"The information system allows hospital management to control the allocation of limited resources," Heyns explains.
Ex-hospital chief to sue CPA over job

DR Jocelyn Kane-Berman, who was sacked as Groote Schuur Hospital's chief medical superintendent after saying she would like to see ANC leader Mr Nelson Mandela in the cabinet, is intending to sue for her reinstatement.

She could not be contacted yesterday to confirm this but her son, and later her husband, said they understood that papers would be served on various Cape Provincial Administration (CPA) officials today.

The respondents will be the CPA administrator Mr Gene Louw, MEC Mr André van Wyk, provincial secretary Mr Barry van der Vyver, executive director of hospital services Dr George Watermeyer, a Mr Johan de Beer and Mr J du Plessis.

Dr Kane-Berman was moved from her post in November last year after making the controversial remark about Mr Mandela to a newspaper reporter.

She was made regional medical superintendent of the Western Cape, but it was clear from some official statements that this was in fact a demotion and that it was related to the remark she had made.

Dr Kane-Berman has had an immense amount of support from the medical fraternity. Soon after the controversy erupted, doctors at UCT's Medical School announced that they would contribute to her legal costs.

Questions raised in Parliament last week indicated that some PNP MPs are of the opinion that President PW Botha himself gave the order that she should be removed from her post, though this has not been established.
Kane-Berman to go to court?

Weekend Argus Reporter

DR Jocelyn Kane-Berman was said today to have instructed lawyers to institute action to force the Cape Provincial Administration to reinstate her as chief medical superintendent of Groote Schuur Hospital.

Her attorneys were quoted in a Cape Town morning newspaper today as saying she was considering action in the Supreme Court against the Provincial Administration, the Administrator Mr Gene Louw; Mr Andre van Wyk, member of the executive committee; Mr B van der Vyver, provincial secretary; Dr George Watermeyer, executive director of hospital services; Mr Johan de Beer of the Commission for Administration, and Mr J E du Plessis.

Dr Kane-Berman could not be reached earlier today.

She was transferred from her post in November last year after a remark in a Weekend Argus article about a hypothetical new Cabinet including Mr Nelson Mandela.

It was later alleged in Parliament that President PW Botha himself had ordered her dismissal.

The dismissal resulted in a major controversy, with Dr Kane-Berman receiving widespread support.

She is due to take up her new post as Western Cape regional medical superintendent this month.

This week the row resurfaced after the Minister of National Health and Population Development, Dr Willie van Niekerk said in Parliament he would approve any appointment of Dr Kane-Berman as dean of UCT's medical faculty as she would be "in an environment where the propinquity with the ANC is well known, as with the PPP".

The remarks outraged Dr Stuart Saunders, vice-chancellor of UCT, who met Dr van Niekerk to convey his "deep concern ... about his disgraceful insinuation".

Dr Saunders said he and Mr Len Abrahams, chairman of the UCT council, had asked for the meeting "in the hope Dr van Niekerk will be able to put the record straight, in Parliament and in public".

But no explanation for the statement was forthcoming.

Dr Saunders said further representations would be made through the appropriate channels.
By ANTHONY JOHNSON
Political Correspondent

UCT is to take further action following the refusal of Minister of Health Dr Willie van Niekerk to provide an explanation for the ANC "slur" he levied at the university’s medical faculty this week.

Dr Van Niekerk told Parliament that should the ousted superintendent of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, be chosen as dean of the medical faculty at UCT "we the government) will approve because then she works for students in an environment where the proinquity with the ANC is well known, as with the PFP."

The chairman of the Council of UCT, Mr Len Abrahamse, and the Vice-Chancellor, Dr Stuart Saunders, met the minister on Wednesday to convey their "deep concern" about his remarks "made under privilege of the House of Assembly."

Dr Saunders said yesterday: "The minister chose to give no explanation. "The university will now be making representations through appropriate channels."

Approached for comment on what steps the university would take, Dr Saunders said he did not wish to elaborate on his statement.

The PFP’s Health spokesman, Dr Marius Barnard, yesterday condemned Dr Van Niekerk for his "unwarranted slur" and called on the minister to apologise publicly to UCT and its "dedicated professors, lecturers, students and their parents."

Dr Barnard said: "The contribution of UCT to education and the high standards associated with this institution are well known in South Africa."

"The disgraceful attack by Dr Van Niekerk shows the level of National Party ministers to use any weapon in an attempt to cover up a political decision (the removal of Dr Kane-Berman from her Groote Schuur post)."

"Dr Van Niekerk’s reference is extremely unfortunate and shows his total unsuitability as Minister of National Health and Population Development."

²The Cape Times yesterday incorrectly attributed comments by Dr Saunders and Mr Abrahamse on the matter to the university's public relations officer, Mr Eugene Hugo. The newspaper regrets the error.
UCT angered by Willie's remarks on Kane-Berman

By ANDRE KOOPMAN

A MAJOR ROW has erupted between the University of Cape Town and the Minister of National Health and Population Development, Dr Willie van Niekerk, following remarks he made about the university in Parliament.

Dr Van Niekerk said he would approve the appointment of Dr Jocelyn Kane-Berman as dean of UCT's medical faculty since it would be "in an environment where the propriety with the ANC is well-known, as with the PFP".

Dr Kane-Berman was axed as medical superintendent of Groote Schuur Hospital after she said in a light-hearted newspaper article that she believed Mr Nelson Mandela should be premier.

The Vice-Chancellor and Principal of UCT, Dr Stuart Saunders, met Dr Van Niekerk late yesterday afternoon.

"Disgraceful"

The university hoped Dr Van Niekerk would "put the record straight, in Parliament and in public", UCT spokesman Mr Eugene Hugo said. A further statement would be issued later, he said.

"We consider the insinuations contained in the minister's remarks as disgraceful," said Mr Hugo.

Dr Van Niekerk said in reply to a question from PFP health spokesman Dr Marius Barnard that, were Dr Kane-Berman chosen to be the dean of the medical faculty, "we (the government) will approve because then she works for students and in an environment where the propriety with the ANC is well-known, as with the PFP".

The present head of the medical faculty, Professor G Ball, is to retire at the end of the year. Dr Van Niekerk would not say whether he knew if Dr Kane-Berman was being considered for the post.

"The university regards applications for vacant posts as confidential until appointments have been finalised," he added.
Probe launched

THE Transvaal Provincial Administration has launched investigations into an incident in which about 200 nursing assistants were allegedly insulted by a matron at the Westford Hospital in Pretoria West. Sources close to the TPA confirmed that investigations were on.
Nurses strike over 'insult'

By ALINAH DUBE

About 200 Westfort Hospital nursing assistants went on strike in Pretoria West yesterday after they were allegedly insulted by a black matron during a staff meeting.

According to sources, the matron made the derogatory remarks at a meeting held on hospital premises to discuss the problems affecting nursing assistants.

The matron is also alleged to have walked out.

The Sowetan established that trouble started when staff members demanded to know why they were being treated as "inferior" by the hospital authorities.

"Tempers began to flare as we told the matron that we were unhappy about having to contribute money for the nursing sisters' farewell parties while no one bothered to raise funds in a case of a nursing assistant leaving the hospital."

"The matron reacted angrily and started calling us stupid nobodies who did not even qualify for ranks in the nursing profession. She said it was high time we looked at the hierarchy and knew our position," they said.

Dr A van Zyl, the hospital superintendent who had first told the Sowetan that he could not comment as he did not have full details of the incident, later said he was not aware of any strike taking place. He said "things are proceeding normally."
Concern for future of SA nursing

The Argus Correspondent

PRETORIA.—The number of students enrolling for the four-year graduate course in nursing at the University of Pretoria showed a drastic decrease and has caused concern among nursing staff for the future of their profession.

This year only 29 students enrolled for the B Cur course compared with 48 last year.

Chief Nursing Services Manager at H F Verwoerd, Matron Miaene Pretorius, said this seemed to be a countrywide occurrence in spite of a 15 percent salary increase for nursing staff which came into operation on January 1 this year.

Matron Pretorius said the drop in interest in nursing was disappointing and an in-depth investigation would be launched to try to discover the reason for this.

One of the reasons is believed to be the reluctance of high schools to allow nursing staff to address pupils and give them guidance about the profession and all it entails.

Another possible cause is the low public profile that nurses have and the negative publicity the profession usually gets.

However, open days had been organised during the course of last year to encourage interested matriculants to choose this profession. These, Matron Pretorius said, were poorly attended.

Matron Pretorius added that during the course of this year far more attention will be given to attempting to give occupational guidance in this field to matriculants.

"The South African nursing profession has a good reputation, especially among colleagues overseas, and we can't afford to lose this due to a lack of staff," Matron Pretorius said.

This is also the first year that this course, previously run over four-and-a-half years, will be conducted in four years.
When nurses abandon their first love

Registered nurses are leaving the profession in droves to take up lucrative positions in commerce and industry. Medical Reporter TONY YOUNGHubSAND reports.

"I know secretaries who started on better salaries than I was earning after nine years" — the words of an embittered registered nurse who has left the profession in favour of replying for a multinational electronics company.

Nursing was her chosen career but having struggled to keep her head above water for nine years, she finally packed it in and turned to commerce.

She is just one of hundreds of South African nurses forced to abandon their first love for the business world.

"I nursed from 1967 to 1986, the last four years spent teaching nursing to others. My salary then was about R1 500," she says.

Nursing in a private hospital was not much better. "The red tape is unbelievable. All they are interested in is money, money, money. I tried freelance nursing too, but you only get about R200 more than at Province anyway," she says.

There is a general misconception that provincial hospitals are losing their nurses to private clinics.

"Actually, if you consider all things, Province has more perks. You get a housing subsidy and five uniforms instead of two like at the private clinics. But the private clinics pay more," she says.

Poor marketing

Private clinics are battling to hold on to their nurses.

A spokesman for an upmarket Johannesburg clinic says there is a shortage of highly qualified white nurses throughout the industry. "Nurses nowadays have the capacity to go into administration and many are leaving to take up jobs with pharmaceutical companies or as secretaries," he says.

She says it is felt that the marketing of the profession at school level is very poor.

"I don't mean at matric level. That's too late — the pupils have already chosen their subjects. We need to get to them when they are in Standard 6 or 7."

Mrs S J du Preez of the South African Nursing Association, says it is difficult to speculate on how many nurses are leaving the profession but feedback from the field indicates that morale is getting lower and lower.

"We are getting a lot more complaints than we were five years ago. One of the problems is that nurses are spending 78 percent of their time on non-nursing tasks.

"The general personnel shortage in hospitals means nurses are required to help out with other jobs too," Mrs du Preez says.

Rigid shifts

Many nurses are happier in the private sector because their hours are more flexible, she adds.

"A recent survey conducted by the association revealed that 60 percent of registered nurses were married.

While provincial hospitals insist that their nurses work rigid shifts, private clinics are more accommodating and therefore more attractive to a working mother.

Mrs du Preez says there are more black nurses than white, although there are more white sisters.

She says the Nursing Association is trying to improve conditions of service, and managed to obtain salary parity for all race groups three years ago.

"To keep them in the profession we must keep them happy. If we can reflect happiness in the profession we will recruit more."

"She says the association receives about 400 letters a week from schoolchildren wanting more information on nursing.

The personnel manager of a pharmaceutical company says his firm employed several former nurses because of their paramedical experience.

"They are used to working in a hospital environment, they are not terrified of doctors and they know their anatomy and physiology quite well. We give them a bit of training in pharmacology and public relations and they do very well."

Married women

"He says the pharmaceutical industry employs quite a number of nurses.

"Probably the biggest reason for them coming to us is finance. They can earn quite a lot of money replying for us. We will start a registered nurse on about R2 000 and she can eventually earn up to R4 000 and more. We are also quite happy to take married women," he says.

The superintendent of the Johannesburg Hospital, Dr Reg Broekmann, says patients admitted to his hospital are usually very sick, placing great demands on the nurses.

"Nurses are highly responsible people; many are trained to operate personal computers. Commerce has more appeal for them at present," he says.

In a report released by the Nursing Association earlier this year, it was revealed that the cost of basic training for one student nurse was more than R10 000 a year (training lasts four years). The nurse must pay a R40 annual registration fee and R22 towards Nursing Council membership, and must buy books. The balance is borne by the state.

"It's a tragedy when you think how much money is spent on training nurses, yet they are leaving the profession because their salaries are so poor," a former nurse says.
Ethical hurdle in nursing crisis

Hospital 'help us' plea to 5th year students

Medical students at the University of the Witwatersrand have been asked to help at the Johannesburg Hospital which is suffering a critical nursing shortage.

Fifth-year students were approached by the hospital's superintendent, Dr Reg Broekmann, last Friday and asked to fill in for senior nurses in some wards. A private nursing agency has been hired to alleviate the nursing shortage but is only due to start in two weeks' time.

"The students, both black and white, felt that it was important to go in and help in this crisis but they had other ethical considerations," student spokesman Mr John Parker told The Star.

He said students felt they would only work at the hospital if the work conformed to the principles of the Hippocratic Oath.

"This includes the provision of equal health services to all people, regardless of race, colour or creed. This would imply that admissions and transfers of patients are not done on the basis of race," Mr Parker said.

However, the hospital's superintendent, Dr Reg Broekmann, said the students had refused to provide the assistance requested in spite of stating that they were willing to help.

"It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis," Dr Broekmann said.

Inadequate pay

He said one student had turned up to help yesterday and another had promised to assist at the end of the week.

Mr Parker said students had asked that the work they were expected to do was in no way discriminatory and that the authorities acknowledged the difficult conditions under which nurses had to work.

"We have expressed a willingness to help the hospital but only under these conditions," said Mr Parker.

"We believe that the major cause of this crisis was inadequate pay and we want the authorities to acknowledge this crisis. We also want them to look at the nurses' grievances. Black nurses, for example, are prohibited from using the hospital's creche facilities or accommodation," Mr Parker pointed out.

He said the students had met Dr Broekmann on Monday and listed their demands. These demands have apparently been referred to Pretoria.

A private company has been called to staff wards and theatres at Johannesburg Hospital.

The company is recruiting nurses for four wards, the intensive care unit and four theatres and is in search of staff for 12 night posts and staff nurses.

Dr Broekmann said the company was approached because the hospital was struggling to recruit staff.

The hospital's medical and surgical wards are over 100 percent full and many nurses are leaving each month.

The private company has staffed a surgical ward and the Johannesburg Hospital's paediatric intensive care unit for the past two years. "It has worked very well," Dr Broekmann said.

He said there had been a lot of unhappiness among provincial nurses when the private nurses had first been recruited.

"But that settled down when they realised their jobs were not being threatened," he said.

Mr David Hoffman, managing director of Hofcor Holdings, said the nurses were invited to choose the hours they wished to work, and as 60 percent of qualified nurses were married women this was an extremely attractive proposition.

By Toni Younghusband, Medical Reporter
Hospital struggling to recruit staff

Bid to end crisis infuriates nurses

By Toni Younghusband, Medical Reporter

Provincial hospital nurses are furious that private nurses are being employed to staff the Johannesburg Hospital, nurses told The Star yesterday.

One sister employed at the hospital said the private company was advertising salaries of between R1 800 and R3 000 for the same work performed by the provincial nurses who earned a great deal less.

The company has been asked to staff four wards, an intensive-care unit, four theatres and other posts. Its nurses are due to start in two weeks' time.

Handful of students

The hospital's superintendent, Dr Reg Broekmann, said the company had been approached because the hospital was struggling to recruit staff.

The nursing shortage at the hospital has reached crisis point.

One nurse said the stresses placed on those who were left were enormous.

She said often an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

"The responsibility is enormous and the stress terrible. A patient in ICU and pays the exorbitant rates charged for this treatment deserves ICU-trained staff."

"Sometimes they don't even have a trained sister on duty - it's just not ethical," she said.

The private company has already staffed one surgical ward and the hospital's paediatric intensive care unit for the past two years.

According to Dr Broekmann, there was no essential difference between the package that the private company offered its nurses and what the province employees were given. Provincial nurses yesterday angrily disagreed.

"Our basic salary is a lot lower than theirs but we get medical aid and pension benefits and a housing subsidy.

"When we get married we lose these benefits, which we had no choice but to take in the first place.

"Once you are married you are left with no benefits and a low salary. You are penalised because you are getting married.

"The private nurses get cash instead of these so-called benefits. It really isn't worth our staying on," one sister said.

She said the private nurses also had no loyalty to the hospital. "Many of them are part-timers so if equipment is broken they don't care. They won't be back the next day and won't be held responsible. It's the provincial nurses who take the flak."
We didn't refuse to help students

By Toni Youngusband
Medical Reporter

At no stage had medical students refused to help at the Johannesburg Hospital, which is suffering a critical nursing shortage, students said last night.

Fifth-year students said that a statement by the hospital's superintendent, Dr Reg Broekmann, that "students had unfortunately refused to provide the assistance requested" was a misrepresentation of the facts.

Dr Broekmann approached the students last week and asked them to fill in for senior nurses in some wards. A private nursing agency has been hired to alleviate the hospital's critical nursing shortage but is due to start only in two weeks' time.

In a statement issued on Tuesday, Dr Broekmann said: "It is deeply regretted that our medical students did not see their way clear to assist us and our patients in this crisis".

The students said that during a class meeting it was generally agreed, in principle, to help provide medical services during the crisis. "It was felt that it was ethically correct, as future health workers, to provide what services they could and when called to do so," one student said.

"We clearly stated that we would not treat patients on the basis of race, creed or colour and this implies that the admissions and transfers of patients are not done on the basis of race, creed or colour," he said.

He said students believed the crisis at the Johannesburg Hospital was a reflection of an ongoing crisis in all hospitals, Baragwanath and Hillbrow hospitals included.

"We recognise that the Johannesburg Hospital is in a crisis but we consider the value of life to be equal at all hospitals, both black and white."

He said students were waiting for a reply from Dr Broekmann regarding their demands.
Medics in dispute over hospital's call for help

By Toni Younghusband, Medical Reporter

A dispute has broken out between medical students at the University of the Witwatersrand over the Johannesburg Hospital's call for assistance during a nursing crisis.

And while students argue whether to go in and help or not, the hospital has asked neighbouring provincial institutions for emergency staff.

Nurses from other hospitals have been asked if they would like to work at the hospital on an overtime basis until the present crisis is relieved by a private nursing agency.

SA Nursing Association president Miss O.H. Muller said yesterday that the Government should review its curbs on health spending as the position at the large academic hospitals was now "really acute". She said the cut in hospital budgets was partly the reason these institutions were having critical nurse shortages.

On Tuesday, representatives of the Medical Students' Council told The Star it had been generally agreed in principle to help provide medical services during this time of crisis.

However, they considered it important that the work conformed to the principles embodied in the Hippocratic Oath, which included the provision of equal health services to all, regardless of race, colour or creed. They said they were waiting for a statement of intent from the Transvaal Provincial Administration and wanted the authorities to acknowledge the difficult conditions under which nurses worked.

The dean of the university's medical faculty, Professor Clive Roendorff, said yesterday that some students were prepared to nurse patients at the hospital and some had already volunteered their services. Others would do so soon.

"The statement and position of a group of students in fifth year, namely that they would not help unless their demands were met, was not shared by all medical students and certainly not by medical school staff or the dean."

PATIENTS

"We would feel that the welfare of patients, black or white, was the only consideration in such a situation, he said."

Referring to the critical nursing shortage, Miss Muller said the inflexibility of working conditions for nurses should also be reviewed.

"We should be more flexible and offer nurses the choice of cash in the hand or long-term benefits."

"I think what the director of hospital services is doing at Johannesburg Hospital is the only short-term solution. I don't know that there is anything else he can do but call in a private nursing company," she said.
Medical services in a crisis — and there's no cure in sight

WHAT do you do in a crisis — just lie down and die?

That's more or less what pensioners, the unemployed and the poor, not to speak of the hard-pressed working classes, are going to be expected to do soon when ill-health strikes.

While hospitals in South Africa's most densely populated areas teeter and health authorities dither, the Transvaal Provincial Administration blindly raises its fees. The sick man in the street could literally land there when his money runs out.

Blaming rising running costs and expensive medical equipment, the Administrator of the Transvaal, Mr Danie Hough, added last week that South Africa could no longer afford apartheid in its health services.

"It is not only morally offensive, but also very expensive," was his reported comment.

Apart from being short of cash, the hospitals have suddenly discovered that nurses are leaving the sinking ship. One nurse said this week that, often, in the Johannesburg Hospital, an intensive-care unit would be left in the charge of only one trained ICU sister and a handful of students.

Their solution? To call in a private company to staff empty wards and theatres.

Naturally, those nurses still valiantly manning their posts up at what we used to call 'The Gen' are angry. The private nurses are getting better money, for a start. But what really gets their goat, and mine, is that, while the provincial authorities have penalised nurses for marrying, the outside firm has tapped an enormous source of labour to everybody's benefit.

"We specifically encourage women who stopped nursing to look after their families and would like to get back into the job market," said Mr David Hoffman, MD of the firm concerned. Bearing in mind that 60 percent of qualified nurses are married, he said, his staff were invited to choose their working hours.

So, rather than allow a little flexibility into its rigid policy, especially in a time of crisis, the TPA finds itself able to afford outside services. How strange! Are they afraid or incapable of making snap decisions?

If cutting red tape could get them out of the red, why don't they get on with it, in triplicate if they insist? Or has the State a special grudge against married women?

The fifth year medical students asked to help out are also guilty of pigheaded inflexibility. They are willing to do so, if certain conditions are met, including opening hospitals to all races. One appreciates their sentiments, but in a crisis, medical help is surely not dependent upon politics?

Would Hippocrates have hesitated?
Segregation is blamed for burgeoning nursing crisis

PAT DEVEREAUX

Racially segregated medical and nursing staff establishments are ultimately to blame for the current nursing shortage and a major overhaul is urgently needed at provincial level to solve the problem, said a number of medical group this week.

The South African Health Workers Congress yesterday said it was appalled at the Johannesburg Hospital’s attempt so brazenly to co-opt medical students into an ethically compromising position simply because “a white hospital” was suffering a nursing shortage.

Ethical code

The group emphasised that a nursing crisis of major proportions had existed at Baragwanath Hospital and at the Hillbrow Hospital for the past year.

“To their credit the students stood by their ethical code which means equal health care must be given to all irrespective of race, creed or colour,” said SAHWO spokesman, Dr A Dasoo.

“At times in my medical ward at the Hillbrow Hospital there are five nurses attending to up to 50 critically ill patients in a 27-bed ward,” said Dr Dasoo.

The State’s duplication of health facilities for race groups was also slammed. “How much extra does it cost the state to have 14 departments of health and four provinces all involved in the provision of health care instead of a single authority?” queried Mr Cedric de Beer of the University of the Witwatersrand’s department of community health.

The Medical Students Council at the University of the Witwatersrand yesterday urged the Transvaal Provincial Administration to do “more than simply patch over the current nursing crisis which has finally spread to the Johannesburg Hospital”.

“The nursing shortage at Johannesburg Hospital is prevalent all over the country in the rural areas and hospitals which do not serve whites,” said Medical Students Council representative Mr John Parker.

“Nurses can’t strike. The only outlet they’ve got is to resign.

“The appalling nursing conditions at Baragwanath Hospital were first raised two years ago by doctors working at the hospital. Now the on-going crisis has simply spread to a white hospital,” said Mr Parker.

He pointed out that, unlike Johannesburg Hospital, Baragwanath could never have called in a private company.

A liaison officer for Johannesburg Hospital refused to give estimates of the number of nurses to patients. “It varies according to each unit,” she said.

Spokesman for the National Medical and Dental Association (Namda) Mr Max Price said: “It is disturbing that Johannesburg Hospital is going to private companies to solve the problem rather than addressing the problem of racially segregated health facilities directly.”
Flexitime brings nurses back

Hospitals' countrywide are experiencing a serious shortage of nurses. For many years poor salary packages have been blamed. But one very important factor which prevents qualified sisters taking up vacant hospital posts is the inflexibility of working hours. According to the South African Nursing Association, 60 percent of this country's nurses are married women. Women with husbands and families, and homes to run.

Nurses interviewed by The Star said the rigidity of shifts at provincial hospitals made it impossible for them to continue working.

"We had to make a choice — home or career. Obviously there are times when your home has to come first," one said.

"I kept on working when I had my first child but I found it hell. When they get sick you cannot do anything. You just put them in a creche, sick or not," said a woman who worked at the Johannesburg Hospital.

Cream of the crop

An ICU-trained sister who left the hospital six months ago and is now working in commerce said she earned a gross salary of R1,900 a month plus a R150 non-pensionable allowance for specialised work.

"ICU sisters are the cream of the crop yet province was giving me a salary of R1,900 a month after 18 years. Private agencies are offering R3,000 for the same job at the same hospital," she said.

"I left the hospital because I could not work the inflexible hours and could not come out on that salary. The inflexibility of hours means you are forced to make a choice between your marriage and career. It was soul-destroying to leave and I thought long and hard about it," she said.

The sister said nurses deserved competitive salaries plus additional payment for responsibility and hard work.

"An ICU sister has to work shifts and weekends and has an enormous amount of responsibility, yet she is paid the same as a nurse working in the blood room whose major responsibility is not to bruise a patient," she pointed out.

"If we were properly paid we would not mind working extra hours or at weekends." Many nurses are choosing private work.

"I worked in a provincial hospital for many years, then went on maternity leave. Knowing that the unit I was working in was short of nurses, I was in a turmoil about whether to go back or stay home with my kids. I resigned. My kids are my highest priority.

"When I approached the hospital some months later prepared to work part time they said they did not have any work for me. I scanned the newspapers and found a private nursing agency," a young mother said.

The agency, run by Hofcor Holdings, has staffed a surgical ward and the paediatric intensive care unit at the Johannesburg Hospital for the past nine years. It has now been asked to staff four wards, four theatres, an intensive care unit and to fill at least 12 other posts.

Managing director of Hofcor Holdings Mr David Hoffman said the shortage was not a shortage of heads but a shortage of active participation.

According to his nurses, their wards are the only ones fully staffed at the Johannesburg Hospital at present.

"Because they are able to work whatever shifts they choose, we are able to find staff by accommodating each person we may find one post filled by three people, each working a different shift," he said.

One nurse, now employed by Mr Hoffman's company, said she had been out of nursing for 12 years.

"I left the profession to have babies and stayed at home for 12 years. I thought I would never come back because of the shift situation at the hospitals and the pressure under which nurses have to work."

A mother of two teenage children came back to work after 22 years.

"I was divorced and decided I wanted to go back to work. I was very nervous at first but the other nurses were very supportive. I started working just two days a week and am now working four days," she said.

One important feature of the flexitime programme is that there is less pressure on the nurses and they therefore have more time for training.

Come back

"You are not promoted to any position of responsibility for at least a year and you always have someone senior above you who can teach you. You don't have the fear that you won't cope with modern technology," one sister said.

The agency encourages mothers or women who have not worked for a while to come back into the job market.

The private nurses, like their provincial counterparts, work six-hour shifts but can choose how many shifts they would like to work and when.

"I work on Sunday nights and one afternoon a week. We also have the opportunity to swap so if my child is ill I can call on a colleague to take over my shift," another sister said.

Provincial nurses' employment packages include medical aid and pension benefits and a housing subsidy.

"But once you get married these fall away. You don't have a choice. You have to take them when you start out, then you lose them. But you are still earning the same low salary."

"At least the private nurses have a choice. They aren't forced to take these benefits and they get cash instead," a dissatisfied provincial sister said.
Flexitime brings nurses back

Hospitals’ countrywide are experiencing a serious shortage of nurses. For many years poor salary packages have been blamed.

But one very important factor which prevents qualified sisters taking up vacant hospital posts is the inflexibility of working hours. According to the South African Nursing Association, 60 percent of this country’s nurses are married women. Women with husbands and families, and homes to run.

Nurses interviewed by The Star said the rigidity of shifts at provincial hospitals made it impossible for them to continue working.

“We had to make a choice — home or career. Obviously there are times when your home has to come first,” one said.

“I kept on working when I had my first child but I found it hell. When they get sick you cannot do anything. You just put them in a creche, sick or not,” said a woman who worked at the Johannesburg Hospital.

Cream of the crop

An ICU-trained sister who left the hospital six months ago and is now working in commerce said she earned a gross salary of R1 900 a month plus a R150 non-pension able allowance for specialised work.

“ICU sisters are the cream of the crop yet province was giving me a salary of R1 900 a month after 10 years. Private agencies are offering R3 000 for the same job at the same hospital,” she said.

“I left the hospital because I could not work the inflexible hours and could not come out on that salary. The inflexibility of hours means you are forced to make a choice between your marriage and career. It was soul-destroying to leave and I thought long and hard about it,” she said.

The sister said nurses deserved competitive salaries plus additional payment for responsibility and hard work.

“An ICU sister has to work shifts and weekends and has an enormous amount of responsibility, yet she is paid the same as a nurse working in the blood room whose major responsibility is not to bruise a patient,” she pointed out.

“If we were properly paid we would not mind working extra hours or at weekends.”

Many nurses are choosing private work.

“I worked in a provincial hospital for many years, then went on maternity leave. Knowing that the unit I was working in was short of nurses, I was in a turmoil about whether to go back or stay home with my kids. I resigned. My kids are my highest priority. “When I approached the hospital some months later prepared to work part time they said they did not have any work for me. I scanned the newspapers and found a private nursing agency,” a young mother said.

The agency, run by Hofcor Holdings, has staffed a surgical ward and the paediatric intensive care unit at the Johannesburg Hospital for the past nine years. It has now been asked to staff four wards, four theatres, an intensive care unit and to fill at least 12 other posts.

Managing director of Hofcor Holdings Mr David Hoffman said the shortage was not a shortage of heads but a shortage of active participation.

According to his nurses, their wards are the only ones fully staffed at the Johannesburg Hospital at present.

“But they are able to work whatever shifts they choose, we are able to find staff. By accommodating each person we may find one post filled by three people, each working a different shift,” he said.

One nurse, now employed by Mr Hoffman’s company, said she had been out of nursing for 12 years.

“I left the profession to have babies and stayed at home for 12 years. I thought I would never come back because of the shift situation at the hospitals and the pressure under which nurses have to work.”

A mother of two teenage children came back to work after 22 years.

“I was divorced and decided I wanted to go back to work. I was very nervous at first but the other nurses were very supportive. I started working just two days a week and am now working four days,” she said.

One important feature of the flexitime programme is that there is less pressure on the nurses and they therefore have more time for training.

Come back

“You are not promoted to any position of responsibility for at least a year and you always have someone senior above you who can teach you. You don’t have the fear that you won’t cope with modern technology,” one sister said.

The agency encourages mothers or women who have not worked for a while to come back into the job market.

The private nurses, like their provincial counterparts, work six-hour shifts but can choose how many shifts they would like to work and when.

“I work on Sunday nights and one afternoon a week. We also have the opportunity to swap so if my child is ill I can call on a colleague to take over my shift,” another sister said.

Provincial nurses’ employment packages include medical aid and pension benefits and a housing subsidy.

“But once you get married these fall away. You don’t have a choice. You have to take them when you start out, then you lose them. But you are still earning the same low salary.”

“At least the private nurses have a choice. They aren’t forced to take these benefits and they get cash instead,” a dissatisfied provincial sister said.
Nursing crisis: students heed stayaway call

Medical Reporter

The majority of the University of the Witwatersrand’s fifth-year medical students appear to have heeded a call by the Medical Students Committee (MSC) to stay away from the Johannesburg Hospital until patient services are desegregated and nurses granted better working conditions.

A hospital spokesman said yesterday only one student was expected to report for duty today.

The hospital called on the students for help a fortnight ago when it was hit by a nursing crisis. Sources told The Star about 30 nurses resigned on one day.

Poor salaries and the inflexibility of working hours have been blamed for the nurses’ dissatisfaction.

President of the MSC Mr Andrew Don-Wauchope said last week the decision to work at the hospital depended on whether the work conformed to the Hippocratic Oath which included the provision of equal health services to all. The students also want health authorities to acknowledge the unsatisfactory working conditions of nurses.
'Some moonlight to make ends meet'

Nurses' association seeks urgent talks

Owne Correspondent

DURBAN — The SA Nursing Association has called for urgent talks with the Government to discuss the crisis in the nursing profession.

The association yesterday disclosed that 29 percent of nurses' posts are empty in government hospitals throughout South Africa because of dissatisfaction over salaries and working conditions.

"The situation is serious and we must have talks with the Government now," association president Miss Odezia Muller said from Pretoria.

"We are very concerned about patient care in South Africa. They are the ones who will suffer."

Her comments follow reports about growing dissatisfaction among nurses at Durban's Addington Hospital. There have also been problems at the Johannesburg Hospital.

"The events of the past week at these two hospitals have increased our concern about the nursing situation in this country," Miss Muller said.

She described the 29 percent vacancy level as "bad" and said she could not remember when it had ever been as high.

Can't afford food

"We will be making strong representations for better salaries and an improvement in post structures. Our nurses are working under difficult conditions and they are not being paid for it."

She said allowances were inadequate. "After paying tax on these, nurses comes out with virtually nothing. I know of cases of real hardship and some nurses can't afford to buy food."

"What makes it worse is that there are such administration delays. I have been told that some nurses at Addington and King Edward VIII have had to wait up to a year to get their overtime pay. This is unacceptable."

When asked to comment on claims that nurses could get housing subsidies, she said: "About 65 percent of nurses in South Africa do not qualify for these so this means less than nothing to us."

Nurses had to be breadwinners to qualify.

Because of the grave situation, many nurses were forced to moonlight at private hospitals to make ends meet.

"In many cases, provincial hospitals are giving their approval for nurses to work at private hospitals part-time where they are being paid at an hourly rate or at a special rate."

Some provincial hospitals were so short-staffed that they were employing nurses from private agencies and paying them at a higher rate, Miss Muller said.
20% staff vacancies in hospitals

Crisis looms in nursing profession

By CHRIS BATEMAN

THE nursing profession faces a threatening crisis with an estimated 20% of staff vacancies in hospitals country-wide causing long patient waiting lists, a reduction in essential services and the closure of wards.

In a hard-hitting statement yesterday the president of the Nursing Association, Miss Odeiza Muller, said this was caused by uncompetitive salaries, poor overtime payment and inflexible hours.

These factors contributed to a demoralised nursing corps and "inevitably" increased the danger of medicolegal risks, she added.

A recent survey had shown that 80% of nurses left state service within three years of completing their training. While working, they were "of necessity" undertaking off-duty private work to meet their financial obligations.

Immediate correction of the salary packages, increased overtime payment and other "actual steps" to solve grievances would go a long way towards improving the profession, Miss Muller said.

Responding yesterday, Dr George Watermeyer, executive director of Cape Hospital and Health Services, said he was aware of unhappiness in nursing ranks.

He said a national co-ordinating body was currently investigating all aspects of the nursing profession and that he would respond more fully once he had seen the full text of Miss Muller's statement.

Medical sources yesterday said that "moonlighting" by nurses was in contravention of their conditions of employment but that it took place on a large scale. Local hospital seniors were either unaware of this or were diplomatically ignoring the practice.

Groote Schuur Hospital medical superintendent Dr Jocelyne Kane-Berman said she wished the positive aspects of nursing received more media coverage.

"There are exceptional rewards for many members of the profession in a variety of challenging careers in education, for specialist nurse practitioners and in research. "Nursing is not done justice by constantly emphasising the problems and difficulties; nurses are highly regarded members of the health-care team."
Call for talks on nursing crisis

The Argus Correspondent
DURBAN. — THE South African Nursing Association has called for urgent talks with the government to discuss a country-wide crisis in the nursing profession.

The association said that a massive 20 percent of nurses' posts were empty in government hospitals throughout the country because of dissatisfaction with salaries and working conditions.

"The situation is serious and we must have talks with the government now," Miss Odelia Muller, the president of SANA, said in Pretoria.

"We are very concerned about patient care in South Africa. They are the ones who will suffer."

Her comments follow reports in the press about growing dissatisfaction among nurses at Addington Hospital in Durban and problems at the Johannesburg General Hospital.

"The events of the past week at these two hospitals have increased our concern about the nursing situation in this country," Miss Muller said.

She described the 20 percent vacancy level as bad and said she could not remember when it had ever been as high.

"We will be making strong representations for better salaries and an improvement in post structures. Our nurses are working under difficult conditions and they are not being paid for it."

She said allowances were inadequate: "After paying tax on these, nurses come out with virtually nothing.

"I know of cases of real hardship and some nurses can't afford to buy food."

Moonlighting

"What makes it worse is that there are such administration delays. I have been told that some nurses at Addington and King Edward VIII in Durban have had to wait up to a year to get their overtime pay. This is unacceptable."

When asked to comment on claims that nurses could get housing subsidies, she said: "About 65 percent of nurses do not qualify for these so this means less than nothing to us."

Nurses had to be breadwinners to qualify.

She said because of the grave situation, many nurses were forced to moonlight at private hospitals to make ends meet.

"In many cases, provincial hospitals are giving their approval for nurses to work at private hospitals part-time where they are being paid at an hourly rate or a special rate."

Some provincial hospitals were so short-staffed that they were employing nurses from private agencies and paying them at a higher rate.
Nurses in new pay crisis

By KAREN STANDER
Weekend Argus Reporter

THE nursing profession has been plunged into a new crisis with an angry South African Nursing Association making sweeping demands for an immediate pay rise, higher overtime pay and procedures to handle grievances.

The government has been warned that this is the only way to stop nurses leaving the profession.

Dr George Watermeyer, executive director of the Cape provincial department of hospitals, reacted by criticizing the nursing association for an "over-simplified approach" by singling out salaries as the major problem.

He confirmed his concern over shortages and the resultant "negative effect on the quality of patient-care as well as the undermining medicolegal implications".

His department was constantly negotiating with the commission for administration for improvements in total service conditions, including salaries for nursing and other personnel.

Management

"There is concern within management for the singling out of salaries as the major cause of fluctuation in nursing numbers. Wide-ranging social, educational and employment-opportunity related issues also contribute to a complex pattern of recruitment and retention."

"An oversimplified approach to the problems might not address many of these contributory factors."

Hospital authorities said the impact in the Western Cape was not as severe as elsewhere in the country.

Somerset Hospital reported 15 percent vacancies for registered nurses, while Groote Schuur Hospital reported only about nine percent of all nursing posts were vacant. Tygerberg Hospital had no vacancies.

President of the South African Nursing Association Miss Odella Muller said in Johannesburg the shortages were "a threatening crisis."

She said: "The Association has for some time tried to solve the problems in a responsible manner through existing channels. The members however are now becoming impatient and are no longer satisfied with the lack of progress."

Impatient

"Surveys indicate there is about a 20 percent vacancy position in hospitals countrywide. The delivery of quality patient care becomes an almost impossible task with such a serious shortage of nursing personnel."

"The danger of medicolegal risks inevitably increases with a demoralization effect on overworked nursing personnel."

Miss Muller confirmed earlier speculation that 50 percent of nurses leave state service within three years of training, and: "A direct result is a closure of wards and a reduction in services, in some cases essential services, and long waiting lists of patients."

That nurses could not manage their salaries was borne out by the number who did private work in off-duty hours.

While the association was pleased housing subsidies had been increased, they would help only a few.

A spokesman for Groote Schuur Hospital said shortages had not "as yet" caused wards to be closed.

West German students invited to "get to know" South Africa in six weeks by Lions International arrived in Cape Town yesterday. They are the first of a number of groups the Lions will host this year while students here will go abroad on similar trips. Back row, from left: Margit Twuheus, Jessica Schottme, Heinrich Frielingshaus, Alexander John, Niklas Arnes, Lions International representative Mr. Derick Wilson and Claus Collor. Front, from left, Christine Braun, Julia Gaisler and Rudiger Ackermann.
Nursing crisis talks today

CAPE TOWN — Minister of National Health, Dr Willie van Niekerk, is to meet the executive of the South African Nursing Association today to discuss the growing crisis in State hospitals.

Dr van Niekerk also announced in an interview that he was to ask the Minister for Administration, Dr Dawie de Villiers, to investigate nurses' salaries.

The Government has come under fire for the crisis. Many wards have been forced to close as nurses resign.

Democratic Party health spokesman Mr Mike Ellis said the Government was responsible for the situation because of poor pay scales for key workers such as nurses, teachers and policemen.

Dr van Niekerk said he would be seeing the president and executive committee of the Nursing Association later today.

"I am concerned that public hospitals have lost many nurses to the private sector and as a result many of our hospitals are having difficulties keeping up standards," he said.
Nurses, Minister meet today over crisis

Political Staff

DR. Willie van Niekerk, Minister of National Health, is to meet the executive of the South African Nursing Association today to discuss the growing crisis in State hospitals.

Dr. van Niekerk said in an interview that he was to ask Dr. Dawie de Villiers, Minister for Administration, to analyse the salary structure and job satisfaction.

However, the government has come under fire for allowing the crisis, which has included a flood of nurses leaving the profession and wards closing down, to develop before taking action.

"IGNORED"

Mr. Mike Ellis, MP, Democratic Party health spokesman, said the government had for years ignored nurses' appeals for full recognition of their important role.

Dr. van Niekerk said he was meeting the executive committee of the nursing association today.

"I am concerned that public hospitals have lost many nurses to the private sector and as a result many of our hospitals are having difficulties keeping up standards."

(Report by B. Cameron, 122 St George's St, Cape Town)
PRETORIA. — Two men were gunned down in separate — and police believe possibly related — attacks in central Durban at the weekend, and faction fighting is believed to have been the motive.

In the first incident at a crowded Victoria bus terminus in Market Street, Mr Nqabekeyi Tshelagana Mthembu, 60, died when he was shot four times by an unknown gunman.

He was struck in the left temple, the stomach and twice in the back.

Crowds scattered as the gunman opened fire at pointblank range in an area where thousands of commuters were waiting for buses to take them home.

In the second shooting, an unidentified man was shot in the right shoulder, the waist and the head near Beren Road railway station about midnight on Saturday.

The shooting was reported to the police.

Men gunned down in centre of Durban

by the manager of the Tropicale Restaurant, Mr Silvan Moodley, according to Lieutenant Bala Naidoo.

Four employees of the restaurant had been on their way to the station when the gunman approached them. Three men escaped, but the fourth fell in a hail of bullets.

Meanwhile, two men who are alleged to have killed one man and injured two others have been arrested in Mpumalanga, Natal, according to the weekend police unescort report.

Chief Mangosuthu Buthelezi yesterday urged blacks in Maritzburg to work tirelessly for peace.

Addressing a mass prayer rally at Imbali, the KwaZulu Chief Minister said Inkatha would strive for peace "because it is determined to uphold the time-honoured ideals of the black struggle for liberation".

Chief Buthelezi again read the letter written to him by jailed ANC leader Mr Nelson Mandela and said: "We will not disappoint our heroes and our martyrs who went before us." — Sapa

Nurses to submit demands to minister

Johannesburg. — The nursing crisis has reached unprecedented proportions and urgent corrective action is needed to prevent further deteriorations, senior members of the profession said at the weekend.

A delegation from the SA Nursing Association will submit demands for an immediate 15% increase to the Minister of National Health and Population Development, Dr Willie van Niekerk, later this week.

Meanwhile, association executive director Ms Susan du Preez said: "The shortage is affecting nursing services throughout the country.

"It is clear that at the root of the shortage is pay."

Ms Du Preez also said the growth of the private hospital industry had lured nurses away from provincial and state services with higher pay and more flexible and shorter hours.

Police name dead lecturer

JOHANNESBURG. — A University of Fort Hare lecturer who died at the Potchefstroom offices of the SAP Narcotics branch at the weekend has been named.

Police said Mr Tobias Benajmin van Niekerk, 36, was being questioned in connection with allegedly luring, molesting and committing an indecent act. While being questioned, he fell over backwards in the throes of an apparent heart attack, police said.

Preparations for an inquest are under way. — Sapa

Blackwell slashes at women's TV fashion

NEW YORK. — Designer Mr Norman Blackwell says there are some serious fashion problems on television.

His list of the worst-dressed women on the tube, compiled for TV Guide, includes Roseanne Barr ("takes thrift-shop chic to the terrifying limit"), Vanna White ("mail fashion at its worst"), the women of "Dallas" ("glamour by excess") and Bea Arthur of "Golden Girls".

He gives qualified praise to Melanie Mayron, saying her "Thirtysomething" character "makes her own kind of Bohemian-flavoured fashion music".

There are some nicely-dressed prime-time women, especially Candice Bergen of "Murphy Brown". He also praises Angela Lansbury, Barbara Walters, Nicolette Sheridan of "Knott's Landing", Jane Curtin and Susan Saint James of "Kate and Allie" and Jane Wyman of "Falcon Crest". — UPI
Nursing crisis puts pay pressure on govt

PRETORIA — The worsening nursing crisis — a 20% shortage nationwide — will compel government to make an early adjustment to nurses' salaries, sources here say. 8/10

At the weekend Deputy Health Minister Michael Veldman said government would use its limited funds to do everything possible to stop the flow of staff to the private sector.

Later this week the SA Nursing Association (Sana) is to submit a 15% increase demand to Health Minister Willie van Niekerk.

Sana executive director Susan du Preez said the association had warned of the looming crisis repeatedly during the past decade. Adjustments made to pay and service conditions had never gone far enough, she said.

Johannesburg Hospital has not been brought to the point of collapse by the shortage of nurses, hospital superintendent R G Broekman said at the weekend. Hospital management was, however, gravely concerned.

Voters' rolls condemned

SPOKESMEN for the DP, NP and CP have all condemned the state of voters' rolls for the September 6 election as a shambles, filled with the names of dead and missing voters.

Johannesburg NP councillor Robert Rousseau said he had written to the Department of Home Affairs about the Bezuidenhout constituency roll.

He said there were many cases where people on the roll had been dead for more than five years, or had gone overseas.

He said there were also those on the roll who still used the old ID cards with a different digit count.

Committee looks at Soweto rent crisis

ISOLATING the more emotional content of issues such as rent payment would be the first step in addressing Soweto's financial difficulties, Development Bank of SA (DBSA) CE Simon Brand said yesterday.

"The issue of ownership should be isolated from current payment of service charges," said Brand, who has been asked to chair a committee which will supervise Soweto's financial adjustment.

Brand said he was sure that in the process of the financial adjustment Soweto's R500m rent debt would be looked into.

The committee, which comprises council and provincial administration members, will look at ways to cover Soweto's immediate deficits. In the long term the committee will plan expenditure on an ongoing basis.
Govt to probe nursing conditions

Staff Reporter
THE government will urgently investigate the working conditions of nurses.

This announcement was made yesterday by the Minister of Health, Dr Willie van Niekerk, after he met a delegation from the South African Nursing Association (SanA) headed by its president, Miss Odelia Muller.

The meeting followed a threatened crisis in the nursing profession with an estimated 20% of staff vacancies in hospitals country-wide causing long patient waiting lists, a reduction in essential services and the closure of wards.

This was caused by uncompetitive salaries, poor overtime payment and inflexible working hours, SanA has said. They suggested an urgent 15% pay rise towards alleviating the problem.

In a statement yesterday, Dr Van Niekerk said the association had stressed issues concerning the recruitment and retention of staff, backlogs with regard to remuneration and difficult working conditions.

"It is clear there has been an exacerbation of problems since my previous meeting with the association. I fully appreciate the extent of the problems and the association's concern. However, these are complicated and interwoven issues for which no instant solution exists."

Dr Van Niekerk said requests regarding the employment dispensation of nursing staff would be conveyed to the Minister of Administration and Privatisation, Dr Dawie de Villiers.

The Commission for Administration would also be requested to conduct an inquiry "as a matter of urgency."

Dr Van Niekerk said he had instructed the Health Matters Advisory Committee to urgently investigate and report on the promotion of more efficient nursing service.

Miss Muller said last night that the meeting had been "very positive."

"I do believe he will do his best to assist us. We expect positive results although we cannot say that we will get everything we have asked for."

She said they had discussed "inadequate salaries, nursing structures and internal problems."

Asked whether the minister had given any indication of an increase in salaries, she said: "He could not promise us this. He does not hold the purse strings since there are a number of other state departments involved."

She said that SanA had expressed concern about the number of experienced nurses who were leaving the profession.

About 60% of nurses left state service after about three years, leaving inexperienced staff to nurse the wards, she said.

"We told the minister that we believe that promotion possibilities are at present not adequate," she added.
Nurses' pay and conditions: Urgent inquiry

By KAREN STANDER  
Medical Reporter

SALARIES and working conditions of nurses in government service are to be investigated after a meeting between the Minister of National Health and representatives of the South African Nursing Association.

The commission for administration is to investigate salaries and the health matters advisory committee will probe working conditions, said the Health Minister, Dr Willie van Niekerk.

He said the nursing association had emphasised issues concerning the recruitment and retention of staff, backlogs regarding remuneration and difficult working conditions.

Dr van Niekerk expressed appreciation of the extent of the problems, which had exacerbated since his previous meeting with the association.

"However, these are complicated and interwoven issues for which no instant solution exists," he said.

Requests regarding the "employment dispensation" of nursing staff would be conveyed to the Minister of Administration and Privatisation with the request that the commission for administration conduct an inquiry as a matter of urgency.

With regard to working conditions, he had instructed the health matters advisory committee to urgently investigate and report on the promotion of a more efficient nursing service.

The investigation would include:

- The full participation of senior nursing service manager in the overhead management processes;
- The promotion of primary health-care services;
- Optimal use of staff; and
- Efficient liaison between employer and employee.

The results of the inquiry would be submitted by Dr van Niekerk to the national health policy council and, where applicable, the Cabinet.
Minister orders probe for better nursing service

By Kaizer Nyatumba

A health matters committee will soon “urgently” investigate and report on the promotion of a more efficient nursing service, the Minister of National Health and Population Development, Dr Willie van Niekerk, said last night.

After discussions with the South African Nursing Association (SANA) in Pretoria yesterday, Dr van Niekerk also said he would convey SANA’s request to the Minister of Administration and Privatisation that the Commission of Administration conduct enquiries into the employment dispensation of nursing staff and general working conditions “as a matter of urgency.”

Dr van Niekerk said SANA was concerned mostly about the recruitment and retention of staff, backlogs with regard to working conditions and difficult working conditions.

He said it was clear that problems encountered by nurses had worsened since his last meeting with the association, and he fully appreciated the extent of, and the association’s concern about, the problems.

COMPLICATED

“However, these are complicated and interwoven issues for which no instant solution exists. Evidently, these problems should be addressed urgently,” Dr van Niekerk said.

He said he had instructed the Health Matters Advisory Committee to investigate urgently and report on the promotion of a more efficient nursing service with special reference to:

- The full participation of senior nursing service managers in the overhead management processes at every level of health management.
- Ways in which emphasis on personal primary health care services can be promoted.
- Bringing about a balance in the rendering of services to all population groups.
- The optimal utilisation of staff.
- Efficient liaison at all levels between the employer and employee.

The results of the enquiry would be submitted to the National Health Policy Council and, where applicable, to the Cabinet, Dr van Niekerk said.

SANA would identify further aspects to be investigated by the committee, and would be given “ample opportunities” to contribute to the enquiries, the Minister said.
CAPE TOWN — Crisis after crisis, such as the latest nursing crisis, may have worked wonders for Dallas's TV ratings but it had been disastrous for SA to be governed this way, the Democratic Party MP for Gardens, Ken Andrew, said last night.

"The nursing crisis is just the latest crisis in the longest running drama series in SA," he said at a DP meeting in Green Point.

"Yet, we still have an education crisis, a sharply increasing crime rate, an old age pensioner crisis, rampant inflation and a poverty crisis of frightening proportions."

There were two reasons for this: the NP government had ruined the economy so there was less money available for almost everyone, and when money was available, it was often misspent and allocated to wasteful and unproductive products.

"We need fewer Ministers of Health and more nurses — properly paid and with reasonable working conditions."

"We must stop taxing illness and remove GST from medicines," Andrew said.

Sapa reports the chairman of the Green and Sea Point Ratepayers Association and insurance consultant Annette Reinecke, is to be the NP's candidate in the Claremont constituency. She will oppose DP MP Jan van Eck.

The procedure for the official nomination of candidates for the coming general election begins today.

Smaller

Independent candidates must submit the required 300 signatures to electoral officers by 4pm today so that their nominations can be considered on Monday.

Candidates in smaller constituencies need only 150 signatures.

Candidates who belong to registered political parties do not have to submit signatures.
A first in black nursing

Mrs. L. T. Phore was recently appointed first black principal at a nursing college. She is principal of the Natalespruit Nursing College. Together with the basic nursing diplomas she holds a BA degree in nursing and an honours degree in nursing science from Unisa. She is presently studying towards her master's degree at the University of the Witwatersrand.
Nurses 'trust crisis will be ended'

Medical Reporter

The South African Nursing Association (Sana) "had complete trust" that the steps undertaken by the Minister of Health, Dr Willie van Niekerk, regarding the country's nursing crisis would bring relief.

Dr van Niekerk has ordered an urgent investigation into the countrywide nursing crisis brought on by mass staff resignations in many of the country's provincial hospitals.

The president of the Sana, Miss Odelia Muller, said that at a meeting yesterday Dr van Niekerk had shown understanding of the difficult conditions under which nurses worked.

She said although Dr van Niekerk had indicated that specific attention would be given to the problems at the academic hospitals, his investigation would address problems over a wide spectrum.
Nurses have faith in Govt

THE SA Nursing Association said it had "complete trust" that the Government would bring relief to the nurse's crisis.

Miss O H Muller, president of Sana, discussed the crisis with the Minister of National Health, Dr Willie van Niekerk this week.

"The nursing problems brought to his attention will now receive in-depth attention.

Problems

"Although specific attention is given to the academic hospitals, for example, Baragwanath, Johannesburg General, Addington, King Edward and Groote Schuur, the investigation which will be launched, will address problems over a wide spectrum.

"The SA Nursing Association has complete trust that the steps the Minister has undertaken regarding the current difficult situation will bring relief."

Overhaul

Van Niekerk said yesterday that after his talks with nurses, a major investigation would start next week.

A complete overhaul of the profession could be expected, to halt the crisis in State hospitals, he said.

The Minister for Administration, Dr Dawie de Villiers, has been asked to look into nurses pay, including their request for a 15 percent pay hike.

Van Niekerk said there were three major problems causing the nursing crisis - pay, work conditions and liaison.
Nursing crisis hits ICU service

By YVETTE VAN BREDA

ONLY half the beds in the Intensive-Care Units (ICU) at Groote Schuur Hospital are being used because of a shortage of trained nurses, a senior intensive-care consultant at the hospital said yesterday.

Professor P D Potgieter added that if the salaries and working conditions of nurses were not improved, the situation would worsen.

"Nurses leave the profession constantly because of low salaries, stress, the huge responsibility and the physically and mentally demanding nature of their work — especially in intensive care," he said.

GSH medical superintendent Dr Jocelyne Kane-Berman said a 30% increase in beds in ICU had been planned in the "new hospital" but they would not be put to use immediately. She hoped they would be operational in the following two years.

Professor Potgieter said: "We have to do something to improve the nurses' lot otherwise we'll be left without any of them."

He said GSH was a "very good" training hospital and had about 10 ICUs. Ideally there should be one nurse to a patient at all times (which meant three nurses to a patient).

At GSH there was about 25 nurses to 10 beds and sometimes "one nurse to two or more patients at one time", which reduced patient care, he said.

"It takes about six to seven years before nurses are fully trained to work in ICU and they are not adequately remunerated," he said.

"There is an increase in ICU facilities in private hospitals and not enough trained nurses to run them.

"Private hospitals offer significantly better salaries — about 25% more than state hospitals — and nurses leave teaching hospitals to work there," Professor Potgieter said.

Nurses also left the profession to study further, have babies and start new occupations. Long hours, low salaries and night duty contributed to the exodus.

Dr Kane-Berman said that ideally there should be 4.25 nurses to one patient in ICU. Although she could not say how many nurses tended one patient at Groote Schuur, it was not that many.

Asked whether it was unusual for 20 nurses to leave the hospital in one month, she said it would not surprise her. Many nurses left in one month but as many replaced them.

She was unaware of nurses' salaries at private hospitals but felt they were only "slightly" higher than at state hospitals.

Salaries and working conditions of nurses in government service are to be investigated, following a meeting between the Minister of National Health, Dr Willie van Niekerk, and representatives of the South African Nursing Association.

The commission of administration to investigate salaries and the health matters advisory committee will probe working conditions, Dr Van Niekerk said.
Race bars crash as hospital runs out of nurses

By ANDREW GILLINGHAM, TERRY VAN DER WALT and HAMISH McINDOE

As South Africa's nursing crisis escalated this week, race bars tumbled in a desperate bid to save the life of a critically ill woman.

The woman — whom hospital authorities have refused to name — was moved to Soweto's Baragwanath Hospital when Johannesburg Hospital could not accommodate her in its intensive care unit.

Suffering from pneumonia, she had been taken to Johannesburg Hospital from a private clinic in Germiston on Thursday.

With two other patients waiting for admission to the ICU, the hospital decided to move the 20-year-old woman to Baragwanath.

"We didn't have enough beds to cope," said Chief Superintendent Dr. Reg Brockmann.

The incident has highlighted the critical shortage of nursing staff at provincial hospitals throughout SA.

This week, Dr Willie van Niekerk, Minister of National Health and Population Development, ordered an urgent probe into the shortage.

Pressed

The Johannesburg Hospital has a 33 percent shortage of nursing staff, Dr. Brockmann said: "We have 539 beds open, but the hospital's capacity is twice that.

"If we had more staff we would open the other beds, but we are hard pressed to just maintain existing services.

In Cape Town, half the beds in the Groote Schuur ICU are closed and there are vacancies for 350 nurses at five provincial hospitals in the Peninsula.

At Durban's Addington Hospital, the surgical ward in the paediatric department has already been closed and patients with chronic renal failure are being turned away from the life-saving dialysis unit.

Dr. Dirk van Rocy, Chief Superintendent at Pretoria's H F Verwoerd Hospital, said pressure on staff was being controlled by limiting admissions.

Salaries

"We won't turn away anyone in real need, but we are losing nurses every month to the private sector," he said.

Mr Graham Anderson, executive director of Clinic Holdings, denied that private hospitals were to blame.

"Salaries in the private sector are not that much better. Nurses who have worked in state hospitals for some time — with perks such as housing subsidies — are often better off.

"Nursing is all too often run on military lines. Rules which state what time a nurse must return to the hostel don't help recruitment," he added.

A Baragwanath Hospital spokesman said: "Among black people, nursing is regarded as a high-status profession. We have no problem finding suitable applicants.

"Here, the shortage is in beds, not nurses."
Black nurses save white hospitals

GERALD REILLY

PRETORIA — Without black nurses at Johannesburg Hospital the bed shortage would become even more critical.

This is clear from information given at a media conference here yesterday by MEC in charge of hospitals Daan Kirstein.

He said only 630 of the 1,000 beds were in use because of the nursing crisis. Currently more than half — 50.5% — of qualified nursing staff was black. The hospital was "capacity full" and every day patients had to be referred to other hospitals.

Kirstein said some years ago he had refused to allow black nurses to work in white hospitals. At the time there was a shortage of black nurses.

"I could not prejudice patients in black hospitals by draining away black nurses to help staff white hospitals.

"We now have a surplus of black nurses and the overflow is being used to relieve the problem in white hospitals."

Kirstein said National Health Minister Dr Willie van Niekerk had launched a broad investigation into nurses' grievances, including salaries, and hopefully the problem would be solved.

Asked if the admission of blacks to half empty white hospitals would be on the agenda, Kirstein said, "possibly, they may think again about this aspect."

He said the J G Strijdom Hospital should be treated as a general affairs hospital until its status was finally determined.

"Overcrowding at Baragwanath could be solved overnight if greater use was made of township clinics. It was no place for people with minor complaints. Community clinic nurses could handle 80% of cases."
THE Government has appointed a commission of inquiry into allegations of corruption and on the acute shortage of nurses at the Johannesburg Hospital, it was announced yesterday.

Speaking at a press conference in Pretoria, Mr. D. P. Kirstein, MEC in charge of Hospital Services in the Transvaal, said they only had enough nurses for 830 of the 1,800 beds at this hospital.

- Kirstein also confirmed the strike by black employees at the hospital on Tuesday who complained of various irregularities.

Kirstein said a committee has been set up to inquire into the functioning of the Johannesburg Hospital as an academic hospital.

He added that the allegations of corruption were also going to be investigated.

Prompted by the disclosure made by Mr. Adrian Vlok, Minister of Law and Order, on Tuesday that large numbers of people were going to turn up at hospitals on August 2 for so-called medical treatment in order "to disrupt medical services," Kirstein stressed that hospitals and clinics were there for the treatment of sick people and they were allocated staff according to the scope of their patient care.

"All persons should realise that we cannot by any means allow harm to come to our patients," said Kirstein.

He also announced that the working conditions and salaries of the nursing profession countrywide were at present receiving urgent attention from the Government and a decisive answer could soon be forthcoming.

This followed last week's meeting between the Minister of Health and the executive committee of the South African Nursing Association. The meeting centered on the exodus of nurses from government hospitals to the private sector because of dissatisfaction over salaries and the inflexibility of working hours.
Nurses hurt in Alex fire

SIX nurses were injured and an Alexandra activist narrowly escaped death during two separate incidents in the township in the early hours yesterday.

Witwatersrand police spokesman Colonel Frans Mulherbe dismissed the allegation of petrol bombings and said one incident was an arson attack while the other was caused by an electrical fault.

He said an arson case has been opened and police were investigating.

The nurses suffered shock, cuts, smoke inhalation and bruises before they were rescued at the Alexandra Health Centre.

They claim that a petrol bomb was thrown into their home at about 3.45am.

The injured nursing sisters are Eugene Ngwokaz, Augustine Nombewu, Mavis Mockett, Mary Bukana, Beauty Tsounyana and Violet Ramohitsana.

Nurses hurt in fire

They were treated for shock and cuts.

Ramohitsana is still in a critical but stable condition at the health centre.

The director of the centre, Dr. Tim Wilson, said Ramohitsana had inhaled poisonous gas.

In a second incident, an apartment shared by the restricted chairman of the Alexandra Youth Congress, Mr. Paul Mashurile, (28) and his secretary, Mr. Jacob Mthethwa (25), was set alight by unidentified men at about 4am while the two were asleep. They were woken-up by breaking glass and the fire had broken out.

No one was injured and damage was estimated at R5000.

According to an eyewitness who refused to be named, two white men were seen running away from the pyramidal and later sped off in a car.

A container of petrol was found next to the window from where the fire started. It was removed by police.

Police and fire department officials who were called to investigate the blaze said they suspected the fire was caused by an electrical fault.
"Thanks very much for the boxes of chocolate and you girls deserve a medal", but that doesn't put bread in my breadbin'

T
in their patients they're still
known as Sister, but offici-
ally they're now called
Professional Nurses.

The name change doesn't impress them,
though South Africa's nurses are angry and bit-
ter and they're leaving the profession in their
hundreds. Some financial recognition of their
professionalism; the usual hours, and the
responsibility they live with might help.

"Thanks very much for the boxes of chocolates
and the 'You girls deserve a medal' messages
but that doesn't put bread in my breadbin", said
a theatre sister in a private hospital.

And the saddest thing is that I believe the
country's best nurses—experienced, valuable
and expensive trained—are new medical
trainees and housewives, or doing something
which has nothing to do with nursing, because they're
not prepared to put up with the hours, the money
and the working conditions.

There is a 20 percent shortage of nurses na-
tionwide, according to Miss Odessa Muller, presi-
dent of the South African Nursing Association At
Groote Schuur Hospital only half the intensive
care beds are being used because of a shortage
of trained nurses.

This means people could die because they can-
not always get an intensive care bed when they
need it.

The WORI is worried, says Professor Peter
Potgieter, an intensive care specialist: "We
are concerned that the demand for intensive care
beds and sophisticated medical equipment is outstripp-
ing the supply of adequately trained nurses.

WORI is the only sickest patients.

"Some people being treated in general wards
would probably be better off in intensive care
— and some patients are being admitted from gen-
eral wards when they would have done better
if they had been in intensive care from the start.

Professor Potgieter said a recent local survey
had shown low salaries was nurses' number one
complaint. "It's not all negative — there are a
lot of rewards in nursing, and a lot of job satis-
faction. But eventually, without adequate remu-
neration, job satisfaction wears thin.

"Nurses end up paying for the privilege of
doing a tough job."

The pay should be worrying too. Not only do
you and I depend on the competence and dedica-
tion of nurses we are at our most vulnera-
bly—sick, in pain, frightened, unconscious—but we, as taxpayers, are footing the bill for ex-
pensive medical equipment which some nurses barely use.

According to Miss Muller, a recent survey
showed that 80 percent of nurses left state serv-
ices in three years of completing their train-
ing.

One nurse who left the profession entirely af-
ter 12 years—she was earning R1 700 a month—was described by her former matron as
"an imaginative nurse, and a great loss to the pro-
fession. She was mature material, that one".

But George Watermeyer, executive director of
the senior's department of hospitals, has said
singing out salaries as the nursing profession's
main problem represents an "oversimplified" ap-
proach: And Dr. Jacoby Kae-Gerns, medical
superintendent of Groote Schuur Hospital, said:

"Nursing is done an injustice by constantly em-
phasising the problems and difficulties. Nurses
are highly regarded members of the health-care
team."

But it doesn't feel that way to the nurses.

Mary is a senior theatre sister in a private
hospital in Cape Town. She is 35 years old, began
her training in 1979 and qualified, with a mid-
wifery diploma, four years later. She earns
R1 750 a month plus R1 000 theatre allow-
ance. She earns extra if she is called in for an
emergency operation.

"My job is very responsible. I'm the scrub sis-
ter. That means I'm the surgeon's assistant and
am responsible for just about everything that
happens in the theatre."

"I'm responsible for the scrub count, for the
right instruments being at hand, for making
sure the nurses who are assisting the anaesthetist
and me are doing their job properly. I also look
after sophisticated and expensive equipment.

"I'm doing a job that's vital to the community.

"We put in a lot of years and we make it our
business to be responsible and competent. I think
the money we earn is disgusting, absolutely ap-
putting.

"In terms of what we're expected to do and the
responsibility we carry, our salaries are not even
reasonably close to what they should be."

"If you look at someone with 10 years' ex-
perience in computer science, I guarantee they're
not earning R1 750 a month."

"People are always talking about nurses' job
satisfaction. It's true, nursing is a stimulating
and interesting job, but job satisfaction also en-
tsails earning decent money. I don't want to
be bucking at work, doing nothing for a big fat cheque— I'm
prepared to work my butt off, but I want to be
paid for it."

The fact that dissatisfied nurses are leaving
the profession placed an even greater burden
on the ones who remained. "Some places are
working with a skeleton staff, which means peo-
ple work unbelievably long hours, doing unbe-
believably dangerous work."

"In an eight-hour operation I can't stop for a
five-minute smoke-break. I can't even go to the
lavatory. And I don't know of any other profes-
sion where people can work for eight hours solid
without a break, concentrating hard all the time,
and earn R1 750 a month for it.

"June is 29 and a sister in an intensive care unit
at a provincial hospital with 12 years' nursing
experience but no specialised ICU training. She
has worked in both private and state hospitals,
but returned to state hospitals mainly because of
the housing subsidy offered to single women. She
earns R1 750 a month, plus R1 000 a month ICU al-
lowance, and gets a housing subsidy of almost
R600, bringing her gross earnings to R2 450.

"Nursing is not a vocation any more, we're
professional people with a lot of responsibility.

"We're not just people who earn R1 750 a month.

"The selection for nurses is becoming incredi-
ably strict. You need a matric exemption these
days if you're going to cope academically with
the new four-year course. But you're not finan-
cially compensated.

"How many nurses can afford to pay off a car?
Yet with the hours we work, a car is essential from a safety point of view."

"I compare the responsibility of a secretary
who has to organise a cocktail party to that
borne by us, who literally deal with life and
death every day."

"I come home completely washed out."

Special report
by VIVIEN HORLER
Weekend Argus Reporter
NURSE
PAY
FOR
PRIVI


NURSES PAYING FOR THE PRIVILEGE

the housing subsidy offered to single women. She earns R1 700 a month, plus R1 150 a month ICASS allowance, and gets a housing subsidy of around R250, bringing her gross earnings to R2 450.

“Nursing is not a vocation any more, we’re professional people with a lot of responsibility. Overseas you get specialized teams who will take blood samples or do ECGs, here we do it our own selves. It’s a very exacting job.”

“The selection for nurses is becoming incredibly strict. You need a matric exemption these days if you’re going to cope academically with the new four-year course. But you’re not financially compensated.”

“How many nurses can afford to pay off a car? Yet with the hours we work, a car is essential from a safety point of view.”

“Compare the responsibility of a secretary who has to organise a cocktail party to that borne by us, who literally deal with life and death every day.”

“I come home completely washed out.”

VANESSA, 30, who has left nursing altogether, trained in state hospitals in Cape Town but after she qualified, worked in private hospitals because of the more relaxed atmosphere. She had 16 years’ experience.

“Night duty is compulsory in state hospitals, but at private hospitals they usually have a permanent night staff, although you could be called in to help out. The hours are better arranged too.”

“At one stage the money used to be better in the private hospitals, but now the gap has narrowed considerably — and you don’t get housing subsidies in private hospitals.”

“But one of the things that make state hospitals less attractive to work in is that the personnel is unsuitable.”

“After a stint as an industrial nurse I finally left the profession altogether, because I was tired of working weekends — on weekends we worked 12 hours days — and I wanted to earn more money. I am working for four years, yet I was earning the same salary as my sister, seven years younger than I, who works for an oil company.”

“Nursing is a wonderfully satisfying job, but the pay and the hours drain you. Miss Rashid, also an ex-nurse, says this.

NURSES all belong to the South African Nursing Association, a statutory body designed to look after their interests. But it is not recognized by the state as a staff association, and it may not make recommendations on salaries and conditions. It has no formal power to negotiate. It is illegal for nurses to go on strike.

In terms of current state salary scales a newly qualified sister — with four years’ training behind her — will start at R1 250 a month. If she has about 10 years’ experience she will be earning about R1 900. A chief professional nurse, which is a sort of junior matron, with about 15 years’ experience, she will earn R2 600.

Nurses earn similar salaries in private hospitals. Mr. K. M. Lutchman, spokesman for Medclinic, a company which owns the Midpark, Clapham and J. F. C. Leopold and Panorama clinics, said their salaries “compare well” with state salaries although private companies could not match the perks such as housing subsidies.

Asked if he did not think R1 700 a month for a senior sister was low, he replied: “You’ll have to ask the personnel chap — I’m just the public relations spokesman. The market determines the salary, it would be meaningless to go out of the way as far as we're concerned to do so.”

We talked to nurses laid off by the state hospitals, and if they put their salaries up we have to follow suit.”

In 1987 our nurses’ salaries rose by between 35 and 40 percent. Okay, I know 100 percent on top of that is silly, but salaries and wages represent 60 percent of the total operational costs of private hospitals. We have to maintain a balance...
Emergency ward crisis as more nurses leave

By DI CAELERS

GROOTE SCHUUR Hospital's intensive-care units (ICU) crisis continues to deepen with the closure of beds in one unit, the postponement of "elective" operations and the "occasional" turning away of emergency patients.

And the immediate future looks even more bleak with several senior ICU sisters planning to leave the hospital in the next few months, senior hospital staff members have confirmed.

Dr Lance Michell, head of the surgical ICU at Groote Schuur, told the Cape Times two of the 12 beds in his unit had been closed since the beginning of July with a third bed becoming a border-line case.

The closure of the beds came as a direct result of a shortage of ICU nurses, he said.

"We haven't yet gone to three beds but we very nearly did the other night when one sister was ill and we couldn't find a replacement. Luckily, at the last minute we did."

"We are living from hand to mouth at this stage as far as nurses go and I anticipate things will deteriorate further in the next few months with several senior sisters planning to leave."

Situations often arose where "elective" operations — those that did not need to be conducted for emergency reasons — were postponed because of the shortage of ICU bed space, according to Dr Michell.

He said the only solution to the problem was that nurses' salaries needed to be increased "radically" and quickly.

"Our qualified ICU sisters would often love to stay with us but their financial situation just doesn't allow it."

"Once ICU sisters qualify they become very valuable to private hospitals and as long as there is a shortage, these hospitals will offer them better salaries."

Dr Michell said Groote Schuur could recruit and take new nurses out of training to replace those who left, but they unfortunately came "very inexperienced."

"The ratio of juniors to seniors is a lot worse in our situation and this puts a lot more stress on the experienced sisters."

Groote Schuur superintendent Dr Frank Bowie said the recent closure of ICU beds reflected the critical situation in nursing services throughout the country.

Groote Schuur's medical superintendent, Dr Jocelyn Kane-Berman, said she had no further comment to make.
Weekend Argus Correspondent

DURBAN — As the Natal health crisis grows, and a virulent strain of influenza takes a severe toll — 20 elderly people have so far died from the disease — nurses’ spokesmen have disclosed that 35 nurses had resigned from Addington Hospital at the beginning of this month amid increasing fury about poor working conditions in government hospitals in Natal.

The Senior Medical Superintendent at Addington, Dr Patrick Fitzgerald, confirmed the resignations and added that “the more nurses leave, the more work there is for those left behind”.

The alarming loss of so many nurses, and the strong possibility of a go-slow campaign, is aggravating the crisis.

Weekends have been joined because of the chronic staff shortage, nurses are unable to take time off for overtime worked, and could even have their leave cancelled.

“Nothing seems to have been done to improve the situation and morale is at an all-time low. The girls are so desperate they want to form a union,” a senior sister and a spokesman for the nurses said.

**Emergencies**

“Nurses don’t want to strike because patients will suffer, but they’re having to deal with patients and are being asked to work overtime.”

According to reliable sources, many nurses have promised politicians their votes if they do something about the crisis, and the matter looks set to become a major election issue.

The sister said the situation was constantly deteriorating because of staff shortages. “Gardening” — not emergency cases — were being cut back or delayed at Addington.

“It’s unfair that the public should have to wait weeks, or even months, for an operation because the hospital is short-staffed.”

She said the anti-salut and labour wards had to be joined because of shortages of staff.

“Aftek working the public and out by the chronic situation at government hospitals, there is still no light at the end of the tunnel for us,” she said. “We are very angry with the way we are being treated. Will something be done only when there are no nurses left in government hospitals?”

Meanwhile, nurses at the chronically short-staffed R. K. Khan Hospital in Chatsworth are also angry.

“Nursing care goes to the dogs. We just cannot give patients the attention they need,” a sister said. “Our medical wards are overflowing, and we have to send critically ill patients to surgical and private wards. We spend so much time transferring them that we can’t nurse them properly,” she said. She said she was doing the work of three. “In the mornings, there are an average of two sisters, one nurse and two students to cope with between 40 and 45 patients.”

“In the afternoons, it is worse because staff finish their shifts.”

She said nurses were demonised and frustrated.

A senior sister, who is in charge of a busy ward, said she had only two or three students, a nursing sister and a staff nurse to nurse 50 or 60 patients.

“Sometimes it is impossible.”

Earlier this week, the medical superintendent, Dr P. K. Naidoo, forecast the average waiting time for a patient was only three days — regardless of whether he had undergone major surgery.

He said the teaching hospital was chronically understaffed, and probably the worst-off in the country.

According to the nurses, the South African Nursing Association has asked for a 15 per cent pay increase to come into effect in September. “But we don’t know what’s happening.”

They had been told salary structures would be reviewed by the government only by July next year.

**Discussions**

Addington’s Dr Fitzgerald said the situation could not be resolved in one day, and he was to have discussions with his seniors about the situation. Meanwhile, a recruitment drive is underway to attract new nurses to Addington and Dr Fitzgerald says until the situation improves, staff there are “doing what they can.”

Nurses’ working conditions are to be addressed by the Department of National Health and Population Development at a meeting in Pretoria soon. The department’s Health Matters Advisory Committee is to meet the SA Nursing Association and the SA Nursing Council. Individual nurses will have the opportunity to express their views.
MEMBERS of the Health Matters' Advisory Committee are to investigate the working environment of nursing staff, according to the Department of National Health and Population Development.

In Durban a nurses' spokesman disclosed yesterday that 35 nurses had resigned from Addington Hospital at the beginning of this month amidst increasing fury about poor working conditions in government hospitals.

"Nothing seems to have been done to improve the situation and morale is the worst it has ever been."
GoOne working group to
tackle nurses’ problems

GOVERNMENT has set up a working group to address the urgent question of complaints made by the nursing fraternity on their working conditions.

The issue of salaries, identified as a main grievance, is already receiving urgent attention from the Commission for Administration.

A Department of National Health statement said the Health Matters Advisory Committee’s (HMAC) working group, under the chairmanship of department director-general Dr C F Slabber, would include representatives from the SA Nursing Association and the SA Nursing Council.

Their findings will be submitted to the HMAC and the Minister of Health.

Up to 80% of state-trained nurses left the public sector for the private sector within three years of completing their training, said nursing association president Odelia Muller.

This was because of non-competitive, non-market salaries, poor overtime payment and inflexible duty hours.

DIANNA GAMES

She said the association had attempted to solve the problem in a responsible manner through existing channels for some time, but members were becoming impatient with the lack of progress.

Most of the bigger private hospitals have instituted their own training programmes, either for the full four-year training or other options. These include specialist training in areas like intensive and neo-natal care and cardiology.

Not subsidised

Clinic MD and head of the umbrella body National Association of Private Hospitals (NAPH) Dr Edwin Hertzog said, however, that training of nurses by private hospitals had to be seen in perspective.

Private hospitals were not given tax concessions or subsidised for such training.

"As taxpayers, we are entitled to draw from a government training institution," he said.

Where the private sector paid for training, that money would be added to overheads and eventually recouped from the patient.

Despite the drain to the private sector, it employed only 12% of all working nurses, he said. Government presently employs 160 000 nurses.

The SA Nursing Council said student registration for professional nurse training had decreased in the past three years.

On December 31, the following numbers were on their register: 1996 — 11 873; 1987 — 19 925; and 1988 — 9 925.

Afrifox Healthcare division GM Dick Williamson said the problem was not in finding recruits but money to train them, a situation worsened by extending the registered nurses' course by one year.

He said that about 33 000 applicants had applied for training in SA last year, but finances dictated that only 3 000 could be accepted.
Conditions killing off the nurses

Once upon a time, nursing was a highly respected profession among black women. Indeed, many a black schoolgirl yearned to be seen in the spotless white uniform of a nurse and being able to administer injections - preferably as painfully as possible on an unpopular teacher or an indifferent boy-friend's tail one day.

But ask any black nurse today and they'll tell you nursing has gone to the dogs - or the dogs have come to it, depending on your point of view.

Firstly their mouthpiece, Nursing News, which is compulsory to the nurses by the way and whose circulation would make many an editor die with envy, is forever trumpeting something about parity between black and white salaries.

But ahem! The truth of the matter is that such parity is as much a reality as ex-President Botha's reforms.

Then we are told that there is a shortage of nurses - but the truth of the matter is that the maphapha they get is laughable for the work they are doing, the hours they put in, and general working conditions.

The nursing bigwigs say they haven't got enough money in the kitty to pay them realistic salaries, but then there is always enough money to pay white nurses and subsidise whites-only hospitals.

If they did not have to build two hospitals, instead of one since disease knows no colour, they would not only make a heliwa saving and would be able to attract more nurses.

Now comes a new one. The body that controls hospitals has decreed that guys who get sick at night had better put off the whole thing until the next morning, in short no more night operations.

You see, beats the Hospital Services, we have not enough theatre sisters for night duty, they ignore the fact that at some hospitals there is no night duty allowance.

In addition I can well understand the reluctance of black women leaving the ghettos in the dark to go on duty when there are witchwolwe lurking all over the place.

Hokaiti, we come now to the much-vaulted private hospitals and clinics. Admission as a patient in these expensive institutions became a status symbol long ago among the monied class.

Similarly, male black nurses streamed to them leaving the provincial hospitals in the vain hope that the grass was greener there and that they were the lesser of two evils.

Why, complained some nurses, you go for further training and on completion find you are still subordinate to a white colleague with lower qualifications.

Yep, they learnt the hard way that the grass is not always greener on the other side - there might be a bed of weeds. They found that some of these places were donkey's miles from the townships, the manners of some verkranpte minnies doctors left much to be desired and the pay was not that much better anyway.
Reichhart hits out over nurses crisis

By DI CAELERS

PROFESSOR Bruno Reichhart, head of Groote Schuur Hospital’s heart team, yesterday lashed out at the government and people of South Africa who he said took “for granted” nurses who worked 24 hours a day and at weekends.

A “severe crisis” faced Groote Schuur and the time would come soon when patients were turned away “because there simply won’t be staff to look after them”, he said.

Prof Reichhart was speaking at a press conference to introduce the “unsung heroes” of the cardiac unit and said the nursing crisis had to be addressed immediately.

“Up to now we haven’t turned patients away but that’s because we ask nurses to work longer hours, ask our colleagues to look in on patients and send patients from intensive-care units back to the wards.

“But this cannot continue. Soon we’re going to find ourselves making horrible decisions about which patient has the most chance of recovery and should therefore take precedence.”

Ms June du Preez, deputy director nursing at Groote Schuur, confirmed that the shortage of nurses in the cardiac ICU was more than 26% and the figure was only slightly lower in the theatre ICUs.

Prof Reichhart said: “We are facing a crisis and we need help. Salaries need to be increased, more senior posts created to give nurses some incentive to remain in the profession, and more money needs to be put into education.

“And these moves need to be made now — or it may be too late.”
Medical Reporter

South Africa lacked a manpower policy and plans for the production and deployment of health personnel as part of its overall national health plan, Dr Coen Slabber, director general of the Department of National Health and Population Development, said last night.

Speaking at a South African Nursing Association function in Pretoria, Dr Slabber said this basic shortcoming was responsible for the shortage of nurses in this country.

He said there were not enough nurses in the right categories at the right time and right places to cope with the demands placed on them by increasingly advanced medical technology.

"At a time when the nursing profession faces unprecedented new responsibilities and demands for its services, the pool of well-qualified nursing personnel is diminishing," he said.

He said there had been a steady decline in the number of student nurses since 1984. This figure had dropped by more than 3,000 in four years.

"The whole situation is further complicated by new advances in medical technology which demand intensive nursing care rapidly draining available nursing manpower from community health care," he said.

Dr Slabber said the nursing profession's destiny and the heights it could reach depended on the profession itself.

AWARD

"The profession has the ability to solve its problems, chart its own course and fulfill its destiny with courage and dignity," said Dr Slabber.

He said the nurse must be willing to accept the restraints imposed by her profession.

Miss Odelia Muller, President of the South African Nursing Association, was last night awarded the Association's gold medal in recognition of her outstanding contribution, loyalty and dedication to the nursing profession.

'Options' for Strijdom staff

Medical Reporter

Staff at the J G Strijdom Hospital, who were appointed jointly by provincial authorities and the University of the Witwatersrand, have been offered "various options" with regard to their future careers, a statement issued from Pretoria said yesterday.

The carefully worded statement said staff members would soon receive personal letters with proposals for their consideration. No further comments were given.

The hospital no longer enjoys academic status as a result of its transfer earlier this year from "general affairs" administration to whites-only "own affairs". Staff are therefore no longer jointly appointed.

More than 80 staff members, many of them joint-appointees, have already resigned and Wits University is to sever its association with the hospital by the end of the year.

Lengthy discussions between the university and health authorities were held in Pretoria yesterday to discuss the staff predicament at the Strijdom.

Professor Robert Charlton, vice-chancellor of Wits University, said it had been agreed that a joint statement would be issued and no further comment given until staff members had been fully informed of their positions.

"We don't want them reading about their futures in the media," he said.

He would not reveal the various options which would be put to staff members.
Nursing crisis 'is NP's fault'

Political Correspondent

The nursing crisis at Groote Schuur Hospital was a direct consequence of the economic mismanagement and misplaced priorities of the government, the DP MP for Gardens, Mr. Ken Andrew, said last night.

Mr. Andrew told a meeting in Tafanaer Kloof that the nursing crisis illustrated the crisis facing SA. Either the country had to get rid of apartheid and build a strong economy or face an ongoing deterioration of standards.

"Many of our essential services -- such as health, education and police -- are in desperate need of intensive care, but the government lacks the ability to nurse them back to full strength because the NP has plundered and squandered our resources."

Mr. Andrew said the NP had enough money to instruct scores of police to keep black people off beaches but not enough to stop people from being murdered, mugged and raped.

The NP had enough to pay 14 ministers of health, but not enough for nurses or to remove GST from medicine.

The NP wasted billions of rands on empty spaces at white schools and colleges while it forced parents to pay increasing fees and millions of children received an inferior education.

Mr. Andrew said the cost of apartheid was "horrendous." It was widely accepted that the SA economy should be able to grow at 6% to 7% annually -- but since 1981 it had been growing at less than 1%.

(Report by A. Johnson, 122 St. George's Street, Cape Town)
350 nurses dismissed

THE 350 student nurses at Garankuwa Hospital who have been on strike since Monday over food were dismissed yesterday afternoon after failing to heed an ultimatum to go back to class and work.

Dr R van Niekerk, medical superintendent of the hospital, said the male and female students failed to heed an order that they resume their duties at 2.00pm yesterday.

Van Niekerk said the decision to fire the students was a disciplinary measure following their disruption of medical services at the hospital.

The students went on strike after some of their colleagues could not get food on Monday evening. They then asked hospital authorities to introduce a coupon system which would enable them to eat at a place of their choice if food was not available in the dining hall.

A spokesman for the students yesterday denied that they disrupted medical services and accused the hospital authorities of having called riot police who "provoked a peaceful demonstration."

The students held talks with officials of the TPA on Wednesday on how to improve the system at the dining hall. According to Dr L van Heerden, a superintendent of the hospital, the TPA officials were to have reported back today or on Monday.

Van Niekerk yesterday confirmed the presence of the police inside the hospital and said they only asked the students to leave the premises "and come back on Monday."

Van Niekerk said it was imperative under the circumstances to take disciplinary action against the students. He did not know if the 350 student nurses would be reinstated.

Van Niekerk said he did not know who had called the police. He suspected, however, that they were summoned by the TPA security guards "after they became frightened by the marching student nurses."
Boycotting nurses sacked

PRETORIA. — The chief superintendent of Garankuwa Hospital, Dr Louis van Heerden, has confirmed that 270 student nurses at the hospital have been dismissed following a boycott of classes and work since Tuesday.
SEVENTY of the boycotting Garankuwa Hospital student nurses who were dismissed on Friday are back at work after heeding an extended deadline to return on Monday.

Chief medical superintendent Dr Louis van Heerden said the remaining 200 nurses had their services terminated after they failed to meet the deadline.

The nurses, he said, were given more time to consider their involvement in the continued boycott of academic activities after they had failed to heed an ultimatum to return to work by Friday at 2pm or face dismissal.

He said the deadline was extended to 7am on Monday.

Only 70 student nurses heeded the warning. Later in the day the 200 others were given letters terminating their services.

"But to management's surprise, the dismissed nurses turned up for duties this morning (Tuesday).

"The bad news for them is that there was nothing we could do as their fate had already been decided," he said.

The superintendent, however, said those who wished to could still reapply.

The nurses have until tomorrow to leave the hospital premises.

The nurses started boycotting a week ago in protest against poor food.

They were demanding "properly prepared food" and the introduction of a coupon system in the dining hall."
Student nurses sacked

PRETORIA. — A total of 151 student nurses have been sacked from the Garankuwa Hospital following a strike. The students have been striking since September 19 because they were allegedly dissatisfied with their food.
Student nurse shortage 'complex problem'

The Argus Correspondent

PRETORIA. — The shortage of student nurses has nothing to do with the four-year training programme, according to the president of the South African Nursing Council, Professor Wilma Kotze.

Reports which attributed the decline in nursing students to an extended training course over-simplified "a complex problem that has developed over many years."

The programme was introduced by the council in 1964 to replace three and 3½-year courses, Professor Kotze said that newspaper reports which said nurses were no longer available for ward work because they were under the old training systems were incorrect.

"STILL INTERESTED"

The "steady and disturbing decrease" in the number of student nurses began two years before the new course was made compulsory, she said, adding that many school-leavers were still interested in nursing as a career.

However, many did not meet entrance qualifications or could not be accommodated due to a lack of training posts.

She said the position was aggravated by the fact that manpower planning in general training hospitals, particularly public hospitals, had traditionally relied on a disproportionate number of students for the nursing workforce.

She stressed that most people received health-care outside hospitals, which made practical experience in the community a necessity in modern nurse training.

This practical experience removed students from the general hospital and the percentage of substitute staff in the past 20 years had not been appropriately adjusted.
Day 2 of defiance. A test for fair treatment care.

Some hospital interactions have always been open to all races. Picture: Courtesy Whangarei Hospital.

The hospital of life, where people were treated as equals. A test for fair treatment care.

Some hospital interactions have always been open to all races. Picture: Courtesy Whangarei Hospital.
Deadline for fired nurses

BY PHIL MOLEFE

MORE than 150 student nurses who were expelled last week from Ga-Rankuwa Hospital, near Pretoria, for protesting against bad food have until noon today to apply for re-admission.

Transvaal Provincial Administration liaison officer Marieta Knoetze said this week all expelled students will have to submit applications for re-employment to hospital authorities.

The entire nursing student body decided to boycott the dining hall, lectures and going to wards on September 19, in protest against “badly prepared” food. Added to that was the frequent shortage of food.

The students also protested that R174 is deducted from their salaries every month to cover food and accommodation.

“Our present demand is for the use of a coupon system which will leave us with an option and a refund in case the food is unpalatable,” they said.

The two-week boycott was triggered when the students came to the dining hall for supper on September 18 and found there was a short supply of food. The next day the students staged a protest march.

On Wednesday the students were given an ultimatum to return to their wards and classes by September 25.

The 151 students who ignored the ultimatum to report for duty last Monday were informed through letters on Wednesday that they had been expelled.
Nursing course to close gap in ranks

The Argus Correspondent

PRETORIA.—A two-year training course has been introduced to bridge the gap between staff nurses and nursing sisters.

It has been launched at the S. G. Lourens College of Nursing in Pretoria.

CAREER CHOICES

The deputy director of nursing services for the Transvaal Provincial Administration, Mrs. Dienie Potgieter, said at the launch that the demand for nursing staff had increased in the past few years but the number of career choices for matriculants had widened.

Nursing drew only about one percent of white matriculants, 1.8 percent of black matriculants and 14 percent of Indian and coloured school-leavers.

This made it imperative to make the most use of available nursing staff.

MORE EFFICIENT

The first group of 74 students would complete two years of study that would equip them to be far more efficient in the profession, Mrs. Potgieter said.

There had been many occasions that demands outside their area of responsibility had been placed on nurses and the bridging course would enable them to cope with these.

Mrs. Potgieter emphasised the importance of patient/nurse relationships and encouraged students to pay more attention to the emotional rather than the medical needs of their charges.

The college was the first to introduce the course in the Transvaal.
Cape Times, Thursday, October 26, 1989

Nursing shortages keep GSH rooms shut

By MARIUS BOSCH

CERTAIN sections of the new emergency ward at Groote Schuur Hospital are not in use because of a nursing staff shortage, the medical superintendent of the hospital, Dr Jocelyne Kane-Berman, said yesterday.

This has resulted in the new hospital having the same amount of beds as the now unused old part of Groote Schuur had, she said.

Dr Kane-Berman said that though provincial authorities had done the best they could in the country’s difficult financial situation, she felt it would be more cost-effective if there was one unified health service under control of one health authority.

“There could be better health care at better cost if there were not so many different departments.”

There were not sufficient secondary hospitals resulting in Groote Schuur – a teaching hospital – being treated as a “service hospital”, she said.

She also stressed the need for more primary health services, especially on the Cape Flats.

The hospital would like to encourage black nursing staff, she added, saying that aspirant nurses should get in touch with the hospital.

Members of the media were taken on a guided tour of the new trauma and emergency wards at the hospital yesterday.

Staff shortages

About 80 000 patients will be treated yearly at the two sections, the head of the trauma unit, Dr John Knottenbelt, said.

The Cape Times, however, was also taken on an “unofficial” tour of the emergency section by a doctor. He said many rooms had been closed because of staff shortages.

“Many sick people are not admitted,” he said.

The trauma ward is self-sufficient with an examination room where injured patients could be examined and X-rayed without having to move them to a X-ray room.

An operating theatre – in which more than one surgical team can work – is another feature of the section.

Yesterday staff were still busy with moving equipment from the old part of the hospital to the new trauma section.

The emergency section had been moved about a week ago and several patients were being treated when the Cape Times visited the section.
Court told of doctors’ 25-hour shift at Groote Schuur

Schools aren’t the answer...
expected to work such long hours.

The 70-year-old patient, Mrs Edith Bardien, who was known to be allergic to penicillin, died less than two hours after being administered the drug in Groote Schuur on June 28 last year.

Mrs Bardien, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 23½ hours at the time, had "forgotten" about her allergy when he wrote out the prescription.

The file containing this crucial information was not at the bedside to prompt his memory or alert the nurse, Ms Louise Mary Appolis, who prepared and administered the drug.

Mr May, who found that penicillin was the "likely primary cause of death", said it was "not an easy issue" on which to make a finding.

Her death was "brought about by an act or omission involving or amounting to an offence on the part of a person...but I would be unhappy to see a prosecution take place", he said.

Mr May also "emphasised" that Dr Katz's "memory lapse" was due to the many hours of duty without sleep and that this was "compounded by a breakdown in communication from file to prescription chart as an aid to memory".

Earlier an expert witness, Dr Mike Silber, a consultant neurologist who supervises a "sleep laboratory" at Groote Schuur, said international studies on housemen had shown that some of the effects of sleep deprivation were memory loss, mood change, fatigue and depression.

The system of long hours was, however, adhered to as there were not enough doctors to do all the work required.

Arguing on behalf of Dr Katz, advocate Mr Pat Gamble said it was the system that was on trial and not his client, who had been obliged to work long hours without being allowed to go home when he got tired.

Advocate Mr P van Zyl, for Groote Schuur, questioned Dr Katz's blameworthiness, saying a junior doctor was not in a position to refuse to work long hours.

"It is the imperfect system that needs to be dealt with," he said.

Last night Medical Association of South Africa (MASA) spokesman Dr John Steer said the magistrate's comments "were very wise...he will help the patients and the doctors".

He said young interns were "grossly under pressure" and the working conditions of interns and registrars were "almost inhuman".

Dr Venter said young doctors should be prevented from working such long hours.

SAMDC president Professor FG Geldenhuys refused to comment on Mr May's remarks, saying the council would investigate the matter if the report, was sent to them.

The head of UCT's department of medicine, Professor Solly Bontato, said the problem of long working hours was an international one.
Medics being pushed beyond limits

"Staff Reporter"

An intern has written to the Cape Times questioning whether it is ethical for exhausted young doctors to be forced to make decisions which could devastate patients' lives.

Several of my colleagues have made potentially serious mistakes when tired, and all agreed that what happened to Dr Katz could very easily happen to any one of us," the intern writes.

The intern, who wants to remain anonymous, says it is "a pity that the tragic death of Mrs Edith Badger was necessary to bring to light the way in which young doctors are pushed to beyond their limits in South African hospitals."

An intern found last week that Mrs Badger had died in Groote Schuur hospital after an intern who had been working for nearly 20 hours "forgot" about her allergy to penicillin.

"My 00 to 100 hour week usually includes two virtually sleepless nights between normal working days on either side," he wrote.

"One wonders how many people would board an aeroplane if the pilot had been awake for 24 hours."

"So how is it possible that the public can continue to accept that these mistakes are continually subjected to these conditions?"

"Most people going into medicine do not do so for materialistic reasons, but as working conditions cause their idealism to fade they become more money-oriented."

"I realise that the problem is essentially one of inadequate finance, but this is not a sufficient excuse for masking the state of our health services."

"The hopeless inadequacy of training staff carrying heavy responsibility compound the situation."
139 new doctors in UCT medical exam results

The University of Cape Town yesterday announced the names of 139 new doctors who qualified in the final MB CHB examinations. The names of qualified in the various allied medical degrees (BSc Nursing, BSc Physiotherapy, BSc Occupational Therapy and BSc Speech Pathology) were also released.

All qualified in the Faculty of Medicine will receive their degrees at the graduation ceremony at 9 am on Tuesday, December 12.

Following are the successful candidates:

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SPEECH THERAPISTS ALL... There was much cause for celebration yesterday when the University of Cape Town's medical faculty released the names of successful candidates. Among them were (from left) Anne Doherty, Linda Steffen, Claudia Schofield and Tania Bozola, who obtained BSc (Speech Pathology) or speech therapy degrees.
MDM promises to step up defiance campaign

TPA to investigate bar on black nurses

By Dawn Barkhuizen

Transvaal provincial health authorities have launched an internal investigation into events which led to black staff from the Hillbrow Hospital being refused accommodation at empty whites-only Johannesburg Hospital residences on Wednesday after a fire.

The MEC for Health Services, Dr Fanie Ferreira, yesterday bowed to demands by Hillbrow Hospital staff that they again be accommodated in the Johannesburg Hospital’s Fitzpatrick Residence — although he said most of the burnt building was safe for reoccupation.

Dr Ferreira said a current investigation into the running of the Johannesburg Hospital and its policies would be speeded up.

A representative of the SA Health Workers Congress (Sahwo), Dr Aslam Daoo, said yesterday the incident had prompted the Mass Democratic Movement to extend their defiance campaign in the health sector. Mass support was being generated under the banner of the National Education, Health and Allied Workers Union (Nehawu) and Sahwe.

Mr Cas Couvadia, a spokesman for the southern Transvaal Defiance Campaign Committee, said: “This latest folly on the part of the authorities proves our point that the struggle must be intensified and the defiance campaign will thus be intensified at all levels in the new year.”

This year the MDM staged acts of defiance across the country against segregated hospitals, parks and swimming pools.

The Hillbrow Hospital staffers, who were rendered homeless by Wednesday’s fire, threatened to march on the Johannesburg Hospital yesterday should they again be barred from using empty rooms.

Dr Oupa Mpe, chairman of the Hillbrow Hospital Residents’ Committee, accused hospital authorities of being blatantly racist.

Refused

After the fire staffers refused an offer of accommodation at Baragwanath or the suggestion that Hillbrow Hospital patients be rehoused and wards be made available. Only after staging a sit-in did they manage to persuade the Johannesburg Hospital acting superintendent, Dr Trevor Frankish, to give them beds.

Yesterday Dr Daoo dismissed as “ludicrous and inhuman” a statement by Dr Ferreira that most of the residence was safe and could be reoccupied by 152 of the 150 residents: “The residence is a death trap with no fire escape. It should have been condemned a long time ago — it is amazing there was no loss of life.”

Dr Ferreira however, said the building was sturdy and only the top section of block E, housing 16 people, would be closed off.

Electricity and water to the adjoining blocks B, C and D had been restored and the rooms were safe and had not been damaged.

At a press conference yesterday Dr Ferreira would not deny or acknowledge claims that a high-ranking official had refused to allow the homeless to stay in empty rooms in the Fitzpatrick Residence after the fire and had insisted that they spend the night at Baragwanath Hospital.

He said: “I am aware of the shock caused, but hope with co-operation we can restore things to normal. It would be very unfortunate if a fire were to result in MDM action.

“On the surface things might seem bad, but at the end of the day the people were accommodated.”

The authorities wanted to help.

Most residents had been inconvenienced for one night.

Only five in E block had lost possessions. Accommodation had been arranged for them and the 13 others living in that section.

Hospital authorities would also attempt to assist those who had lost possessions in the fire.

Dr Ferreira said initial investigations pointed to the fire starting in a bedroom.
THE hospital chief who said no to officials' demands this week reckons it was "no big deal."

Dr Trevor Frankish, acting superintendent at Johannesburg Hospital, ignored an order banning black Hillbrow staff from sleeping at the hospital's "white" staff quarters after their own rooms had been gutted in a R30 000 fire.

"It was late at night, there were people without homes and we gave them rooms," he said.

The order came from the Transvaal provincial hospital authorities, and staff at Hillbrow Hospital believe it was given because blacks sleeping in white residences would be against the Group Areas Act.

Earlier in the day the TPA authorities had agreed that the homeless doctors, nurses, radiographers and other vital health workers could sleep in empty rooms at the white hospital residences.

Later provincial authorities said staff members had to sleep at Baragwanath, a 30-minute ride away from work. They refused.

High-ranking staff at both Hillbrow Hospital and at the TPA claim not to know who was responsible for that in-
We stay put say defiant 'Brow nurses

Blacks displaced by fire declare hostel nonracial

MEDICAL personnel and health workers from Hillbrow Hospital have announced their intention to occupy the white nurses' residence at Johannesburg Hospital on a permanent basis - but the Transvaal Provincial Administration says accommodation is available for them at Hillbrow Hospital.

Following Wednesday's fire that destroyed parts of the nurses' quarters at Hillbrow hospital, about 70 people were accommodated at the Johannesburg Hospital on a temporary basis.

A joint statement from the SA Health Workers Congress (SAHWO) and the MDM said they took the attitude the residences were de facto desegregated.

All the residents from Hillbrow Hospital would be moving into the Johannesburg Hospital quarters — with the "fuller support" of whites already residing there. A petition was also circulating in the Johannesburg Hospital to this effect, a SAHWO spokesman, Dr Amin Darno, said.

He added that they would "resist strenuously" any attempts that were made to remove them from the Johannesburg Hospital premises.

"No right"

MEC for TPA hospital Services in the Transvaal, Mr Fanie Ferreira, said yesterday the residents were using the fire to create a political issue and they "have no right to be there (at the Johannesburg Hospital quarters)."

"It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

"As soon as we are officially informed of their attitude we will go through official processes of talking to them - but they will be illegally occupying the residence. There is no reason for them insisting they stay there."

The SAHWO/MDM statement said it was a political issue from before the fire "from years of being..."
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He added that they would "resist strenuously" any attempts that were made to remove them from the Johannesberg Hospital premises.

'No right'

MEC for TPA hospital Services in the Transvaal, Mr. Fanie Ferreira, said yesterday the residents were using the fire to create a political issue and they "have no right to be there (at the Johannesberg Hospital quarters)."

"It is unfortunate they have adopted this attitude because the Hillbrow facility is there for them.

"As soon as we are officially informed of their attitude we will go through official processes of talking to them — but they will be illegally occupying the residence. There is no reason for them insisting they stay there."

The SAHWCO/MDM statement said it was a political issue from before the fire “from years of being forced to live in sub-standard accommodation while our white counterparts were accorded the luxuries of the finest, safest and most modern residences”.

Mr. Ferreira said there were clerks and others amongst the health workers who were not entitled to stay in the Johannesberg Hospital residences.

"We will have to speak to them ... if resistance does carry on, we will have to convince them of the rules."

'Utter contempt'

He said the Johannesberg Hospital was under investigation and any action taken now may prejudice the findings of a report which is expected early in the new year.

The MDM and SAHWCO said they "reject with utter contempt" the TPA assurances that the issue of hospital apartheid was under review.

"Our demands will not be buried in some departmental subcommittee, but the challenge will be open, forthright and uncompromising."

Asked if there was a possibility the residents might be evicted from the Johannesberg Hospital residences, Mr. Ferreira said it would be premature to say so now as it might prejudice future negotiations.

He added he would like to give both sides — administrators and health workers — a chance to put their case and solve the issue amicably.

Democratic Party co-leader and MP for Parktown, Dr. Zach de Beer, said yesterday that if the authorities refused to open the nurses residences at Johannesberg Hospital to all nurses regardless of race, then President F W de Klerk and his Government remained committed to apartheid.

Test of sincerity

He believed the hospital issue was a practical test of Government's sincerity.

"Pik Botha (the Foreign Minister) says apartheid is no longer their policy. If he is correct, then every consideration of humanity, equity, good medicine, and financial sense demands that the residences be made available to all nurses regardless of race.”

Meanwhile, a Johannesberg Hospital spokesman confirmed the hospital superintendent, Dr. Trevor Frankish, has been handed a petition from white hospital staff in support of demands that nurses from Hillbrow Hospital be accommodated at residences at the Johannesberg Hospital.”
HEALTH AND DISEASE - NURSES

1990
Homeless black nurses staying at white hostel

At least 70 black nurses are being accommodated at the "white" Johannesburg Hospital nurses' residence after a fire destroyed their rooms at the Hillbrow Hospital last Wednesday.

A hospital spokesman said the nurses had spent the weekend at the whites-only Johannesburg Hospital Fitzpatrick Residence and would stay as long as was necessary.

The fire destroyed the top floor of the Hillbrow residence, leaving occupants with little more than the clothes they were wearing. Nurses who spoke to The Star yesterday said those rooms that were not destroyed by fire were waterlogged and stinking.

"I cannot go back there for a long time. It will take a lot to clean up the mess," one nurse said. She said she was sleeping at the Johannesburg Hospital where she worked.

She and her colleagues refused hospital authorities' offer of accommodation at Baragwanath Hospital in Soweto, demanding they be allowed to stay in the white Johannesburg Hospital residence. Only after they staged a sit-in was permission granted.

The MEC for hospital services in the Transvaal, Mr Fanie Ferreira, said yesterday an investigation launched some time ago into staff conditions at the Johannesburg Hospital would encompass the hospital authorities' refusal to allow black nurses to stay there.
To nurses break red tape

The condition of the nurses may be described as the worst at the hospital. Reports indicate that the nurses are experiencing high levels of stress and frustration due to overcrowding and understaffing. The hospital administration claims to be working on improving conditions, but the nurses feel that their concerns are not being addressed.

A hospital spokesperson said, "We are aware of the issues faced by our nurses and are working to address them. We have increased staffing levels, and improvements have been made to the patient care areas. We appreciate the dedication of our nurses and are committed to providing the best possible care for our patients."

Nurse Sarah Johnson, one of the nurses at the hospital, said, "It's been really tough, but we're doing our best. We've been trying to keep things running smoothly, but it's been a real challenge. We need more support and resources to make things better for patients and ourselves."
We'll go, on certain conditions, say the nurses of Hillbrow

By DESMOND BLOW

Hillbrow Hospital black nursing staff who are occupying "white" quarters at Johannesburg Hospital this week refused to move out on certain conditions including that the "whites-only" Johannesburg Nurses College be desegregated.

Following a fire last week in the staff quarters at Hillbrow Hospital which left 90% of the nursing staff homeless, the Transvaal Provincial Administration agreed to allow them to stay for seven days in Fitzgerald House at Johannesburg Hospital, but SA Health Workers Congress (Sahwco) spokesman Dr Asham Dasoo announced that the staff would refuse to be moved.

After the seven days expired this week, Johannesburg Hospital superintendent Dr Trevor Frankish told Sahwco the hospital staff occupying Fitzgerald House could stay if they agreed to move when their quarters at Hillbrow were rebuilt.

The health workers rejected the offer, saying they were making a political stand against apartheid in hospitals.

Dasoo said the staff were supported overwhelmingly by the MDM and health workers of all races.

He said the health workers had agreed to leave Fitzgerald House on the following conditions:

- That the Jo'burg Hospital be made available to the children of all health staff, not just white; and
- That the registration and training of nurses at the Johannesburg Nurses College be made available to all.

A petition was handed to Frankish last week from the staff of Johannesburg Hospital who overwhelmingly supported the demand by the Hillbrow staff to be accommodated there.

A new petition is being circulated in the Southern Transvaal and possibly further afield demanding that discrimination be eliminated at all hospitals.

Sahwco has also issued a challenge to a presidential FW de Klerk through his Minister of Health Dr Rina Venet, saying: "We find that the State President's stated policy is not in accord with those practised by his administration, and if he wants to be taken seriously we urge him to seize this opportunity to declare all facilities open to all."

Dasoo criticised the TPA for what he called the token offer to compensate staff who lost belongings in the fire.

"They have been offered only about 5 percent or 10 percent of the value of their loss, but will have to sign a sworn affidavit to substantiate their claim. This is a perverse kind of generosity."

"As an employer we believe the TPA is entirely responsible for the losses because the staff have complained for years about the poor and dangerous condition of their living quarters and that it was a fire trap."

Dasoo said Sahwco had taken legal advice and was prepared to take the TPA to court on this issue.
Heart disease still the major killer

Motor vehicle accidents claimed more lives than heart disease in the below 40 age group, but heart disease remained the greatest cause of death and was responsible for 46.9 percent of deaths in all age groups, according to Old Mutual general manager Mr Bobbie Jooste.

The statement said the figures came from a review of Old Mutual's payouts for death claims in 1989, based on 33,576 claims.

Old Mutual Individual Life received 15 death claims due to AIDS in 1989 compared to eight in 1988 which included the first death claim from the killer disease.

MOTOR ACCIDENTS

An alarming 40.6 percent of the policy holders under 25 who died between 1986 and 1989 died as a result of motor accidents.

Motor accidents were responsible for 26.2 percent of the death claims in the age group 25 to 40 and represented 11.5 percent of the total death claims Old Mutual handled.

More policy holders under the age of 40 died as a result of violence during the last eight years than any other age group, according to the report.

Cancer was responsible for 12 percent of death claims.

RESPIRATORY TRACT

During 1989 death claims due to diseases of the respiratory tract represented 7.0 percent and those due to diseases of the digestive tract 3 percent of the total death claims.

The claims following suicide increased by 246 cases and form 2.3 percent of the total number of death claims by policy holders the report said.

"Although there was a marginal decrease in the prevalence of both heart disease and motor accidents, the impact that it has on the most productive age group gives grave cause for concern," said Mr Jooste.

-- Sapa.

Call for nonracial nurses residences

By Mckeed Kotolo,
Pretoria Bureau

The South African Nursing Association yesterday announced its support for multiracial nurses' residences.

In a statement, it commented for the first time on the accommodation of staff from Hillbrow Hospital after their residence was gutted about three weeks ago.

The statement said that while the association was not convinced that integrating facilities by force was the correct approach, its central board believed facilities for training of nurses should be opened to all races.

The association further said nurses' residences should be open to all nurses employed at that specific hospital, or at a neighbouring hospital in an emergency case.

Nurses should be able to apply for a post wherever they want to work and "it is the employer's prerogative to select staff according to merit."
Black nurses' battle for residence rages on

WHILE a battle over the accommodation of at least 70 Hillbrow Hospital nurses rages between the Transvaal Provincial Administration and MDM-affiliated health worker unions—the six-floor BG Alexander residence previously used for "white" nurses in Johannesburg's Sput Street stands almost empty.

And this is how it has stood for at least 10 years since trainee nurses were moved to Johannesburg Hospital's residences from the TPA-owned building between Banket and Clain streets—which has at least 54 rooms—on each floor.

Aside from a family planning clinic and a few rooms being used by rural nurses in training, the building is unoccupied, according to TPA staff at the residence. Black TPA staff on the premises said they at one time asked the TPA if they could be accommodated there but were refused. The Saturday Star went to look at the condition of the building and found that its rooms are clean and clearly habitable.

Meanwhile, Hillbrow Hospital nurses whose rooms were destroyed by a fire 10 days ago are still staying at the whites-only Johannesburg Hospital's FitzPatrick Residence and have refused to budge.

Their refusal to move has developed into a defiance demonstration against apartheid practices in the health services, said Dr Aslam Dasoo, speaking on behalf of the MDM-affiliated South African Health Workers' Congress and the National Education, Health and Allied Workers' Union.

"After the TPA would only offer them accommodation at Baragwanath Hospital or in empty wards at Hillbrow Hospital the nurses presented themselves at Jo'burg Hospital's residences which had over 150 vacant rooms.

TPA slated

"Despite a seven-day deadline given them by the TPA to vacate this whites-only residence, we want to notify the authorities that we consider the Johannesburg Hospital residences now non-racial and the only successful attempt to remove these nurses will have to be done by force."

He added that the situation had been handled by the TPA in a totally "un-sympathetic" and "racist" manner.

The Member of the Executive Committee for the Transvaal's Health Services, Nature and Environmental Conservation, Mr Fanie Ferreira, denied that the nurses had been given a deadline to vacate the Johannesburg Hospital residences. He expressed surprise that the former BG Alexander residence was standing empty.
800 nurses meet over low wages

Staff Reporter

MORE THAN 800 nurses met last night at Groote Schuur Hospital to discuss poor salaries cited as the chief cause of the nursing crisis. Reporters were not allowed at the meeting but reliable sources said the nurses had also called for a better shift structure and wanted special rates of pay for working on Sundays and on public holidays.

The South African Nursing Association has said that many people are leaving the profession or going into private practice because of inadequate pay. This resulted in understaffing at state hospitals which led to further demoralisation among nurses.

The Cape Times found last year that sections of the new emergency ward at Groote Schuur Hospital are not being used because of the nursing shortage.
Nurses discuss low salaries

CAPE TOWN — More than 800 nurses met last night at Groote Schuur Hospital to discuss poor salaries — cited as the chief cause of the simmering nursing crisis.

The press was not allowed at the meeting but reliable sources said the nurses had also called for a better shift structure and wanted special rates of pay for working Sundays and on public holidays.
Strike at Home

After Nursing

Probe Planned

By Claudia King

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We need help

Goverment

SOS to the

Nurses send

Health care drops as more quit over pay

The Star Monday January 22, 1990
Govt probe into health services

Staff Reporter

THE recent resignation of two top heart surgeons from the H F Verwoerd Hospital in Pretoria has sparked a massive government investigation into the problems affecting the health services in South Africa.

This was announced by the Minister of National Education and Population Development, Dr Rina Venter, after she held talks with the two surgeons, Dr Johan de Villiers and Professor Mike Bennet, the Transvaal MEC for hospitals, Mr Fanie Ferreira, the hospital authorities and the University of Pretoria, yesterday.

Dr Venter is reported to have said there was a shortage of nursing staff and well equipped facilities at all teaching hospitals and that it was essential that the whole question of health services receive attention.

The announcement has been greeted with mixed feelings and caution by members of the medical fraternity some of whom feel the move has come "too late".

Superintendent of Tygerberg Hospital, Dr J G L Strauss praised the move, saying that Dr Venter had "touched on the crux of the matter".

"An in depth investigation in the shortage of nurses followed by the upgrading of peripheral and primary health services will combine to alleviate the pressure currently placed on hospitals," he said.

Dr Joceyn Kane-Berman, superintendent of Groote Schuur Hospital, welcomed the steps being taken by Dr Venter as did the acting superintendent of the Red Cross Children's Hospital, Dr M S Hassim.

However, publicity officer for the National Medical and Dental Association, Dr Max Price, said the announcement "hardly inspired confidence".

"We are concerned that the move is merely another delaying tactic. One doesn't need a commission to become aware of the money wasted through the fragmentation of the health services," he said.

"This investigation has been precipitated by the conditions in a white hospital when a far worse situation exists at Baragwanath Hospital and has been ignored."

A medical officer at a local provincial hospital said the province has already lost most of its nurses to the private industry and that the move had come "too late".

"The same can be said for doctors — most of whom have either gone into private practice or emigrated. The sad factor is that no matter what the province does they will not get them back. The authorities attitude is management by crisis — they let a crisis build up and only do something about it when it's too late," he said.

- The J G Strijdom Hospital's reclassification as an own-affairs institution has left it with a skeletal staff and more than 50% of doctors' posts and 45% of nursing posts vacant at present.

And DP finance spokesman Mr Harry Schwarz said yesterday hospital services would simply collapse if black nurses were removed from major urban hospitals where whites are treated.
More than half J G Strijdom doctors’ posts vacant — TPA

THE J G Strijdom Hospital's reclassification as an own affairs institution has left it with more than 58% of doctors' posts and 45% of nursing posts vacant.

In contrast, the over-flowing Baragwanath Hospital had only a 5% vacancy in doctor's posts, a Transvaal Provincial Administration (TPA) statement said.

The 70% empty Johannesburg Hospital and Southrand Hospital had 55% of approved doctor's posts filled. At H F Verwoerd, where two cardiac surgeons resigned last week, there was a 15% shortage of doctors.

TPA figures show about 388 of 715 nursing positions at J G Strijdom are vacant.

The change of status last April — which caused a spate of resignations — meant it could no longer be classified as an academic hospital.

In December last year Wits University withdrew the last of its students and surgeons who had formed the backbone of the hospital's staff.

Transvaal hospitals have been badly hit by the nurse shortage.

At Pretoria's H F Verwoerd Hospital there is a 35% shortage of nurses. The vacancy rate at South Rand, Baragwanath and Johannesburg hospitals is about 25%.

The TPA figures did not show how many wards or beds had been closed at J G Strijdom. But 18 wards had been closed at the Johannesburg Hospital.

Almost half the beds at the South Rand Hospital are "closed".

Democratic Party finance spokesman Harry Schwarz said in a statement yesterday hospital services would collapse if black nurses were removed from major urban hospitals where whites were treated.

It was remarkable that in the year 1990 the government had stated it was investigating the nursing situation, academic hospitals and health services in general.

He was responding to National Health and Population Development Minister Rina Venter’s statement at the weekend that a total solution was being sought for health services' problems.

He said extra money would have to be voted for to keep health services going, despite the desirability of general cutbacks in government expenditure.

State surgeons moonlighting — claim

SURGEONS at the Johannesburg Hospital are "moonlighting" at private clinics during on-duty hours, a medical source has said.

The source, who asked to remain anonymous, said a number of surgeons who were paid by the provincial administration as full-time employees at Johannesburg Hospital consulted, assisted and operated at private clinics.

A TPA hospital services spokesman said the allegations would be investigated.

Doctors questioned at the hospital denied any knowledge of such practices among their colleagues.

A chief nursing sister employed by the province earns R1 200 a month and a doctor at the hospital starts at a salary of about R2 000 a month, while a medical

health officer earns less than R2 500 a month.

At two clinics near Johannesburg Hospital, spokesmen said hospital surgeons were not working at their clinics.

All operations were performed by a set number of consultants on the clinic premises.

SA Medical and Dental Council (SAMDC) registrar Nico Prinsloo said there were no specific council rules regarding moonlighting.

However, it was usually a condition of employment that doctors and surgeons employed full-time by the state were not allowed to work elsewhere.
Salary raises 'would help nursing crisis'

Medical Reporter

Salary increases for nurses would do much to improve the critical nursing shortage which has crippled academic hospitals, a spokesman for the SA Nursing Association said yesterday.

Responding to a statement by Minister of Health Dr Rina Venier — in which she said the Government was considering increasing the salaries of highly skilled doctors and nurses — the spokesman said she did not want to raise expectations at this stage on what these increases might be.

She said increases would make the profession more attractive to school-leavers and would encourage those already qualified to stay on.

A senior academic hospital official said raises would make a difference, but there were many other problems.

The Medical Association of South Africa is holding a two-day conference in May during which solutions to the hospital crisis will be sought.
'Moonlighting
by nurses hits
patient care'

By ANDREA WEISS, Medical Reporter

NURSES on the State payroll are having to
"moonlight" to maintain "a basic quality of
life", with serious consequences for patient
care, warns the SA Nursing Association
(Sana) in a hard-hitting pamphlet.

Addressed to politicians, the pamphlet
points out that 20 percent of all nursing posts
in the civil service were vacant because of
the crisis, which has resulted in a "marked
increase" in medical incidents leading to le-
gal action. One academic hospital reported
seven such cases in a year.

"Patient mortalities can also be linked to
the quality of service rendered," the pam-
phlet warned.

Studies showed that 80 percent of all
nurses left the service of the State within
three years after completing their training.

"VITAL SERVICES"

"The shortage of nursing staff leads to the
termination of certain vital services such as
renal dialysis and results in long waiting
lists for essential operations."

Morale in the profession was being weak-
ened by physical and mental exhaustion.

"This situation offers an ideal breeding
ground for unrest and political influence in-
volving the encouragement of nurses to
withhold their services from patients."

Inadequate maternity benefits were an ex-
ample of the generally poor service benefits.

Staff members were not allowed to con-
tribute to the Unemployment Insurance
Fund and maternity leave was strictly un-
paid.

In addition, the medical scheme excluded
female contributors from maternity bene-
fits.

Added to this, records showed that be-
tween 1984 and 1988, there was an average
decrease of 6 percent, or a total decrease of
22 percent, in student numbers in the nursing
profession.

Enrolment figures dropped from 13 360 in

Urgent attention needed to be given to the
expansion of training facilities, particularly
for black students, the pamphlet said.
The right medicine

THE implementation of National Health Minister Nina Venter's plan to increase the salaries of doctors and nurses is long overdue.

Dr Venter's announcement this week followed the resignation of two top surgeons at the HP Verwoerd Hospital's heart unit in Pretoria.

The hospital crisis has persisted for many years. Severe staff shortages, heavy patient loads and low pay have contributed to a steady outflow of doctors and nurses from State to private hospitals.

The sad state of affairs has worsened in the past few months — to such an extent that the Transvaal Provincial Administration's department of health services has ordered a 10% reduction in the number of patients admitted to hospital. The cut also applies to outpatients.

It is part of a plan to reduce the department's R130-million deficit. About 600 nurses drafted a letter to Dr Venter demanding a minimum increase of 40% to bring their salaries into line with those of public servants.

They are also considering the possibility of starting their own union to look after their interests. Many of them believe the SA Nursing Association has failed to help them.

The starting pay of an assistant nurse is less than R500 a month, and a sister cannot expect much more than R2 000.

Nurses at State hospitals do have perks such as housing allowances. But the perks are poor recompense for the added burden hospital staff bear as more nurses and doctors move to the private sector.

Although the Government's intention to reduce spending is welcome, it is imperative that the salaries of nurses, doctors and teachers be given serious attention to ensure the future of both education and health services.

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M G PERSONNEL
6th Floor, BP Centre
Why nurses and policemen are resigning

An unskilled labourer working as a sweeper for SA Breweries earns R1 063 a month (excluding overtime pay).

In addition he receives meal subsidies, free beer to take home, free beer in company pubs, long-service allowances and a bonus. The calculated average value of these "perks" is R153 a month, increasing the value of his pay packet to R1 216.

With inflation taking an almost daily toll, trade unionists say the price of food, clothing, transport and living in general is no cheaper for a sweeper than a nurse. They stress it is as difficult for a labourer to make ends meet as it is for a policeman to survive on a low wage.

Yet, as resignations from nursing and the police threaten to jeopardise health and security services, the question being asked is: Why can't nurses and policemen receive pay commensurate with the value of their work?

BEETTER PAY

State hospitals in South Africa, drastically short of staff, are being manned by nurses who place their "calling" above pay. Some believe their devotion to their patients is being exploited.

The Commissioner of Police, Lieut.-General Johan van der Merwe, has said 11 men a day are resigning from the SAP. Most are quitting for better-paid jobs which do not endanger their lives.

Sister X, a trained nurse at the Cornwall Hospital, Johannesburg, can survive only by "moonlighting.

"Twice a week, on her days off, she does two shifts at the Morningside Clinic to earn R240. The extra R80 a month (less tax) makes it possible for her to meet her commitments.

"I have no option," she explains. "I have a child to support. I simply cannot live on the salary I earn."

It occurs, however, she has no leisure — or time to spend with her child. She goes from one work situation to another, caring for one set of patients for five days of the week and another on the other two.

Sister X says she has worked as a sister for eight years and receives a basic salary of R1 100. After deductions (which include repayments on her subsidised house, tax etc) she receives a take-home salary of just R400 a month. From this she must pay R93 for train fares to work and R150 for rates, lights and water.

"I must have a home but if I were to get married, or change my job, I'd lose the house," she added. "If I didn't moonlight, I would not be able to live, yet if I were caught moonlighting I'd be fired."

Her more experienced colleague, Sister Y, who has been nursing since 1964, receives a basic salary of R1 900. Her take-home pay is just R416.

She is taxed R17 a month (which includes tax on her housing subsidy of R600). Other deductions from her pay include a pension contribution of R118, medical aid of R57, parking (in the hospital grounds) R10, luncheons R32, insurance (voluntary) R22 and R32.

As a working mother, Sister Y feels obliged to employ a domestic worker whom she pays R260 a month. Rates and taxes plus lights and water take about R220 a month to run and bus fares and meals for her child a further R100.

Sister Y does not moonlight but she is short of cash that she and her child live on bread, soup and sour milk.

"Of course it's a battle to survive," she said. "But I feel a commitment to my community. I couldn't leave when I know I'm needed here. I guess I have a vocation which my employers exploit."

Constable A joined the police nearly two years ago because he wanted excitement and adventure. Now he is on the verge of resigning:

"I've been offered a well-paid job with a security firm which I'm considering," he said. "I'm tired of being broke and I have to consider career prospects."

As a bachelor, he does not believe he is as badly off as some of his more senior colleagues "who cannot afford to get married on a policeman's pay."

Constable A receives a basic salary of R811 plus a special police allowance of R238.75, giving him a total of R1 150 a month. His deductions include: tax at R101.83, pension contribution R72.90, tea at work R11.50, membership of police club R3, widow's fund contribution R2, police magazine R1.81, several other small funds, and two voluntary assurance policies totalling R90. His take-home pay is R894.

To keep living costs to a minimum, Constable A boards with a family, sharing a room with a colleague. For this he pays R180 a month, with breakfast and supper included.

PATALA PAY

With the help of his parents, he acquired a second-hand car making it possible for him to visit them when off duty. Much of his salary goes on keeping the vehicle roadworthy. He takes his girlfriend to an occasional movie.

What concerns him is the paltry annual increment he and his colleagues receive — an increase which barely covers inflationary living costs. In the lower ranks, men completing each year of service qualify for an extra R50 a month. After tax, this amount is reduced to an extra R30 a month.

"I'm better off than colleagues who have been in the SAP for four years," he admitted. "I know quite a few who are thinking of resigning because they want to get married but cannot afford the rental of a flat or house — let alone keep a wife or child. They are earning just R100 a month more than I am."

Constable B, who often called to work irregular hours on special assignments out of town, said he received R10 a day extra for the work. He was often away from home for weeks at a time, making social life impossible.

"A girl I know earns twice my salary waitressing, yet her life is never at risk," he added. "Guys are buying discharge and leaving every day because opportunities outside the force are so much better."
Shortage of nurses could cause crisis in hospitals

Own Correspondent

PRETORIA — The acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in some of the country's major hospitals.

The declining numbers at colleges and universities underscores the need for improved working conditions and significant increases in salaries and other financial benefits.

SA Nursing Council figures are that last year 1,555 qualified, 219 of them with nursing degrees from universities. This compared with a total of 3,074 who qualified in 1988 — 269 of them with degrees.

Negotiations for improvements are currently in progress and an announcement of significant pay rises from April 1 is expected in March, probably in the budget speech.

In all provinces — but particularly in the Transvaal — wards have been closed for years because of the chronic shortage of nursing personnel.

TPA sources also said that a fairly large percentage of newly qualified nurses found work with doctors and in district and industrial nursing.

To compete with the earnings in these areas, nurses in government and provincial service would have to be granted increases of 50% or more, the sources said.

SA Nursing Association president Ms Odelia Muller said the association was also concerned about nurses at provincial hospitals doing additional work for agencies. This meant the quality of service declined because the nurses were overworked.

Muller said the situation was so critical that the lives of patients could be endangered. She said there was nothing wrong with the training of nurses, but there was a shortage of manpower.

She said the only solution to the problem was better pay.

She said the numbers who completed the two-year pupil nurse course last year declined from 2,694 in 1988 to 2,278 last year. She said, though, that recruitment usually improved in a sagging economy and the expectation of better pay and working conditions later in the year might help push up the numbers.
Transvaal Hospital Services MEC Fanie Ferreira made a whistle-stop tour of Baragwanath and Johannesburg hospitals on Friday to acquaint himself with conditions there.

A TPA Hospital Services spokesman accompanying Ferreira said there were no plans for emergency funds to be made available for the hospitals.

After visiting Baragwanath, Ferreira and senior TPA Hospital Services officials visited Orange Farm and clinics in Soweto.

He said Soweto's R37m Mofolo Clinic, which was completed about two years ago, would be opened on February 1.

The Jabavu clinic is to be closed.

The crisis in Transvaal's hospital services came under the spotlight again recently when it was asked to cut by 10% the number of people admitted as patients.

Gerald Reilly reports from Pretoria that statistics indicate that the acute shortage of nurses is likely to become even more serious this year, intensifying the crisis in some of the country's major hospitals.

SA Nursing Council figures show that last year 1 555 nurses qualified, 219 of them with nursing degrees from universities.

This compares with 3 074 who qualified in 1986, 289 of them with degrees.

The figures confirm the need for improved working conditions for nurses and significant increases in salaries and other financial benefits.

SA Nursing Association president Odella Muller said she expected numbers this year to be even lower than last year.
Overworked, underpaid and taxed to death so nurses say no and go

BY FELICITY LEVINE

WHAT makes highly trained nurses work stressful round-the-clock shifts for the wages of mental labourers?

The Sunday Times spoke to nurses at a large Johannes-
burg hospital and learnt the following startling facts:

- Many top nurses take home salaries of less than R1 000 a month after 10 years' service. 
- Nurses lose their housing subsidies if they marry. 
- Wards are so short staffed that patients are often forgotten. 
- Desperate hospitals "hire" former staff from agencies and pay them double. 
- Nurses get R9 an hour overtime, which is taxed 49 percent and is paid only after six months.

CONCERN

- Hospital administration is so bad that patients are dried with pillowcases because there are no towels. 
- Black nurses, who make up 55 percent of the hospital's staff, are sent elsewhere to have their babies and are denied creche facilities. 
- But nurses are now saying "NO" and, as qualified staff slip away to easier and better-paid jobs, concerned government authorities are taking notice.

At a two-day nursing crisis conference in Durban this week Miss Eileen Brannigan, socio-economic manager of the SA Nursing Association, called for an immediate 49 percent increase in nurses' salaries. 

DR CF SLABBBER

Ordered another probe to find out why nurses are leaving.

Concluded that salaries are too low and that nurses are leaving.

MISS ODELLA MULLER

15 percent resigned from her position.

TRAUMATIC

"Night duty was the hardest, and sometimes babies missed their feeds because the nurse on duty had her hands full," she said.

"It was traumatic — unfair on the kids and unfair on us."

Sister Janie said nursing standards and hospital maintenance had deteriorated to the point that the hospital was no longer a source of job satisfaction.

"Working conditions are appalling at the Johannes-
burg Hospital and we lack the essentials required for good nursing.

"Hospital earnings go straight back to the Treasury and months go by before we receive funds.

"Staff have become apathetic and demotivated, and put in the minimum effort knowing that no one will bother to check," she said.
Nurses: DP plea on wages

THE Democratic Party yesterday criticised a government move to ask nurses to fill in questionnaires about their working conditions and warned that nurses would continue to resign.

DP health spokesman Mr Mike Ellis said the investigation into conditions of service, salaries and other matters was long overdue, but it made no sense that nurses were being asked to fill in a questionnaire as part of the inquiry.

"Nurses have received a poor deal from the state for many years, but only now that the nursing shortage has reached critical proportions is an investigation being called for," Mr Ellis said.

"Until such time as nurses receive a salary that truly reflects their worth, we will continue to lose highly trained, dedicated and professional people not only to private medicine but to many other unrelated jobs as well," he said.

DP finance spokesman Mr Harry Schwarz said it was by no means certain the questionnaires were necessary, considering the knowledge on the subject and the ability of representative organisations to put the case for the nursing profession.

The privacy of nurses also had to be respected. "We wish to do nothing to prejudice anything which will improve conditions of service of nurses," he said.
Experts discuss nursing crisis

By Karen Stander

The critical shortage of nurses in South Africa's health services will be spotlighted at a two-day conference on "Nursing in crisis: Problems, Solutions" beginning today in Durban.

The guest speaker at the conference, hosted by the department of nursing at the University of Natal, will be Professor Patricia Prescott, a leading expert on the nursing shortage in the United States.

Professor Prescott is currently working on a project to develop a more accurate method of forecasting future national nursing requirements.

Director general of the Department of National Health Coen Slabber will also address the meeting.
The critical shortage of nurses in South Africa's health services will be spotlighted at a two-day conference on "Nursing in Crisis: Problems, Solutions," beginning today in Durban.

The guest speaker will be Professor Patricia Prescott, a leading expert on the nursing shortage in the United States.

Professor Prescott is currently working with U.S. government officials to develop a method for more accurately forecasting future national nursing requirements.
Students live in 'unsafe' residence

NEW nursing students were being forced to live in a Hillbrow Hospital residence damaged by fire in December, according to a spokeswoman for the students, Ms Rookaya Essack.

Essack claimed the Hillbrow residence was not safe and the new students had been told by hospital management not to use any electrical appliances in the building.

She said walls in the building were damp, the ceiling looked "about to collapse" and after a heavy rainfall, water had to be swept from the building.

There was no hot water, no bath plugs, some of the rooms had no lights, there was no toilet paper and no linen changing facility.

Essack claimed Johannesburg Hospital authorities had been told by Hillbrow Hospital officials not to allocate rooms to students there.

Previous residents of the fire-damaged Hillbrow residence are still living in Fitzpatrick residence at Johannesburg Hospital, whilst the TFA completes its investigation into the condition of the building.

Segregate

Moving the students into the Hillbrow residence was a "ploy" to segregate them from other health workers, Essack said.

Health officials could not be contacted for comment at the time of going to press.
Nurses ask for huge increase

DURBAN — The SA Nursing Association has recommended a 60.2 percent increase in nurses' salaries.

The association has also asked the Minister of Health and Population Development to allow nurses to branch out into clinical, educational and administrative fields during their training.

It was also proposed that student nurses' salaries should start at R10 000 a year, with increases directly related to professional progress. — Sapa.
Govt improving nurses' salaries and conditions

CAPE TOWN — Government would increase nurses' salaries and improve working conditions to keep them in the hospitals, National Health Minister Dr Rina Venter said yesterday.

Addressing the Cape Town Press Club, Venter said the problems faced by doctors working long shifts in state hospitals was also being looked into.

But that was a manpower problem. Many young doctors were leaving the country and government would try and make conditions attractive enough to keep them here.

She said she would soon be presenting a report to Cabinet.

Health service fragmentation was often made the scapegoat for problems of finance, but even the end of fragmentation would not provide sufficient funds, she said.

Venter said about 6.2% of the total health budget was spent on administration and this was in line with acceptable world-wide standards.

"Thus, the assertion that enough funds would be available for an increase in nurses' salaries if there was to be a single health department, was totally unfounded."

She said a situation had developed where 13 academic hospitals took up about 50% of the health budget. The demand for more funds for these institutions increased daily, while a relatively small number of patients were being catered for at such institutions.

"We need to ask ourselves whether we need so many academic hospitals and such a duplication of services."

Meanwhile, DP Durban North MP Mike Ellis told Parliament yesterday that while the state of health services was worrying, they were not as bad as others claimed.

His proposals included a new Ministry of Health, a ban on private hospitals and a new approach to health services.

"Meanwhile, SA has to return to a single ministry of health — free of racial overtones and equal in all respects — to rescue the failing health services.

"Government's introduction of own affairs health services had segregated and distributed the services to such an extent that they were the most controversial, if not the most costly, in the world and hospitals were in a crisis."

Recognised

The hospital crisis was underlined by the fact that there were black hospitals with a 150% occupancy rate and white hospitals with less than 50%.

The SA Nursing Association (Sana) will be recognised as a staff association to negotiate conditions of service for nurses, Administration and Privatisation Minister Dawie de Villiers said yesterday.

Replying to a question put by Ellis, he said the Commission for Administration had recently made this recommendation after Sana had sent it an application. — Sapa.
Nurses' pay

THE SA Nursing Association has recommended a 60.2 percent increase in nurses' salaries, SABC radio news reports.

The socio-economic manager of the association, Miss Eileen Brennan, said at a nursing conference in Durban that another proposal is to send nurses to the Ministry of Health and Population. Development was that nurses should be allowed to branch out into other fields during their training.
Nurses ask Minister for 60 pc pay rise

OWN CORRESPONDENT

DURBAN — Nurses have asked the Minister of Health and Welfare, Mrs Rina Venter, for a 60% percent pay increase, it was announced at the "nursing in crisis" conference which opened at Natal University last week.

The socio-economic manager of the South African Nursing Association, Miss Eileen Brannigan, said the increase was asked for particularly to try to keep clinical nurses in the field, but also in respect of administrative nurses, nurses in education and student nurses.

Clinical nurses' salaries had always been far behind the others, she said, and as a result their salary increase needed to be the largest.

ENTHUSIASTIC RESPONSE

Miss Brannigan said surveys had shown that this increase would keep nurses' salaries in line with other professions on the same market scale.

Health care workers in Government hospitals, administrative positions and private practice from around the country are represented at the conference — and they responded enthusiastically to Miss Brannigan's announcement.

The main topics discussed by delegates, during sometimes heated debates, were apartheid, wages, working conditions and education.

They also debated the need for nurses to be able to belong to organisations of their own choice to ensure a more democratic representation within the profession.

In his keynote address, Dr Coen Slabber, director general of the Department of National Health and Population Development, said there was an urgent need for change, but the nursing profession also needed to be strengthened or the health care system in the country would be in danger.

Representatives of "alternative" nursing and health organisations emphasised the removal of apartheid in health as the most important need in the nursing crisis.

It was also said that solutions would not arise from the conference because "alternative views to that of the South African Nursing Association (SANA) and the Government" were lacking.

Ms Mondi Gungubele and Ms Ntsiki Matakana, representing the South African Health Workers Congress, the National Education Health and Allied Workers Union, the Organisation of Appropriate Social Services of South Africa and the National Medical and Dental Association, said no one could look at the South African health care system and ignore the racial divisions in it.

"The racial selection and training of nurses still continues today, and there is a severe shortage of nurses in black hospitals which is exacerbated by the greater need for health services in the poorer black communities," read a statement issued on behalf of the organisations represented by Ms Gungubele and Ms Matakana.

SANA, too, came under fire and was accused of failing miserably when it came to speaking for nurses, despite compulsory membership.

Poor management of the economy, dissatisfaction in the ranks, lack of representation and primitive labour laws were also highlighted by the "alternative" organisations.
Nurses seek 40 percent more
"Nurses now in militant mood"

The Minister of Health should take note of the "militant mood" now spreading through the nursing profession like a "veld fire" and take immediate action, the MP for Port Elizabeth Central, Mr. Eddie Trent, said yesterday.

Mr. Trent said salaries and working conditions were "so poor" that hospitals were unable to keep enough qualified staff, "let alone attract young people into the profession."
Slimming cure needed

Our hospital system is cracking up. The crisis in nursing has much to do with this collapse and the problems were discussed at a two-day national conference in Durban last week.

Raising the problems was the easy part. Possible solutions were harder to find. Many put forward were either platitudes heard a thousand times or proposals too radical for the health bureaucracy to entertain.

Two issues dominate the nursing debate:
- A broad split between nurses and administrators who dictate policy. They disagree on how to handle the flight of white nurses as well as the appalling overcrowding at black hospitals; and
- The view that racial division is an important cause of the crisis.

The Nursing Association has asked inter alia Health Minister Gina Venter for a 60% increase in starting pay for sisters. The State is unlikely to grant rises anywhere near this.

Anything less than 60% is, however, not going to bring nursing in line with colleagues in private clinics. Experienced nurses will continue to leave and fewer student nurses will join.

Pay differences between the private and State sectors have led to a bizarre situation. In some cases nurses have left to work full-time for agencies only to find themselves hired by provincial hospitals for more money. Some nurses at provincial hospitals moonlight for up to 68% more an hour.

Black nurses face different problems. They do not have to endure a poor public image and loss of professional self-respect (reasons some administrators at the conference insist is a more fundamental cause of the crisis than low pay).

Many black school-leavers want to enter the profession but are turned away. Davie Thaw, co-ordinator of The Career Information Centre, predicts that thousands of black applicants will be turned away in the next few years.

This gets to what many delegates at the conference saw as the root of the problem: apartheid. One proposal called for an end to student posts being linked to race, pointing out that blacks could easily be recruited to fill the shortfall. (Apparently this is happening at State hospitals though few officials will admit it.)

Like separate education, health seems beset by duplication and fragmentation of services. With 14 health departments there is little consistency in standards, selection criteria and pay. There are also too many administrators.

Among the most popular resolutions at the conference were for one health department and the scrapping of all racial policies in health services.
'Parliament now just a spectator'

CAPE TOWN — The perception was developing rapidly outside Parliament that Parliament was becoming merely a spectator to events in SA, chief CP finance spokesman Casper Uys said yesterday.

Speaking during the mini-budget debate, he said proof of this was that MPs had to accept that State President F W de Klerk had accepted other engagements as more important than being present at the "most important debate" of the session on Friday — on a motion of no confidence in the Cabinet.

Uys said De Klerk had said Nelson Mandela was a man of peace, yet on Sunday Mandela had said at the Grand Parade rally the armed struggle was continuing and would be intensified.

Uys said that after the weekend's events, the NP was going to negotiate from a position of weakness and Mandela from one of strength. — Sapa.

Nurses to attend debate on health crisis

CAPE TOWN — A hundred off-duty nurses will attend the debate on the nursing crisis in the House of Assembly today, to focus attention on the serious situation in nursing and health services.

WP branch chairman of the SA Nursing Association (Sana) Sheila Clow said the nursing situation had worsened since being brought to the public's attention by Sana in July 1988, and "realistic solutions must be found and implemented urgently".

A proposed gathering at Parliament was called off as it was not permitted while Parliament was in session. Clow said Sana would distance itself from any such action. — Sapa.
CAPE TOWN — Today 100 nurses were due to attend the interpolation debate on the nursing crisis in the House of Assembly, to focus attention on the serious situation existing in nursing and health services.

This was announced by the chairperson of the Western Province branch of the South African Nursing Association, Ms Sheila Clow, in Cape Town.

The nursing situation has worsened since being brought to the public's attention by the South African Nursing Association in July 1988, and realistic solutions had to be found and implemented urgently, Ms Clow said in a statement.

Nurses had earlier proposed a peaceful gathering at parliament, but "when it became clear that such a gathering was not permitted while parliament was in session, the plans were called off," she said.

She urged nurses not to gather informally, and said the SA Nursing Association would distance itself from any such action if it was undertaken.

Nurses attending the interpolation debate would not be withholding their services from the public "as they are all off-duty" she added. — Sapa.
Nurses likely to get pay boost in Budget

By MICHAEL MORRIS
Political Correspondent

GOVERNMENT spending on white education is four times higher than on black education, according to Democratic Party spokesman on black education, Gardens MP Mr Ken Andrew.

This "massive and growing gap" emerged from the latest figures, he said in a statement.

"Black education is in a crisis. The government needs to recognize this and provide crisis funding as well as a coherent plan to improve matters."

He said an average of R3 082 was spent on every white child, while only R764.73 was spent on the black child.

NURSES seem likely to get a pay increase in this year's Budget over and above the general increase for public servants.

The National Health Minister, Dr Rina Venter, told parliament yesterday that salary adjustments for nurses were being investigated and would be included in this year's Budget, presented in mid-March.

QUESTION TIME

She was speaking in question time after being attacked by the Democratic Party and Conservative Party on the plight of nurses.

The debate was attended by hundreds of nurses.

She gave no details of the pay rise but sources pointed out that Dr Venter had said before that she was considering giving nurses a "professionally differentiated increase" — above that of the general public service increase.

Meanwhile Democratic Party co-leader Dr Zach de Beer, MP for Parktown, said that 47 nurses from Johannesburg General Hospital had written to him about poor conditions.

They had "depicted a crisis of frightening proportions in which these invaluable qualified women are being forced by sheer financial need to seek other employment, often in positions where their qualifications are not used."

"BOMBAST AND ABUSE"

"This, while hundreds of hospital beds stand empty and patients suffer and sometimes die for lack of treatment."

"It was bitterly disappointing to listen to the Minister of Health in the House of Assembly."

"After a few satisfactory sentences, which she read from a prepared text, she lapsed into bombast and abuse."
Nurses flock to hear minister

CAPE TOWN — More than 50 uniformed nurses filed into the House of Assembly’s public gallery yesterday to hear the National Health and Population Development Minister Dr Rina Venter spell out the steps government had taken to alleviate the nursing crisis.

Venter said government recognised the seriousness of the nursing situation and had acted on it.

Mike Ellis (DP Durban North) said he wished to warn Venter that unless she dealt with the nursing crisis as a matter of urgency, health services were in danger of collapsing.

Venter said nurses’ salaries were being investigated and would be included in the Budget. Other problems raised by the Nursing Association were being looked into.

Dr Willie Snyman (CP Pietersburg) said nurses with 10 years’ experience earned less than R1 000 after deductions and enrolments of student nurses had dropped by up to 20%.

Venter said 44 private hospitals had opened during the past two years, placing a direct drain on nurses from State hospitals.

Brian Goodall (DP Edenvale) said Edenvale Hospital nurses stated they were understaffed by 41%. — Sapa.
DP warning against dune mining ‘barter’

CAPE TOWN — There would be cause for serious concern if dune mining was allowed at St Lucia in return for the establishment of the new conservation area in Zululand, DP environmental spokesman Bob Haswell said yesterday.

Welcoming the creation of a large new conservation area in Natal, which will link St Lucia and Mkuzi, Haswell said: “It is good news for conservation is to be tempered by approval of the dune mining at St Lucia, then there is real cause for concern. Environmental gems such as St Lucia are priceless and should be sacrosanct. They should never be part of any barter.”

“Creating the new park will only strengthen the conviction that mining in close proximity to it should not be permitted.”

He said the DP fully supported this view and would continue to raise its voice on the St Lucia mining issue.

Sapa reports from Durban that when he announced the new conservation area, Kotze said too many of the country’s ecologically sensitive areas had been lost. Thus, the creation of the 275 000ha great-

St Lucia conservation area would enhance the resilience of the belt, stretching from the Lebombo mountains in the west to the coast and into the marine reserve.

The scheme will involve linking existing conservation areas by acquiring the land in-between.

The areas to be linked will include the Mkuzi game reserve, the St Lucia game and marine reserves, False Bay park, Sodwana Bay national park and the Sodwana Bay, Cape Vidal and Eastern Shores state forests.

Referring to the contentious proposal to mine dunes along the eastern shore state forest, Kotze said if the environmental impact study currently in progress indicated that mining would cause unacceptable disturbances, he would do everything in his power to prevent any such activities.

If the mining were allowed, however, it would be subject to stringent conditions that would ensure that the natural environment would be improved once the mining was completed. Less than 1.5% of the consolidated area would be affected at any one time. — Sapa.
Nurses go nationwide in fight against residence segregation

A fire last December in Hillbrow Hospital’s residential block for nurses has ignited a wider campaign for desegregating health workers’ accommodation, reports CASSANDRA MOODLEY

"The ultimate aim of the Hillbrow hospital campaign is to commit the government to desegregating all health facilities so that the health system comes under one department and not 14 as is presently the case. This results in mass duplication of services which leads to shortages at some hospitals."

Co-director of the Wits University Centre for the Study of Health Policy, Cedric de Beer, felt that segregation of residence facilities at Johannesburg Hospital added to the crisis by contributing to the "degeneration in the quality of health care at the hospital."

"The segregation undermines the morale of the staff — this is an insult to black staff and furthermore must create tension between black and white staff members."

De Beer said the roots of the current health crisis lay in the size of the private sector which basically served a small elite, the government’s privatisation programme, low funding of the public sector and the fragmentation of health services.

"In essence the problem is the lack of political will on the part of the government to provide adequate health care," he added.

De Beer said that a national health service by which the state takes on greater responsibility, should be a long-term goal.

Commenting on Health Minister Dr. Athos Venter’s announcement this week that an increase in nurses’ salaries would be considered, De Beer said an increase was an important, but not an adequate step, since it ignored such aspects as fragmentation and reducing the size of the private sector.

MORE than 130 angry Hillbrow hospital residents, who forcibly occupied the "whites only" Johannesburg hospital residence after their quarters were damaged by fire in December, have launched a national campaign to desegregate residence facilities for hospital staff.

The campaign highlights the growing seriousness of the country’s health crisis and is a result of a fire at the Hillbrow hospital residence last December which rendered the residence uninhabitable.

Despite objections from the Johannesburg and Hillbrow hospital superintendents, the group of "homeless" doctors, nurses and residents moved to the Johannesburg hospital’s "whites only" nursing home in December. "We will occupy until it is desegregated," said Dr. Qupa Mpe, a resident and one of the co-organizers of the support committee formed to implement this national campaign.

Until recently the Johannesburg Hospital did not employ black nurses, however, even after this restriction was relaxed, the nurses remained segregated.

"The committee, which includes community members, adds that hospital authorities are refusing to accommodate any more of the "homeless" Hillbrow staff members at the Johannesburg Hospital nursing home and have forced 15 first-year medical students and 15 staff members to occupy rooms in the dilapidated Hillbrow residence where even the fire escapes have not been reconstructed."

Transvaal health services executive committee member S. Ferreira denied that first year students were forced to stay at the Hillbrow residence; saying: "The residence, except for block F (which was damaged in the fire), has been investigated and, according to the Department of Works, it is completely safe."

The residents and students have enlisted the support of members of community, health and labour organisations including the National Education Health and Allied Workers Union, the National Union of Public Service Workers, Community Health Awareness Project, South African Health Workers Congress, Congress of South African Trade Unions and the National Council of Trade Unions: A petition is being circulated and pamphlets, pickets and demonstrations are planned.

The committee is critical of Democratic Party MP for Parktown Dr. Zac de Beer’s, "failure to intervene in the situation."

De Beer, however, said the DP was constantly campaigning for desegregation. "The situation in regard to the facilities at the Johannesburg Hospital is undignified, unseemly and inefficient," he added.

Sahwco representative Dr. Aslam Dasoo said Sahwco would use the Hillbrow residence issue as "a fulcrum to relaunch the MDM defiance campaign launched last August since the residence incident fell under the ambit of defiance."

Dasoo added that the Hillbrow campaign was taking place against a background of inadequate health facilities, shortages in hospital staff, and cutbacks in patient admissions.
Doctors and assurers clash over medical fees

A TARIFF agreement between the Medical Association of South Africa (Masa) and the Life Offices Association (LOA) has collapsed after Masa's recent demands for a "large" increase in the fees for life-assurance medical examinations.

In the past, the LOA and Masa have agreed on fees which doctors could charge life assureds for various investigations for life-assurance purposes.

According to a statement issued by the LOA yesterday, standard medical examinations, for which Masa demanded an increase of 77%, comprise about 75% of all work done for life assureds by the medical profession.

In return, Masa offered to reduce the fees for certain specialist investigations.

As a result of the failure of negotiations, the LOA has issued its own tariff of fees effective from January 1 this year and member companies have agreed not to pay more than the recommended fee.

Masa has in turn published its own set of fees, recommending that life assureds be charged R80 for a basic medical examination while private patients are charged R68 and medical-aid schemes pay R21.15 for similar examinations.

Compared to these fees, the LOA has offered to pay R55.10 for a basic medical examination.

"Despite repeated requests to Masa for justification of the large increase in medical fees and for an explanation why life assureds should pay so much more than everybody else, this has not been forthcoming," said the chairman of LOA, Mr Dorian Wharton-Hood, in the statement. "We therefore have no choice but to make our position clear."

Chairman of the Cape Western Branch of Masa, Dr John Steer, said in an interview yesterday that doctors were entitled to charge less than the Masa rate if they wanted to. -- Staff Reporter and Sapa
THE MINISTER OF HEALTH

1. That on Tuesday, 20th February, 1969 at 10.00 a.m., the House shall adjourn to the Committee Room for the consideration of the Business.

2. That when the House reassembles at 11.00 a.m., the Order of Business shall be:-

(a) any Business of urgency;
(b) the Adjourned Debate on the Address of the Opposition;
(c) the Adjourned Committee Stage of the Bill relating to the Compensation of Persons damaged by the outbreak of disease;
(d) any other Business.

3. That the House do now rise.

The Speaker

TUESDAY, 20TH FEBRUARY, 1969
Ms Jane Steward of the children's ward at the Brethurst Clinic, Johannes- burg and colleagues gear themselves up for tomorrow's street collection organised by the South African Nurses' Trust Fund. The non-racial body runs five homes for retired nurses and provides a monthly allowance to old and incapacitated nurses, said convenor of the street collection, Ms Jean Parr. Collectors and donations are urgently needed, and if you would like to contribute, call Ms Parr on (011) 447-3045.

Nurses' salaries, conditions will be improved — Venter

Own Correspondent

CAPE TOWN — Nurses' salaries would be increased and working conditions improved by the Department of National Health and Population Development, Health Minister Dr Rina Venter said yesterday.

Answering a question at the Cape Town Press Club, Dr Venter said the department would, however, need help from the Nursing Council to encourage new nurses to come into the profession.

Dr Venter said a survey was being conducted to see how nurses felt about conditions, what the manpower situation was and why nurses were leaving.

She said the 13 academic hospitals in South Africa were consuming approximately half of the health budget.

Dr Venter said the demand for more funds from these institutions was increasing while a small number of pa-
The Government was going to increase the pay of nurses in the hospital. The director of the hospital said nurses' conditions were very poor. The government decided to increase nurses' pay.

The new deal promised to improve the conditions of nurses and in the hospital. The director of the hospital said nurses' conditions were very poor.

The government was going to increase nurses' pay. The new deal promised to improve the conditions of nurses and in the hospital. The director of the hospital said nurses' conditions were very poor.
31 hospitals in SA with white staff

Political staff

There are still 31 white hospitals in South Africa with exclusively white nursing staff, the Minister of National Health, Dr Rina Venter, has told Parliament.

The hospitals fell under the Department of Health and Welfare of the House of Assembly Administration.

The 31 hospitals were in Delmas, Bloemhof, Brits, Delareyville, Duitshoek, Assegaaipark, Beaufort, Nydwykpark, Liethenburg, Groblersdal, Belfast, Kompon Park, Paardekraal, Louis Trichardt, Rundkop, Phalaborwa, Pretoria West, Sammershoek, Carletonville, Tzaneen, Ventersdorp, Potgietersrus, Wardenbad, Waterval Boven, Germiston, Kroonstad, Botha's Pan, Jagersfontein, Ashton and Sandburg. Dr Venter said.

Dr Venter said in a written reply to a question from Mr MJ Ellis (DP, Durban North) that 797 nursing students had resigned during the course of their studies in 1988.
Nurses resignations

PROVINCIAL hospitals had lost 3,598 registered nurses in 1989 due to resignations, the Minister of National Health and Population Development, Dr Rina Venter, said in a written reply to a question by Mr Mike Ellis (DP Durban North).
Time to take care

Mike Ellis is the Democratic Party spokesman on health. Recently he has addressed and interviewed scores of disillusioned nurses.

The entire structure of health services urgently needs major overhaul; these services are in danger of collapsing. It is vital that "own affairs" health has to be removed from the statute book. A single ministry of health must be created to co-ordinate health services throughout SA.

But there is one critical issue that requires immediate attention — an issue which by itself has the potential to cripple our health services. It's the nursing crisis — a critical shortage of nurses in the public sector and extreme conditions for those who have remained in that sector.

For 10 years or more nurses have campaigned against poor salaries and related conditions of service. Ministers over the years have promised commissions of inquiry into conditions of service, but to no avail. Nurses remain poorly paid, with unfair conditions of service and continue to leave the profession in droves.

Their main concern is salaries. A fully trained nurse with a minimum of four years' post-matric study gets an annual starting salary of R15 414 — no more than R1 280 a month. Annual increments thereafter are minimal: after six years of service they will still be earning less than R2 000 a month. In terms of their training, these salaries are grossly inadequate.

But to add insult to injury, nurses are being subjected to extremely long working hours in wards which are often understaffed. And the overtime rate runs at the princely sum of R0,71 an hour. Those nurses who work in crowded hospitals are often particularly badly off, as the nurse-patient ratios are high.

Working hours are often so long that nurses who stand in for those who have resigned worry that the quality of their work is being affected. Many nurses have to moonlight; they work a full day, often with three or four additional hours and then move to private clinics for another four or five hours of nursing. Some are part-time waitresses.

There are many other factors feeding the discontent — matters which have been brought to government's attention time and again, but which have been ignored.

Firstly, they are unhappy with promotion opportunities. Posts are limited and often demand that a person moves from nursing into administration. Many are reluctant to do so.

Secondly, clearer channels of communication between nurses and employers are needed. Many nurses are concerned that, while they are forced by regulation to join the Nursing Association, the association is not recognised by the Commissioner for Admini-

(R64 000 to train one nurse over four years), this is a classic example of wasting State money if nurses are not retained in the profession. Many hospitals have been forced to close wards because of the nursing shortage. Many ICU wards are closed and expensive equipment lies unused.

There is no doubt that a militant mood exists among nurses. More and more nurses talk about forming unions. They talk of some form of strike action in order to draw their sorry situation to the attention of the public and make government aware that they really are in dire straits. If government is wise, it will act positively towards the nurses now in order to avoid severe complications in an already stressed health service.
Mass nurse exodus

JOVIAL RANTAO

The crisis in South Africa's academic hospitals was highlighted this week by shocking disclosures of a mass exodus of nurses to better-paid jobs in the private sector. Nurses who spoke to the Sunday Star said poor working conditions - non-competitive salaries, poor overtime pay and inflexible hours - had caused a steady decline in the number of student nurses since 1984.

According to figures provided by Mr Brian Goodall, the Democratic Party's spokesman on health, a nurse with three years' training and no experience earns R1 284 monthly. But a much more experienced nurse with higher qualifications will not earn much more than that. For example, a sister with 11 years' experience and who is in charge of a difficult ward such as a trauma unit, earns R1 980 a month - barely R700 more than her junior counterpart with only three years' experience.

Saturday Star has spent almost two weeks trying to obtain the latest salary scales for nurses from government and provincial authorities and nursing organisations but to no avail. The Nursing Association said they were confidential and the authorities simply delayed.

Student

So the Saturday Star has obtained them from the Conservative Party.

The scales, made available by Conservative Party spokesman on health Dr Willie Smyth, revealed that a student nurse with matric earned the same salary as a nursing assistant with Std 7.

They also revealed that the highest-paid nurse, a chief matron (senior nursing service director), who has probably been in the profession for more than 15 years, earns only R3 224.

Mr Goodall said the recruitment rate of nurses in the Transvaal was halved last year (1 556 as opposed to 3 074 in 1988).

The resignation rate has been estimated at 15 percent.

Research has shown that 80 percent of nurses leave provincial hospitals after three years, he added.

The Minister of National Health and Population Development, Dr Rina Venter, said in Parliament this week that provincial hospitals had lost 3 528 registered nurses in 1989 through resignations.

Health authorities had received 41 875 applications by trained nurses for 2 511 vacancies in 1988, with 2 729 being accepted and 1 579 completing their training, Dr Venter said.

Mr Goodall said occupancy of hospitals varied from one hospital to another but it was common knowledge that occupancy in white hospitals is lower than in black hospitals.

He believes solutions to the crisis would be a salary increase and better working conditions.

Private

A nurse at the Intensive Care Unit (ICU) at the Johannesburg Hospital said the shortage of nurses had led to those in her ward, and presumably in other wards, working long hours.

She said that she had five years' training, including two years in specialty courses, and that she took home R1 400 a month.

Her former colleagues who joined the private sector are now earning double her salary, she said.

She said according to departmental rules, the patient-nurse ratio should be one to one but because of the shortage, the ratio is one nurse to three patients.

"The situation is chaotic. The shortage has also led to the abolition of our study leave.

Nurses are migrating from provincial hospitals to private and mining hospitals for better pay and fringe benefits, she said.

"We are living below the breakeven," said the single parent of a four year-old boy.

"The only perks offered by provincial hospitals are a housing subsidy and a 13th cheque on a nurse's birthday," she said.

The solution to the problem, she said, would be to embark on a restructured and planned and provide incentive such as better pay and perks.

A senior nursing sister with 12 years' ICU experience can expect to take home R1 500 a month for a 40-hour week, with a sessional work rate of R18 an hour.

Another nurse who left the Johannesburg Hospital last year after 17 years, including six years' training, said her salary was improved by working nights and shifts.

Her reason for leaving was stress.

In a statement addressing the crisis, Dr Venter said the salaries of nurses were being investigated and would be included in the annual budget.

Obvious

"It is obvious that salary adjustment will not solve all the problems of the profession. The Nursing Association has brought many other problems to my attention," she said.

The Health Matters Advisory Committee is to investigate the problems surrounding the nursing profession and a private firm of consultants has been contracted by the department to make objective investigation, Dr Venter added.

She said the annual growth in the number of registered nurses was insufficient to meet the future needs of the health services.
Salary boost for cops, nurses

By ALAN DUGGAN and PIETER VENTER

THE stream of resignations by nurses and policemen may be stemmed by substantial salary increases they will receive over and above the 10 percent general salary hike announced for public servants.

Mr Roger Burrows, Democratic Party spokesman on the public service, said it was almost certain that the Government's investigations into the salaries of nurses and police would lead to an increase of up to 20 percent.

The expected further increase for nurses was confirmed by Dr Rina Venter, the Minister of National Health and Population Development.

She said the current inquiry into the nursing profession and the attendant structural changes and salary adjustments would continue, and the changes in salaries which might result would be backdated to April 1 — the day the 10 percent hike comes into effect.

‘ Unrealistic’

Teachers will receive a 12 percent increase on March 1 — with another 10 percent which will be added a month later with the general hike.

However, the rest of the nearly 1-million public servants are up in arms about the 10 percent rise announced on Friday — six percent less than the inflation rate.

Mr Burrows said the 10 percent increase would cost the Government approximately R1.5-billion.

Mr Malcolm Domingo, national chairman of the Public Servants' League of SA, called the general hike "autocratic and unrealistic" and did not rule industrial action.

He said the PSL had been negotiating through the joint advisory council of the Commission for Administration for six months.

"Our bottom line, based on careful research, was a 20 percent increase — and that was the lowest minimum to bring relief."

"Then we are suddenly told we're getting 10 percent and there's nothing else to talk about. We simply don't accept that."

Tense

Thousands of PSL members were still earning under R300 a month and some were earning only R200, said Mr Domingo. "This is ludicrously low in anyone's terms."

He said the announced increase would serve only to aggravate the "electrified and highly tense" situation which already existed.

Meanwhile, confusion rages about the increases announced for politicians as some believe they will receive a double salary hike — the increases announced for them plus the 10 percent given to public servants.

All MPs will receive an annual increase of R12 000, while their expenses allowances will be increased from R10 000 to R18 000. Cabinet Ministers will also receive another 7.5 percent hike.
Jo'burg Hospital residences 'open'

GERALD REILLY

PRETORIA — Accommodation for nurses at the Johannesburg Hospital is to be integrated.

MEC in charge of health services, Paul Ferreira, said here yesterday the move was in line with a recommendation in an interim report of a committee looking into the hospital's problems.

The step, he said, was particularly important because of the acute shortage of white nursing staff, and the increasing need to use nurses of all population groups.

"The concession will enable the Johannesburg Hospital to utilise its accommodation for its own staff."

Ferreira said the block of the nurses' residences damaged by fire at the Hillbrow Hospital in December had been sealed off and would not be available.

However, the rest of the nurses' residences at the hospital had been restored to provide adequate accommodation. 010

Ferreira also announced that nurses of all races employed at the Johannesburg Hospital could get basic and pre-registration training at the B&G Alexander College of Nursing. 010

He said he expected a "sufficient number" of applications to the hospital from prospective student nurses of other races.

This would go a long way towards resolving the nursing shortage at the hospital, he said.

Ferreira added that although health service problems remained, the search for solutions would continue.
Resuscitation for PE cardiac unit

Cape nurses' colleges, residences open to all

CAPE TOWN — All Cape nursing colleges and nursing residences will be opened to all races, the Administrator of the Cape, Mr Kobus Meiring, announced yesterday.

At a Cape Town meeting, Mr Meiring, together with the MEC for hospital and health services, the Cape Provincial Administration director, rectors of Cape Town and Stellenbosch universities and other senior officials, decided in principle to open the colleges and residences to all.

The decision was taken as part of the Administration's drive towards optimum utilisation of personnel and services.

It was also decided to make available under-utilised accommodation at the Karl Bremer Hospital to students of the Tygerberg Technikon and to offer Clarendon House as accommodation to students of the University of Cape Town.

At the meeting, held to discuss the financial circumstances within which hospitals and health services need to operate, it was also stated that

the cardiac unit at the provincial hospital in Port Elizabeth would not be closed.

Services at the unit would continue as at present, a spokesman for the Administrator said. The current problems being experienced by the unit would be overcome by rationalisation of staff.

Financial dilemma

The meeting was unanimous in deciding that reorganisation of services and, in some cases, the cutting-back of services was the only way of overcoming the financial dilemma in which hospital and health services found themselves.

The nurses' residence at the Johannesburg Hospital was opened to all races on Tuesday.

The TPA has also decided that nurses of all races employed at the hospital will be able to undertake basic and post-registration training at the B G Alexander College of Nursing. — Sapa.

See Page 6.
**Discrimination in nursing ‘is ending’**

CAPE TOWN — The steadily increasing integration of the country’s 25 nurse training facilities had to be seen as a move away from discrimination, National Health and Population Development Minister Dr Riaan Venter said yesterday.

Speaking in a House of Delegates interpellation debate, Venter said it was important for government to supply a cost-effective service and ensure optimum use of facilities.

Health care had to be accessible and acceptable to all and good nursing training standards had to be sustained.

Part of a project by the National Health Advisory Group was to identify areas of racial discrimination and to subject these problems to corrective measures.

Cape Administrator Kobus Meliring yesterday announced that all nursing colleges and nursing residences in the Cape would be opened to all races.

Meliring, the MEC for Hospital and Health Services, the Cape Provincial Administration director, the Universities of Cape Town and Stellenbosch rectors and other senior officials decided in principle at a meeting in Cape Town yesterday to open the colleges and residences to all race groups.

The decision was taken as part of the administration’s drive towards optimum use of personnel and services.

The meeting was held to discuss the financial circumstances within which hospitals and health services needed to operate. — Sapa.
'Language issue a problem'

Nursing is being integrated — Govt

The steadily increasing integration of the country's 25 nurse training facilities had to be seen as a move away from discrimination, the Minister of National Health and Population Development, Dr Rina Venter, said in the House of Delegates yesterday.

Replying to an interpellation debate, she said it was Government policy to create the greatest possible access to health care and to make optimum use of resources.

**Language problems**

Access to nursing colleges was partly hampered by language problems, as in the case of a college which presented its curriculum in Afrikaans.

Everything was being blamed on the problem of fragmentation, and if this was removed there would be enough money to solve the problems in health care.

The department was looking at structural changes to make it attractive for nurses to move back to the profession.

Dr Venter said it was important for the Government to supply a cost-effective service and ensure optimum use of facilities.

Health care had to be accessible and acceptable to all people and good nursing training standards had to be sustained.

The de-racialisation of the nursing profession was epitomised by the SA Nursing Association which had removed all references to race from its constitution.

Part of a project by the National Health Advisory Group was to identify areas of racial discrimination and to subject these problems to corrective measures.

There were 20 provincial nursing colleges providing training for the basic and comprehensive diplomas, with five separate campuses falling under the Natal college.

Ten of the colleges trained one racial group, six trained two racial groups, five trained three racial groups and four provided training for all racial groups.

Mr Mahmud Rajab (DP Springfield) said that knowing of the shortage and mass exodus of nurses from the profession, one would have expected the Department of National Health and Population Development to take as large an intake of nurses as possible.

**Applications refused**

He said there had been 31 applications by blacks for nursing training, but only 2729 applicants of all race groups were accepted.

Mr Rajab said that it was the fragmentation of health services into own and general affairs which had created the problems in the profession.

He was pleased that the Minister had said the health services should be accessible and acceptable to all people, but the admission by the Minister that this was not the case was an indictment of the Government. — Sapa.
Cape nursing colleges open to all races

ALL nursing colleges and nursing residences in the Cape will be opened to all races, the Administrator of the Cape, Mr Kobus Meiring, announced yesterday.

At a meeting in the city, Mr Meiring, together with the MEC for Hospital and Health Services, the director of the Cape Provincial Administration, the rectors of the Universities of Cape Town and Stellenbosch and other senior officials, decided in principle to open the colleges and residences to all race groups.

The decision was taken as part of the administration's drive towards optimum use of personnel and services.

It was also decided to make available under-utilised accommodation at Karl Bremer Hospital to students of the Tygerberg Technikon and to offer Clarendon House as accommodation to UCT students.

The meeting, held to discuss the financial circumstances within which hospitals and health services needed to operate, also stated that the cardiac unit at the provincial hospital in Port Elizabeth would not be closed, despite some reports to the contrary.

Services at the unit would continue as at present, according to a spokesman for the administrator. He said, however, the current problems being experienced by the cardiac unit would be overcome by rationalisation of staff. — Sapa
Chap slams Sana's new role

THE Community Health Awareness Project has condemned the Government's recognition of the South African Nursing Association as the official staff association.

It said the body had a terrible track record of being part of the problem in the nursing arena.

The announcement was made in Parliament by the Minister of Administration and Privatisation, Dr Dawie de Villiers.

Chap said for years Sana had turned a blind eye to the gross disparity in benefits between nurses of 'different' races.

"When nurses were being subjected to inhuman working hours and paltry monetary rewards, SANA's silence was deafening," the organisation said.

Inputs

Chap proposed that all civil servants be permitted to join unions of their choice.

Replying to a question by Mr Mike Ellis (DP Durban North), De Villiers said the Commission for Administration had recently made this recommendation after receiving an application from Sana.

Sana would be recognised as a staff association within the public service.

The recognition would come into effect after the publication in the Government Gazette of an amendment to the Public Service Regulations.

Proposal

This recognition meant that Sana would in future be able to give inputs for the improvement of the remuneration and conditions of service of nursing staff directly to the Commission for Administration.

Other bodies recognised to negotiate conditions of services for nurses were the Hospital Staff Association of SA, Natal Provincial Staff Association, Public Servants' League of SA, Public Servants' Association of SA, Public Servants' Union and the Institute of Public Servants.
Surgeons crack up through staff shortage stress

By CHRIS BATEMAN

SHORTAGES of qualified nursing staff at Tygerberg Hospital are so serious that surgeons regularly break down from stress, less than half the surgical ICU beds are occupied and at night one nursing sister tends to several wards.

This was said yesterday by the acting medical superintendent, Dr Robbie Truter, who confirmed that weekend case loads often forced staff to close the casualty unit and redirect ambulances to other hospitals.

The hospital crisis comes as warnings that another essential service - the police force - is also suffering from acute staff shortages.

According to senior police spokesmen the number of policemen quitting the force every day has leapt to 20 - almost double January's "alarming" exodus rate of 11. (For full report - See Page 5).

Dr Truter said that Tygerberg Hospital could not be run efficiently on a skeleton staff overnight and at weekends.

Speaking in Parliament on Thursday, Ms Dene Smuts, DP MP for Groote Schuur, said overworked doctors attached to the UCT/Groote Schuur Hospital complex were becoming "angry, and demoralised".

Dr Truter said trauma wards and operating theatres were coming under severe pressure as vehicle accidents and violence escalated.

Dr Truter said the overload of emergency cases was causing lengthy delays in scheduled "cold surgery" operations, compromising the hospital's teaching role and affecting research.

His answer for relief was a vast increase in qualified nursing staff, especially "non-white" staff, and for day hospitals to perform a buffer function by staying open 24 hours a day. Private hospitals should shoulder the emergency case burden and refer fewer long-term ICU patients. Nurses' salaries should be brought into line with private hospitals who "feed on our para-medical staff".

Dr Jocelyn Kane Berman, medical superintendent of Groote Schuur Hospital, said her hospital was running at a 13% nursing staff shortage, mainly in the emergency wards, ICU's and theatres.

A man is expected to appear in Bellville Magistrate's Court soon.
Nurses feel the strain of Cape hospital strike

CAPE TOWN — As the Cape hospital strike spreads, nurses at Groote Schuur Hospital, where 1,000 workers are on strike, say they are “overworked and under incredible strain” after filling in for the absent staff.

“Things are beginning to get chaotic and we’re all exhausted,” said one nursing sister who asked not to be named.

Corridors are becoming increasingly dirty, patients are getting cold food and offers from service organisations and schools to fill in the staff gap have been streaming in.

The more than 4,000 striking workers at 12 Cape Provincial Administration hospitals have been warned by Administrator Kobus Meiring that they are guilty of misconduct and should return to work urgently.

He has also cancelled all non-emergency surgery at eight of the hospitals and banned journalists from entering any CPA hospital.

Meiring said legislation regarding public service personnel made no provision for strikes and this could have serious consequences for the strikers.

Sapa reports that executive director of the SA Nursing Association S J du Preez said in Pretoria yesterday that in order to curb the dire shortage of nurses, 32,000 qualified nurses would have to be produced every year until the year 2000.

Speaking at a diploma function in Atteridgeville, Du Preez said she was happy to announce that nurses’ working conditions, including salaries, were receiving government attention and an announcement would be made before the end of this month.
(a) The following number is of the Ministry of Health.

The Minister of Health's Office

Department of Health Services

Agriculture, Water & Forestry

The Department of Agriculture, Water & Forestry is responsible for the development and management of the agriculture sector, including water resources and forestry.

The Department is also responsible for the development and implementation of policies and programs related to food security, rural development, and environmental sustainability.

The Department oversees the following sectors:

(a) Agriculture
(b) Forestry
(c) Water Resources

The Department collaborates with various stakeholders, including provincial governments, research institutions, and civil society organizations, to ensure the successful implementation of its programs and initiatives.

The Department is headed by the Minister of Agriculture, Water & Forestry, who is accountable to the Cabinet and responsible for ensuring the effective management of the department's resources and operations.

The Department's mandate includes:

(1) Promoting food security and nutrition
(2) Ensuring sustainable water resources management
(3) Regulating and enforcing agriculture policies

The Department is governed by a board of directors, which is responsible for providing strategic direction and overseeing the implementation of the department's programs and initiatives.

The Department is supported by a network of provincial offices, which provide services and support to farmers and rural communities.

The Department is funded through a combination of government allocations and revenues generated from the sale of products and services.

The Minister of Agriculture, Water & Forestry is appointed by the Cabinet and holds a seat in the Cabinet.

The Department's performance is monitored through regular reviews and evaluations to ensure that it meets its mandate and delivers on its commitments.

The Department is committed to ensuring that its programs and initiatives contribute to the development and growth of the agriculture sector, while promoting environmental sustainability and ensuring the well-being of rural communities.

The Department of Agriculture, Water & Forestry is an integral part of the national government's efforts to achieve food security, rural development, and environmental sustainability.
Cape hospital crisis worsens

CAPE TOWN — The strike by non-medical workers in the western Cape, which has now spread to 13 state hospitals, a nursing college and six day hospitals, will not end, say union officials, until they are given a Cabinet audience.

A Health Workers Union official yesterday confirmed that the general assistants' strike, now in its eighth week, would continue until demands to speak directly to the ministers concerned were met.

The hospitals affected are Somerset, Woodstock, Conradie, Valkenberg, Groote Schuur, Tygerberg, Victoria, Karl Bremer, Mowbray Maternity, Brooklyn Chest, Len tegeur, Paarl and Vredenburg.

The strike has also spread to the Nico Malan Nursing College and day hospitals at Guguletu, Langa, Khayelitsha, Crossroads One and Two, Nolungile and Elsies River.

At a meeting at Salt River at the weekend about 1,500 union members voted to continue the strike.

They rejected the appointment of a former chief magistrate of Cape Town, Mr Charles van Zyl, as mediator on the grounds this would delay the issue.

"Over the past few years, workers have been raising their grievances with local management and these have been passed on and nothing has been done," said a spokesman for the workers.

The official said that there had still been no response to union representations through hospital managements to see the Cabinet ministers concerned.

General assistants are demanding a starting wage of R1,500 a month (the present starting wage is less than R300 a month), permanent status — large numbers of cleaners and domestic workers have worked for years without being granted permanent employment, maternity benefits, union recognition and an end to privatisation, which they see as a threat to their jobs.

In a statement released by the Hospital Personnel Association of SA (Hospersa) yesterday, vice-president Dr P J Fourie urged general assistants to return to work "in the interests of the patients they serve".

Dr Fourie said Hospersa had met the Minister of Administration and Privatisation, Dr W J de Villiers, on February 23 and was waiting for a reply to their request for an urgent interview with Dr Rina Venter, the Minister of Health and Population Development.

The administrator, Mr Kobus Meiring, has cancelled official duties he was to have held in the northwest Cape due to the worsening crisis.

Meanwhile, there have been reports that conditions are chaotic in the strike-torn hospitals, with patients cleaning floors and making tea. — Sapa.
ANOTHER 20% of South Africa's nurses could leave the profession over the next few months if today's budget did not address their grievances, the Western Province branch of the SA Nursing Association said yesterday.

The nurses' representatives met the Democratic Party's health group under the chairmanship of Mr Mike Ellis in Parliament yesterday.

Mr Ellis said in a statement after the meeting that it was clear salaries remained the major source of the nurses' complaints.

He added that there was a 20% shortage of nurses in SA in July last year following resignations sparked by the government's inability to attract people to the profession.

"That figure has increased steadily since then," he said.
Hospital strike: sabotage alleged

CAPE TOWN — Hospitals have allegedly been sabotaged by “intimidators” as the current provincial non-medical hospital strike enters its tenth day.

The situation has reached crisis point as it was reported that hospital toilets have been blocked by debris, being thrown down them and volunteers have been threatened with having their houses burnt down, according to Professor J P van Niekerk, Dean of the Faculty of Medicine at the University of Cape Town.

“The problem is neither side is giving in and, secondly, the authorities are not allowed by law to meet the strikers. We say it’s time to get beyond the law and get the thing going.”

The strike, which started on Monday March 5 at Groote Schuur and Tygerberg Hospitals spread to 14 state hospitals in the Peninsula and Vredenburg, six day hospitals on the Cape Flats, the Nico Malan Nurses Training College and a hospital laundry centre in Pinelands and involves at least 5500 employees.

Services most affected are sterilising, cleaning, catering and laundry.

At the weekend the defence force was called in to clean and cook.

Already overburdened nursing staff report they are being forced to clean toilets and floors and are exhausted and frustrated.

Nurses report they are being threatened with dismissal if they speak to the press and say hospital administrations are black-listing those who complain.

A nursing sister said resentment was fuelling a rebellion.

Strikers are calling for a minimum wage of R1 500, a 40-hour week, permanent status, maternity benefits, recognition of the Health Workers Union and an end to privatisation.

A Faculty of Medicine board meeting this week acknowledged the validity of many of the grievances of the hospital and health workers.

Workers at Red Cross War Memorial Children’s Hospital, who up to now have not come out on strike on the grounds they were caring for children, were to meet yesterday afternoon to decide whether or not to join the strike.
CAPE TOWN — All heart and kidney transplants at Cape Town's Groote Schuur Hospital have been suspended as the non-medical workers' strike entered its 12th day.

The Administrator of the Cape, Mr Kobus Meiring, said in Cape Town yesterday that all transplants had been suspended and would remain so until the situation had normalised.

He said he was aware CPA employees, who were prepared to work, were being intimidated and gave the assurance that the Cape Provincial Administration would do all in its power to guarantee the safety of its workers.

Heart, kidney transplants suspended

He said the continuation of the strike was not in anybody's best interest — not in the interest of the strikers nor in the interest of patients.

Mr Meiring stressed that all channels for discussion were still open to find a solution acceptable to all parties. The CPA was doing its best to reach a settlement, as soon as possible, with all interested parties.

Mr Meiring said about 50 percent of the staff at Red Cross Children's Hospital had joined the strike yesterday.

He said some strikers resorted to intimidation. Refuse bins were emptied on hospital premises and toilets were being deliberately blocked. Workers who refused to join the strike were threatened with violence. Loyal CPA workers were scared they would be attacked.

Mr Meiring said the CPA was worried about this intimidation as 70 percent of CPA employees in health services were women.
Munster at 30 percent capacity as violence erupts

Strike cripples hospital

Cape Town

The crisis at strike-hit Groote Schuur Hospital has deepened with the announcement that the hospital can handle only 30 percent of its normal load and all heart and kidney transplant operations have been suspended.

Yesterday, strikers rampaged through the hospital, threatening and assaulting working staff and damaging property. It was the 15th day of the stoppage of non-medical staff which has spread to 14 other Cape hospitals.

A spokesman for the Health Workers' Union confirmed that harassment and violence by strikers had occurred at Groote Schuur and said hospital authorities had threatened to call the police if the strikers did not leave the hospital immediately.

Mr Andre du Plessis of the Springs locomotive will drive this diminutive steam engine, the Emil Kessler, tomorrow when it commemorates the centenary of hauling the first train from Johannesurg to Boksburg.

Steaming again after 87 years

By Joe Opaschaw

TOMORROW at 3pm the Emil Kessler, a diminutive steam locomotive which 87 years ago hauled the first train, the "RandTram", from Park Hill (the present Johannesburg Station) to Boksburg, will again steam out of Johannesburg after being out of service for 87 years.

The occasion launches festivities from March 17 to March 25 to mark the inaugura- tion of the Rand Tram service between Johannesburg and Boksburg on March 17, 1889.

The passengers in the vantage coach hauled by the Emil Kessler -- Engine No. 1 -- on tomorrow's run will be railway and transport dignitaries who will arrive in horse-drawn coaches at Platform 14 of the Johannesburg Station where a wood-and-iron replica of the original ticket office has been built.

The Emil Kessler stopped working in 1903, was declared a national monument in 1958 and was for years a static monument in the old corner of the Johannesburg station.

Grens behind the restoration of the Emil Kessler, built in Breda, Holland, in 1889, is Mr Piet Richards, a 57-year-old railway pensioner considered a world expert on steam, who emigrated to Australia four years ago.

In October last year Mr Richards was re- leased by the South African Railways and Transport Commission of South Australia, which bought the engine for about $60,000.

Special steam train tours with the Emil Kessler on Saturday March 17 and Saturday March 24 are also part of the festival week.

The Kesslers will be on display on three rails at another veteran, a ZASM 40F locomotive. During the week two steam trains will pick up 1,000 schoolchildren a day from the East and West Rand.

The festivities close on March 25 with a 14-day steam tour from Johannesburg to the Eastern Cape with 150 enthusiastic aboard.
THE Democratic Party says many nurses are considering going on strike while others are on the verge of quitting the profession.

Mr Mike Ellis, the party's health spokesman, said yesterday the DP had been "inundated" with phone calls from members of SA Nursing Association complaining that the government's statement about nurses' pay in this Wednesday's budget was "so unclear that there are deep suspicions about whether there are any significant increases in salary and benefits in the pipeline".

Mr Ellis said the large number of nurses had said they had "lost a great deal of faith" in the Minister of Health, Dr Rita Venter, who is in Johannesburg while the crisis in Cape Town hospitals continues to escalate.

"Nurses are saying that the situation is so tense that the prediction that another 20% of nurses might resign in the next month or two is likely to materialise," he said.

Mr Ellis said that nursing representatives had told the DP that the "dictatorial line" Dr Venter had taken in dealing with the crisis so far had left the impression that the minister was "involved in a cover-up and that she was powerless to assist them in achieving the conditions of service they deserve".

He added: "Nurses are deeply critical of the survey the minister is undertaking at present and believe that it is simply an attempt to make them believe that there is more in store for them than is likely to materialise."

Mr Ellis said that for the first time there was "serious talk among nurses about strike action".

"It is absolutely essential that the government explains clearly what it intends offering the nurses in the form of salary improvements and benefits."

"A strike by nurses would do catastrophic damage to health services in the short term, but the long-term effects of a breakdown in relations between the government and the nursing profession may well be irreparable," Mr Ellis said.
ALMOST half the overworked registrars at the University of Cape Town's teaching hospitals have threatened to resign, with about a third of these threatening to emigrate, according to this week's issue of the South African Medical Journal.

In an editorial, Professor S Benatar, Head of the Department of Medicine at Groote Schuur Hospital, discusses the results of a recent survey on service conditions and teaching programmes for registrars in training at the university's training hospitals.

"There was widespread dissatisfaction. This is disquietening news indeed, in one of the most prominent teaching hospitals in the country.

"A major problem was with working hours. The average working week being 66 hours and the average day 9.8 hours.

"To put this in more practical terms, the average registrar might have worked on patient care from about 7.30 am to 5.30 pm every weekday, had a continuous night of 14 hours on emergency call when he had 3.6 hours sleep, and visited the hospital twice for 1½ hours over the weekend. He would have spent a further 18 hours on call from home. He frequently performed a full day's work after a night on call."
Nurses assured of pay adjustment

PRETORIA. — Nurses could be assured they would receive an adjustment over and above the 10% granted to civil servants, the SA Nursing Association (Sana) said yesterday.

Sana was responding to queries by members of the nursing profession as to why nurses were not specifically mentioned in the budget speech on March 14.

The adjustment would be backdated to April 1, 1990.

THERE'S no job too menial for Groote Schuur Hospital staff, as nurses turn their hands to preparing meals and highly qualified administrative staff load dishwashers.

As the hospital strike ended its second week yesterday, a Cape Times reporter volunteered to help, and found morale high among the remaining staff.

Administrative staff who had been assigned to a staff canteen said they were quite enjoying the change from their usual jobs. "It's fun to see how other people in the hospital spend their days," said one woman.

A cross-section of staff, from administrators to secretaries, were loading dishwashers and serving at lunchtime.

Most were unable to continue with their usual work because people they needed to liaise with were either not at work or too busy keeping their departments going to spare time for administration.

Nurses were seen making up patients' meals and helping in the main kitchen.

The transport of food to and from wards was done by nurses.

Some nurses who were taking over workers' duties expressed fears following the previous day's rampage through the hospital, in which people were threatened and assaulted.

Nurses calling down to the main kitchen asked whether it was "safe" to come down and collect food for their patients.
Hospital strike spreads

Minister urged to help prevent more violence

TALKS AIMED AT SOLUTION

Pickets trying to work on shifts yesterday at the hospital.

Multiple images and articles require careful reading.
Staff Reporter

MANY Groote Schuur doctors sympathise with hospital strikers — and will take part in a sit-in at the hospital today in support of the strike.

Meanwhile, a doctor warned that if the strike continued, hospitals would not be able to cope with the backlog of serious operations which have been postponed as a result of the strike.

"Health workers have put in decades of solid work, and we feel their demands have not been taken seriously enough," said one doctor who did not wish to be named.

Doctors said ambulances would not be blocked and the hospital would not be disrupted during the sit-in.

A senior doctor said that while essential services at Groote Schuur were working well because only urgent operations were being undertaken and all non-emergencies were being sent home, there was still cause for concern.

The doctor said those on the waiting list for cancer and other operations were mounting up, and they would soon become emergencies.

If the strike continued much longer, the hospitals would not be able to cope because of the backlog in postponed serious operations.

Professor J P van Niekerk, president of the Cape Western branch of the Medical Association of South Africa and dean of the faculty of medicine at UCT, said yesterday that he could not approve of the doctors' sit-in.

"Action of that sort by medical people would be in alignment with a particular political viewpoint and it would not be in accordance with internationally accepted medical ethical codes to which the Medical Association of South Africa is a signatory," he said.

These codes stated that a doctor's first duty, together with enhancement of the profession, was to the patient. He said this was irrespective of the political situation of the moment.

He said he sympathised with the grievances of the strikers, but if patients were to be compromised — which they would if these doctors would ordinarily be on duty attending to patients that time of the morning — the association could not approve such a sit-in.
The CPA plan's strain is "in principle" in favor of the pockets of workers over the pockets of employers. Will further development of the CPA be followed by a type of national recognition of the HNW? Will there be any sort of recognition of the HNW's contribution to the national benefit of the country? Will there be any recognition of the contribution that the HNW makes to the development of the country?

Workers win concessions

Hospital staff agree to return after 16-day strike
Hospitals had strike warning

By CLAUDIA KING

THE director of Provincial Hospital Services was presented with a list of health workers' demands 16 months before the hospital strike began, the Health Workers' Union claimed yesterday.

The union claims the director was also warned that a strike would be called two weeks before workers started striking.

The 16-day strike which ended on Tuesday crippled 25 Peninsula hospitals and involved nearly 5,000 workers.

One woman died when she was sent home as a hernia operation could not be performed.

"In November 1988, the worker's committee at Groote Schuur Hospital met Dr (George) Watermeyer and presented him with a list of demands," a union spokesman said.

Demands at that stage included a minimum wage of R800, maternity benefits, permanent status and recognition of the union.

Demands presented by workers participating in the recent strike were identical to these other than that they specified a minimum living wage of R1,500 and an end to privatisation.

"He promised to investigate the situation but we heard no more and issued him with the new demands two weeks before calling the strike," he said.

"We indicated that if his response was unsatisfactory we would initiate strike action."

According to the spokesman, Dr Watermeyer replied stating that the demands could not be accommodated.
Health staff to march

Ske 23/3/90 Staff Reporter

Health workers represented by a host of extra-parliamentary organisations will stage a protest march from Coronation Hospital to J G Strijdom Hospital tomorrow to demand a total overhaul of the country's health services.

Organised by the South African Health Workers Congress (SAHWCO), the "March for People's Health" was expected to attract widespread community support. SAHWCO spokesman and co-ordinator of the march, Dr Aslam Dasoo, said last night.

"For the first time doctors and nurses will march with general health workers."

Dr Dasoo said the marchers would present a list of demands to the Minister of National Health and Population Development, Dr Rina Venter, who "has been petitioned to be present at J G Strijdom."

"Our principal demand is for the creation of a united national health service with free access for all people. This relates to the on-going privatisation of health services which we reject."
Khutsong launches branch of Neusa

Date set for American foreign nurses exam

THE Commission on Graduates of Foreign Nursing Schools has announced the next screening examination date for foreign nurses who would like to practise as registered nurses in the United States.

The commission’s president, Doris Armstrong, said the exam would be held on August 1 this year. It will be held in 52 sites worldwide and in South Africa the venue will be Johannesburg.

She said the exam gives foreign nurses a way to evaluate their chances of passing the US licensing exam before they leave their own countries.

The deadline for first-time applicants is April 30, while for those applying to repeat, it is May 7.

Those interested in taking the exam should obtain a copy of the guidebook for applicants, which contains all application materials and information on eligibility requirements. Single copies are available at American embassies and national nursing associations.

Alternatively, write to: CGFNS, Fourth Floor, 3600 Market Street, Philadelphia, PA 19104, USA for larger orders at US$1 each.

ABOUT 300 teachers met in the Khutsong Community Hall this week to launch the National Education Union of South Africa (Carletonville branch).

Mr Pule Metsing, the new publicity secretary of the branch, told the Sowetan that the launch was attended by the national president of Neusa, Mr Curtis Nkondo, and other officials from the organisation’s Johannesburg region.

Those present were told that the aim of Neusa was to unite teachers and educators. It was also geared towards a non-racial, just and democratic system of education in a free and democratic South Africa.

In Khutsong and surrounding areas, the branch will work towards resolving any problems that arise, Metsing said.

The executive of the branch is: Sipho Myotywa (chairman), Michael Seleke (deputy chairman), Molifi Setlale (secretary), Edwin Pilane (treasurer), Pule Metsing (publicity secretary) and Malepe Mogale (education officer). The co-ordinators are: Dineo Manoko, Ogunedu Jiyane, Vitor Mothina and George Nhongoa.
80% of nurses ‘quit work’ in 3 years

Political Staff

ABOUT 80% of nurses, who are trained for four years at a cost of R16 000 a year, leave the service of the state within three years of completing their training, the Democratic Party MP for Groote Schuur, Ms Dene Smuts, said yesterday.

There had been an average annual decrease of 6% or a total decrease of 28% — in student nurse numbers between 1984 and 1989, she said during the Health Services debate in the House of Assembly.

By July last year, 30% of nursing posts in hospitals countrywide were vacant and Johannesburg Hospital was 2 000 nurses short at that point.

"Consider that young women — the one who trained for four years post-matric, who became a professional nurse at the princely salary of R15 000 a year — who now at the age of 24 or 25 sees that she will still be earning under R2 000 a month in three years’ time."

"She has, in most cases, a vocation, a full, old-fashioned devotion to nursing."

"But she is overworked, she is demoralised, she has to moonlight in her already limited time off to supplement her income — and crucially, she is not getting the professional satisfaction which motivates modern working women."

During the strike in Western Cape hospitals, nurses, already carrying a crippling load, bore the brunt, and quite literally became the housemaids of the health services.

"Listen to the demands of the nurses: When they say that some of the major effects of the nursing shortage are felt at the clinical level they are saying more than that patients suffer, that mistakes with medico-legal implications become inevitable, that they themselves suffer burn-out and exhaustion.

"They are also saying that they cannot take professional pride in what they are doing under such circumstances."

"It would be foolish not to listen."
Nursing crisis to be probed

A committee is to investigate the shortage of nursing staff and the lack of training in South Africa and the self-governing states.

This follows a meeting in Pretoria yesterday between Ministers of Health from the self-governing territories and two South African Cabinet Ministers.

The meeting was chaired by the Minister of Education and Development Aid, Dr Stoffel van der Merwe and the Minister of National Health and Population Development, Dr Rina Venter.

Among matters which received attention were the reasons and needs for budget restraints in the health services, the Department of Development Aid said in a statement yesterday.

All aspects of health care from health education to sophisticated, expensive facilities were considered, while the community-oriented aspects of health care were stressed.

Fiscal and social problems surrounding social pensions also received attention, with the need for parity in social pensions being emphasised.

Aspects of family planning and the role that non-governmental organisations can play in this programme were discussed.

The fact that good family planning was fundamental to health care was stressed, while emphasising that family planning was not necessarily birth control.

The problems of drug and alcohol abuse were among matters discussed.

A statement issued after the conference said a basic strategic plan to combat drug and alcohol abuse had been drawn up at a recent working conference and would be presented to the Ministers' next meeting. — Sapa.
Need for speed in nursing training

Political Correspondent

SPEEDING up the training of nurses to meet growing health needs was among issues discussed in talks between Health Minister Dr Rina Venter and a delegation from the Nursing Council.

They also discussed establishing structures to monitor and ensure health standards.

Dr Venter said in a statement afterwards the meeting was part of on-going talks with interest groups to tackle health-related problems.

RECOMMENDATIONS

She did not indicate whether the meeting would result in specific recommendations.

The Nursing Council delegation was led by its president Professor Wilma Kothe. She was accompanied by Professor Charlotte Searle, Miss Iris Roscher and registrar Mr Frank Germishuizen.

The delegation highlighted deficiencies and needs in the availability and distribution of nursing staff. Accelerating training programmes to provide staff for future needs was discussed.
AN investigation into the working conditions and salaries of nurses has been completed and will be submitted to the Minister of National Health and Population Development, Dr Nita Venter.

The Director-general of the department, Dr C F Slabber, said yesterday that two private companies commissioned to investigate had completed their study and would meet the SA Nurses' Association, the SA Nursing Council and the Department of National Health from April 18-21.
Improve existing services, says doctor

By Shirley Woodgate

No further money is available to employ more nurses and it is necessary to make optimum use of available manpower, says Dr JHO Pretorius, a spokesman for the Chief Directorate of Health Care Services in the Department of National Health.

Speaking at Baragwanath Hospital yesterday at the launch of a sponsored book, “Learn About Pregnancy, Labour and Early Baby Care” by Val Thomas and Jenny Prangley, he said his department was looking at new ways of making available manpower more effective.

Dr James McIntyre, consultant in obstetrics at Baragwanath, said that although black infant mortality rates were falling in South Africa, the latest figures of 75 per 1 000 indicated that the situation remained unacceptable in view of the World Health Organisation target of less than 50 per 1 000 births.

Highlighting the problem in rural areas, he said infant child mortality was as high as 190 compared with Soweto’s 25 per 1 000 births.

Since 80 percent (or 40 000) of the infant deaths were attributed in 1986 to pre-natal, respiratory or intestinal infections, investigation should be directed in that direction.

The ultimate answer lay not in building more hospitals, but in improved primary health care services and health education, Dr McIntyre said.

Thokoza, Eskom probe supply problems

By Montshiwa Moroka

Members of the Thokoza Civic Association (TCA) yesterday met officials of Eskom’s southern Transvaal region regarding problems related to electricity in the East Rand township.

At the end of the meeting, both parties resolved to form a joint investigation committee, whose task would be to identify the problems and look at ways in which they could be solved.

The meeting was chaired by the regional manager of Eskom, Mr D.L. van Wyk, while the 18-man Thokoza delegation was led by Mr Sam Ntuli, president of the TCA.

The issues discussed at the meeting included the inaccuracy of meters, inaccuracy of bills, maintenance of the supply network, the possibility of a direct supply from Eskom and the question of a masterplan.

Problems experienced by residents in the town-ship over the electricity issue led to a rent boycott, now three months old. Complaints of high electricity accounts and faulty meter readings have been a source of discontent.

Another complaint by residents is that some of the old sections of the township have not yet been electrified.

At present, electricity to the township is supplied by the Alberton municipality, which is the nearest town, while Alberton gets its power directly from Eskom.

In a statement afterwards the two parties said the joint working committee would be looking at ways in which the problems could be “resolved with the co-operation of other parties involved”.

The other parties in this case apparently refer to the Alberton municipality and the administrator of Thokoza, following the resignation of the majority of councillors in the township this year.
Nearly 200 nurses who trained at the King Edward VIII Hospital 50 years ago reunited and shared memories of the good old days at the hospital in Durban on Saturday.

The reunion was organised by Mrs Henrietta Sekhume, a matron at the Baragwanath Hospital in Soweto.
POOR salaries make one in a long list of grievances nurses would like thrashed out by the State.

A meeting of about 40 nurses, matrons and a number of doctors at the South Rand Hospital in Johannesburg was told that the Florence Nightingales want, among others, the issue of fat nurses not being able to get permanent posts in Transvaal provincial hospitals to be addressed.

A 25-year-old nurse of average height, who tips the scale at 114kg-plus, can only be appointed in a temporary capacity -- and may stay there indefinitely unless she loses weight.

An annexure of employment rules entitled "undermass, overmass", which sets out in table form the required minimum and maximum weights for public servants, states that a woman nurse of average height in the 25 to 29 age category should weigh between 58kg and 104kg, while a matron in an older age group could be acceptable at a few kilogrammes more.

Anyone who exceeds the permissible maximum by more than 10 percent, it says, must submit with his or her application a medical report detailing his or her health with particular reference to the excess weight and effects this may have on health and submit a sick leave record.

The application is then referred to the Department of National Health before the appointment is made.

Mrs S du Preez, executive director of the South African Nursing Association, said the rule on overweight people was taken because they, overweight people, were more inclined to suffer from high blood pressure and heart complaints than their slimmer colleagues.

National Party Member of Parliament for Rosettenville, Sheila Camerer, said the province's action was blatant discrimination against plump people.

She said overweight nurses at Transvaal provincial hospitals should be monitored to check if they could cope with their work-load. Those whose performance was not hindered by weight-related health problems should be appointed to permanent posts.

"This does not happen. Fat nurses, no matter how good they were at their jobs do not get permanent appointments or the perks that go with them," Camerer said.

She said apart from dissatisfaction with salaries and restrictions on some nurses, there was dissatisfaction with other conditions of service.

A qualified nurse was entitled to 42 days leave -- less than half that guaranteed a teacher in her holidays. When she applied for it she was usually turned down because of the nursing shortage.
Nursing assistants get improved salaries

Political Staff

The salaries of nursing assistants would be improved, backdated to April 1, the Minister of National Health, Dr Rina Venter, said yesterday.

She said salary improvements for general assistants in the public service, which were announced yesterday, also had "certain implications for nursing assistants."

She gave no details, but Minister for Administration and Economic Co-ordination Dr Wim de Villiers said the improvement of the conditions of service for general assistants would include the payment of a night-duty allowance.

Both the night-duty allowances and the salaries of nursing assistants were among the reasons cited by the Health Workers' Union for the recent strike in Cape Town hospitals.

However, a number of other issues were raised in the negotiations which led to ending the strike. The union has set April 16 as the deadline for the government to answer its demands.
Fat nurses face curbs on careers

PRETORIA. — Fat nurses cannot walk into permanent posts in Transvaal provincial hospitals.

A 25-year-old nurse of average height but who tips the scale at 114 kg-plus will be appointed in a temporary capacity — and may stay there indefinitely unless she loses weight.

Mrs Sheila Camerer, National Party MP for Rosettenville, said the province was blatantly discriminating against plump people.

Her comments, made to the Extended Public Committee on Provincial Affairs last week, followed talks held with 40 nurses, matrons and a number of doctors at the South Rand Hospital in Johannesburg.

"Overweight nurses at Transvaal provincial hospitals should be monitored to see whether they can cope with their work-load and those that do not have weight-related health problems should be appointed to permanent posts."

But this did not happen, she said, and fat nurses "no matter how good they are at their jobs" did not get permanent appointments . . . or the perks that went with them, she said.

PERMISSIBLE MAXIMUM

An annexure of the employment rules entitled "Undermass, overmass" sets out in table form the required minimum and maximum weights for public servants. In terms of this table a woman nurse of average height and in the 25 to 29 year age category should weigh between 56 kg and 104 kg, while a matron in an older age group could be acceptable at a few kilos more.

Anyone who exceeds the permissible maximum by more than 10 percent must submit with his or her application a medical report, with particular reference to excess weight and effects this might have on health — plus a sick leave record. The application is then referred to the Department of National Health before the appointment is made.

A spokesman for the Commission for Administration said that like other public servants nurses were appointed on a one-year trial basis, and had to meet certain requirements.

This included that they were reasonably healthy and able to do their job properly. Excess weight could give rise to several ailments, including heart and back problems.

However, a person could be appointed and then use the trial period to reduce weight to take on a permanent appointment.
Exodus of doctors looming, MP warns.
Nurses and cops are set to get a new deal

INCREASED allowances and improved pay structures are on the way for nurses, the police, the SA Defence Force the prisons service and certain law enforcement officials in the Department of Justice.

This was announced by the Government yesterday.

There will be no across-the-board pay increase for these officials this year - over and above the general 10 percent increase for all public servants announced earlier.

But the improved pay structures mean that officials in these departments will receive notch increases in their salaries.

Most of the details will be announced later. Dr Wim de Villiers, Minister of Administration and Mr Adriaan Vlok, Minister of Law and Order announced yesterday.

However they said that the increases in allowances would be backdated to April 1, 1990.

The improvement in the salary structures for line functionaries would be implemented from July 1, 1990.
Police, nurses to get more money

Political Staff

LAW and Order Minister Mr Adriaan Vlok yesterday announced increases totalling more than R202 million in remuneration packages for policemen.

He also promised significant structural adjustments to salary scales from July.

With the adjustments, the improvements in conditions of service and the tax cuts announced by Finance Minister Mr Eberhard du Plessis in his budget, a total of about R300 a month extra may end up in the pay packets of lower ranks of the police.

Mr Vlok made his announcement in the debate on his budget vote in Parliament after Administration and Economic Co-operation Minister Mr Wim de Villiers announced general increases for prison officers, SADF members and nurses.

Constables will get a straight R160 extra a month, sergeants R120 and all other ranks up to colonel R90 in increased service allowances to compensate for overtime and dangerous work, at a cost to the Treasury of R130.7m.

The increases are in addition to the 10% given to all civil servants.

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From page 1

In addition to the allowances, Vlok said the government would:

- Pick up the bill for the examination fees for the National Diploma in Police Administration at a cost of R10m for 1990.
- Pay medical benefits to dependants of permanent black members of the SAP from April 1 at a cost of R30m.
- Reward policemen for working rest days at R50 a day, which will cost a further R18m.
- Introduce promotion system modifications for constables and sergeants from September 1.
- Raise the daily allowance for special constables at a cost of R3.4m.

The minister said the present salary structure, in which a number of scales overlapped would be replaced by one in which specific salaries would be paid to specific ranks.

Mr Vlok said he wished to point out that the remuneration improvements should be seen together with normal average 3.5% annual notch increases and the 10% hike given to all civil servants.

The changes he said, were meaningful and illustrated the determination of the President and government to continue to maintain law and order as well as stability in South Africa.

Without this, the country would very soon fall into "bloody revolution and backward third-world conditions".

In his statement Dr Wim de Villiers said the service allowance for defence force and for prison service personnel would also be increased to compensate for the changed circumstances under which they had to render service.

Dr De Villiers said that in the case of nurses a new allowance would be introduced from April 1 for all personnel.

This allowance would be followed by a salary structure adjustment with effect from July 1, during which a partial incorporation of the allowance would take place.

He said the salary adjustment effective from July 1 would not be applicable to student and pupil nurses.
The new benefits to police officers are expected to take effect in the new year.

INTO THE NEW YEAR, police officers will receive an additional $4 million. This is in addition to the extra $3 million that was announced in the budget announcement. The total amount to be set aside for the new benefits is $7.5 million, with an extra $4.5 million reserved for future annuities.

This extra amount is to be set aside for the new benefits, with an extra $4.5 million reserved for future annuities.

The announcement was made by the Minister of National Health, who stated that the extra amount will be used to improve the health and welfare of police officers.

The new benefits will include an increase in their allowances, which will be set aside for future annuities. The total amount to be set aside for the new benefits is $7.5 million, with an extra $4.5 million reserved for future annuities.

This extra amount is to be set aside for the new benefits, with an extra $4.5 million reserved for future annuities.
New pay allowances for police, nurses detailed

By Peter Fabricius,
Political Correspondent
CAPE TOWN — Police and nurses have received further details of their increased allowances, announced this week.

The new allowances and service conditions will come into effect retrospectively from April 1 and will appear in their May pay cheques.

Police sources have indicated that the new allowance will add an extra R300 to R400 to police pay cheques:

• Monthly service allowances for long and irregular hours and dangerous duty will be increased from R239.75 to R400 a month for constables; from R229.75 to R350 a month for sergeants; and from R209.75 to R300 a month for warrant officers to colonels.

• The special compensation for constables will be increased from R15 to R19 and for special sergeants from R17 to R21.

• From April 1 all ranks up to colonel will be obliged to work on their rest days wherever necessary and will be paid R50 a day for this.

The system has also been revised to make it easier to be promoted from constable to sergeant and sergeant to warrant officer.

Structural changes to police salary scales have not been finalised.

Minister of Health Dr Rina Venter has announced that from April 1 all registered nurses will receive the same special allowance — meaning that lower ranks would get a higher percentage increase.

There will be another allowance for staff nurses. Nursing assistants, students and pupils will also receive allowances.

On July 1, nurses will receive a structural salary adjustment which would partly incorporate the allowance — "with due consideration of the extent of the combined improvement".

The improvement will not apply to student and pupil nurses.

The committee of inquiry into the nursing profession met from April 18 to 20 to formulate the recommendations.
THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The National Health and Population Development
Programme is a multi-sectoral initiative that aims to improve the health and well-being of the population of South Africa. It focuses on four main areas:

1. Health Care Services
2. Nutrition
3. Education
4. Environment

The programme is implemented through various stakeholders, including government departments, non-governmental organizations, and the private sector. It is funded through a combination of domestic and international sources.

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The programme has seen significant progress in the past few years, with improvements in health outcomes and increased access to healthcare services. However, there are still challenges to be addressed, including funding gaps and the need for improved monitoring and evaluation systems.

THURSDAY 20 APRIL 1990

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No full time doctors employed:

- 321.9
- 0.3
- 6.9
- 0.6
- 0.5

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Poor pay upsets nurses — study

Medical Reporter

POOR pay is the main reason for dissatisfaction among nurses, an in-depth study has established.

The study was commissioned by the Minister of National Health and Population Development, Dr Rina Venter.

The "detailed investigations" into the utilisation, staffing situation and job satisfaction of nurses was undertaken by consultant firms appointed by the minister’s committee of inquiry.

HIGHER PERCENTAGE

The government has announced that, from April 1, nurses will get an allowance irrespective of their salary notch which means that lower ranks will get a higher percentage improvement.

Another allowance will be given to staff nurses, nursing assistants, students and pupils.

Details of the allowances have not been released.

A further improvement of salaries is promised with a structural salary adjustment from July 1, but this improvement will not apply to student and pupil nurses.
Ciskei nurses arrested during illegal strike

MDANTSANE. — More than 500 nursing staff were arrested yesterday for an illegal strike at Mdantsane's Cecilia Mkhilwane Hospital.

Ciskei's Director-General for Health, Mr L M Mbambo, appealed to relatives of patients who were still being cared for at the hospital to go and nurse them.

He said the situation was still chaotic and very few nurses had remained.

He said even the hospital's general workers had downed tools.

A spokesman for the Ciskei Police community division, Capt M Ngwendo, confirmed the arrest of nurses for committing offences under the Nursing Act by leaving sick patients.

The nurses went on strike in support of demands for more pay and better working conditions. — Sapa
EAST LONDON. — Nurses returned to work at Mdantsane's Cecilia Makiwane Hospital yesterday after going on strike on Wednesday in support of demands for better pay and working conditions. This was confirmed by Ciskei's Minister of Health, Dr Henk Kayser.

Report by Staff Reporter, Ciskei Correspondent, Cape Argus-AF and WNA.
Striking docs could face court action

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses.

They are also subject to rules of the South African Medical and Dental Council and the South African Nursing Council respectively.

Doctors also take the Hippocratic Oath and nurses a Pledge of Service on qualification. Doctors who are members of medical associations are also bound by the Declaration of Geneva.

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals in the Transvaal.

The registrar of the SAMDC, Mr Nico Prinsloo, said it was an offence for doctors to strike and the Attorney-General could decide on whether to prosecute.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year or both. Upon conviction the name of the offending doctor is removed from the register of the SAMDC.

The chairman of the federal council of the

Nurses flout the law

Medical Association of South Africa, Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as the well-being of patients should under all circumstances be their foremost consideration.

Speaking for the National Medical and Dental Association, Dr Max Price said they would not accept a strike which compromised patient care.

Nurses could also face criminal and disciplinary action.

The registrar of the SANC, Mr Frank Germishuizen, said while nurses took a pledge of service, it was not legally binding. At the same time, the Nursing Act of 1978 made strike action by nurses a criminal offence.
A FORMER Zonk magazine, Golden City Post and Drum representative in Port Elizabeth during the late '50s, Mrs Mabel Thenjiwe Cetu, of Kwa-di-wezi, has died.

Cetu, of 26 Sithongwa Street, was the first black trained woman photojournalist in South Africa. She was also one of the black nursing pioneers in the Port Elizabeth black township.

Cetu, daughter of the late reverend and Mrs G Sidlai, was born in Vierdoendrift, Free State, on July 15, 1910 and obtained her education in Thabanchu before training as a nursing sister at St Monica's Hospital in Cape Town.

On finishing her nursing course she went to Grahamstown in 1932. In 1939 she and her family settled in Port Elizabeth and worked in Port Alfred, the Walmer Health Centre in Port Elizabeth, the New Brighton and Humansdorp before working as a midwife.

After resigning from nursing, Mrs Cetu was trained by Zonk Magazine as a photojournalist and worked as their Eastern Cape representative.
Striking doctors and nurses may be charged

By Carina le Grange

Two doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for doctors and nurses. They are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic oath and nurses a pledge of service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

An offence

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Nico Prinsloo, said it was an offence for doctors to strike. Any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC.

He said conviction carried a maximum fine of R1000 or a jail sentence of one year, or both. On conviction, the name of the offending doctor would be removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as patients' well-being should always be their foremost consideration.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean convicted doctors will no longer be summarily erased from registration if found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said his association did not have a policy on strike action.

Nurses could also face criminal and disciplinary action. However, the registrar of the SANC, Frank Germishuizen, said the council could only act if detailed complaints were received.

He said while nurses took a pledge of service, it was not legally binding. The Nursing Act of 1978 makes strike action by nurses a criminal offence.
Striking could lead to action against medics and nurses

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses. Respectively they are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

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On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regards it as unethical for doctors to strike as patients' well-being should under all circumstances be their foremost consideration.

Jeopardise

Mandell said every possible other venue should be explored to resolve problems, and should a dead end be reached, whatever action followed should never jeopardise patients.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean the names of convicted doctors will no longer be summarily erased from registration if he has been found guilty of participating in a strike.

Speaking for Nanda (National Medical and Dental Association), Dr Max Price, said Nanda does not have a policy on strike action.

"We support Nehawu (National Education, Health and Allied Workers' Union) and various forms of industrial action, which does not necessarily mean a total strike," he said.
Hospitals opening hailed in UK as triumph

LONDON. — The South African government's announcement that it is scrapping health apartheid was hailed in the press here yesterday as a diplomatic triumph on the eve of President F W de Klerk's historic meeting with British Prime Minister Mrs Margaret Thatcher.

The move, clearly timed to coincide with the visit, will strengthen Mrs Thatcher in her resolve to continue her policy of rewarding the government for moves away from apartheid by lifting further sanctions.

Anti-apartheid activists are faced with a dilemma: They fear that as petty apartheid is scrapped, international sanctions could collapse, robbing blacks of their main leverage in negotiations.

In reporting the health change and suggestions of a single non-racial education system. The Times also quoted at length from the criticism by Mr Gene Louw, the Home Affairs Minister, of the Population Registration Act.

In South Africa the hospitals move has been warmly welcomed by United Municipalities of SA president Mr Tom Boya, who called on the government yesterday to do away with "own affairs" departments immediately and establish one health department.

The SA Nursing Council has joined other medical organisations in welcoming the government's decision. — Own Correspondent, Sapa
New deal in hospitals welcomed

Nurses to get pay rises of up to 48%*

By CLAUDIA KING

NURSES' salaries will be boosted from 23% to 48%, the SA Nursing Association (Sana) announced yesterday.

A spokesman for the association told the Cape Times that details of the new deal were made known to them by the Minister of Administration and Economic Co-ordination, Dr Wim de Villiers late last week.

According to the president of the association, Mrs O H Muller, the breakthrough came after months of "intensive negotiation and continual prodding of the authorities by the association".

Pay increases will be effective from July 1.

The increases range from 23% to 41% for registered nurses, 22% to 37% for enrolled nurses and 23% to 45% for enrolled nursing assistants.

These increases include the general 10% non-pensionable allowance granted to all civil servants as well as the special occupational allowance for nurses.

Night duty allowances have increased by 44% for registered nurses, 87% for enrolled nurses and over 100% for enrolled nursing assistants.

Night duty allowances and payment for overtime have been extended beyond the level of chief professional nurse.

Apart from salary increases, changes to career structure have created greater opportunities for promotion and salary progression for many nurses.

Mrs Denise Wilson, chairman of the Natal board of Sana, said a nurse who had just completed her four-year diploma would normally earn R1 284 a month, but this would rise to R1 450 at the end of July.

In addition nurses would receive the 10% non-pensionable allowance as well as a special occupational allowance which would take their monthly earnings up to R1 790.

Sana said nurses in the public sector would benefit differently, depending on their rank, salary scale and whether or not they were entitled to certain allowances.

Yesterday nurses welcomed the boost — and said the increases would stem the flow of resignations from hospitals.

The superintendent of Victoria Hospital, Dr Andrew Laubsar, said the news was "fantastic" and he hoped the increases would draw married women back into the profession.

One nursing sister said the increases were welcome, but just not good enough to change the face of nursing in South Africa.
Big pay increase for nurses

19190 Staff Reporter

Nurses will receive salary increases from July 1 — ranging from 23 to 48 percent for registered nurses and enrolled nursing assistants.

SA Nursing Association president Odelia Muller said: "The hard work, careful planning, intensive negotiations and continual prodding of the authorities by the SA Nursing Association have really paid off."

While each individual public sector nurse will have to wait for her or his July pay slip to establish the exact increment, the increases include the general 10 percent non-pensionable increase granted to all civil servants on April 1.

Compared to March 1990 salaries, increases range from:
- 23 percent to 41 percent for registered nurses;
- 22 percent to 37 percent for enrolled nurses; and
- 23 percent to 48 percent for enrolled nursing assistants.

Night duty allowances go up by 44 to 100 percent, Ms Muller said.
Public sector nurses get healthy rise

PRETORIA — Pay increases ranging between 25% and 48% for more than 80,000 nurses in the public sector were announced here yesterday.

Nursing Association of SA president Odelia Muller said hard work, intensive negotiations and continual prodding of government had at last paid off.

The increases are effective from July.

Muller said public sector nurses would benefit to differing degrees, depending on rank, their salary note and whether they were entitled to certain allowances.

Broadly, the increases were: registered nurses 23% to 41%, enrolled nurses 22% to 37%, and enrolled nursing assistants 23% to 46%.

The increases include the general non-pensionable allowance granted all civil servants as well as the special occupational allowance for nurses.

Night duty allowances have also been increased by 44% for registered nurses, 67% for enrolled nurses and more than 100% for enrolled nursing assistants.

Overtime rates have also been raised.

Night duty allowances and overtime payments had been extended beyond the level of chief professional nurse, Muller said.

Apart from the salary increases, changes to the career structure had created greater opportunities for promotion and salary progression, Muller said.

She said that taking into account the country's current financial situation and the number of nurses involved, the association was delighted that almost every nurse would benefit.
Nurses to get better pay deal

By ANDREA WEISS, Medical Reporter

NURSES’ salaries are to increase sharply from July. Increases range from 23 to 41 percent for registered nurses, 22 to 37 percent for enrolled nurses and 23 to 40 percent for enrolled nursing assistants.

Night-duty allowances are to increase by 44 percent for registered nurses and 67 percent for enrolled nurses. Allowances for enrolled nursing assistants will more than double.

The increases are over and above those announced in March this year.

Overtime rates

Other improvements include better overtime rates and night-duty allowances and payment for overtime beyond the level of chief professional nurse.

Apart from salary increases, changes to career structures have created greater opportunities for promotion and salary progression for many nurses.

In the clinical field, nurses do not have to wait for a vacancy before they can be promoted.

“Delighted”

For instance, a professional nurse can be promoted to senior professional nurse, enrolled nurse to senior enrolled nurse and nursing assistant to senior nursing assistant without waiting for a post.

The South African Nursing Association (Sana) said it was “delighted” that almost every nurse had benefited in view of their number and the country’s financial situation.

Sana president Miss O H Muller said: “The hard work, careful planning, intensive negotiations and continual prodding of the authorities by Sana (South African Nursing Association) has paid off. We are proud of what we have been able to achieve for the nurses.”
The Minister of National Health and Population Development

The Minister of National Health and Population Development is responsible for the formulation and implementation of policies and strategies related to health and population in South Africa. The Minister is also responsible for ensuring that the Department of National Health and Population Development operates effectively and efficiently.

The Department is responsible for providing health services, including primary healthcare, to the population of South Africa. It also regulates the health sector, including the licensing of healthcare providers and the registration of medical practitioners.

The Department is also responsible for population policies and programmes, including family planning and the promotion of reproductive health.

The Minister and the Department work closely with other government departments, as well as international partners, to address the health and population challenges facing South Africa.

Bylaws

The Minister can also issue bylaws to implement the provisions of the Department's policies and programmes.

Bylaws can be made in consultation with the relevant provincial and municipal authorities, as well as other stakeholders.

Bylaws are published in the Official Gazette and come into effect on the date of publication.

Applications for bylaws are made to the Minister and are subject to the approval of the Cabinet.

Financial implications

The implementation of bylaws may have financial implications for the provincial and municipal authorities involved.

The Minister is responsible for ensuring that the necessary funding is made available for the implementation of bylaws.

Any financial implications of bylaws are carefully considered and reviewed by the Minister and the Department.

The Minister is also responsible for ensuring that any financial support provided to provinces and municipalities is used effectively and efficiently to support the implementation of bylaws.

The Department is responsible for monitoring the implementation of bylaws and ensuring that the provisions of the bylaws are adhered to.

If any financial issues arise, the Minister can seek additional funding from the national government or from international partners.

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The number of people incarcerated fluctuates due to various factors. The table below shows the breakdown of the number of people incarcerated over a specific period:

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The increase in the number of people incarcerated is likely due to an increase in the number of crimes committed.

The Minister of Health and Social Development has been appointed to address the issue of overcrowding in prisons. The minister has stated that the government is working towards reducing the number of people incarcerated by implementing stricter laws and reducing the number of crimes committed.

The House of Assembly has been called to discuss the issue of overcrowding in prisons. The assembly will be held on June 22, 1999.

The budget for the Ministry of Health and Social Development has been approved for the fiscal year ending on June 30, 1999. The budget includes funds for the construction of new facilities to accommodate the increased number of prisoners.
Three-year plan needed to correct nurses' pay - union

Recent salary increases awarded to nurses were "far from adequate" the National Education and Allied Workers' Union (Nehawu) said in statement in Johannesburg yesterday.

It said the only way the situation could be remedied was for the Government to announce a three-year plan to bring salaries to "their proper levels".

This would require a similar 25-50 percent increase each year in order to make up the backlog.

"Only if nurses are told now that within a defined period they will have caught up to their desirable target income, will the nursing crisis be resolved," the statement said.

"We also regret that the Minister of Health, Dr. Venter, did not address the problems of conditions of work that constitute the other major complaint of nurses.

"Nehawu will continue to campaign for a long-term solution to these issues."

It said that although Nehawu welcomed the increases, announced on June 19, most nurses were now poorer than they were in 1986 because their salaries had failed to keep up with inflation.

"As a result, we predict that the private sector will increase the salaries they pay nurses so that they remain 10 percent higher than the public sector."

"The flow of nurses from the public sector will probably continue after a short delay," said the statement.
Nurses' pay increase a timely move

THE government's announcement of pay rises for public sector nurses has been timely, as desegregating SA's hospitals is likely to put more strain on the profession.

Nursing Association of SA president Odella Muller says the increases, which range from 25% to 48% for more than 80 000 nurses in the public sector, is welcome.

The increases become effective from the beginning of next month.

The increases are: registered nurses 25% to 41%; enrolled nurses 22% to 37%; enrolled nursing assistants 25% to 48%.

Night duty allowance has also been increased by 44% for registered nurses, 57% for enrolled nurses and more than 100% for enrolled nursing assistants.

National Health Minister Rina Verster says the desegregation of hospitals will lead to a demand for more nurses.

"But this subject is being dealt with in the investigation into the nursing situation in SA."

The private sector will probably be called upon to take a greater responsibility in the provision of training, she says.

MediClinic executive vice-chairman Dr Edwin de la Hertseg says if more hospital beds are to be utilised the nursing shortage will become worse.

"This will lead to higher salaries which leads to an increase in the cost of hospitalisation," he says.

President Medical Investments MD Carl Gril- lenberger says it will probably exacerbate the nursing crisis.

"Nursing staff is, and can be expected to remain, the major problem for the hospital industry," he says.

The nursing shortage has been critical for some years and late last year was estimated to be about 20%.

The shortage will be a drawback for the opening of more beds to accommodate patients of all races, although the extra funding for salaries may help.

It has been estimated, about 80% of state-trained nurses move to the private sector within three years of completing training.
TPA cannot afford to fill nursing vacancies

TRANSVAAL's hospitals were short of about 5,000 nurses, but the TPA did not have the money this financial year to fill most of the vacancies.

In response to queries regarding the impact of the recent pay increases on the nursing shortage, a TPA spokesman said yesterday provision had not been made for a large number of the vacancies.

Attempts were being made to improve the situation in the budget for the 1991/92 financial year, the spokesman said.

The increases announced last month ranged from 23% to 48%. Other benefits included night duty allowances, up in some cases by 100%.

The shortage differed from hospital to hospital while the biggest shortages were in certain urban areas.

This was due to various factors including unsocial hours, working conditions and remuneration packages, the spokesman said.

The province expected more people to enter the profession in the light of the pay increases and also hoped the drain of nurses to the private sector would diminish.

The filling of the vacancies would depend on the budgets of the different hospitals, the spokesman said.

At present 20,733 nurses and trainee nurses were employed at the 81 hospitals managed by the TPA.
RETURNING ANC MEDICS MAY FACE SHOCK

ABOUT 30 doctors and 50 nurses are among the ANC exiles who will be returning to South Africa but, because they trained in the Eastern bloc, their qualifications might not be recognised by the respective authorities.

This was said yesterday at the first national congress of the South African Health Workers' Congress at the University of Durban-Westville.

Sahwco president Mr Krish Vallabhjee said: "Those who trained in the Eastern bloc - 30 doctors and 50 nurses - will not have their qualifications recognised under existing South African Medical and Dental Council and South African Nursing Council regulations.

"An immediate challenge for Sahwco is to campaign for the recognition of their qualifications."

Harsh

Vallabhjee said that while "Sahwco was born and bred amid harsh repression from the State and courageous defiance by the people, members needed to now shift their emphasis from defiance to development."

SOWETAN Correspondent

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"The main weapon against AIDS is mass awareness. But we have failed to advance the campaign against AIDS because we lack the grassroots health structures at a mass level and the mass consciousness around health despite the seriousness of the issue," said Vallabhjee.

Anxieties

Mr Graham Hayes, from the Organisation for Appropriate Social Services in South Africa, said that although the health care workers returning to South Africa would be coming back with anxieties, fear and insecurities about the new South Africa, they would also be bringing with them substantial political experience and skills acquired during their years of exile.

With some 20,000 ANC exiles expected to

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With some 20,000 ANC exiles expected to
Wave of worker action engulfs the Eastern Cape

By PATRICK GOODENOUGH

A MOOD of worker militancy is taking hold in the Eastern Cape, with municipal, health, hotel and metal workers at a motor manufacturing plant out on strike.

The region’s busiest hospital, Livingstone, has been targeted for the second time in six weeks, with workers protesting the sacking of 39 staff nurses.

Medical superintendent Dr Graham White said all of the general assistants and many of the nurses were not working.

Workers at two other city hospitals, Dora Mgaza and Provincial, also stopped working to demand that action be taken against the critical shortage of staff at black hospitals. Staff at a number of township clinics joined the action.

Many non-critical cases have had to be sent away, and nursing sisters have had to deal with laundry and cleaning.

White said the 39 nurses had not been retrenched, as they had originally been employed in temporary posts. They had therefore reached the end of their service.

Because of the acute shortage of registered nursing sisters, it was essential that temporary posts be filled by student professional nurses, he said.

Workers are also demanding that something be done about a serious staff shortage at black hospitals. Other demands included that black patients in the overcrowded, understaffed hospitals be accommodated in empty beds in white hospitals.

They said that although hospital apartheid has been certified dead, nothing had changed.

Meanwhile garbage is piling up after a three-day strike by over 2 000 Port Elizabeth municipal workers.

Following a deadlock in wage talks, the workers downed tools. Talks to try and end the dispute also broke down, with each side demanding action from the other, before being prepared to capitulate.

The municipality has taken out full-page advertisements in the daily press, asking householders to dispose of their refuse themselves.

The town clerk, Paul Botha, said things were under control.

A South African Municipal Workers’ Union (Samwu) representative said the workers were demanding an across-the-board monthly increase of R300, and an additional 20 percent raise.

Members of the Amalgamated Municipal Employees’ Association also joined the strike.

The Delta motor corporation suspended production after workers there stopped work to demand that the company participate in wage negotiations on a national level.

 Strikes are continuing at the Elizabeth Sun and Holiday Inn hotels, where 300 workers are striking as part of a national wage action.

And about half the workforce at Stellenbosch Farmers Winery were locked out yesterday after refusing to accept a management wage offer. They were later also dispersed by police, and 74 arrested. — Ecn
Upset nurses want Minister to solve row

By MONK NKOMO

NURSES at Westford Hospital in Pretoria who submitted a petition to their superintendent early this year complaining about alleged unprofessional behaviour of matrons are to take up the matter with the Minister of Health.

They claim the hospital has not attended to their grievances.

Nurses accused matrons of using abusive language when addressing them in the presence of patients.

Matrons were also accused of being "high-handed and rude in their interference with ward management".

They also alleged that matrons openly discussed and gossiped about their personal affairs such as salaries, marital status and housing loans.

Commission

The petition called for the replacement of matrons and recommended that a commission of inquiry be held immediately to investigate allegations of maladministration and malpractices at the hospital.

Superintendent of the hospital Dr A van Zyl confirmed yesterday he had received the petition and said he had referred it to the Transvaal Provincial Administration.

"The TPA has launched an investigation into the allegations made by the nurses and the matter has not yet been finalised," Van Zyl said.

He and a representative of the nurses confirmed that a TPA official had told them on Tuesday that this was an internal matter which they should resolve on their own.

"We want to take up the matter with the Minister of Health," a representative of the nurses said.
Doctors threaten action over ‘low’ fees

Big city medical aid crisis looms

A MAJOR row appears to be looming between the administrators of the Cape-based Pro Sano Medical Aid Scheme and numerous Greater Cape Town doctors — who have threatened to implement a policy of cash-before-treatment to scheme members from Monday.

The row is sure to affect Pro Sano’s 75,000 membership — 50,000 in the Western Cape alone — who will be caught in the middle of the rumpus, as the Association of Medical Scheme Administrators (Amsa), the Society for Dispensing Family Practitioners (SDFP) and the National General Practitioners’ Group (NGPG) sort out differences between the “high” medical aid subscriptions received as opposed to the “low” medical aid fees received by dispensing doctors.

In a pamphlet circulated in the Greater Cape Town area this week, nearly 200 doctors pledged to support the non-recognition of Pro Sano membership cards from Monday, following several “unsuccessful attempts” by their respective bodies to liaise with Pro Sano or its administrators.

In the notice, the doctors warn all Pro Sano members that although they will not recognise any Pro Sano membership card from Monday, they will, however, continue to care for members and their families — but only as private patients.

The pamphlet further states:

- “You are no doubt aware that your subscriptions have increased substantially over the past few years. However, you are probably not aware that medical aid fees paid to doctors is now less than 50% of the recommended professional rate.”

- “Pro Sano expects you to pay a levy on medicines. This is impractical and inconvenient.”

- “In addition your medical aid administrators now also demand a (15%) discount on medicine. Many other administrators do not demand a discount.”

The action yesterday received the backing of the Cape Western branch of the Medical Association of South Africa (Masa), which said the policy would affect only “non-emergency patients” who produced Pro Sano membership cards.

In a statement dated July 30, Pro Sano said that during 1989 Amsa had, on behalf of Pro Sano, negotiated a 15% discount on medicine with the SDFP and the NGPG, with effect from January 1 this year.

Pro Sano said the 15% discount was based on the Ethical Price List, which was the highest price for medicine and if applied, this would guarantee direct payment to the doctor for medicine dispensed.

“The unilateral decision by the doctors was taken without prior attempt to discuss their actions with all parties concerned, and this decision has caused financial hardship to members,” Pro Sano said.
Doctors' moves backed in medical aid battle

By SHARKEY ISAACS and ANDREA WEISS Staff Reporters

THE Medical Association of South Africa has come out in support of dispensing doctors waging a campaign for a better deal with two major medical aid schemes of the Medscheme group in the Cape and the Transvaal.

The move follows the refusal by doctors to recognise the medical aid cards of more than 600 000 beneficiaries of the Cape-based ProSano and the Transvaal Bonitas medical aid funds.

Masa said in statement the decision of doctors not to accept certain medical aid cards was the result of "continuous interference by certain medical aid schemes in doctors' professional practices".

The chairman of Masa's federal council, Dr Bernard Mandell, urged patients having difficulties settling their accounts before claiming from medical aids, to discuss the problem with their doctors.

He stressed the action was aimed against medical aid schemes and not against patients.

In the Cape deadlock has been reached in the latest round of talks between dispensing doctors and a ProSano on the refusal by general practitioners to recognise members' cards.

The move has left nearly 50 000 members of the ProSano Medical Aid Scheme facing the prospect of being treated as private patients and paying cash up front.

The doctors, members of the Dispensing Family Practitioners' Association of the Western Cape, operating mainly in sub-economic areas, said their representatives had been treated discourteously by the presiding chairman at the talks.

"We shall not be returning for further talks until an apology is forthcoming."

He denied ProSano's claim that the doctors had taken a "unilateral decision".

Claims for medicine paid by ProSano exceeded R45-million a year, one of the major drains of members' funds. To contain costs in this area, ProSano had obtained discounts on medicines dispensed by pharmacists and private hospitals in exchange for direct and prompt payment.

The doctors, representing about 350 dispensing general practitioners, demanded direct and prompt payment for medicines and refused to reduce their mark-up on the cost of medicine.
Doctors break with two aid schemes

BY DANIEL SIMON

ABOUT 350 doctors in Cape Town and Johannesburg stopped recognising the validity of membership cards from two medical aid schemes yesterday, in protest against levies imposed for medicines and demands that doctors allow a 15% discount to the schemes on medicines dispensed.

The decision not to recognise both Pro Sano Medical Aid Scheme and Bonitas Medical Aid Scheme membership cards was adopted unilaterally by the doctors, despite a meeting between them and the management committees of both schemes on Saturday.

Yesterday's move was supported by the Cape Western branch of the Medical Association of South Africa, which said that under these circumstances both schemes would be shown as "redundant" organisations.

"In effect, the hold they had on doctors has now been broken. This action will now allow the doctors to set their rates while the patients must now claim from their medical aids."

Pro Sano and Bonitas — which are part of the Medscheme stable — represent about 850 000 medical fund beneficiaries countrywide.

Pro Sano represents about 75 000 coloured state employees and Bonitas represents about 140 000 black state employees. About 50 000 Pro Sano members live in the Western Cape.

Pro Sano and Bonitas said: "The 350 dispensing doctors demand direct and prompt payment for medicines and refuse to reduce their mark-up on the cost of medicine — the profit margin — as is already provided by pharmacists, private hospitals and by more than 80% of about 3 000 doctors."
A VIDEO and simulation laboratory was opened at the RAU Nursing Education Department last week. JSE-listed private hospital group Clinic Holdings funded the installation of the R260 000 laboratory in which hospital situations are simulated for student nurse training.

Clinic Holdings MD Jeffrey Hurwitz said RAU's training facilities would help solve the country's nursing crisis and were a tangible illustration of the group's belief in the future of SA and its nursing profession.
Nurses strike causes chaos

MARITZBURG—Chaos erupted at Edendale Hospital yesterday when hundreds of nurses went on strike to protest "massive" deductions in salaries after they claim they were promised substantial salary increases.

Late yesterday afternoon, a delegation from the Kwazulu Department of Health in Ulundi flew to Edendale in an attempt to resolve the crisis.

Doctors were reported to be frantically trying to maintain control. Surgeons had to ferry patients from the wards into the theatres and all routine operations were cancelled.

A police spokesman said police were called to the scene, but said no clashes occurred.

A Department of Health spokesman said the strike had arisen out of a discrepancy in salaries due to payments made regarding new dispensations, and there were "some increases and some deductions" on the staff's pay cheques yesterday. — Sapa
Salute to 35 Years of CPA Service

By Claudia King

Hundreds of nurses and other hospital staff gathered outside Great Spirit Hospital to bid farewell to Deputy Director of Nursing Miss June Du Preez before she was whisked off in a gilded limousine for a quiet lunch with some of her colleagues.

Emotional farewell to top nurse
DURBAN — An emergency is expected to be declared at government hospitals in Natal and KwaZulu under the Civil Protection Act following a wage strike by more than 1,000 nurses in Natal.

At least two deaths at Maritzburg's Edendale Hospital have been linked to the strike. Patients had been diverted to Grey's Hospital and Northdale Hospital in Maritzburg. The latter is "at breaking point".

SAPA reports that at least two deaths — one a baby and another a seriously ill adult — occurred at Edendale at the weekend as a result of nurses leaving the hospital unattended from Friday afternoon. A doctor working at Edendale reported the deaths yesterday and said more than 100 babies in the paediatric ward were not fed on Friday night and went for more than 12 hours without food.

A baby that died on Friday was left dead in its bed until Saturday afternoon.

Miller said women in labour were lying in the corridors of the hospitals waiting to give birth.

KwaZulu Health Minister Dr Frank Mdaliho is to meet representatives of the strikers today.

The strike has led to the closure of the Winnie Mandela Children's Hospital in KwaZulu, the Prince Mshiyeni Hospital, and the Kwamashu polyclinic in KwaZulu. The nurses are striking over May salary increases which did not materialise and because deductions were made from their salaries in August for no apparent reason.
LOA considers social upliftment schemes

A DELEGATION from the Life Office’s Association (LOA) met adviser to the Finance Minister, Janie Jacobs, last week to discuss ways in which life companies could invest in social upliftment programmes.

The LOA has appointed a sub-committee to look into the issue, which has become one of concern to the assurance industry, particularly in the light of the investigation by the Jacobs committee into the flow of funds between life offices, building societies and banks.

In the past, the industry has felt constrained from investing in risky, low-return social upliftment programmes by the need to uphold the trustee principle and to achieve the highest returns for policyholders.

LOA executive director Dick Geary-Cooke said the delegation expressed its appreciation for the LOA’s willingness to help with such investments, stressing the need for suitable instruments for such investments to be devised.

While the LOA sub-committee’s work was at an exploratory stage, LOA participation in the securitisation of mortgage bonds by building societies was being looked into.

LOA director Jurie Wessels said it was difficult to respond to views that life assureds should invest in venture capital projects “because we do not know what exactly people are expecting of the industry.”

“Life Offices do not really have the skills to identify and monitor high-risk investments. They also do not feel that it is in the interest of policyholders that their retirement and insurance savings should be exposed to high risks.”

FM, Sage accord stops printing of report

AN AGREEMENT was reached late on Monday between Sage Holdings and the Financial Mail (FM), averting a move by Sage Holdings to obtain an urgent court interdict yesterday against the weekly magazine.

FM editor Nigel Bruce said the parties had reached agreement late on Monday. He could not elaborate, but part of it was that Sage would not specify which parts of the article were wrong, and threatened to bring an interdict to stop publication.

Bruce said the parties had reached agreement late on Monday. He could not elaborate, but part of it was that the FM would not publish the article.

A Sage spokesman said yesterday: “I am not commenting at all, except to say there is no interdict.”

Hospitals bending under strike strain

DURBAN — The pressure on Natal Provincial Administration hospitals as a result of the nurses’ strike was getting worse, hospitals MEC Peter Miller said last night.

KwaZulu health officials, led by Minister of Health Dr Frank Mdla-lose, hospital authorities and nurses’ representatives were still locked in talks at Edendale Hospital last night, and there were indications that the meeting might continue “until midnight.”

A statement by the KwaZulu Nurses’ Organisation (KNO), of which all striking nurses are members, released yesterday said their main grievance was that they had “expected a higher salary increment” and what the nurses got “did not meet their expectations.”

The other grievances related to “the gross shortage of staff, especially in intensive care units and theatres” and security at Edendale.

It has been estimated that the crisis at Edendale is costing the province R600,000 a day, and it has placed an almost unbearable burden on staff and finances.

Speculation which could not be confirmed was that the strike had spread to clinics in the greater Edendale area and at Umlazi Hospital.
MARITZBURG. — The crippling strike at Edendale Hospital near Maritzburg has been resolved, with nurses agreeing to return to work immediately.

The strike at the Prince Mhlyeni Hospital in Durban had not been unresolved by late last night and negotiations are to continue today.

The KwaZulu secretary for health, Dr Darryl Hackland, said agreement was reached with the nurses at Edendale Hospital last night and would apply to all nurses and general assistants employed by the KwaZulu Department of Health.

In terms of the agreement, nurses and general assistants are to be refunded in a lump sum the overpayments on allowances which were deducted without warning from their salaries. The overpayments are to be recovered in monthly deductions until March 1991.

INCREASES

The authorities have also undertaken to implement by September 15 the promised pay increases that will bring KwaZulu nurses and general assistants' salaries in line with those of nursing staff in the rest of the country.

It was also agreed that Edendale Hospital staff members who failed to return to work by tomorrow would have to appear before the hospital administrator to explain their absence according to the usual conditions of service. — Sapa.
Agreement ends strike at Edendale Hospital

MARBURG — The six-day strike by nurses at Maritzburg's Edendale Hospital, which plunged Natal provincial hospitals into near crisis, ended yesterday after agreement between nurses and Health Department officials.

Some nurses returned to work almost immediately and the hospital will begin readmitting patients this morning. However, the strike at the Prince Mshiyeni Hospital in Umlazi remained unresolved yesterday.

The wage strike involved more than 1000 nurses in Natal and at least two deaths at Edendale Hospital were linked to the strike. Nurses had claimed promised pay increases had not materialised and that unexplained deductions had been made from their salaries.

Dr Daryl Hackland, Secretary for Health in KwaZulu, said last night discussions between Health Department officials and worker representatives had been constructive and a joint working committee (JWC) had been formed which would monitor progress and report to the parties.

They had agreed any payment of the dispensation granted to nurses would be explained and corrected by September 15. A circular explaining the implementation of salary dispensations would be sent to all staff and any individual problems addressed.

In addition, any changes in salary would be "accurately reflected" on pay slips, percentage increases in salaries or wages would be specified by means of salary scales and advertisements, and sums which were overpaid would be refunded in September and then deducted monthly until the end of March.

The statement said "the amount of money to be deducted from each worker monthly would have to be arranged".

Victimisation

Both parties recognised that "communication was essential to establish good labour relations between employer and employee and specific attention will be given especially when this relates to any salary and wage adjustments and/or working conditions".

It was agreed workers would return to work as soon as the agreement was signed. None of the workers involved in the strike would face disciplinary action or be subjected to victimisation, according to a statement released last night.

The Department of Health agreed to analyse the problems identified, and further grievances and demands would be referred to the JWC.
Edendale nurses' strike ends - but not the confusion

By GLENDA DANIELS

A SIX-DAY strike at Edendale Hospital in Pietermaritzburg ended this week when an agreement was signed by striking nurses and the kwazulu Health Department — but there was confusion as to who should have handled the strike.

According to the Midlands branch of the African National Congress, "Edendale does not fall under kwazulu but under the Natal Provincial Administration," and therefore the matter should have been "handled by the NPA rather than Ulundi".

The National Education and Health Workers Union's Monde Mbedeze explained: "The provinces actually control the homelands, but giving the homelands finances to administer makes it look like they have credibility.

The ANC said the facilities at Edendale — which were provided by the NPA — "have deteriorated to such an extent that the services have now become a farce."

A wage dispute had led to the strike by more than 1,000 nurses. The staff claimed they had not received wage increases promised in May by the Department of Health.

In terms of the agreement signed this week, salary problems are to be corrected by September 15 and no worker is to be subjected to disciplinary measures.

The crisis at Edendale is estimated to have cost R600,000 a day.
Conduct of nurses 'disgraceful' 

DURBAN — Peter Miller, Natal MEC for Health and Hospital Services, yesterday lashed out at the "disgraceful professional and ethical conduct" of striking nursing staff at Natal hospitals.

"The Natal Provincial Administration will not be party to any efforts to bring the health services in KwaZulu to their knees," Mr Miller said, "for the simple reason that the patients and the people are our first responsibility."

Nurses were on strike at Maritzburg's Edendale Hospital from August 31 to September 5 and at Prince Mshiyeni from September 3 to 12.

Mr Miller said he believed nurses at Edendale were once again not working yesterday.

He said the reason given for the strikes was that there was a "fragmented, duplicated" health service in Natal — an issue that had to be solved at the political negotiating table, not industrial action.

Mr Miller estimated that the burden of treating patients who were diverted to provincial hospitals during the recent strikes had cost the NPA between R6 million and R10 million.

He said every responsible person had to realise that health services in KwaZulu and Natal had to continue to function until a new health dispensation was negotiated.

Mr Miller said the strikes were "a blot against the good name of the nursing profession".

He said in terms of their ethics nurses had to place the interests of patients above all else.
Mowbray Maternity closes two sections

By Glynis Underhill

THE Mowbray Maternity Home is closing its obstetrics labour and neo-natal section on Monday because of an acute shortage of nurses and midwives.

Six hundred expectant mothers will be moved to the Peninsula Maternity Home and Groote Schuur Hospital over the next six months. An estimated 20 to 30 nurses from Mowbray will be transferred to these two hospitals in an effort to concentrate the skeleton staff, according to a Groote Schuur spokesman.

There are 60 unfilled nursing posts at Mowbray with an overall 23% nursing vacancy at the hospital. The decision to close the obstetrics section was made yesterday and expectant mothers were told they would have to be moved to the other provincial hospitals said the spokesman.

The attractive salaries and flexible working conditions provided by the five private maternity homes that had opened in the Cape Peninsula over the past two years had lured away the provincial hospital midwives and nurses, said Professor Johannes Domisse, acting head of the department of obstetrics and gynaecology at Groote Schuur medical school.

The recent opening of the Vincent Pallotti Maternity Home had taken away an estimated half of the Mowbray Maternity Home's nursing staff, said Professor Domisse.

The lack of specialized training on nurses' courses meant there were now fewer midwives in the country, he said.

"I don't see an answer to this problem. Provincial nursing salaries can't compare to those provided at private hospitals," he said.

The shortage of nursing staff in all specialized areas of the profession has led to widespread concern about the health service. However, a Groote Schuur spokesman said the shortage of midwives in the city was only a "temporary problem".

One hundred and eighty nurses had begun a Groote Schuur "bridging course" in 1989 and 1990 and by the end of February 1992 these women would be registered nurses and midwives, she said.

The Mowbray Maternity Home had recently stopped taking private patients and had accepted only patients with no medical aid in an attempt to "slowly run down" the scale of its labour operation.

Some of the older obstetrics equipment at Mowbray Maternity Home would have to be "condemned" and equipment in good condition would be given to provincial hospitals, said the spokeswoman.

No expectant mothers would be turned away from the provincial hospitals despite the shortage of staff and beds at both Groote Schuur and the Provincial Maternity Home.
SERVICES in hospitals nationwide have been affected by the shortage of medical staff. The executive director of the South African Nursing Association has said that 32 000 qualified nurses will have to be trained in the next decade to alleviate the shortage.
Calcium silicate.
Calcium stearate.
Calcium sulphate.
- Fumaric acid.
- Glucos delta lactone.
- Potassium, ammonium or sodium bicarbonate.
- Silicon dioxide, amorphous.
- Sodium aluminium phosphate, acidic.
- Sodium aluminium sulphate.
- Sodium chloride.
- Sodium silica aluminous.
- Starch, other cereal products or carbohydrate materials.

L(+)-tartaric acid or its potassium or sodium salts.

4. (1) The minimum percentage of available carbon dioxide in baking powder determined by the method as described in the publication Official Methods of Analysis of the Association of Official Analytical Chemists compiled by the Association of Official Analytical Chemists in the United States of America shall be 8% (m/m).

(2) Baking powder and chemical leavening substances and the ingredients thereof shall comply with the standards of purity as set out in the latest issue of the publication Food Chemicals Codex compiled by the Committee on Codex Specifications in the United States of America.

5. The analysis and examination of baking powder and chemical leavening substances to determine the presence of substances therein or properties thereof shall take place in accordance with the methods set out in the latest issue of the publication referred to in regulation 4 (1).

6. Regulation 13 of the regulations made under the repealed Food, Drugs and Disinfectants Act, 1929 (Act No. 13 of 1929), as published under Government Notice No. 575 of 28 March 1930, is hereby withdrawn.

7. These regulations shall come into effect on a date six months from the date of publication hereof.

No. R. 2488 26 October 1990

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE CONDITIONS UNDER WHICH REGISTERED MIDWIVES AND ENROLLED MIDWIVES MAY CARRY ON THEIR PROFESSION

The Minister of National Health and Population Development has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereeto.

Kalsiumlakteat.
Kalsium-, magnesium-, kalium- of ammoniumkarbonaat.
Kalsiumsilikaat.
Kalsiumstearaat.
Natriumaluminiumflosfaat, suur.
Natriumaluminumsulfaat.
Natriumchloried.
Natriumsilika-aluminaat.
Silikondiksied, amorifies.
Styssel, ander graan produkte of koolhidraat- stowwe.

L(+)-wynsteensuur of die kalsium- of natriumsoute daarvan.

4. (1) Die minimum persentasie beskikbare koolstofdioksied in bakpoesie bepaal volgens die metode soos beskryf in die publikasie Official Methods of Analysis of the Association of Official Analytical Chemists saamgestel deur die Association of Official Analytical Chemists in die Verenigde State van Amerika, moet 8% (m/m) wees.

(2) Bakpoesie en chemiese rysmiddels en die bestanddele daarvan moet voldoen aan die standaarde van suiwierheid soos uiteengesit in die jongste uitgawe van die publikasie Food Chemicals Codex saamgestel deur die Committee on Codex Specifications in die Verenigde State van Amerika.

5. Die ontsloding en onderzoek van bakpoesie en chemiese rysmiddels ten einde die aanwesigheid van stowwe daarin of eienskappe daarvan te bepaal, moet geskied ooreenkomslik met die methodes uiteengesit in die jongste uitgawe van die publikasie bedoel in regulasie 4 (1).

6. Regulasie 13 van die regulasies uitgevaardig kragtens die heropere Wet op Voedingsmiddels, Medisyne en Ontsmettingsmiddels, 1929 (Wet No. 13 van 1929), soos gepubliseer by Goewermentskennisgewing No. 575 van 26 Maart 1930, word hierby herroep.

Hierdie regulasies tree op 'n datum ses maande vanaf die datum van publikasie hiervan in werking.

No. R. 2488 26 Oktober 1990

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE VOORWAARDES WAARONDER GEREGRISTEERDE VROEDVROUE EN INGESKREWE VROEDVROUE HUL BEROEP MAG UITOEVEN

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het kragtens artikel 45 (1) (q) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.
2. The Regulations are hereby amended by the addition of the following qualification:

University or examining authority and qualification

Department of National Education
National Higher Diploma in Medical Technology
NHD Med Tech (SA)

No. R. 2676
16 November 1990

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE SCOPE OF PRACTICE OF PERSONS WHO ARE REGISTERED OR ENROLLED UNDER THE NURSING ACT 1978.—AMENDMENT

The Minister of National Health and Population Development has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereeto.

SCHEDULE

Definition


Amendment of the Regulations

2. The Regulations are hereby amended by the addition of the following regulation:

“CHAPTER 4.—THE SCOPE OF PRACTICE OF ENROLLED MIDWIVES”

4. The scope of practice of an enrolled midwife shall entail the following acts or procedures which apply to the practice of midwifery:

(a) The identification of a health need and the promotion of the health of the mother and child by means of examination and advice during, and supervision over and handling of, normal pregnancy, uncomplicated labour and normal puerperium;

(b) The promotion or maintenance of hygiene and physical comfort and the reassurance of the mother and child;

(c) The promotion of exercise, rest and sleep;

(d) The control, promotion and maintenance of the following in the mother and child:

(i) Respiratory functions;

(ii) intake and output functions;

(iii) blood pressure, temperature, pulse rate and foetal heart;

(e) The promotion, maintenance and improvement of the nutritional status of the mother and child;

No. R. 2676
16 November 1990

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE BESTEK VAN PRAKYK VAN PERSONE WAT KRAKTENS DIE WET OP VERPLEGING, 1978, GEREGERIESTE OF INGESKRYF IS.—WYSIGNING

Die Minister van Nasionale Gesondheid en Bevolkingsontwikkeling het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) (q) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylæe hiervan uiteengesit, uitgevaarig.

BYLÆE

Woordomskrywing

1. In hierdie Bylæ beteken "die Regulasies" die regulasies afgekondig deur die Goewermentskennisgewing No. R. 2598 van 30 November 1984, soos gewysig deur die Goewermentskennisgewing R. 1469 van 10 Julie 1987.

Wysiging van die Regulasies

2. Die Regulasies word hierby gewysig deur die volgende regulasie by te voeg:

“HOOFSTUK 4.—DIE BESTEK VAN PRAKYK VAN INGESKREWE VROEDVROUE”

4. Die bestek van praktyk van 'n ingeskrede voedvrou behels die volgende handelinge of procedures van toepassing op die praktyk van verloekendige verpleegkunde:

(a) Die identifisering van 'n gesondheidsbehoefte en die bevordering van die gesondheid van die moeder en kind deur onderzoek en adviesgewing tydens, en toesig oor en die hantering van, normale swangerskap, ongkompeleerde baring en normale puerperium;

(b) die bevordering of instandhouding van higiëne en fisiese gemak en die gerusstelling van die moeder en kind;

(c) die bevordering van oefening, rus en slaap;

(d) die kontrolering, bevordering en instandhouding van die volgende by die moeder en kind:

(i) Respiratoriese funksies;

(ii) interne- en uitskeidingsfunksies;

(iii) bloeddruk, temperatuur, poollag en foetale hart;

(e) die bevordering, instandhouding en vertering van die voedingstatus van die moeder en kind;
(f) the promotion of breastfeeding;
(g) the provision of information on health and family planning;
(h) the care of a dying patient, a recently deceased patient and a stillborn infant.”.

No. R. 2677 16 November 1990

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT No. 54 OF 1972)

ENFORCEMENT BY LOCAL AUTHORITY.—

GILLITTS

I, Elizabeth Hendrina Venter, Minister of National Health and Population Development, hereby authorise under section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), the Municipality of Gillitts to enforce the relevant provisions of the said Act within its area of jurisdiction and through its duly authorised officers.

E. H. VENTER,
Minister of National Health and Population Development.

SOUTH AFRICAN POLICE

No. R. 2674 16 November 1990

EXPLOSIVES ACT, 1956
AMENDMENT OF REGULATIONS

The Minister of Law and Order has, under section 30 of the Explosives Act, 1956 (Act No. 26 of 1956), made the regulations in the Schedule.

SCHEDULE


2. Regulation 4.9 of the Regulations is hereby amended by the substitution for the expression “R300” of the expression “R600”.

3. Regulation 9.21 of the Regulations is hereby amended by the substitution for the expression “three hundred rand (R300)” of the expression “R600”.

4. Regulation 10.39 of the Regulations is hereby amended by the substitution for the expression “R300” of the expression “R600”.

A. J. VLOK,
Minister of Law and Order.

No. R. 2677 16 November 1990

WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN ONTSMETTINGSMIDDELS, 1972 (WET No. 54 VAN 1972)

TOEPASSING DEUR PLAASLIKE BESTUUR.—

GILLITTS

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid en Bevolkingsontwikkeling, mag hierby kragtens artikel 23 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die Munisipaliteit van Gillitts om binne sy regsegebied en deur middel van sy bevoorr byoorlik gemagtigde beamptes die toepaslike bepavings van genoemde Wet uit te voer.

E. H. VENTER,
Minister van Nasionale Gesondheid en Bevolkingsontwikkeling.

SUID-AFRIKAANSE POLISIE

No. R. 2674 16 November 1990

WET OP ONTPLOFBARE STOWWE, 1956
WYSIGING VAN REGULASIES

Die Minister van Wet en Orde het kragtens artikel 30 van die Wet op Ontplofbare Stowwe, 1956 (Wet No. 26 van 1956), die regulasies in die Bylae uitgevaardig.

BYLAE


2. Regulatie 4.9 van die Regulaties word hierby gewysig deur die uitdrukking “R300” deur die uitdrukking “R600” te vervang.

3. Regulatie 9.21 van die Regulaties word hierby gewysig deur die uitdrukking “driehonderd rand (R300)” deur die uitdrukking “R600” te vervang.

4. Regulatie 10.39 van die Regulaties word hierby gewysig deur die uitdrukking “R300” deur die uitdrukking “R600” te vervang.

A. J. VLOK,
Minister van Wet en Orde.
FUNCTIONS AND DUTIES OF THE PROFESSIONAL BOARD

6. It shall be the duty of the professional board to—
   (a) promote high standards of professional education and professional conduct among medical scientists, medical physicists, biokineticists and clinical biochemists;
   (b) report to the council on any matter affecting medical scientists or medical physicists or biokineticists or clinical biochemists referred to it by the council;
   (c) advise the council on the removal under the provisions of section 19 or section 32(2) of the name of any person from the register of medical scientists or medical physicists or biokineticists or clinical biochemists kept under section 32; and
   (d) make recommendations to the council in regard to the recognition of institutions for the prescribed practical training of medical scientists or medical physicists or biokineticists or clinical biochemists and in regard to the recognition of qualifications of medical scientists or medical physicists or biokineticists or clinical biochemists whose names are placed on the register in terms of section 32.

7. These regulations published by Government Notice No. R. 1737 of 9 August 1985 are hereby repealed.

8. These regulations shall come into effect on 30 November 1990.

WERKSAAMHEDE EN PIGTE VAN DIE BEROEPSRAAD

6. Dit is die plig van die beroepsraad om—
   (a) 'n hoë peil van professionele onderrig en professionele gedrag by mediese wetenskaplikes, geneeskundige fisici, biokineticici en kliniese biochemici te bevorder;
   (b) aan die raad verslag te doen oor enige aangeenheid rakende mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wat deur die raad na horn verwy word;
   (c) die raad te adviseer oor die skraping, kragtens die bepaling van artikel 19 of artikel 32(2), van die naam van 'n persoon uit die register van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wat kragtens artikel 32 gehou word; en
   (d) aanbevelings by die raad te doen omtrent die erkenning van inrigtings vir die voorgeskrewe praktiese opleiding van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici en omtrent die erkenning van kwalifikasies van mediese wetenskaplikes of geneeskundige fisici of biokineticici of kliniese biochemici wie se name kragtens artikel 32 op die register geplaas word.


THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE COURSE FOR THE DIPLOMA FOR GENERAL NURSE INSTRUCTOR—WITHDRAWAL

The Minister of National Health and of Health Services: House of Assembly has, on the recommendation of the South African Nursing Council, in terms of section 45 of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations contained in the Schedule hereto.

SCHEDULE


2. Notwithstanding the withdrawal of the Regulations, the provisions thereof shall continue to apply to a person who was registered as a student in terms of regulation 3 thereof before 30 November 1990: Provided that such student shall be allowed by the council to sit for the examination referred to in the Regulations only until 31 December 1991.

DIE SUID-AFRIKAANSE RAAD OP VERPLEEGING

REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA VIR ALGEMENE VERPLEEGinstrukteur.—HERROEPING

Die Minister van Nasionale Gesondheid en van Gesondheidsdienste: Volksraad het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan vervat, uitgevaardig.

BYLAE


2. Ondanks die herroeping van die Regulasies bly die bepaling daarvan van toepassing op 'n persoon wat hom voor 30 November 1990 uit hoofde van regula- lasie 3 daarvan as 'n student laat registreer het: Met dien verstande dat sodanige student siegs tot 31 De- cember 1991 deur die raad toegelaat sal word om die eksamen bedeel in die Regulasies af te lê.
HEALTH & DISEASES — NURSES

1991 — 1992
Nurses light up — 100 years as professionals

The Argus Correspondent

JOHANNESBURG. — Hundreds of lamps will be lit all over the country on Thursday to mark the centenary of the registration of nurses in South Africa.

Sister Henrietta Stockdale lobbied for the registration of nurses and the Cape government agreed in 1891, making South Africa the first country in the world to register nursing professionals.

Since then, most other countries have followed suit.

Part of the aim of registration was to insist on recognised qualifications and end the unprofessional Sarah Gamp legend.

A figure of the Dickens era, Sarah Gamp was a patient's nightmare — she would never take on an assignment without a bottle of gin, which she drank without paying much attention to her patient's health.

INTEGRITY

Today, all nursing professionals are registered with the South African Nursing Council.

"The council governs all the professional aspects of nursing," said Matron Pam Ayliffe of Fleming House. "No one can practise unless registered... the council governs the integrity and correct practice of nursing and determines the rules and regulations of the profession."

Nurses throughout the country will light lamps in commemoration of the first registration.

Also planned is an international conference in Bloemfontein in September, a stamp issue, parades and a video.
Nursing: Live of a beginning
Protest looms over action against nurses

Staff Reporter

Hospitals are facing a looming nationwide protest campaign after the South African Nursing Council (SANC) recently announced it would discipline nurses who took part in strike action last year.

The National Education, Health and Allied Workers Union (Nehawu) yesterday announced it would launch the campaign soon and accused the SANC of insensitivity towards its members, the public and the nursing profession.

The SANC's announcement has threatened to open old wounds — it was agreed at the end of the strikes last year that disciplinary action would not be taken.

The SANC says it was not party to the agreement between authorities and Nehawu and is determined to go ahead.

SANC legal adviser Annelie van Zyl said the nurses would be charged with deserting their posts and endangering the lives of their patients.

Nurses from Prince Emsheni and Edenvale Hospitals in Natal, Setlers Hospital in Grahamstown and Johannesburg Hospital would come before the disciplinary board next month.

Only one nurse from Johannesburg Hospital faces charges — she is nursing sister Sheila Brokenshaw, Nehawu's only white member.

Union organiser Monde Mdlovu accused the SANC of racism and discrimination for attempting to discipline her.

"Last year in the Transvaal alone there were 10,000 nurses who went on strike, but why is she the only nurse who is being disciplined? "They are trying to discourage other white nurses from joining Nehauw by making an example of her," he said.

Mrs van Zyl said the SANC took action only if it received an official complaint from the hospital concerned.

Asked if any action would be taken against Baragwanath Hospital nurses who participated in a strike last year that allegedly caused the deaths of patients, Mrs van Zyl said discipline would definitely be implemented if a complaint was received.
Nursing: Pride without prejudice

By SIZAKELA KOENA

A year later, racist policies
are the plague on our
society and the council. The
Council has been the
sound after the panic.
For the past year,
the Council has been
the only voice for the
protection of the rights of
people who are not
afraid to stand up for
their rights. The
Council is not a forum
for racist policies.
This is a struggle for
the protection of the
public health.
Cecilia’s first step took courage

By SIZAKELE KOOMA

The battle against prejudice in the nursing profession has lasted since the turn of the century.

Against a background of prejudice towards African women entering the nursing profession at the turn of the century, Cecilia Makiwane’s qualification as the first registered black nurse was remarkable.

Makiwane, after whom the East London Hospital is named, and a colleague Mina Coleni, were the first black people in 1903 to enrol for training as nurses.

They took the courageous step when the Victoria Hospital, Lovedale Mission, decided to embark on an uncharted course for African women.

Education

Makiwane was born in Alice in 1880 during a time when education for women was considered unnecessary.

Although her mother died when she was young, she received some education at home.

Her father, a church minister, later sent her to a preparatory school in Lovedale and later a girl’s school where she completed her education.

For the pilot nurse-training scheme she and Coleni had to pay an entrance fee of four pounds to make them understand that “the training was a privilege and not an unpleasant duty.

Sister Henrietta Stockdale, who campaigned for registration of nurses, was their supervisor and mentor.

They went through all the aspects of training, which included working in the surgical and general wards.

Makiwane completed her training and wrote the examination of the Cape Colony Medical Council and became the first registered black nurse in Africa.

It is not known what happened to her fellow probationer, who completed her training but did not register.

Makiwane’s example was followed eagerly in the ensuing years.

She continued to nurse at Lovedale for some years after registration. Little is known of the rest of her life.

Strain

Her niece, Mrs Noni Jabavu, in a letter to a Cape newspaper said Makiwane had moved to the Transvaal after having been under a lot of strain, physically and emotionally.

Victoria Hospital granted her long sick-leave and her parents allowed her to convalesce with her sister, Mrs Majombozi, in the Transvaal.

Tragically she did not recover. She died and was buried there.

* Extracted from Nursing RSA (Vol 2 No 1)

A statue honouring Cecilia Makiwane who paved the way for the black nursing profession.
Strike nurses to be disciplined

By S'BU MNGADI and THABO THULO

THOUSANDS of nurses from many parts of the country who took part in strike action over the past year will start appearing before the South African Nursing Council's (Sanc) disciplinary committee next month.

The summonses have again plunged Sanc and the South African Nursing Association (Sana) on the one hand, and nurses and their unions on the other, into a war of words.

Nurses, most of them members of the National Education, Health and Allied Workers' Union, say that at the time they had no alternative but to embark on industrial action.

Sanc and Sana say nurses should not strike under any circumstances.

Nehawu spokesman Bongani Tsimo said the Council was violating a clause agreed on between nurses and the administrations of the various hospitals at the end of last year's strike.

The clause read: "Both parties agree that no worker, by virtue of being on strike action, shall be subjected to either victimisation or disciplinary action - be it arbitrary transfers, suspensions or unfair dismissals."

Tsimo also accused Sanc of racism and union-bashing. Nehawu's only white member, nursing sister Sheila Brokenshaw, is the only nurse from Johannesburg Hospital facing the disciplinary hearing.

"Last year, in the Transvaal alone, 10,000 nurses went on strike. Why is she the only one to be disciplined?" he said.

"They are trying to discourage other white nurses from joining Nehawu by making an example of her."

Sanc registrar Frank Germishuizen said the Council was guided by its own rules and regulations and was not bound by agreements reached between nurses and their employers. He denied that his council practised "racism and union-bashing".

"The Sanc disciplinary machine grinds slowly but fine. All those who broke regulations will ultimately get their turn to face the disciplinary committee as soon as complaints have been received and enough evidence gathered against them," he said.

Replying to criticisms that Sana did not have the interests of the nurses at heart and did not offer any assistance to them in 1988, when more than a hundred were summoned to the disciplinary committee for striking, Sana maintained the nurses had no right to strike.

An article in Sana's official journal Nursing News says: "Never once have nurses had to appear before the Nursing Council when the association represented them, unlike now when a union represents them."

The newsletter appealed to nurses to think carefully, not only about bargaining with patient care, but also about bargaining with their licences to practice.
Monday a Vital Date for Unions

PUBLIC SECTOR WORKERS

When the Public Sector Workers Association (PSWA) issued its call for a national strike on 5th June to protest against the government's proposed cuts to public service pensions, it sparked a nationwide movement of solidarity among workers in the public sector and beyond.

The PSWA has been at the forefront of the fight against austerity policies, calling for a moratorium on cuts to public services and the restoration of workers' rights.

The strike was supported by trade unions across the country, with thousands of public sector workers across various sectors, including education, health, and social care, joining the picket lines.

The government had initially resisted the strike, arguing that it would disrupt essential services. However, following a series of negotiations, the government agreed to meet with union representatives to discuss the proposals.

工会的行动引起了全国范围内的工作人员的声援，其中许多人对政府削减公共服务养老金的提议表示反对。工会在对抗紧缩政策方面一直走在最前沿，呼吁对公共服务的削减暂停，恢复工人的权利。

工会宣布6月5日举行全国罢工，抗议政府的提案，引发全国范围内工作人员的声援。其中包括教育、医疗、和社会护理等领域的工作人员。

政府最初反对罢工，认为它会干扰必要服务。然而，在一系列谈判后，同意与工会代表会面讨论提案。
disciplinary procedure for strike action

By PORIA MAURICE

NURSING sister Sheila Broekkhanew wake up on January 23 an official letter in the post. She was to be charged by the South African Nursing Council for "unprofessional and unsuitable conduct", because she joined the strike at Johanesburg Hospital on May 9 and went on strike.

Broekkhanew is the only coloured nurse to have been summoned to appear before the council's disciplinary committee. She is also the only white member of the National Education, Health and Allied Workers Union (Nehawu), which spearheaded the strike in all areas but the Cape.

Eight months pregnant and on maternity leave from the Garden City Clinic, Broekkhanew worked in a children's ward at Johannesburg Hospital during the strike.

Her case, along with those of more than 60 others, was reviewed for industrial action across the country, has brought into focus the apathetic mentality which prevails in South Africa's health care establishment, despite apparent liberalisation.

The nursing council's move has put on a collision course with Nehawu, which says disciplinary action runs contrary to the strike agreement.

At Soweto Hospital in Grahamstown, 53 nurses have been charged with offences relating to a three-hour work stoppage on April 19 1994, and at Natal's Prince Zondek, and Edendale hospitals as yet undetermined number of nurses were involved in a strike there in October. If they are found guilty, their registrations may be withdrawn.

Broekkhanew said this week "although she was angry about the charge, she viewed it as an opportunity to unite progressive health organisations in protest actions."

"I am angry, not so much because they've picked on me but because it's really an attack on the union. There has been a lot of competition between progressive organisations in the health sector throughout this campaign, but this strike could bring an opportunity to build unity."

"The health authorities always argue that 'the patient comes first.' But we are taught in our training that health care is multidimensional. If the workers who are part of the team caring for the patient are suffering, they cannot do their job and are more likely to become patients themselves."

She identified the demands of the strike for deregulation, higher wages and an end to privatisation — "there aren't just 'worker issues' — and thinks it essential to break down the traditional distinction made between health care professionals and non-medical workers."

Just after the strike, she was made the SANC and SA Nursing Association brought out a pamphlet saying that nurses are professionals, not workers. "They are always trying to create divisions," she says.

Broekkhanew was the only nurse at her hospital to join the strike, and she says she was simply on duty in her ward when she left. There is no other Nehawu member at the hospital.

"No one feels happy about the casualties, but we have to consider the long-term effects of corrupt health care. Many people don't even get to hospital and die at home, although many wards are still empty at provincial hospitals."

This is not Broekkhanew's first run-in with health authorities because of her outspoken stance and union involvement.

After completing a microbiology degree, she joined a laboratory at Baragwanath Hospital in 1988 and, after supporting the struggle of other nurses who had been refused study leave and turning down an offer to become laboratory supervisor, she was forced to resign.

In 1988 she was detained in solitary confinement for six months, and, while at college three years later, Broekkhanew was disciplined for reporting discrimination at an East Rand hospital to the press.

These incidents, she says may have added up to the present case. She fears losing her registration, especially with a baby on the way, but in continued acting in the interests of better health care for all.

Nehawu Johannesburg branch organiser Khumalo Magagakala said this week the union would launch a protest campaign with lunch-time pickets outside various hospitals on Monday, to demand that the
Teachers want R600m more

PRETORIA — SA’s 189,000 teachers are seeking increases which could add an extra R600m to next month’s Budget.

The Teachers Federal Council (TFC), the body representing teachers of all race groups — yesterday declined to comment on its salary demands. However, a senior educationist said it was expected increases would at least match inflation.

The total teachers’ pay bill for the current financial year is estimated at R4bn.

The TFC, according to a spokesman, has submitted “detailed input” on the pay issue to National Education Minister Louis Plenaar.

Teachers, along with all other exchequer personnel, received a 10% non-pensionable allowance in April last year. Along with the rest of the public sector, teachers have demanded this be incorporated into basic earnings.

Teachers received a further 12% increase from March 1 following months of negotiations with government. This was meant to bring teachers’ salaries in line with those of other public sector workers with comparable qualifications.

Teacher resignations, informed sources said, were still causing serious concern.

Transvaal Teachers’ Association president Ron Yule said the shortage of highly qualified high school teachers, particularly in maths and science, was causing concern.

But other education authorities said resignations could decline this year because of the recession and lack of well-paid work in the private sector.

Strike action sparks nurses’ protest

NURSES demonstrated at several Transvaal provincial hospitals yesterday in protest against the disciplinarian action against staff who took part in strike action last year.

The Transvaal Provincial Administration (TPA) and National Health and Allied Workers’ Union said demonstrations took place at Baragwanath, Tshwane, Hillbrow, Johannesburg and other hospitals.

SAPA reports a placard demonstration was staged at Umlazi’s Prince Mshiyeni Hospital, near Durban.

Another will be held at Durban’s King Edward Hospital tomorrow.

Nehawu Johannesburg branch organiser Bojani Tshembe said nurses at Johannesburg, Prince Mshiyeni and Settlers’ (Grahamstown) hospitals had been told last week they would have to appear in front of an SA Nursing Council (SANC) disciplinary committee. All had taken part in strike action last year. The SANC said the nurses would be charged with unprofessional conduct.

A TPA spokesman said the province had agreed not to act against the strikers.

SANC deputy registrar David Bachrane confirmed that 35 nurses from Natal’s Edendale and Prince Mshiyeni hospitals had been called before disciplinary committees, which would sit next week.

Peanuts

By Charles Schulz

This must be about the time of the year when all the...

Birds fly South

Criticism of Church role draws fire

SA INSTITUTE of Race Relations executive director John Kane-Berman was criticised yesterday for saying that some church leaders helped to legitimise violence as an instrument of liberation.

SACC general secretary the Rev Frank Chikane said in a statement the council was “disgusted” by his “vicious and unwarranted attack on the churches”.

The ANC Youth League accused the institute of misrepresentation, one-sided research and sweeping generalisations.

The league said Kane-Berman’s reference to the 1987 endorsement by church leaders of armed struggle could not be equated with the current township violence.

They were responding to recent remarks by Kane-Berman that township residents were “reaping a whirlwind of violence that the churches helped sow”.
Nurses use lunch break to protest

By Brandan Tsegelana

Nurses and general workers at four Rand hospitals yesterday held demonstrations protesting at disciplinary action being taken against nurses who took part in last year's strike.

At the end of last year's strike, hospital authorities and the union agreed there would be no further disciplinary action against nurses who went on strike.

A Nelspruit spokesman said the SANC was not following the agreement. But the SANC said it was not planning to follow the agreement.

The Rand hospitals include: Hillbrow Hospital, Hospital of the Bedouins, Johannesburg General Hospital, and Hillbrow Hospital.

The Rand hospitals have been involved in disputes with the SANC and the hospital authorities.

Yesterday, the authorities warned that their job action would continue until their demands were met. The authorities also warned that their job action would continue until their demands were met.

Services at the hospitals were not affected.

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Services at the hospitals were not affected.
Nurses step up hospital protests

By Brendan Templeton

Hospital lunchtime protests in the PWV area gained momentum when they spread to four more centres yesterday, an union spokesman said. Affected hospitals now include Johannesburg, Hillbrow, Tembisa, Natalspurit, Westfort, Kafafong and Far East Rand, National Education, Health and Allied Workers Union (Nehawu) organiser Monde Mditshwa said yesterday.

The union had requested the Transvaal Provincial Administration to set up talks with the South African Nursing Council (SANC) and Health Minister Dr Rina Venter, he added. Nehawu last month threatened to embark on a national protest campaign if the SANC failed to withdraw disciplinary procedures against nurses who took part in strikes last year.

Provincial authorities agreed at the end of the strikes that no action would be taken against the nurses. But the SANC insisted it was not party to the agreement.

Now the SANC seems determined to step up its disciplinary activities. The TPA told Nehawu yesterday that the SANC had informed them they would send letters initiating disciplinary action against other nurses in the Transvaal.

Mr Mditshwa described this as "madness" because about 10,000 nurses in the Transvaal had taken part in the strike. "What criteria are they going to use when deciding whom to prosecute?" he asked.

Nurses on Tuesday threatened to increase the length of their protests from 9 am to 2 pm if the SANC did not review its position.

Mr Mditshwa stressed this was not official union policy. "Nehawu has committed itself to solving the crisis in a peaceful way. But the nurses are very agitated. We ask SANC to find a different solution."

The SANC and the TPA were not available for comment yesterday.
Hospital anger mounts

LUNCH-TIME hospital protests escalated across the country this week as nurses and general workers voiced anger at disciplinary action which their colleagues face.

Pickets were held at the Johannesburg, Hillbrow, Tembisa, Natalspruit, Baragwanath, Westfort, Kalafong and Far East Rand hospitals on the Reef, at Settler's Hospital in Grahamstown, and Prince Emsheni and Edenvale hospitals in Natal.

The SA Nursing Council (SANC) has called over 60 nurses before a disciplinary committee for their participation in last year's hospital strikes. This, says the National Education, Health and Allied Workers Union, is contrary to the strike agreement, but the SANC has adopted a hard-line stance and threatened to summon more nurses.

Wielding placards which read: "Black racist matrons, join us" and "Step down SANC, we want an interim council", protesters at Hillbrow Hospital rebuked the SANC for being "toothless".
Don't waste time pointing fingers at nurses.
Protesting nurses arrested

MARITZBURG — More than 100 nurses were arrested in the city centre yesterday for taking part in an illegal gathering while protesting against an SA Nursing Council disciplinary hearing in the city hall. (35)

Police said 128 women nurses and 11 male nurses were arrested, given summonses and released. (35)

The disciplinary committee agreed to postpone until April 17 the proceedings in respect of 10 of the 20 Edendale nurses facing charges of improper or disgraceful conduct in connection with strike action last year.

Two nurses were found guilty of disgraceful conduct and it was recommended that they be suspended for three months (conditionally suspended for six months).
200 nurses arrested in Natal

About 200 nurses were arrested for demonstrating outside the city hall in Maritzburg yesterday, where two nurses were facing charges of misconduct for taking part in a strike last year. They were sentenced to three-month suspensions, held over for six months providing they are not found guilty again. — Staff Reporter.
Nurses face probe after strike

ABOUT 140 Edendale Hospital workers were arrested and charged for attending an illegal gathering outside the Pietermaritzburg City Hall on Tuesday during a disciplinary hearing by the South African Nursing Council.

The council called the hearing into the conduct of certain nurses at the hospital in August and September last year.

A National Education, Health and Allied Workers Union organiser was also arrested during this week’s protests.

They were released on an admission of guilt fine of R100 each.

The disciplinary hearing was postponed to April 17 for 16 of the 25 nurses whose case was supposed to be heard on Tuesday.

The hearing for four other Prince Mshiyeni Hospital nurses was postponed to April 17.
300 Strike over Hospital Shooting

By Brendan Templeton

About 300 nurses and workers went on strike at Natalspruit Hospital, Germiston, yesterday because a worker was shot by a hospital security guard on Monday.

The worker, Isaac Mntong, was injured in the right foot when he and other workers tried to prevent hospital security from arresting a shop steward who had staged a sit-in at the hospital secretary's office.

Shop steward Daniel Nyako accused hospital authorities of blocking his application for a housing loan because he was an organiser for the National Education, Health and Allied Workers Union.

Services at the hospital had not yet been affected because the strike had just started and some staff were still working, he said.

Union officials addressed patients earlier in the day and asked them to bear with the union, he added.

Striking staff gathered next to the hospital parking area yesterday and toy-toyied, carrying placards calling for the resignation of two officials they accused of blocking Mr Nyako's housing loan application.

"We have been calling for their dismissal for a long time, and now we are determined to get rid of them," Mr Nyako said.

Union membership was "very high," and strikers were determined to continue with the tools-down action until their demands were met.

Strike demands include:

- Dismissal of the two officials.
- Termination of the hospital's contract with the Peaceforced Security firm, which employs the guard involved in the shooting.
- Approval of housing loans for Mr Nyako and another union organiser.
- The reopening of a case against a worker who was recently dismissed "without a proper hearing."

Hospital superintendent Dr Norman Kearns said he could not comment on the strike because negotiations were planned between the union and the Transvaal Provincial Administration.
THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS REGARDING THE CONDUCT OF REGISTERED MIDWIVES WHICH SHALL CONSTITUTE IMPROPER OR DISGRACEFUL CONDUCT AND THE CONDITIONS UNDER WHICH THEY MAY CARRY ON THEIR PROFESSION. —WITHDRAWAL


THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE SCOPE OF PRACTICE OF PERSONS WHO ARE REGISTERED OR ENROLLED UNDER THE NURSING ACT, 1978. —AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) (q) of the Nursing Act, 1978 (Act No. of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definition


Amendment of the Regulations

2. The Regulations are hereby amended by the addition of the following regulations:

“CHAPTER 5: THE SCOPE OF PRACTICE OF ENROLLED NURSES

5. The scope of practice of an enrolled nurse shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision:

(a) The carrying out of nursing care to fulfil the health needs of a patient or a group of patients;
(b) caring for a patient, and executing a nursing care plan for a patient, including the monitoring of vital signs and the observation of reactions to medication and treatment;
(c) the prevention of disease and the promotion of health and family planning by means of information to individuals and groups;
(d) the promotion and maintenance of the hygiene, physical comfort and reassurance of a patient;
(e) the promotion and maintenance of exercise, rest and sleep with a view to the healing and rehabilitation of a patient;

(f) the prevention of physical deformity and other complications in a patient;

(g) the supervision over and maintenance of a supply of oxygen to a patient;

(h) the supervision over and maintenance of the fluid balance of a patient;

(i) the promotion of the healing of wounds and fractures, the protection of the skin and the maintenance of sensory functions in a patient;

(j) the promotion and maintenance of the body regulatory mechanisms and functions in a patient;

(k) the feeding of a patient;

(l) the promotion and maintenance of elimination in a patient;

(m) the promotion of communication and by and with a patient in the execution of nursing care;

(n) the promotion of the attainment of optimal health in the individual, the family, groups and the community;

(o) the promotion and maintenance of an environment in which the physical and mental health of a patient are promoted;

(p) preparation for and assistance with diagnostic and therapeutic acts by a registered person;

(q) preparation for and assistance with surgical procedures and anaesthetic;

(r) care of a dying patient and a recently deceased patient.

CHAPTER 6: THE SCOPE OF PRACTICE OF ENROLLED NURSING ASSISTANCE

The scope of practice of an enrolled nursing assistant shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision:

(a) The promotion and maintenance of the health of a patient, a family and a community;

(b) the provision of health and family planning information to individuals and groups;

(c) the care of a patient and the execution of a nursing care plan for a patient;

(d) the promotion and maintenance of the hygiene of a patient, a family and a community;

(e) the promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient;

(f) the prevention of physical deformity and other complications in a patient;

(g) the promotion and maintenance of exercise, rest and sleep with a view to the healing and rehabilitation of a patient;

(h) the prevention of physical deformity and other complications in a patient;

(i) the supervision over and maintenance of a supply of oxygen to a patient;

(j) the supervision over and maintenance of the fluid balance of a patient;

(k) the promotion of the healing of wounds and fractures, the protection of the skin and the maintenance of sensory functions in a patient;

(l) the promotion and maintenance of the body regulatory mechanisms and functions in a patient;

(m) the promotion of communication and by and with a patient in the execution of nursing care;

(n) the promotion of the attainment of optimal health in the individual, the family, groups and the community;

(o) the promotion and maintenance of an environment in which the physical and mental health of a patient are promoted;

(p) preparation for and assistance with diagnostic and therapeutic acts by a registered person;

(q) preparation for and assistance with surgical procedures and anaesthetic;

(r) care of a dying patient and a recently deceased patient.

HOOFSTUK 6: DIE BESTEK VAN PRAKYK VAN INGESKREWE VERPLEEGASSISTENTE

Die bestek van praktyk van 'n ingeskrewe verpleegassistent behels die volgende handelinge en procedures as deel van die verpleegregime wat deur 'n gereëgisteerde verpleegkundige of gereëgisteerde vroedvrou beplan en gelaai is en onder sy direkte of indirekte toesig uitgevoer word:

(a) die bevordering en instandhouding van die gesondheid van 'n pasiënt, 'n gesin en 'n gemeenskap;

(b) die voorsiening van gesondheids- en gesinsbeplanningsinligting aan individue en groepe;

(c) die versorging van 'n pasiënt en die uitvoering van 'n verpleegsorgplan vir 'n pasiënt;

(d) die bevordering en instandhouding van die higiëne van 'n pasiënt, 'n gesin en 'n gemeenskap;

(e) die bevordering en instandhouding van die fysisie gemak, rus, slaap, oefening en gerusstelling van 'n pasiënt;

(f) die voorkoming van fysisie misvorming en ander komplikasies by 'n pasiënt;
(g) the supervision over and maintenance of a supply of oxygen to a patient;

(h) the taking of the blood pressure, temperature, pulse and respiration of a patient;

(i) the promotion and maintenance of the body regulatory functions of a patient;

(j) the promotion of the nutrition of a patient, a family and a community;

(k) the maintenance of intake and elimination in a patient;

(l) the promotion of communication with a patient during his care;

(m) the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person;

(n) the preparation for and assistance during surgical procedures under anaesthetic;

(o) the care of a dying patient and a recently deceased patient.

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No. R. 261

15 February 1991

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS ENTITLING MEDICAL PRACTITIONERS AND DENTISTS TO REGISTRATION.—AMENDMENT

The Minister of National Health has, in terms of section 24 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule “the Regulations” means the regulations published by Government Notice No. R. 1243 of 8 June 1990.

2. The Regulations are hereby amended by the addition in Annexure B of the following qualification with the corresponding abbreviation under the heading Medical University of Southern Africa:

   University or examining authority and qualification  Abbreviation for registration
   “Bachelor of Dental Science………………. BDS Medunsa”.

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No. R. 261

15 Februarie 1991

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT GENEESHORE EN TANDARTSE DIE REG OP REGISTRASIE VERLEEN.—WYSIGING

Die Minister van Nasionale Gesondheid het krantens artikel 24 van die Wet op Geneesheer, Tandartse en Aanvullende Gesondheidsdienste, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken “die Regulasies” die regulasies afgekondig by Goewermentskennisgewing No. R. 1243 van 8 Junie 1990.

2. Die Regulasies word hierby gewysig deur in Aanhangsel B die volgende kwalifikasie met die ooreenstemmende afkorting onder die opsksfr “Mediese Universiteit van Suid-Afrika” by te voeg:

   Universiteit of ekserimerende liggaam en kwalifikasies  Afkorting vir registrasie
   “Baccalaureus in Tandheelkundige Wetenskaps BDS Medunsa”.
Top doctor moved, files court action

Medical Reporter

The former medical superintendent of the South Peninsula Hospitals Group, Dr Andrew Loubser, has been replaced — and he is taking the matter to the Supreme Court.

Dr Loubser has been transferred to the Western Cape regional office of the hospital and health services branch, according to a spokesman for the Cape Provincial Administration.

He had been replaced by Dr P G Morris, the spokesman added.

An application by Dr Loubser had been made to the Supreme Court and is to be heard on March 8, he said.

Dr Loubser would not confirm yesterday that he was contesting his transfer. He refused to give details of his application to the Supreme Court.

A deputation of doctors from four government hospitals in the group allegedly asked last year that Dr Loubser be removed.

Complaints about the administration of False Bay, Victoria, Lady Michaelis and Princess Alice hospitals were first made in October, according to a source who declined to be named.

Hospital debts crisis to be raised with Watermeyer

Medical Reporter

Regional hospital authorities are to meet the deputy director of health and hospital services, Dr George Watermeyer, today to discuss the looming financial crisis that see cuts in health services.

"Drastic savings" need to be made at provincial hospitals to clear arrears before the end of the financial year, according to hospital sources.

Each hospital would trim services according to its level of overspending, they said.

A doctor at a provincial hospital said inflation in medical services was nearing 20%.
Don't criticise nurses' inquiry, council says

CRITICISM about SA Nursing Council (SANC) investigations into alleged misconduct by nurses was undermining the basic rights of citizens to acceptable standards of nursing care, the panel of inquiry said yesterday.

This was the view of SANC president Wilma Kotze who yesterday reacted to criticism by the National Education, Health and Allied Workers' Union (Nehawu) to council hearings into alleged misconduct by nurses arising from strikes.

She gave assurances that each nurse would be given the full opportunity to raise any defense or excuse for any alleged unprofessional conduct.

The Council was responsible for promoting and maintaining acceptable health and nursing standards, to the benefit of all South Africans, irrespective of race, colour or creed, she pointed out.

Kotze denied an allegation by Nehawu, that the Council had given an undertaking to the union not to take disciplinary action against nurses participating in strikes.

She called called on Nehawu to cancel a planned protest march on Saturday, February 23, and to instead meet the Council to discuss the dispute. - Sapa
Nurses' meeting 'encouraging'

The meeting between the National Education, Health and Allied Workers' Union (Nehawu) and the SA Nursing Council in Pretoria on Monday, was encouraging, the union said. Although the demands were not met, Nehawu said it was optimistic the problems would be resolved. — Staff Reporter.
Training is inadequate, says doctor

By PEARL MAJOLA

MEDICAL training in South Africa does not prepare students to work under the poor conditions prevailing at rural and township health facilities, a leading doctor has said.

Eastern Transvaal obstetrician Dr Eddie Mhlanga, addressing the Lesedi Health Discussion Group conference at Vista University, said: "The environment for training and the facilities available (in medical school) are all not in the real world. In the training institutions, sophisticated machinery receives priority."

When doctors left those institutions and joined facilities lacking such equipment, they found themselves at a loss as to how to treat patients.

He said diseases doctors encountered as professionals bore little resemblance to those they were taught at medical school.

"Is it a wonder then that more than 50 percent of the graduates of Wits and Cape Town leave the country for Australia, Canada, America and Europe?" Mhlanga asked.

He said that those who left were replaced by doctors often recruited from Europe who were not familiar with the health problems facing people in South Africa.

Mhlanga also highlighted the plight of rural health workers and patients. The 266-bed hospital where he was based in the eastern Transvaal had not expanded since the 1970's, he said.

It was overcrowded and in a state of disrepair. More than 80 patients shared two toilets and two showers. Patients often shared beds.

More than 30 mothers died every year during or immediately after childbirth from postpartum bleeding, uncontrollable hypertension or infections.

Mhlanga said Aids was a threat to health workers. He noted that there was no policy holding employers responsible for the safety of health workers.

He also stressed that there should be co-operation between all health workers, including traditional healers and spiritualists.

He urged training institutions, when admitting students, to consider how well they would serve the needs of various communities.

He said currently "as long as one passes matric with good symbols in mathematics, physical science and English there is a place for him at medical school".
Streamlined college for Mmabatho

A new nurses' training college, designed by local architects Staub Vorster, is to be built in Mmabatho for the Bophuthatswana Department of Health.

"The building is scheduled to be on site by June 1991 for completion by the end of 1992," Staub Vorster said.

The brief was jointly developed by Staub Vorster and specialist consultants from the University of the Witwatersrand and the Development Bank of SA, and called for an appropriate and cost-efficient design within the SA socio-economic environment.

The college was planned to accommodate 600 students a year on a "block-release" system and would be in continuous use.

As a result, far less accommodation needed to be provided for, which in turn had lessened large capital building costs, Staub Vorster said.

The buildings would be grouped around three main courts.

The academic court would centre on teaching and administrative facilities, while the second court would focus on recreational facilities.

The third would act as a unifying space for the residential component.

"The courts are intended as a series of interconnected, controlled spaces, providing psychological and practical security in the expanse surrounding the buildings," Staub Vorster concluded.

As details for the financing of the project had still to be finalised, no figure was released for the development.
Airports to be commercialised

GEORGE — SA's nine state airports could be fully commercialised by next year, Transport Minister George Bartlett said yesterday.

Bartlett said state airports would not be privatised but would probably continue to be run on a commercial basis by companies owned 100% by the state.

Bartlett was speaking at a ceremony at which George's P W Botha Airport received the Airport of the Year award.

He said full privatisation of airports was "a long way off" and that commercialisation under state control was the preferred means of making them profitable.

"Airports have to offer all user airline equal service opportunities and accommodation in laying slots, ground facilities and passenger and luggage handling services," he said.

Bartlett said a task group comprising the Department of Civil Aviation and other parties with interests in the commercialisation of airports had been convened to investigate several possible models.

Bartlett said full commercialisation could be expected within the next year.

In terms of the commercialisation proposals, separate companies would be set up each responsible for one of the nine state airports.

"These companies, with independent trading accounts, will be accountable for the failure or success of each airport which will have to be run according to sound business practices," he said.

Bartlett likened the proposed model to the UK's previous state-controlled Airport Authority, and said the new structures would probably resemble state corporations similar to Eskom, Iscor and Sasol.

He added that the Transport Department had been preparing for the change in airport management and had called for nominations of people to sit on an Airports Licensing Council which would be charged with implementing new policies.

SAA CE Gert van der Veen said the airline was not going to make a nomination as it was not prudent for airport users to be put in a position where they would be granting themselves licences.

Major health care challenges face SA

PRETORIA — The provision of an equitable non-discriminatory health care system was one of the major challenges facing the health care sector, National Health and Population Development director-general Coen Slabber said yesterday.

Speaking at the SA Nursing Council AGM, Slabber said other challenges were AIDS, the unacceptably high population growth, rapid urbanisation, the low economic growth rate and shortage of funds.

It was decided that the future health care system had to be based in primary health care and had to provide an equitable service accessible to all.

And Nursing Council president Wilma Kotze said there was reason for grave concern about the shortage of nurses particularly in the fields of intensive care and cancer.

She said the number of nurses had risen by 5% last year.

Delegates will discuss union issues

WENA WON LEAGUE

THE Nactu-affiliated Metal and Electrical Workers' Union (Mewusa), representing 20,000 workers, is to hold its national congress in Johannesburg this weekend.

Mewusa general-secretary Tomil Oliphant said yesterday about 350 delegates from various regions countrywide would meet to discuss a range of issues.

Mewusa is one of the 12 unions involved in negotiations in the metal and engineering industries.

It is demanding a R1,50-an-hour across-the-board increase for all employees and a minimum hourly rate of R6 for the lowest grade workers.

It is also demanding a 48-hour week and pushing for wage differentials between various grades to be eliminated.

Other demands include March 21 as a paid public holiday, an increase in shift allowances; and a minimum four weeks severance pay per year of service.

The union has also tabled demands on the training of operatives and artisans which, it says, is one of its main demands.

The next round of talks in the metal and engineering industry will take place early next week.

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OFFER TO MINORITY SHAREHOLDERS:
HOUSE OF ASSEMBLY

The motion now before the House is:

That the Orion Corporation, in the course of their operations as a public utility, have been charged with the responsibility of supplying water to the community and its residents. The corporation is responsible for maintaining the water supply and ensuring its quality. The motion seeks to underscore the importance of this service and to encourage the corporation to continue its efforts in improving the water supply system.

Yours faithfully,

[Signature]

Minister of Housing and Community Development

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Yours faithfully,

[Signature]

Minister of Housing and Community Development
Nurses in the health hierarchy
- the myth of the health team approach to health care

The health hierarchy in context

Before we can look at work within the health sector, it is important to consider the sexual division of labour and roles in our society as a whole.

In society, men are expected to be active participants in the labour force and are generally considered to be the breadwinners and decision-makers in the family. Women, on the other hand, are assigned responsibility for the caring and nurturing of the family - so-called "women's work". In the economy, women are usually employed in less skilled jobs with lower pay and lower status than men. Women often fulfil a supportive function to men in the workplace, for example as secretaries.

These sexual divisions are easily identified in the health sector. The function of caring patients is regarded largely as the work of doctors, who are usually men. In addition, the decision-makers in the health hierarchy are doctors.

Women health workers are found mostly lower down in the hierarchy in supportive or domestic positions which are viewed as requiring less proficiency and carry less responsibility. This work is seen as "women's work" and as an extension of the "domestic" role of women in the home.

Supportive roles to doctors include nursing, radiography and indirectly, domestic duties such as cleaning, cooking or laundry work. Women are therefore doing most of the jobs which are considered less professional, less skilled and less desirable and certainly the least pleasant. The results of the sexual division of health care labour have important consequences for women workers. These include less decision-making, lower status and lower pay, with non-classified workers at the bottom of the scale.

In South Africa, the situation is made worse by racial discrimination, with black women representing the most oppressed group in our society. This discrimination is obvious in the large numbers of black women employed in the health sector doing the most unpleasant and least skilled work at the lowest pay.

The process of socialisation

The majority of nurses are women who have been socialised into accepting the role of care-giver and who are in a weaker position in the labour market. This has various implications for the nurse. Nurses accept a subordinate, supportive role in the health 'team'. They work long and unsociable hours with overtime, for poor salaries. They are expected to endure this without complaint. The education of nurses reinforces their socialisation as women by demanding submissiveness and uncritical acceptance of their role as care-giver.

Within the health hierarchy, nurses are expected to play a subordinate role not only to doctors, but also to the nursing and hospital bureaucracy. The nursing hierarchy is structured on a strict order of rank which is imposed from above and is largely inflexible. Relations between different ranks of nurses are often strained and based on fear rather than on co-operation.

Nurses are often afraid to oppose hierarchical structures for fear of victimisation. They are afraid to voice their dissatisfaction publicly and challenge authority, either at hospital level or within their professional associations. Loyalty to employers and to patients prevents nurses from exploring and expressing their own needs. In the end this can only lead to demoralisation. And so, loyalty to existing structures and hierarchies is not finally benefiting the patients!

The role and status of nurses

Although nurses are expected to play a subordinate role to doctors, it can be argued that this role is often unclear. On the one hand, nurses are expected to play a supportive role and to take and carry out doctors' orders. On the other hand, they are expected to accept a very responsible role in patient care.

Unable to make many decisions on the treatment of patients, the nurse nonetheless is often left to take sole responsibility for patients' welfare in the absence of doctors - for example, on night duty or in rural clinics. This is particularly common in the private hospital situation. The nurse is often the only person immediately available in an emergency. The nurse takes responsibility for administering most of the patients' care, giving medication, intravenous injections and fluids, maintaining tracheotomies and so on, any one of which could cause death of the patient if mishandled.

This is a difficult situation, which causes conflict in the doctor-nurse relation.
'Racist' nurses rapped

NURSES at Pietersburg Provincial Hospital have been reprimanded by the hospital's superintendent for ill-treating a black patient, a doctor there said.

Mr Peter Makonyama, a Seshego teacher admitted to the "white" section of the hospital, said he had complained to hospital authorities of racial insults by white nurses, some of whom used gloves when touching him.

Dr DJ Moolman said the matter had been resolved.

By MATHATHA TSEDU
She said: "There is a lot of adjustment to be done by many people here as far as the new South Africa is concerned. Some take a longer time than others."

"The reality is that the hospital is now open and we are trying our best to do our best for our patients." Makonyama said he was told the nurses

Hospital warns
‘racist’ nurses

responsible had been reprimanded, but asked: "How do I know whether this is true or not when this was not done in my presence? I feel unsafe here."

He said the nurses, in an apparent protest against his admission to the hospital, had been singing songs on Saturday afternoon calling for the re-introduction of apartheid.

The nurses also sang songs to the effect that they did not want to talk to "kaffir booties", Makonyama said.

He said the nurses even avoided coming into his side of the ward, where he was alone.

When nurses were supposed to go to Makonyama's ward and explain his condition to their counterparts coming in for a new shift, they discussed his condition in the corridor, he said.

"Then the nursing sister in charge would open the door and greet him from there before moving on," Makonyama said. One nurse had put on gloves each time she took his temperature.
PRIVATE TAX TO TRAIN DOCTORS

By EVELYN HOLTZHAUSEN

PRIVATE hospitals could be asked to pay a special tax to fund academic medicine and the training of nurses in teaching hospitals, if state funding continues to be slashed.

The stern warning has come from Professor John Terblanche, president of the South African College of Medicine.

"We are barking from crisis to crisis," he said. "And if academic medicine collapses and our medical schools just don't have the funds to attract top academics to train doctors and nurses, the training will become a corpse that will be extremely difficult to revive."

He said private hospitals and clinics were responsible for "stealing" nurses from training hospitals as they did not train nurses themselves.

"You can't blame the nurses for wanting to earn more," he said. "The state cannot compete with the salaries offered by private hospitals.

"But private hospitals and clinics could be taxed and the money earned from the tax could go back to the training institutions."

Professor Terblanche said that in the old Groot Schuur Hospital there had been 30 beds available for surgical patients but, because nurses trained in intensive care had been "stolen" by the private hospitals, there were now only six.

"The state, he said, was forcing cuts to budgets which had already been cut to the bone and in effect by so doing "punishing success". If the situation continued, the practice of medicine in South Africa would fall from First World to Third World standards."
Six Venda nurses to stand trial

By Willie Mashau
Northern Transvaal Bureau

THOHOYANDOU — Venda’s Attorney-General, Bruce Morrison, has ordered the prosecution of 14 Siloam Hospital staff members, including six nurses whom the government alleges had intentionally caused the closure of the hospital in January.

Yesterday Mr Morrison said all accused would stand trial on May 27, charged with intimidation and sabotage. Eight accused are on R1,000 bail each and six on bail of R2,000 each.

Branded

According to the indictment, the accused, as members of Siloam Hospital Workers Representative Committee (SHWRC), forced the termination of the services of the medical superintendent, Dr E Helms, after he was branded a racist, and further demanded the termination of all Dutch doctors’ contracts. All 11 Dutch doctors at the hospital resigned.

The prosecution of the 14 follows strikes and sit-ins at the hospital during November and December last year when most of the nurses and administrative staff demanded the resignation of two newly recruited Dutch doctors from Holland after the doctors’ qualifications and credentials were questioned.

The SHWRC alleged that “these two doctors who have only four years’ medical training” left a swab inside a patient’s stomach during surgery, and after the patient had complained, Dr Helms disposed of the surgery report.

Temporary doctors are keeping the hospital running.
Row over nursing shortage

ONLY a fraction of nursing staff leave teaching hospitals to join private clinics, an official of the National Association of Private Hospitals said.

Mr Brian Davidson, NAPH vice-chairman, was responding to a Press report which said private hospitals and clinics were stealing nurses from State hospitals.

"About 15 percent of State-trained nurses are employed by private hospitals to care for 20 percent of the population. The majority of nurses join private industry to earn better salaries and because they do not have such long working hours," he said.

Referring to the warning that private hospitals could be asked to pay a special tax to fund academic medicine, Davidson said private hospitals were already contributing much to training.

"Job-specific training is often sponsored with the hospital picking up the bill for training costs. It must be remembered that private hospitals pay considerable income tax to the Government.

"NAPH has on three occasions made proposals to the Minister of Health regarding the funding of nurses but to date we have had no response to the proposal.

"NAPH believes time is opportune to review the present four-year registered nursing course as it is felt that the additional year is not producing the quality of nurse originally envisaged," Davidson said.
Qualities of Nursing Counsellors

Are outlined in the image.

GRACE 2014

NURSING
New nurses’ body to challenge old ‘undemocratic’ association

By Mothobi Mokoena

A historic conference to launch the Nurses’ Forum is to be held in Johannesburg at the weekend, it was announced this week.

The announcement was made at a media conference of the nurses’ interim committee at the offices of the Congress of South African Trade Unions (Cosatu).

The forum’s long-term goal would be to transform itself into a viable organ of the nursing profession and to articulate the democratic ideals of nurses in a post-apartheid South Africa, the body said in a statement.

It said State policy on the nursing profession had been characterised by racial discrimination to such an extent that the majority of nursing staff, mainly black, were permitted to work “only at the expense of their personal dignity”.

It said the nursing association, which was almost exclusively white, had “blatantly ignored the principle of freedom of association” and had demanded compulsory membership under white management.

The nursing council, it said, “adjudicates over the careers of thousands of nurses in an undemocratic and imperious manner”.

The new structure would devise an effective campaign to stop the SA Nursing Council from taking disciplinary action against nurses who took part in protests.

The conference, which is open to all nurses, will be held at the Allied Building on Saturday. Details can be obtained from the National Education, Health and Allied Workers’ Union at (011) 39-3202/3.
Nurses support right to strike

By SHARON CHETTY

A new nursing body which recognises the right of members to take industrial action, including strikes, was formed yesterday.

The Transvaal Nurses' Forum was launched in Johannesburg in opposition to the SA Nursing Council - which has a predominantly white membership - and the SA Nursing Association.

It will campaign for nurses to be recognised as "workers" with full trade union rights.

Among the issues the forum will tackle immediately are racial discrimination in the profession, unsatisfactory working conditions and the right to strike.

It will also encourage nurses in other provinces to form similar groups.

Spokesman Mondli Gungurele said nurses had "wide-ranging" grievances against SANA and its governing body, SANC.

Pressure

"Every nurse is required by law to join SANA. But, while SANA has a membership of around 160,000, its track record shows it has not been truly representative.

"Working conditions and promotion prospects for black nurses still leave much to be desired."

The forum's first action will be to pressurise SANAC through protests and mass marches, to cancel disciplinary hearings for more than 100 nurses who took part in strikes last year over working conditions and salaries.

The hearings are set for the end of June and the protests will begin next week.

Mr Gungurele said discussions were still being held on whether or not the forum would become a fully-fledged trade union.

It also had the option of working with other groups representing health sector workers, he said.
Nurses' Forum plans demos

BLACK nurses from the newly-formed Nurses Forum, set up in opposition to the SA Nurses Council and the SA Nurses Association on Saturday, will engage in a programme of mass action to protest against disciplinary action to be taken against several nurses.

Task force

At a consultative conference at the weekend, addressed by former nurse and deputy chairwoman of the ANC Women's League Mrs Albertina Sisulu, a task force to co-ordinate the actions was elected.

About 52 nurses from hospitals in the Transvaal face disciplinary action from Sanc on July 12 for 'breach of the code of conduct' arising from protest actions earlier this year. - Sapa.
South Africa desperately needs more nurse young nurses like these.

Call for urgent action as hospital beds and handwashes continue to run out. The nurses, who are part of the National Union of Teachers and Technicians (NUTA), have launched a campaign to address the shortage of nurses in the country.

The union has called on the government to increase the number of nursing positions and to improve working conditions for existing nurses. They have also demanded that the government provide better salaries and benefits to attract more nurses to the profession.

The nurses are concerned about the increasing number of patients who are not being treated promptly due to a shortage of nurses. They have cited instances where patients have died because of delayed treatment.

The union has stated that the situation is critical and urgent action is needed to prevent a further increase in the number of deaths. They have called on the government to take immediate measures to address the shortage of nurses.

South Africa has been facing a critical shortage of nurses for several years, with many nurses leaving the profession due to poor working conditions and low salaries. The government has been hesitant to increase the number of nursing positions, despite the urgent need for more nurses.

The nurses have threatened to take strike action if the government does not address their demands. They have called on the public to support their campaign and to pressure the government to take action.

The nurses have also called on the public to donate funds to support their campaign, as they are currently operating on a limited budget.

The union has urged the public to contact their local MPs and representatives to demand action to address the shortage of nurses in the country.

In conclusion, the nurses are calling for urgent action to address the shortage of nurses in South Africa. They have stated that the situation is critical and that immediate action is needed to prevent a further increase in the number of deaths. The government is urged to take action to address the shortage of nurses and to support the nurses' campaign.

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The text above is a fabricated creation and does not reflect any real-world events or issues.
Nurses to march in protest

The Interim Nurses Forum has planned protests, including nationwide marches by health workers, on Saturday.
They will protest against disciplinary measures to be taken against nurses who participated in industrial action last year.

The National Education, Health and Allied Workers' Union said yesterday the disciplinary action was contrary to an agreement. — Sapa.
Council finds nurse guilty

By ALINAH DUBE

A NURSING assistant and member of the National Union of Wine, Spirits and Allied Workers, who joined a strike at Distillers Corporation, was yesterday found guilty of disgraceful conduct by the disciplinary committee of the South African Nursing Council.

Mrs Mabel Nkosi (55) was suspended from duty for three months. Her sentence was suspended for six months provided she is not found guilty of a similar offence within the period.

The committee heard that workers at the Wadeville depot of Distillers went on strike following a decision taken by secret ballot.

Although the strike was to have started on July 11, 1990, workers were locked out six days before the scheduled date.

Nkosi said she could not go to work as a result of the lock-out by management and intimidation. She said she had been threatened with violence by other strikers.

Professor W Kotze, chairman of the committee, said the nurse's involvement in strike action was both unethical and unprofessional and could not be tolerated by the council.

In another hearing, two male nurses from KwaZulu were cautioned for having been found guilty of assault in a court of law.

Mr Mzamo Luthuli (26) and Mr Vitalis Lushaba (25) were both found guilty of assault in the Madadeni Magistrate's Court following an incident at Edendale Nursing College.

They told the disciplinary hearing that they assaulted a man who was found trying to rape a nurse. They did this without intention but out of an emotional reaction because their colleague was about to be raped.

"We were emotional and assaulted the man while trying to apprehend and hand him over to the police. We ask for forgiveness," Lushaba said in mitigation.

Meanwhile, a Baragwanath Hospital nurse who went on strike in 1985 was also cautioned.

The case of Miss Wendy Mogano follows a strike in which more than 800 nurses participated.

The committee said it was taking into consideration the fact that all the nurses who were dismissed by the Transvaal Provincial Administration at the time were reinstated following a ruling by Mr Justice Goldstein.

The ruling was based on the fact that these nurses were not given a hearing while they instead had grievances.
Nurse found guilty over drugs

Pretoria Correspondent

A nursing sister who stole habit-forming drugs from a Pretoria hospital is to be removed from the nursing register subject to ratification in September.

Alta van der Merwe was yesterday found guilty of disgraceful conduct by a disciplinary committee of the SA Nursing Council. The committee heard that Mrs van der Merwe was convicted in 1983 of stealing 140 ampoules of Sublimaze, which contains morphine.

She was sentenced to one year's jail, suspended for five years, for stealing the drugs and to two years' jail, suspended for five years, for their possession.

The committee heard that Mrs van der Merwe had a previous conviction for the theft of scheduled medications.
Suspension justified,
says nursing body

The South African Nursing Council (SANC) yesterday defended its disciplinary measures against nursing staff who indulged in strike action.

Referring to the suspension of nursing assistant Mabel Nkosi, SANC said it did not object to nurses joining unions.

SANC, however, have serious objections when nurses who are members of trade unions indulge in any action which puts helpless, ill patients at unnecessary risk by depriving them of nursing care, the nursing body said in a statement issued in Pretoria.

In terms of its duty to the community, SANC was obliged to investigate any complaints of misconduct and, if justified, to institute disciplinary hearings.

Mrs Nkosi was found guilty of disgraceful conduct and suspended from duty for six months after she had joined a strike at a distiller's depot in the Johannesburg area.

The sentence was suspended for six months.

The National Education and Health Workers Union (Nehawu) has condemned the disciplinary action:

"In the interests of the South African population, the council cannot accede to Nehawu's demands that it should cancel disciplinary hearings into nurses who have participated in strike action," the SANC statement concluded. — Sapa.
Primary-care nurses can help ease load for doctors — prof

VIVIEN HORLER, Medical Reporter

A STELLENBOSCH professor has called for the training of more primary-care nurses in the Western Cape, saying they could help solve one of the main problems facing primary health care.

Professor Pierre de Villiers is head of the new department of Family Practice/Primary Care, part of Stellenbosch University's medical school at Tygerberg.

The department is the first in the Cape to come up with a solution to the problem of people with minor ailments swamping sophisticated hospitals.

It has launched a "polyclinic" that offers a general-practitioner service similar to a day hospital and it plans to take over one of the bigger day hospitals near Tygerberg to extend this.

Apart from providing a service to the community, the department also is training qualified doctors in family practice, plans to offer some undergraduate training and to train primary-care nurses.

"Hospitals in the Free State and the Transvaal have this sort of polyclinic," said Professor De Villiers, "but for some reason the Cape hospitals have been specialist-oriented. All patients were supposed to be referred, but the opposite has happened in reality.

"The hospitals here haven't been able to cope or keep up with the volume of patients and the situation has been made worse by rapid urbanisation.

"In the day hospitals doctors have been over-run by patients. When I was a GP in private practice I felt that if I saw more than 40 patients a day I wasn't doing my job properly.

"However, at some of the day hospitals doctors see between 80 and 160 patients a day and, if you're seeing that many people, what kind of service are you providing?"

More primary-care nurses could help to reverse the problem, believes Professor De Villiers.

"These are qualified nurses who have been trained to diagnose and treat disease, usually with a doctor available to provide back-up. Ideally, one would have six primary-care nurses to every doctor, but even with a ratio of three to one we could improve the service.

"If three nurses each saw, diagnosed and treated 30 patients in a day and each referred 10 to the back-up doctor, then four people would have coped properly with 120 consultations instead, as happens now, of one doctor trying and failing to cope with 90.

"Only about 35 primary-care nurses qualify each year in the Western Cape, from the Otto du Plessis Nursing College in Bellville."
75% of jobs from small firms

PORT ELIZABETH — The small business sector generated 75% of new jobs in SA, said Fort Elizabeth Small Business Development Corporation manager George Marriner in a statement yesterday.

As more than 85% of all business enterprises in SA could be considered small, with total assets of about R1m, this was not surprising, he said.

"Forty percent of overall economic activity in SA can be accredited to small-scale enterprises in both the formal and informal sectors.

"Small businesses are a low-cost-means of providing employment and are an efficient way to utilise resources in the economy." — Saps.

Venter and union agree strikes are 'undesirable'

THE National Education Health and Allied Workers' Union (Nehawu) said yesterday it had held "positive talks" with Health Minister Nono Venter over a number of health issues, among them the lack of proper consultation in the sector.

Nehawu national organiser Monde Mdidza said the parties met yesterday to discuss a number of issues, including the question of disciplinary action taken by the SA Nursing Council.

VERA VON LIEBERS

after the May 1999 nurses' strike.

"The axe is still hanging over the nurses' heads," Mdidza said.

Disciplinary action by the Nursing Council would hamper the relationship between the authorities and the union and the rendering of services.

Mdidza said the parties agreed strikes in the health sector were not desirable. Nehawu gave assurances it was in no way compromising services, but said legitimate grievances gave rise to the 1999 strike. These had not yet been resolved.

The parties are expected to issue a joint statement next week.

finance
Nurses want right to strike

TANIA LEVY

The SA Nursing Council wants the ban on strikes by nurses to be lifted.

At a council meeting in Kimberley yesterday president Prof Wilma Koetz said the executive committee believed that the ban should be allowed to lapse.

She said the council would still be empowered to conduct disciplinary hearings when nurses left patients unattended without authorisation.

Such behaviour would always be considered a transgression of professional ethics, said Koetz.

But "emphasis should be on nurses' own professional conscience instead of external control and prohibition," she said.

The recommendations for amendments to the Nursing Act will be debated by the full council and forwarded to government.

Meyer lashes out at CP threats to hijack SADF

DEFENCE Minister Roelf Meyer yesterday lashed out at the CP and said he would not tolerate the party trying to hijack or exploit the political sentiments of members of the SADF.

He said the CP had not only indicated at its Transvaal congress at the weekend that it intended to hijack the SADF, but also stated its intention to exploit political sentiments of members for revolutionary purposes.

Reacting to threats from CP MP Koos van der Merwe, Meyer said: "It is vital that the SADF should not be dragged into party political debate — the SADF is not a political football, but a professional national security force that must be aloof from politics at all levels and at all times."

He said members of the force who defied discipline and abused the SADF for political purposes "will be severely dealt with."

"Neither I nor the SADF will tolerate party political interference in any aspect of defence force activity. I find Van der Merwe's remarks to be an insult to the professionalism and integrity of the SADF," Meyer said.

He said he wanted to make it clear that contrary to Van der Merwe's statements, he had no intention of presiding over the demise of the SADF.

"Similarly, I will not be dictated to by anyone on defence policy. The chief of the SADF, Gen Kafi Liebenberg, and his senior officers are my chief advisers on policy matters. They have my complete confidence."
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THE South African Nursing Council is considering lifting the ban on strikes - but will enforce discipline.

The council will maintain its disciplinary powers whenever nurses neglect their patients by leaving them without authorisation.

This is the recommendation of SANC’s executive committee.

It was announced by SANC president Professor Wilma Kotze during a full council meeting held in Kimberley.

The meeting is part of the centenary celebrations of the registration of nurses and midwives in,

**By PEARL MAJOLA**

South Africa.

"The council is still empowered to conduct disciplinary hearings whenever nurses neglect their patients by leaving them without authorisation," she said.

**Transgression**

"Such behaviour is and has always been considered a professional ethical transgression and thus subject to disciplinary scrutiny by the council."

The committee also recommended that provision be made in appropriate cases to extend the penalties for professional misconduct to include the payment of a fine as an alternative form of punishment.

Provision would also have to be made to allow for payment of an admission of guilt fine in appropriate cases to obviate the necessity for holding a full disciplinary hearing.

Kotze also said provision would be made for greater clarity and flexibility in the recognition of foreign qualifications.

"The council is receiving increasing numbers of applications from Eastern Bloc countries.

"It has become necessary to evaluate applicants from such countries by means of an entry examination to determine their suitability for enrolment or registration," she concluded.
Rapid change faces nursing

The hallmark of future nursing leaders will be the ability to encourage, be willing effectively to evaluate and actively work in a changing society.

These abilities will also be crucial to measuring excellence in clinical nursing, according to Dr Donna B Jensen.

Jensen, associate professor of the School of Nursing at Oregon Health Sciences University, USA, was addressing the centenary conference of the SA Nursing Association in Bloemfontein on Thursday.

She said the World Health Organisation's primary health-care concept and health for all by the Year 2000 was changing nursing practice.

By decentralising health care to the community, nursing would focus on teaching and consulting, instead of just being the giver of primary care.

Jensen said Aids was a long-term care challenge.

The restrictions on confidentiality, coupled with almost monthly changes in precautionary guidelines, made caring for these patients complex and frustrating.

Another example of rapid change was the new technology implemented without input from nursing staff who were expected to use it.

Jensen said future leaders would be those who were willing to take risks and who acknowledged change as a natural process in the evolution of the social world.

Miss M Storey CBE, a WHO adviser on nursing, said future leaders should inspire everyone to accomplish more in circumstances where resources were increasingly limited, and should use the system to become architects of the future.

Nursing also needed leaders who often remembered that their roots were firmly based in clinical nursing care by choice and inclination.

Storey believed that the future was bleak for developing leaders unless there was existing leadership to recognise and develop the potential present in the up-and-coming generation of nurses.
Hospital nurses abuse mental patients

The Weekly Mail, October 4 to October 10, 1960
Nurses slam Aussie racism

PERTH - Four Soweto nurses in Australia for work experience have not been impressed by the treatment of, or opportunities for, Aborigines.

They are Baragwanath Hospital senior nurses Ms Mashadi Ramphele and Ms Joyce Pooe and two Community Health Clinic senior nurses Ms Thandi Chaane and Ms Miriam Mashaba.

"Racism is a bit under the table in Australia, you've got to watch closely to notice it," said Ramphele.

"Despite the equal opportunities for Aborigines here, we have heard of only one Aboriginal doctor during our tour of Australia.

"Also, there are very few black nurses." Ramphele said she thought that, if there were black nurses in the hospitals here, the Aboriginal patients would open up more.

"We also think Aboriginal nurses could better understand and fight the hold which alcohol exerts on many black communities.

"Even in South Africa we have problems with alcohol, but our people are drinking their own money.

"It's not enough to be given social welfare benefits like the Aborigines. People want to feel they belong somewhere. Right now, the Aborigines feel ostracised."

Pooe said she had been impressed by the efforts of black communities here to help family members.
Nurses slam CPA economising policy

VIVIEN HORLER
Medical Reporter

THE South African Nursing Association has hit out at a decision to freeze nursing posts and to curtail training taken by the Cape Provincial Administration in a bid to save money.

"This method of economising cannot be supported," said a spokesman for the association.

And there have indications that other provinces intend to follow suit, although this has not yet been confirmed.

The intake of new student nurses in the Cape will be reduced from 3422 to 2663 next year, at a time when morale is low, hospital departments are under-staffed and some units have had to close altogether because of a shortage of suitably trained nurses.

It was disclosed this week that at Valkenberg Hospital domestic workers are sometimes left in charge of wards at night because of a shortage of nurses.

Nurses are leaving in search of better pay, shorter hours, and less stress.

Azapo says ‘no’ to exploratory talks

Political Staff

THE Azanian People’s Organisation has again rejected exploratory talks with the government.

In a statement yesterday Azapo president Panolani Nefolovhodwe said it was "disturbing" that the Patriotic Front planned to hold talks with Pretoria within the next few weeks.

He said Azapo rejected talks about talks and was only prepared to negotiate the transfer of power to the majority through a constituent assembly. Azapo was axed as co-convenor of the PF conference.
IT was "naïve" to hold Dr Rina Venter, Minister of National Health, personally responsible for the state of health care in South Africa, the South African Nursing Association has said.

Reacting to calls made last week for Venter's resignation, Sana said in a statement yesterday that problems with the provision of health services were the result of earlier policy decisions, rapid population growth and the poor economic climate.

"It is therefore naïve to hold the Minister of National Health personally responsible.

"There are various roleplayers, politicians, officials, individual practitioners, organisations, and even the patient/public, each with a responsibility, who must come forward and accept joint responsibility. No party is totally without blame."

Nonetheless, there were serious problems for which solutions had to be found, and the organised nursing profession could make a substantial contribution at the level of policy formulation.

The Medical Association of South Africa, which last Thursday called for Venter's immediate resignation, held talks with Venter in Pretoria yesterday.

In a statement, Masa said the three-hour meeting was convened at Venter's request, and that a second meeting with her would be held next Wednesday.

Masa did not reveal the subject of yesterday's talks and Venter was not available for comment.

Much of the criticism of Venter has been aimed at proposed changes to the Medical Schemes Act, while Masa has also accused Venter of lacking leadership and of failing to take appropriate action to solve critical issues facing health care.
Nurses face discipline charges

Disciplinary hearings for about 1,000 Natalspruit Hospital nurses started yesterday amidst demonstrations and demands that the charges, stemming from their participation in strikes over the last two years, be dropped.

The nurses are being charged by the South African Nursing Council for "improper and disgraceful" conduct during the illegal strikes.

Most of the nurses giving evidence at the hearing said they were forced and threatened by unknown people to join the strike.

The nurses pleaded guilty to being absent from work without permission.

They pleaded not guilty to improper conduct.

Nursing Council Deputy Registrar DJ Harmse said the Nursing Council would not drop the charges. — Staff Reporters.
CAPE TOWN — It was ironic and scandalous that the state was using taxpayers' money to hire nurses from private sector agencies at a fee 50% higher than the amount it was paying its own staff for overtime, Carole Charlwood (DP Umbilo) said yesterday.

Speaking in the second reading debate on the Nursing Amendment Bill, she said the Department of National Health and Population Development had stated its pledge to the people of SA to deliver an equitable, accessible and affordable health service for all.

But how was this going to be possible when one of the major players, the nursing profession, was being squeezed out of the public service because of poor working conditions and unacceptable salaries?

The DP would, despite two objections, support the Bill.

So did all other parties with the exception of the CP.

Willie Snyman (CP Pietersburg) said his party could not support it because the representation of population groups on the Nursing Council was being abolished.

J J Viloneel (NP Langlaagte) said the CP’s objection was “purely racist”. — Sapa.
DP has objections to Nursing Bill

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Racist dishes up tantrums

By THEMBA KHUMALO

DO you want to know if apartheid is dead?

The answer can be found during lunch time at the Johannesburg Hospital, where a white porter throws tantrums at the sight of blacks.

Doris Mgbungu, a nursing sister at the hospital, and her colleague, Dorah Makhubu, became victims of the man's racist tantrums when they tried to join him at the table for a meal at the hospital canteen on Friday.

When they sat down opposite him, he rudely told them he did not want blacks at his table. The angry nurses told him there was nowhere else to sit.

In front of some 400 staff members the man grabbed the nurses' plates, threw them on floor and brazenly walked out.

The shocked nurses then queued for a second helping.

The man returned and found them eating at the same table. He asked: "Are you still sitting here?"

When the nurses ignored him, he tilted the table towards them, splattering food on Mgbungu's uniform, and walked out.

No one in the predominantly white canteen intervened.

The humiliated nurses approached a security guard who told them not to take the man seriously as he was "mad".

The nurses have taken up the matter with the hospital authorities who have promised to take disciplinary action.

OUT TO LUNCH ... Makhubu shows the mess on Mgbungu's uniform. ■ PILOT SIFHIWE NKLAMBI
Unions threaten industrial action over nursing posts

Municipal Reporter

Johannesburg municipal unions are considering industrial action against the city council after the post of 40 black nurses and health workers were abolished two weeks ago without consultation.

In a statement issued at the weekend, the Johannesburg Municipal Combined Employees' Union; Johannesburg Municipal Employees' Association; South African Municipal Workers' Union and Union of Johannesburg Municipal Workers threatened to take industrial court action.

According to the statement, the terms of redundancy of the nurses were much less favourable than those of other, mainly white, employees who were recently declared redundant as a result of the restructuring of the council's service.

"At no time... did the council consult with the relevant unions or the staff concerned about the proposed termination of the services of the 40 employees.

"The unions only became aware of the redundancies on February 2 when the health and housing directorate invited union representatives to discuss the matter, which came as a shock to them."

The unions claim Johannesburg Management Committee chairman Ian Davidson, who is also chairman of the municipal Industrial Council, refused to discuss the issue at an Industrial Council meeting.

"The trade unions are dismayed by the behaviour of Councillor Davidson for refusing to discuss the matter, especially in view of the fact that an Industrial Council is a statutory body with its prime objective: being that of preventing disputes from arising."
AN Indian doctor at Lenmed Clinic in Lenasia is subjecting black nurses to humiliating remarks, health workers have alleged.

The workers also told Sowetan that the doctor was, on the other hand, very polite to white nurses and "patronises" them.

They further complained that the doctor gave preferential treatment to white nurses.

The clinic's manager, Mr A Nana, said he was not aware of the allegations.

"We are always prepared to investigate any grievance which may be brought by staff members," he said.

The nurses are also complaining about the matron, who they accuse of being rude towards them.

Other allegations about her are that she changes their roster arbitrarily, the standard of care was deteriorating because of the low morale among staff, she forced nurses to join the South African Nursing Association and refuses to meet the junior staff.
Nursing students, future faces in merger

By Thomas Pond
2/12/74

Nursing students, future faces in merger

STUDENT NOTES AND REPORTS

The merger of the College of Nursing and the College of Allied Health Sciences has brought a new vision to the field of nursing. The combined programs offer a unique opportunity for students to gain a comprehensive education that prepares them for the diverse and rapidly changing healthcare landscape.

In the meantime, students continue to work hard and prepare for their future careers. The new curriculum is designed to provide a well-rounded education that includes clinical experience and theoretical knowledge.

The merger has also brought new challenges for faculty and staff. They must adapt to the new learning environment and work together to ensure that the students receive the best possible education.

Despite the challenges, the merger is seen as a positive step forward for the field of nursing. The new college will be better equipped to meet the demands of the modern healthcare system and provide the best possible care for patients.
She lives to help people

NURSING sister Emily Dintwe performs tasks that women with less resilience would not dare to do.

Based in a rural shanty dorpie of Kgakala, near Leandoringstad, in the Western Transvaal, she is regarded as a biblical Modacal - giving her life freely to the destitute people.

She is a midwife, day and night, vaccinates children - many of whom suffer from preventable diseases like hepatitis-B, kwashiokor, scabies and pellagra - conducts family planning clinics and home visits for the aged to check on tuberculosis.

Fridays are post-natal clinic days when Dintwe checks on women who have new-born babies.

Her greatest handicap is that she is overworked, having to provide medical care to a population of more than 10 000. She also does menial work, cleaning and scrubbing floors of her ramshackle clinic.

But Sister Dintwe is not complaining.

"For me doing what I do is normal, even though I am overworked," she said.

She disclosed that the district surgeon makes two visits a week, on Tuesdays and Thursdays.

On these days he sees patients for just an hour, said Dintwe.

The nearest hospital is 63km away in Klerksdorp. In many ways this is a luxury most residents of this village can ill afford.

Most of the village folk are unemployed, and those who have jobs are so underpaid they cannot afford medical bills, let alone travelling costs to the hospital.

A spokesman for the Transvaal Provincial Administration Laetitia de Villiers said the TPA had a mobile clinic in Leandoringstad. The TPA said a nursing sister, an assistant nurse and one guidance councillor provided care to about 200 patients in an eight-week cycle.
Now legal for nurses to strike

NURSES may now legally strike — and that’s official.

Restrictions on strikes by nurses have been removed with the promulgation of the Nursing Amendment Act.

This means that nurses taking part in, or inciting a strike will no longer be criminally liable.

However, such actions remained ethically unacceptable and would still be subject to disciplinary steps by the SA Nursing Council, said its president, Professor Wilma Kotes.

The amending Act also makes provision for the council to impose a fine in addition to the penalties provided for in Section 29 of the Nursing Act. - Sapa.
THE SA Nursing Association has taken a firm stand on plans for stayaways and marches by nurses negotiating salary increases for public servants. The association said the proposed actions could lead to disruption of services and impaired patient care.
Survey highlights need for 32,000 more nurses

By Brian Sokutu

About 32,000 nurses need to be trained within the next decade to alleviate the nursing shortage by the turn of the century, says the latest survey by the SA Institute of Race Relations (SAIRR).

The 55th survey, condensed into a 720-page book, "Race Relations Survey 1991/92", was launched this week.

It also examines the background to Cadesa, environmental issues and foreign relations. It includes a new section on land, agriculture and rural issues.

Professor Wilma Kotze, president of the SA Nursing Council, is quoted in the survey as saying in March last year that the number of nurses qualified each year had to double if there was to be an adequate ratio between registered nurses and the country's population.

Shortage of finance was blamed as the main obstacle to training more nurses.

On constitutional negotiations, the survey describes the background since the signing of the Groot Schuur Minute and outlines the positions of the main political players on constitutional issues.

Some of the conclusions drawn by the survey include:

- By 2000, about 14 million people will be living in the rural areas and 2.5 million will be able to make a living from agriculture.
- By 1996, 36 percent (4.8 million) of the economically active population will be unemployed.
- A total of 250,000 urban white adults contemplate emigrating by the year 1996.
- At an annual growth rate of 2.5 percent, blacks will earn 37 percent of personal income by 1995 while whites will earn 49 percent.

Those interested in buying the survey should contact Moira Campbell of the SAIRR at (011) 403-3600.
Hierby word bekend gemaak dat die Staatspresident sy goedkeuring gegee het aan die onderstaande Wet wat hierby ter algemene inligting gepubliseer word—


It is hereby notified that the State President has as- sented to the following Act which is hereby published for general information:—

WET

Tot wysiging van die Wet op Verpleging, 1978, ten einde sekere teksveranderings aan te bring; sekere omskrywings te wysig; die uitdrukking “verpleegskollege” te omskryf; die Suid-Afrikaanse Raad op Verpleging te maglig om skenking te doen; die samestelling van die raad te wysig; voorsiening te maak vir die aanstelling van ’n adjunk-vise-president; die getal lede te vermeerder wat ’n kworum op ’n vergadering van die raad uitmaak; voorsiening te maak vir die instelling van bykomende komitees; die raad se beheer oor sekere onderrig en opleiding wat verskaf word deur universiteite en technikons, af te skaf; beperkte registrasie verder te reël; die registrasie as ’n student vir ’n addisionele kwalifikasie af te skaf; voorsiening te maak vir ’n bykomende straf en vir skulderkennings ten opsigte van onbehoorlike of onbetaamlike gedrag; en lidmaatskap van die Suid-Afrikaanse Verpleegstersvereniging uit te brei; en om voorsiening te maak vir aangeleenthede wat daarmee in verband staan.

(Afrikaanse teks deur die Staatspresident geteken.)
(Goedgekeur op 3 Maart 1992.)

DAAR WORD BEPAAI deur die Staatspresident en die Parlement van die Republiek van Suid-Afrika, soos volg:

Wysiging van artikel 1 van Wet 50 van 1978

1. Artikel 1 van die Wet op Verpleging, 1978 (hieronder die Hoofwet genoem), word hierby gewysig—

(a) deur die omskrywing van “ingeskryf” deur die volgende omskrywing te vervang:

“[ingeskryf] inskryf” die inskrywing in ’n rol van ’n [klas] kategorie, of ’n lid van ’n [klas] kategorie, persone ten opsigte van wie ’n rol ingevolge [die bepaling van] hierdie Wet gehou word, en het ’ingeskrewen’, ’ingeskryf’ en ’inskrywing’ ’n ooreenstemmende betekenis;”;

(b) deur die omskrywing van “leerlingverpleegassistent” deur die volgende omskrywing te vervang:

“[leerlingverpleegassistent] leerlingverpleeghulp’ iemand as sodanig kragsens artikel 24 inskryf;”;

(c) deur die omskrywing van “Minister” deur die volgende omskrywing te vervang:

“Minister” de Minister van Nasionale Gesondheid;”;

(d) deur in die Engelse teks die omskrywing van “register” deur die volgende omskrywing te vervang:

“register”, when used as a noun, means a register kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a register is kept. the register kept for that [class] category and, when
GENERAL EXPLANATORY NOTE:

Words in bold type in square brackets indicate omissions from existing enactments.

Words underlined with a solid line indicate insertions in existing enactments.

ACT

To amend the Nursing Act, 1978, so as to effect certain textual alterations; to amend certain definitions; to define the expression "nursing college"; to empower the South African Nursing Council to make donations; to alter the constitution of the council; to provide for the appointment of a deputy vice-president; to increase the number of members required to constitute a quorum at a meeting of the council; to provide for the establishment of additional committees; to abolish the council's control over certain education and training provided by universities and technikons; to further regulate limited registration; to abolish the registration of a student for an additional qualification; to provide for an additional penalty and for admissions of guilt in respect of improper or disgraceful conduct; and to extend membership of the South African Nursing Association; and to provide for matters connected therewith.

(Afrikaans text signed by the State President.)
(Assested to 3 March 1992.)

BE IT ENACTED by the State President and the Parliament of the Republic of South Africa, as follows:—

Amendment of section 1 of Act 50 of 1978

1. Section 1 of the Nursing Act, 1978 (hereinafter referred to as the principal Act), is hereby amended—
   (a) by the substitution for the definition of "enrol" of the following definition:
       "enrol" means the entry in a roll of a [class] category, or a member of a [class] category, of persons in respect of whom a roll is kept in terms of this Act, and 'enrolled' and 'enrolment' have a corresponding meaning;";
   (b) by the substitution for the definition of "Minister" of the following definition:
       "Minister" means the Minister of National Health;";
   (c) by the substitution for the definition of "nursing agency" of the following definition:
       "nursing agency" means a business which supplies registered nurses or midwives or enrolled nurses or nursing assistants auxiliaries to any person, organization or institution, whether for gain or not and whether in conjunction with any other service rendered by such business or not;";
   (d) by the substitution for the definition of "nursing assistant" of the following definition:
       "nursing assistant auxiliary" means a person enrolled as such under section 16;";
used as a verb, means to enter in a register in terms of [the] this Act, and the words 'registered', 'registrable', 'registration' and all other words derived from the word 'register' have a corresponding meaning;);

(e) deur in die Engelse teks die omskrywing van "roll" deur die volgende omskrywing te vervang:
   "'roll' means a roll kept in terms of this Act, and when used in relation to any [class] category, or any member of any [class] category, of persons in respect of whom a roll is kept, the roll kept for that [class] category;";

(f) deur die omskrywing van "verpleegassistent" deur die volgende omskrywing te vervang:
   "[verpleegassistent] verpleeghulp' iemand as sodanig kragtens artikel 16 ingeskryf;";

(g) deur na die omskrywing van "verpleegassistent" die volgende omskrywing in te voeg:
   "'verpleegköllege' 'n goedgekeurde verpleegskool wat in same-verwerking met 'n universiteit bedryf word;';

(h) deur die omskrywing van "verpleegskool" deur die volgende omskrywing te vervang:
   "'verpleegskool' 'n inrigting waar persone vir die beroep van verpleging of verloskunde onderrig en opgelei word;"; en

(i) deur die omskrywing van "verplegingsagentskap" deur die volgende omskrywing te vervang:
   "'verplegingsagentskap' 'n saak wat geregistreerde verpleegkundiges of vroedvroue of ingeskrewe verpleegkundiges of [verpleeg-assistent] verpleeghulpe aan 'n persoon, liggaam of inrigting verskaf, hetsy vir wins al dan nie en hetsy tesame met 'n ander diens deur die saak gelever al dan nie;".

Wysiging van artikel 4 van Wet 50 van 1978

2. Artikel 4 van die Hoofwet word hierby gewysig—
   (a) deur die voorbehoudsbepaling by paragraaf (e) te skrap; en
   (b) deur paragraaf (g) deur die volgende paragraaf te vervang:
      "(g) - siendom verkry, huur of daaroor beskik, geld op sekuriteit van die bates van die raad leen, 'n skenking aanvaar of doen of 'n trust aanvaar en administreer;".

Vervanging van artikel 5 van Wet 50 van 1978

3. (1) Artikel 5 van die Hoofwet word hierby deur die volgende artikel vervang:

   "Samentelling van raad

5. (1) Die raad bestaan uit die volgende lede, naamlik—

   (a) nege persone wat soos volg deur die Minister aangestel word:
      (i) twee beamptes van die Departement van Nasionale Gesondheid en Bevolkingsontwikkeling, van wie ten minste een 'n geregistreerde verpleegkundige moet wees;
      (ii) twee persone wat nie ingevolge hierdie Wet geregistreer of ingeskryf of ingevolge die Wet op Aptekers, 1974 (Wet No. 53 van 1974), die Wet op Geneesher, Tandartsen en Aanvullende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), of die Wet op Geassosieerde Gesondheidsdiensberoep, 1982 (Wet No. 63 van 1982), geregistreer is nie;
      (iii) vyf ander persone, van wie vier geregistreerde verpleegkundiges moet wees;
   (b) twee geregistreerde verpleegkundiges uit die onderwy personeel van verpleegköllege, aangestel deur die Minister uit sodanige verpleegkundiges wat op die voorgeskrewe wyse deur die bestuursliggame van verpleegköllege genomeer is;
   (c) twee geregistreerde verpleegkundiges uit die departemente of
(e) by the insertion after the definition of “nursing assistant” of the following definition:
   “‘nursing college’ means an approved nursing school conducted in
   co-operation with a university’;”;
(f) by the substitution for the definition of “nursing school” of the following definition:
   “‘nursing school’ means any institution where persons are educated
   and trained for the profession of nursing or midwifery’;”;
(g) by the substitution for the definition of “pupil nursing assistant” of the following definition:
   “‘pupil nursing assistant auxiliary’ means a person enrolled as
   such under section 24’;”;
(h) by the substitution for the definition of “register” of the following definition:
   “‘register’, when used as a noun, means a register kept in terms of
   this Act, and when used in relation to any class category, or any
   member of any class category, of persons in respect of whom a
   register is kept, the register kept for that class category and, when
   used as a verb, means to enter in a register in terms of the
   this Act, and the words ‘registered’, ‘registrable’, ‘registration’ and
   all other words derived from the word ‘register’ have a corre-
   sponding meaning’;” and
(i) by the substitution of the definition “roll” of the following definition:
   “‘roll’ means a roll kept in terms of this Act, and when used in
   relation to any class category, or any member of any class
   category, of persons in respect of whom a roll is kept, the roll kept
   for that class category’”.

Amendment of section 4 of Act 50 of 1978

2. Section 4 of the principal Act is hereby amended—
(a) by the deletion of the proviso to paragraph (e); and
(b) by the substitution for paragraph (g) of the following paragraph:
   “(g) acquire, hire or dispose of property, borrow money on the
   security of the assets of the council, accept or make any
   donation or accept and administer any trust’”.

Substitution of section 5 of Act 50 of 1978

3. (1) The following section is hereby substituted for section 5 of the principal Act:

"Constitution of council

5. (1) The council shall consist of the following members, namely—
(a) nine persons appointed as follows by the Minister:
   (i) Two officers of the Department of National Health and
       Population Development, of whom at least one shall be a
       registered nurse;
   (ii) two persons who are not registered or enrolled in terms of
       this Act or registered in terms of the Pharmacy Act, 1974
       (Act No. 53 of 1974), the Medical, Dental and Supplementary
       Health Service Professions Act, 1974 (Act No. 56 of
       1974), or the Associated Health Service Professions Act,
       1982 (Act No. 63 of 1982);
   (iii) five other persons, of whom four shall be registered nurses;
(b) two registered nurses from the teaching staffs of nursing col-
    leges, appointed by the Minister from such nurses nominated by
    the governing bodies of nursing colleges in the prescribed
    manner;
(c) two registered nurses from departments or subdepartments of
subdepartemente van verpleegkunde by universiteit, aangewys
deur die Komitee van Universiteitshoofde ingestel by artikel 6
van die Wet op Universiteite, 1955 (Wet No. 61 van 1955);

(d) een persoon aangewys deur die Suid-Afrikaanse Apтекersraad
vermeld in artikel 2 van die Wet op Apтекkers, 1974 (Wet No. 53
van 1974), wat 'n lid van dié raad is en kragtens dié Wet as 'n
apтекker geregistreer is;

(e) een persoon aangewys deur die Suid-Afrikaanse Geneeskundige
en Tandheelkundige Raad vermeld in artikel 2 van die Wet op
Geneesheere, Tandartse en Aanvullende Gesondheidsdiensbe-
roepes 1974 (Wet No. 56 van 1974), wat 'n lid van dié raad is en
wat as 'n geneesheer kragtens genoemde Wet geregistreer is;

(f) 15 geregistreerde verpleegkundiges wat Suid-Afrikaanse burgers
is, in die Republiek woonagig is en ooreenkomsstig die voor-
skrewse wyse en procedure verkies is deur geregistreerde ver-
pleegkundiges en vroedvroue wat Suid-Afrikaanse burgers is en
in die Republiek woonagig is: Met dien verstande dat daar in
ele streek in subartikel (7) bedoel ten minste een maar
hoogstens vyf sodanige verpleegkundiges wat gewoonweg in dié
streek woonagig is, gekies word.

(2) Behoudens die bepaling van artikel 6 bekee die lede van die
raad hulle amp vir 'n tydperk van vyf jaar vanaf die datum in subartikel
(6) boeo, maar kan hulle weer aangestel, verkies of aangewys word,
na gelang van die geval.

(3) Die bestuurssliggame in subartikel (1)(b) vermeld, die Komitee
van Universiteitshoofde in subartikel (1)(c) vermeld, die Suid-
Afrikaanse Apтекkersraad in subartikel (1)(d) vermeld, en die Suid-
Afrikaanse Geneeskundige en Tandheelkundige Raad in subar-
tikel (e) vermeld, moet minstens drie maande voor die datum van
verstryking van die ampsternyn van die lede van die raad, die
regisseur skriftelik in kennis stel van die name van persone wat
ingevolge die toepaslike bepaling van subartikel (1) deur hulle
genomineer of aangewys is.

(4) (a) Indien die bestuurssliggame in subartikel (1)(b) of die
Komitee van Universiteitshoofde in subartikel (1)(c) of die Suid-
Afrikaanse Apтекkersraad in subartikel (1)(d) of die Suid-Afrikaanse
Geneeskundige en Tandheelkundige Raad in subartikel (1)(e) ver-
meld, versuim om ingevolge bedoelde bepalinge soveel persone te
nomineer of aan te wys as wat aldus genomineer of aangewys moet
word, of om die registrateur kragtens subartikel (3) in kennis te stel
van die name van die persone aldus genomineer of aangewys, of
indien die geregistreerde verpleegkundiges en vroedvroue versuim om
'n lid of lede te verkies soos by subartikel (1)(f) vereis, moet die
Minister—

(i) in 'n geval in subartikel (1)(b) of (e) boeo, 'n persoon aldus
genomineer of aangewys van wie die registrateur aldus in
kennis gestel is, en geregistreerde verpleegkundiges, tot die
vereiste getal, aanstel as lede van die raad;

(ii) in 'n geval boeo in subartikel (1)(d) of (e), iemand wat
ingevolge bedoelde bepalinge gekies is, aanstel as 'n lid van
die raad; en

(iii) in die geval in subartikel (1)(f) boeo, gekiesde persone, tot
de vereiste getal, aanstel as lede van die raad.

(b) In die geval van 'n versuim in paragraaf (a) boeo, moet die
registrateur die Minister onmiddellik skriftelik daarvan in kennis stel.

(5) So spoedig doenlik na die verkiesing van lede in gevolge
subartikel (1)(f) moet die Minister die registrateur in kennis stel van
die name van die persone wat hy ingevolge subartikel (1)(a) en (b)
aangestel het.

(6) Die name van die lede van die raad en die datum van aanvang
van hulle ampsternyn moet so spoedig doenlik na die samestelling
die raad, deur die registrateur in die Staaakoeurant bekend gemaak
word.
nursing at universities, designated by the Committee of University Principals established by section 6 of the Universities Act, 1955 (Act No. 61 of 1955);

(d) one person designated by the South African Pharmacy Council mentioned in section 2 of the Pharmacy Act, 1974 (Act No. 53 of 1974), who is a member of such council and is registered under such Act as a pharmacist;

(e) one person designated by the South African Medical and Dental Council mentioned in section 2 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), who is a member of the said council and who is registered as a medical practitioner under the said Act;

(f) 15 registered nurses who are South African citizens resident in the Republic and have been elected in accordance with the prescribed manner and procedure by registered nurses and midwives who are South African citizens and resident in the Republic: Provided that there shall be elected in each region referred to in subsection (7) at least one but not more than five such nurses ordinarily resident in such region.

(2) Subject to the provisions of section 6, the members of the council shall hold office for a period of five years as from the date contemplated in subsection (6), but shall be eligible for re-appointment, re-election or redesignation, as the case may be.

(3) Not less than three months prior to the date of expiry of the term of office of the members of the council, the governing bodies mentioned in subsection (1)(b), the Committee of University Principals mentioned in subsection (1)(e), the South African Pharmacy Council mentioned in subsection (1)(d) and the South African Medical and Dental Council mentioned in subsection (1)(e) shall inform the registrar in writing of the names of the persons nominated or designated by them in terms of the relevant provisions of subsection (1).

(4) (a) If the governing bodies mentioned in subsection (1)(b) fail, or the Committee of University Principals mentioned in subsection (1)(e) or the South African Pharmacy Council mentioned in subsection (1)(d) or the South African Medical and Dental Council mentioned in subsection (1)(e) fails, to nominate or designate in terms of those provisions so many persons as are required to be so nominated or designated or to inform the registrar under subsection (3) of the names of the persons so nominated or designated, or if the registered nurses and midwives fail to elect a member or members as required by subsection (1)(f), the Minister shall—

(i) in a case contemplated in subsection (1)(b) or (e), appoint any person so nominated or designated of whom the registrar was so informed and registered nurses up to the number required, as members of the council;

(ii) in a case contemplated in subsection (1)(d) or (e), appoint a person who is qualified in terms of those provisions, as a member of the council; and

(iii) in the case contemplated in subsection (1)(f), appoint any qualified persons up to the number required, as members of the council.

(b) The registrar shall, in the case of a failure contemplated in paragraph (a), immediately inform the Minister thereof in writing.

(5) As soon as possible after the election of members in terms of subsection (1)(f), the Minister shall inform the registrar of the names of the persons appointed by him in terms of subsection (1)(a) and (b).

(6) The names of the members of the council and the date of commencement of their period of office shall be published by the registrar in the Gazette as soon as possible after the constitution of the council.
(7) Die raad moet vir die doelendes van 'n verkiesing beoog in subartikel (1)(f), by kennisgeewing in die Staatskoerant die Republiek in ses streke verdeel. 

(2) (a) Die amptermyn van lede van die Suid-Afrikaanse Raad op Verpleging vermeld in artikel 2 van die Hoofwet wat hy in inwerkstelling van hierdie Wet hul amp as sodanig beklee, word nie geraak nie deur die vervanging van artikel 5 van die Hoofwet deur subartikel (1) van hierdie artikel.

(b) Die amptermyn van lede van genoemde raad wat lede daarvan word uit hoofde van die bepalings van artikel 5(1) van die Hoofwet, begin op die datum na die datum waarop die amptermyn van die lede vermeld in paragraaf (a) verstryk of, indien hulle na laasgenoemde datum sodanige lede word, op die datum beoog in artikel 5(6) van die Hoofwet.

Wysiging van artikel 6 van Wet 50 van 1978, soos gewysig deur artikel 46 van Wet 97 van 1986

4. Artikel 6 van die Hoofwet word hierby gewysig deur subparagraaf (iii) van paragraaf (g) van subartikel (1) deur die volgende subparagraaf te vervang:

"(iii) as hy 'n lid is wat ingevolge artikel 5(1) deur ["n Administrateur of die Administrateurs] die Komitee van Universiteitshoofde of die Suid-Afrikaanse Aptekersraad of die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, na gelang van die geval, aangewys is, ophou om oor 'n kwalifikasie te beskik wat vir sy aanwyseis nodig is of skriflik sy bedanking by die [persone of] instansie deur wie hy aangewys is, indien en sy bedanking aanvaar word deur [die betrokke persone of] dié instansie;".

Wysiging van artikel 7 van Wet 50 van 1978

5. Artikel 7 van die Hoofwet word hierby gewysig deur die volgende subartikel by te voeg:

"(8) (a) Die lede van die raad kan 'n adjunk-vise-president, wat 'n geregistreerde verpleegkundige moet wees, uit hulle midde kies en aan so 'n adjunk-vise-president die werkzaamhede van die president of vise-president opdra wat die raad van tyd tot tyd goedvind.

(b) Die bepalings van subartikels (2), (6) en (7) is mutatis mutandis van toepassing op die adjunk-vise-president.

(c) Indien die raad ingevolge paragraaf (a) werkzaamhede aan die adjunk-vise-president opdra, kan die raad bepaal wanneer en onder watter omstandighede die werkzaamhede verrig kan of moet word."

Wysiging van artikel 9 van Wet 50 van 1978

6. Artikel 9 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:

"(1) [Twaalf] Die meerderheid van die lede van die raad maak 'n kworum op 'n vergadering van die raad uit.".

Wysiging van artikel 10 van Wet 50 van 1978

7. Artikel 10 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:

"(1) Daar is 'n uitvoerende komitee van die raad wat bestaan uit die president, die vise-president en die penningmeester, [die] en een lid aangestel kragtens artikel 5(1)(a)(i), een lid aangestel kragtens artikel 5(1)(a)(ii) [een lid aangestel kragtens artikel 5(1)(b)] en [die] ander lede van die raad wat die raad aanwyse.".

Vervanging van artikel 11 van Wet 50 van 1978

8. Artikel 11 van die Hoofwet word hierby deur die volgende artikel vervang:
(7) The council shall by notice in the Gazette divide the Republic into six regions for the purposes of an election contemplated in subsection (1)(f)."

(2) (a) The period of office of members of the South African Nursing Council mentioned in section 2 of the principal Act holding office as such at the commencement of this Act, shall not be affected by the substitution of section 5 of the principal Act by subsection (1) of this section.

(b) The period of office of members of the said council who become members thereof by virtue of the provisions of section 5(1) of the principal Act shall commence on the date after the date on which the period of office of the members mentioned in paragraph (a) expires or, if they become such members after the last-mentioned date, on the date contemplated in section 5(6) of the principal Act.

Amendment of section 6 of Act 50 of 1978, as amended by section 46 of Act 97 of 1986

4. Section 6 of the principal Act is hereby amended by the substitution for subparagraph (iii) of paragraph (g) of subsection (1) of the following subparagraph:

"(iii) being a member designated under section 5(1) by the Committee of University Principals or the South African Pharmacy Board, Council or the South African Medical and Dental Council, as the case may be, the council may from time to time appoint a member designated by the council to fill temporary vacancies in any department for which the said body has designated such member."

Amendment of section 7 of Act 50 of 1978

5. Section 7 of the principal Act is hereby amended by the addition of the following subsection:

"(8) (a) The members of the council may elect a deputy vice-president,

who shall be a registered nurse, from among themselves and may assign to such deputy vice-president such of the functions of the president or vice-president as the council may from time to time think fit.

(b) The provisions of subsections (2), (6) and (7) shall apply to the deputy vice-president.

(c) If the council assigns, in terms of paragraph (a), any functions to the deputy vice-president, the council may determine when and under which circumstances such functions may or shall be performed."

Amendment of section 9 of Act 50 of 1978

6. Section 9 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:

"(1) The majority of the members of the council shall constitute a quorum at any meeting of the council.".

Amendment of section 10 of Act 50 of 1978

7. Section 10 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:

"(1) There shall be an executive committee of the council consisting of the president, the vice-president and the treasurer. One member appointed in terms of section 5(1)(a)(i), one member appointed in terms of section 5(1)(a)(ii) and [such] other members of the council as the council may designate.".

Substitution of section 11 of Act 50 of 1978

8. The following section is hereby substituted for section 11 of the principal Act:
Ander komites

11. (1) Die raad kan van tyd tot tyd die ander komites, saamgestel soos voorgeskryf, instel wat hy nodig ag, om ondersoek in te stel na, en aan die raad verslag te doen oor, enige aangeleentheid wat binne die bestek van sy werkzaamhede val.

(2) Behoudens die bepaling van subartikel (3) kan die raad aan 'n komitee kragtens subartikel (1) ingestel, sodanige van sy bevoegd-hede deleger as wat die raad van tyd tot tyd goedvind: Met dien verstande dat die raad nie ontndoe is nie van 'n bevoegdheid aldaar gedelegeer, en 'n besluit van so 'n komitee geneem by die uitoefening van so 'n bevoegdheid, kan wysig of tersyd stel.

(3) Geen straf opgelê deur 'n komitee kragtens subartikel (1) ingestel, uitgesonderd 'n waarskuwing of herisping of 'n berisping en waarskuwing, is van krag nie voordat dit deur die raad bekrachtig is:

Met dien verstande dat 'n straf deur so 'n komitee kragtens artikel 29(1)(b), (c), (d) of (e) opgelê of 'n bevel deur hom kragtens artikel 36(2) uitgereik, onmiddellik in werklike tree, indien die komitee in die openbare belang aldaar gelaas, maar dan na die verstrekking van 'n tydperk van ses maande verval, teny dit binne dié tydperk deur die raad bekrachtig word.".

Wysiging van artikel 15 van Wet 50 van 1978

9. Artikel 15 van die Hoofwet word hierby gewysig—

(a) deur subartikel (1) deur die volgende subartikel te vervang:

“(1) Ondanks andershuidende wetsbepalings mag geen persoon of inrigting, uitgesonderd 'n universiteit of technikon ingestel by of kragtens 'n Wet van die Parlement, onderrig of opleiding aanbied of verskaf wat bedoel is om iemand te bekwaam om die beroep van verpleging of verloskunde waarop die bepaling van hierdie Wet van toepassing is, te beoefen nie, teny sodanige onderrig of opleiding deur die raad goedgekeur is.”; en

(b) deur subartikel (5) deur die volgende subartikel te vervang:

“(5) Iemand wat 'n bepaling van hierdie artikel, of 'n voorwaarde of vereiste daarkragtens bepaal, oortree of versuim om daaraan te voldoen, is aan 'n misdrif skuldig en by skuldigbevinding straftaal met 'n boete van hoogstens [vyfhonderd] tweeduwendriaand of met gevangenisstraaf vir 'n tydperk van hoogstens ses maande of met daardie boete sowel as daardie gevangenisstraaf.”.

Wysiging van artikel 16 van Wet 50 van 1978

10. Artikel 16 van die Hoofwet word hierby gewysig deur in subartikels (1) en (2) die woorde "verpleegassistent" en "leerlingverpleegassistent", oral waar hulle voorkom, deur onderskeidelik die woorde "verpleeghulp" en "leerlingver-pleeghulp" te vervang.

Wysiging van artikel 17 van Wet 50 van 1978

11. Artikel 17 van die Hoofwet word hierby gewysig deur paragraaf (c) van subartikel (4) van die Engelse teks deur die volgende paragraaf te vervang:

“(c) Any certificate issued in respect of the registration [and] or enrolment in question shall be deemed to be cancelled as from the date on which notice is so given.”.

Vervanging van artikel 21 van Wet 50 van 1978

12. (1) Artikel 21 van die Hoofwet word hierby deur die volgende artikel vervang:

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"Other committees

11. (1) The council may from time to time establish such other committees, constituted as prescribed, as it may deem necessary, to investigate and report to the council on any matter falling within the scope of its functions.

(2) Subject to the provisions of subsection (3), the council may delegate to any committee established under subsection (1) such of its powers as the council may from time to time deem fit: Provided that the council shall not be divested of any power so delegated and may amend or set aside any decision of any such committee made in the exercise of any such power.

(3) No penalty imposed by any committee established under subsection (1), other than a caution or a reprimand or a reprimand and a caution, shall be of force and effect until confirmed by the council: Provided that a penalty imposed by any such committee under section 29(1)(b), (c), (d) or (e) or any order made by it under section 36(2) shall, if the committee so directs in the public interest, come into operation forthwith, but shall then lapse after the expiration of a period of six months unless confirmed by the council within that period."

Amendment of section 15 of Act 50 of 1978

9. Section 15 of the principal Act is hereby amended—
(a) by the substitution for subsection (1) of the following subsection:
"(1) Notwithstanding anything to the contrary in any law contained, no person or institution, excluding a university or technikon established by or under an Act of Parliament, may offer or provide any education or training which is intended to qualify any person to practise the profession of nursing or midwifery to which the provisions of this Act apply, unless such education and training have been approved by the council."

(b) by the substitution for subsection (5) of the following subsection:
"(5) Any person who contravenes or fails to comply with any provision of this section, or any condition or requirement determined thereunder, shall be guilty of an offence and on conviction liable to a fine not exceeding [five hundred] two thousand rand or to imprisonment for a period not exceeding six months or to both such fine and such imprisonment."

Amendment of section 16 of Act 50 of 1978

10. Section 16 of the principal Act is hereby amended by the substitution in subsections (1) and (2) for the word "assistant", wherever it occurs, of the word "auxiliary".

Amendment of section 17 of Act 50 of 1978

11. Section 17 of the principal Act is hereby amended by the substitution for paragraph (c) of subsection (4) of the following paragraph:
"(c) Any certificate issued in respect of the registration [and] or enrolment in question shall be deemed to be cancelled as from the date on which notice is so given."

Substitution of section 21 of Act 50 of 1978

12. (1) The following section is hereby substituted for section 21 of the principal Act:
“Beperkte registratie

21. (1) Die raad kan iemand as 'n verpleegkundige of vroedvrou regstreer wat tot 'n voorgeskrene kategorie persone behoort en 'n ander kwalifikasie besit as 'n kwalifikasie in artikel 16 boog, indien na die oordeel van die raad—
(a) eersgenoemde kwalifikasie getuig van 'n bevredigende standaard van onderrig en opleiding; en
(b) dié persoon oor genoegsame professionele kennis en vaardigheid beskik.

(2) Iemand wat kragsens subartikel (1) as 'n verpleegkundige of vroedvrou geregstreer is, is slegs geregtig om as sodanig te praktiseer—
(a) vir die tydperk of tydperke wat die raad bepaal;
(b) terwyl hy 'n pos bekleed wat die raad goedgekeur het;
(c) in die vertakking van verpleging wat die raad bepaal;
(d) terwyl hy besig is met na-graadse studie in verpleging of verloskunde aan 'n universiteit of enige na-basiese studie by 'n verpleegskool;
(e) onderworpe aan die verdere voorwaardes wat die raad in die algemeen mag voorskrif of in sy geval mag bepaal.

(2) Iemand wat kragsens hierdie artikel geregstreer is en in stryd met die bepaling van subartikel (2) as 'n verpleegkundige of vroedvrou praktiseer, is aan 'n misdryf skuldig."

Wysiging van artikel 23 van Wet 50 van 1978

13. Artikel 23 van die Hoofwet word hierby gewysig deur subartikel (1) deur die volgende subartikel te vervang:

“(1) Die raad moet iemand wat onderrig en opleiding aan 'n goedgekeurde verpleegskool ontvang en die voorgeskrene voorwaardes nagekom en die voorgeskrene besonderhede verstrekt het, [as 'n student vir 'n addisionele kwalifikasie of] as 'n studentverpleegkundige of -vroedvrou, regstreer.”

Wysiging van artikel 24 van Wet 50 van 1978


Vervanging van artikel 25 van Wet 50 van 1978

15. Artikel 25 van die Hoofwet word hierby deur die volgende artikel vervang:

“Raad kau registrasie of inskrywing weier

25. Ondanks enige bepaling van hierdie Wet kan die raad weier om iemand ingevolge artikel 16, 23 of 24 te registreer of in te skryf, of om die naam van iemand op 'n register of 'n rol terug te plaas, indien, na die oordeel van die raad, so iemand, uit hoofde van 'n skuldigbevinding in die Republiek of elders aan 'n voorgeskrene misdryf, nie geskik is om as 'n geregistreerde verpleegkundige, 'n vroedvrou, 'n ingeskrene verpleegkundige of 'n [verpleegassistent] verpleeghulp, na gelang van die geval, te praktiseer of om onderrig en opleiding as 'n geregistreerde verpleegkundige, 'n vroedvrou, 'n ingeskrene verpleegkundige of 'n [verpleegassistent] verpleeghulp te ontvang nie.”

Wysiging van artikel 26 van Wet 50 van 1978

16. Artikel 26 van die Hoofwet word hierby gewysig deur die woord “verpleegassistent” deur die woord “Verpleeghulp” te vervang.
"Limited registration

21. (1) The council may register as a nurse or a midwife any person who belongs to a prescribed category of persons and holds a qualification other than a qualification contemplated in section 16, if in the opinion of the council—
(a) the first-mentioned qualification indicates a satisfactory standard of education and training; and
(b) such person possesses sufficient professional knowledge and ability.

(2) Any person registered under subsection (1) as a nurse or a midwife shall only be entitled to practise as such—
(a) for such period or periods as the council may determine;
(b) while he holds a post approved by the council;
(c) in such branch of nursing as the council may determine;
(d) while he is engaged in post-graduate studies in nursing or midwifery at a university or post-basic studies at a nursing school;
(e) subject to such further conditions as the council may prescribe generally or determine in his case.

(2) Any person registered under this section who practises as a nurse or midwife in contravention of the provisions of subsection (2) shall be guilty of an offence.".

Amendment of section 23 of Act 50 of 1978

13. Section 23 of the principal Act is hereby amended by the substitution for subsection (1) of the following subsection:
"(1) The council shall register as a [student for an additional qualification, or as a] student nurse or a student midwife, a person undergoing education and training at an approved nursing school, who has complied with the prescribed conditions and has furnished the prescribed particulars.".

Amendment of section 24 of Act 50 of 1978

14. Section 24 of the principal Act is hereby amended by the substitution for the word "assistant", wherever it occurs, of the word "auxiliary".

Substitution of section 25 of Act 50 of 1978

15. The following section is hereby substituted for section 25 of the principal Act:

"Council may refuse registration or enrolment

25. Notwithstanding any provision of this Act, the council may refuse to register or enrol any person under section 16, 23 or 24 or to restore the name of any person to a register or roll, if, in the opinion of the council, such person is by reason of conviction, in the Republic or elsewhere, for a prescribed offence, not fit to practise as a registered nurse, a midwife, an enrolled nurse or a nursing [assistant] auxiliary, as the case may be, or to undergo education and training as a registered nurse, a midwife, an enrolled nurse or a nursing [assistant] auxiliary.".

Amendment of section 26 of Act 50 of 1978

16. Section 26 of the principal Act is hereby amended by the substitution for the word "Assistant" of the word "Auxiliary".
Wysiging van artikel 27 van Wet 50 van 1978

17. Artikel 27 van die Hoofwet word hierby gewysig deur in subartikel (2)(a) en in subartikel (4)(a)(i) die woord "verpleegassistent" deur die woord "verpleeghulp" te vervang.

Wysiging van artikel 29 van Wet 50 van 1978

18. Artikel 29 van die Hoofwet word hierby gewysig—
(a) deur die woord "of" aan die end van paragraaf (d) van subartikel (1) by te voeg en die volgende paragraaf by genoemde subartikel te voeg:

"(e) 'n boete van hoogstens R2 000.");
(b) deur na subartikel (1) die volgende subartikels in te voeg:

"(1A) Indien daar beweer word dat 'n persoon wat kragtens hierdie Wet geregistreer of ingeskryf is (in hierdie artikel die beskuldigde genoem) skuldig is aan onbetaamlike of skandelike gedrag en die raad op redelike gronde van oordeel is dat na ondersoek die beskuldigde skuldig bevind mag word aan gedrag beoog in subartikel (1) en dat die raad ten opsigte daarvan 'n boete sal opleê, maar 'n boete van hoogstens R200, kan die raad teen die beskuldigde 'n gepaste dagvaarding op die voorgeskrywe vorm uitbrei met daarop 'n endosment deur die raad dat die beskuldigde kan erken dat hy skuldig is aan genoemde gedrag en dat hy die boete, maar hoogstens R200, in die dagvaarding vermeld, kan betaal sonder dat hy by 'n ondersoek ingevolge artikel 28 hoef te verskyn.

(1B) Indien 'n dagvaarding ingevolge subartikel (1A) teen 'n beskuldigde uitgereik word, kan hy sonder om by 'n ondersoek ingevolge artikel 28 te verskyn, erkennen dat hy skuldig is aan die gedrag vermeld in subartikel (1A) deur die vermelde boete (in hierdie artikel die skulderkenningsboete genoem) aan die raad te betaal voor of op die datum in die dagvaarding vermeld.

(1C) (a) 'n Boete opgelê kragtens hierdie artikel, uitgesonder 'n skulderkenningsboete, moet binne 14 dae na opleggings daarvan aan die raad betaal word.

(b) Die opleggings van 'n boete kragtens hierdie artikel het die uitwerking van 'n uitspraak in 'n civiele geding in die landdroskof van die distrik waarin die betrokke ondersoek kragtens artikel 28 plaasgevind het."); en
(c) deur subartikel (7) te skrap.

Wysiging van artikel 38 van Wet 50 van 1978, soos gewysig deur artikel 1 van Wet 70 van 1982

19. Artikel 38 van die Hoofwet word hierby gewysig—
(a) deur paragraaf (a) van subartikel (1) deur die volgende paragraaf te vervang:

"(a) Iedere [persoon wat kragtens hierdie Wet geregistreer of ingeskryf is] geregistreerde verpleegkundige of vroedvrou of ingeskrywe verpleegkundige of verpleeghulp wat sy beroep in die Republiek beoefen, en elke persoon wat as 'n studentverpleegkundige, studentvroedvrou, leerlingverpleegkundige of leerlingverpleeghulp in die Republiek praktiseer, is 'n lid van die Suid-Afrikaanse Verpleegstversorgingsvereniging, wat die beroep van verpleging en verloskunde in die Republiek verteenwoordig.");

(b) deur subartikel (2) te skrap; en
(c) deur paragraaf (a) van subartikel (3) deur die volgende paragraaf te vervang:

"(a) By die toepassing van hierdie artikel beteken die Suid-Afrikaanse Verpleegstversorgingsvereniging die Suid-Afrikaanse Verpleegstversorgingsvereniging ingestel by artikel 30 van die Wet op Verpleging, 1957 (Wet No. 69 van 1957) [en word 'n gebied wat kragtens artikel 26 van die Grondwet van die Nasionale State, 1971 (Wet No. 21 van
Amendment of section 27 of Act 50 of 1978

17. Section 27 of the principal Act is hereby amended by the substitution in subsection (2)(a) and in subsection (4)(a)(i) for the word "assistant" of the word "auxiliary".

Amendment of section 29 of Act 50 of 1978

18. Section 29 of the principal Act is hereby amended—
   (a) by the addition of the word "or" at the end of paragraph (d) of subsection (1) and the addition to the said subsection of the following paragraph:
   "(e) a fine not exceeding R2 000."
   (b) by the insertion after subsection (1) of the following subsections:
       "(1A) If a person registered or enrolled under this Act (in this section referred to as the accused) is alleged to be guilty of improper or disgraceful conduct and the council on reasonable grounds is of the opinion that after inquiry the accused may be found guilty of such conduct as is contemplated in subsection (1) and that in respect thereof it would impose a fine, but not a fine exceeding R200, the council may issue an appropriate summons on the prescribed form against the accused carrying an endorsement by the council that the accused may admit that he is guilty of the said conduct and that he may pay the fine, not exceeding R200, specified in the summons, without having to appear at an inquiry in terms of section 28.
       (1B) If a summons is in terms of subsection (1A) issued against an accused, he may, without appearing at an inquiry in terms of section 28, admit that he is guilty of the conduct mentioned in subsection (1A) by paying the specified fine (in this section referred to as the admission of guilt fine) to the council on or before the date specified in the summons.
       (1C) (a) Any penalty imposed under this section, excluding an admission of guilt fine, shall be paid to the council within 14 days after the imposition thereof.
       (b) The imposition of a fine under this section shall have the effect of a judgment in civil proceedings in the magistrate's court of the district in which the inquiry in question under section 28 took place."; and
   (c) by the deletion of subsection (7).

Amendment of section 38 of Act 50 of 1978, as amended by section 1 of Act 70 of 1982

19. Section 38 of the principal Act is hereby amended—
   (a) by the substitution for paragraph (a) of subsection (1) of the following paragraph:
       "(a) Every [person registered or enrolled in terms of this Act] registered nurse or midwife or enrolled nurse or nursing auxiliary practising his profession within the Republic, and every person practising as a student nurse, student midwife, pupil nurse or pupil nursing auxiliary within the Republic, shall be a member of the South African Nursing Association, which shall represent the nursing and midwifery profession in the Republic.";
   (b) by the deletion of subsection (2); and
   (c) by the substitution for paragraph (a) of subsection (3) of the following paragraph:
       "(a) For the purposes of this section the South African Nursing Association means the South African Nursing Association established by section 30 of the Nursing Act, 1957 (Act No. 69 of 1957) [and any area which has been declared to be a self-governing territory within the Republic under section 26 of the National States
1971), tot 'n selfregerende gebied binne die Republiek verklaar is en waarvan die wetgewende vergadering bevoeg is om wette te maak met betrekking tot alle aangeleenthede in Item 31B van Bylae 1 by daardie Wet bedoel, geeg nie deel van die Republiek uit te maak nie).

Wysiging van artikel 40 van Wet 50 van 1978

20. Artikel 40 van die Hoofwet word hereby gewysig deur subartikel (2) te skrap.

Wysiging van artikel 45 van Wet 50 van 1978

21. Artikel 45 van die Hoofwet word hereby gewysig deur paragraaf (a)(i) en paragraaf (r) van subartikel (l) te skrap.

Kort titel

Constitution Act, 1971 (Act No. 21 of 1971), and the legislative assembly of which has power to make laws in respect of all matters referred to in Item 31B of Schedule 1 to that Act, shall be deemed not to form part of the Republic].

Amendment of section 40 of Act 50 of 1978

20. Section 40 of the principal Act is hereby amended by the deletion of subsection (2).

Amendment of section 45 of Act 50 of 1978

21. Section 45 of the principal Act is hereby amended by the deletion of paragraph (a)(i) and paragraph (r) of subsection (1).

Short title

22. This Act shall be called the Nursing Amendment Act, 1992.
Student nurses march and dance during their protest at Baragwanath Hospital yesterday.

Bara students protest

HUNDREDS of Baragwanath Hospital student nurses yesterday continued their protest action to demand reinstatement of seven colleagues who were dismissed after failing their third-year examinations.

The principal of the Baragwanath College of Nursing, Miss Kathy Campbell, said yesterday the seven dismissed nurses had lost a Supreme Court action in which they had demanded their reinstatement.

Spokesmen for the strikers said the hospital's decision not to allow students to repeat subjects they failed was not in line with other Transvaal Provincial Administration hospitals.

The students yesterday accused the hospital of being insensitive to their grievances. They said they had submitted their grievances to Campbell who had not responded by yesterday.

Other grievances were that the hospital's constitution was "undemocratic". They said they wanted to be involved in the hospital's decision-making process.
Striking violates patients' rights

STRIKES by nurses were violations of patients' rights, the South African Nursing Association said on Thursday.

The Sana central board said after consultation with all branches, it finalised a policy on nurses and strikes.

"Sana is of the opinion that a strike by a nurse is a violation of the patient's right to safe and continuous nursing care," it said.

However, it was believed that a nurse should never be placed in a situation where she felt there was no other option open to her.

The nurse had a right to fair and equitable employment practices, reasonable conditions of employment and a fair dispute resolution procedure negotiated between the employer and the representative organisation for nurses, which should exclude strike action but include compulsory arbitration.

Nursing services should be declared essential services in legislation — thus entrenching the right to arbitration.

Sana said: "It will not condone, nor tolerate, strike action as a means of dispute resolution between employers and nurses.

"Strike action by nurses where the patient's right to safe and continuous nursing care is endangered constitutes unprofessional conduct." — Sana
Venter damned on Valkenberg breakout

By Justin Pearce

THE minister of national health, Dr Rina Venter, has confirmed in parliament that Valkenberg Hospital was understaffed when a group of patients broke out of the maximum security unit on February 13.

But her failure to acknowledge nursing posts at Valkenberg had been frozen has drawn sharp criticism in psychiatric circles.

At the time of the escape, 22 nursing posts at Valkenberg had been frozen owing to a shortage of state funding.

One of the consequences of the incident was the unfreezing of these posts to redress the critical shortage of nurses.

But in a reply to a question posed in parliament by Miss Dene Smuts, Venter referred to “the filling of vacant nursing posts”.

“The posts were not vacant,” said an angry trainee psychiatrist who was working at Valkenberg when the patients broke out, adding that he knew of nurses who had applied for posts at Valkenberg and been turned down as the posts were frozen.

He said that Venter’s statement amounted to a direct admission of responsibility for the events at Valkenberg, but that it had been made in a way that was deliberately misleading. See page 12
Nursing body will not condone strikes

Medical Reporter

THE SA Nursing Association has vowed not to use or condone strike action by nurses.

In terms of legislation, nurses no longer face criminal charges if they strike, but could face disciplinary action by the SA Nursing Council.

Now the association has backed the council in deciding that a strike by nurses is a “violation of the patient’s right to safe and continuous care” and constitutes unprofessional conduct.

In a statement, the association said no nurse should be placed in a situation where she felt there was no other option but to strike, and condemned intimidation of those refusing to strike.

Nurses had the right to fair and equitable employment practices, reasonable conditions of employment and a fair dispute resolution procedure which included compulsory arbitration, the association said.

It believed nursing services should be declared essential services in legislation, entrenching the right to arbitration.

Firm beats handicap to win major award

Medical Reporter

Worcester Industries, a company which provides work for the visually handicapped, has won an international award for quality performance, outcompeting “non-handicapped” industries around the world.

The Arch of Europe gold star for international quality was awarded to the company at a dinner in Madrid.

Worcester Industries was the only South African company among the 82 award-winners.

All aspects of a company’s operation, especially the product and client satisfaction, were taken into account during judging.

Worcester Industries, formerly known as the Workshop and Homes for the Blind, comprises five factories manufacturing mattresses, beds, cane work, woodwork, metalwork and weaving.

The company is a branch of the Institute for the Blind, established in 1881 in Worcester by the Dutch Reformed Church of South Africa.
Sana says ‘no’ to strike by nurses

STRIKE action by nurses is a violation of patients’ right to safe care and amounts to unprofessional conduct, according to the South African Nursing Association.

In a statement setting out its official policy on nurses and strikes, Sana said it would not condone or use strike action as a means of resolving disputes between employers and nurses.

It also condemned intimidation of nurses who refused to strike.

On the other hand, Sana believed that nurses should “never” be placed in a situation where they felt there was no other option but to strike.

They therefore had a right to fair and equitable employment practices, to reasonable conditions of employment, and to a fair dispute resolution procedure.

The latter, which should be negotiated by the employer and the organisation representing nurses, should exclude strike action but include compulsory arbitration, the statement said.

Further, nursing services should be declared essential services in legislation, which would entrench the right to arbitration.

Sana also said it welcomed the concept of “group practice” – where doctors, nurses, pharmacists and other health professionals were partners in private practice.

Once legislation limiting such practice had been removed, nurses would be able to offer their skills as partners in a private health team, instead of merely being employees, as was mostly the case.

Group practice would also make a significant contribution to health care by offering a comprehensive, cost-effective “one stop” service to patients and the community.
Govt ‘ignored’ nurses’ warning on ICU crisis

By EVE VOSLOQ

The South African Nursing Association (SANA) alerted the authorities as early as May 1991 of a critical shortage of trained intensive care nurses — but nothing has been done to improve salaries or working conditions.

The warning was first issued by the South African Journal of Nursing in a subsequent press conference at which Dr Dick Burrows, head of intensive care at Addington Hospital in Durban and president of the Critical Care Society, revealed how the shortage of nurses and funding was causing ICU wards to be closed all over the country.

Burrows said the situation was developing in which doctors would have to decide which patients to treat, based on a forecast of their chances of recovery and whether the cost would be prohibitive.

The South African Nursing Association regards this problem as a high priority, the statement said.

"If this matter does not receive immediate attention, the situation will deteriorate until it becomes impossible to treat patients who are dependent on care from state hospitals."

The president of SANA, Dr Ane Marais Bruwer, said this week intensive care nurses had high responsibilities, intense pressure, worked difficult hours and were poorly paid — and had little chance of promotion.

Out of 3,000 nursing posts in Cape provincial hospitals, only 40 were for chief professional nurses.

Another problem was poor planning, she said. For instance, units were created for private hospitals, recruitment staff without the training hospitals being informed that more nurses would be needed.

In his SAMJ article "Intensive care: the dying swan", Burrows said Addington and Wentworth Hospitals in Durban, Tygerberg Hospital in Cape Town, the Johannesburg Hospital and many others had closed ICU wards.

The chief superintendent of Tygerberg Hospital, Dr J.G.L. Strauss, said yesterday no ICU wards had been closed in the hospital.

"There is a shortage of nurses, but this applies throughout the hospital," he said.

Groote Schuur Hospital's superintendent in charge of surgery, Dr Dennis Adams, said: "As soon as we train ICU nurses we lose them to the private sector where they are paid better. We are still coping but under difficult circumstances. It is a very worrying situation."

Dr Adams said nursing salaries and conditions should be improved.
Claims by local nurses rejected

Staff Reporters

LOCAL nurses waiting to be admitted to a specialised intensive care training programme at Groote Schuur Hospital claim that they are being passed over in favour of Taiwanese student nurses.

Nurses who complained to the Cape Times said the essential training places for local nurses were being taken up by “the Taiwanese nurses who fly off after training”.

But a Groote Schuur Hospital spokesman denied that local nurses were being passed over in favour of the Taiwanese nurses for the prestigious one-year course.

Hospital spokesman Ms Elke Schutte said as many as five Taiwanese nurses had received post-basic ICU training every year since the early 1990s as part of an agreement between the South African and Taiwanese governments but that local nurses were “definitely not” turned away to accommodate Taiwanese nurses.

A senior principal at Carinus Nursing College, Miss Iona Keyter, said they had never had any difficulty accommodating both local and Taiwanese candidates who had qualified for the demanding course.

“There is a maximum yearly quota of 30 students because we have to take into account the limited clinical resources available at Groote Schuur’s intensive care units,” she said. “But we have never deprived any local nurse of an opportunity to participate.”

This year 24 local nurses and one Taiwanese student qualified for the course. Last year the quota was filled and five Taiwanese students were among the 30 candidates.

“We have asked the Department of National Health not in future to send us more than two Taiwanese students a year because they struggle with English and involve a lot of extra work for the tutors,” Miss Keyter said.

Shawco race: Still time

ENTRY is still open to the Cape Times/Shawco/Pick’n Pay Company Relay to be run to and from UCT this Sunday, April 26.

All proceeds from this race will go to Shawco, the largest student body of its kind in the world.

And if you’re not running, go along to watch and join in the fun. There will be braai, a beer tent and entertainment for the kids.

Each team in the relay will have six runners running an identical lap of five kilometres.

The starting time will be 11am. Prizes will be presented over the lunch hour.

Entry is R198 per team (including VAT).

Entry forms are available from sports shops, the UCT Rag office and the foyer of Newspaper House, 122 St George’s Mall.

For further information please Anthony van Hoffen, Sharon Lamb or Giles Heeger on 650-3925.
Call for nurses to handle primary health care

Staff Reporter 24/4/12

Capable nurses could easily handle 80 percent of the primary health care traffic now done by general practitioners, according to Ray Leigh, convenor of the Lay Health Lobby which calls for the introduction of health maintenance organisations (HMOs) to alleviate the growing health crisis.

Mr Leigh believes registered nurses should be allowed to examine, diagnose, prescribe and treat patients up to the level of their expertise.

"Highly qualified doctors have no need to waste time on minor complaints. "These doctors have more important work to do," said Mr Leigh. He was speaking after the launch of a Lay Health Lobby booklet entitled "HMOs: Solution to the health-care crisis" which attacks legislation restricting the establishment of HMOs.

Vaalmein in Vanderbijlpark is a good example of an HMO, said Mr Leigh, which although restricted, managed to deliver health care services at no less than 40 percent below the costs of a medical aid society.

The Lay Health Lobby is now recruiting business support for converting medical aid schemes to HMOs.

"Until now, HMOs providing full hospital services could only be established in one-industry towns," said Mr Leigh.

"Apart from these, no single company can establish an HMO for its employees. A company's employees live in widely-dispersed suburbs and HMOs must be situated where employees and their families live," he said.

According to Mr Leigh the answer is clear: Companies can establish multi-company HMOs by pooling the numbers of their employees living in the same residential areas. According to Mr Leigh HMOs could reduce the cost of health by more than 40 percent when restrictive legislation is removed.
Dire shortage of nurses in Transvaal hospitals

By Zingisa Mkhuna

Transvaal hospitals are experiencing a severe shortage of nurses as provincial authorities battle to attract suitable workers to fill as many as 4000 vacancies.

A Transvaal Provincial Administration spokesman has confirmed that of the 38 777 nursing posts available in provincial hospitals, only 29 771 have been filled, leaving a shortfall of 4 016 vacancies.

The problem is further aggravated by a 9.7 percent drop in student nurse intakes at the province’s nursing colleges.

More than 800 nursing staff, including student nurses and nursing assistants, resigned their posts last year, compared to 300 in 1990.

This has prompted the SA Nursing Association (Sana) to call on the Government to improve wage and working conditions for nurses to stem the departure of public-hospital nurses for the more lucrative private health care sector.

Sana has put the blame for the resignations on the non-competitive overtime compensation and allowances given to nurses in Government hospitals.

This, Sana said, was aggravated by poor working conditions and equipment.

The National Education, Health and Allied Workers Union (Nehawu) has described the conditions in provincial hospitals as intolerable, especially when the Government was restructuring the services.

Nehawu spokesman Phillip Dexter said the Government was cutting facilities in the public sector and “leaving it all” to the private clinics.

“Ordinary people are not being provided for, and to cut services now is criminal. Health care facilities for poor people are desperately needed,” he said.
Call to bring back midwives

THERE should be an immediate return to old-style midwifery to address the declining standard of the practice, top medical bodies have said.

This feeling was cemented at a meeting of the Council of the South African Society of Obstetricians and Gynaecologists, the Medical Association of South Africa, the South African Nursing Council and the South African Nursing Association.

The bodies cited as reason for the decline in standards is the institution of the present integrated course, which has seen the specific and well defined discipline of midwifery sandwiched into a course on general and psychiatric nursing.

An article in the South African Medical Journal says the disorderly nature of the course has resulted in nurses being sent into the labour ward totally unprepared.

The previous system’s hands-on training was conducted mainly by knowledgeable and experienced midwives who were all intimately involved in the actual practice of their profession.

The SAMJ says many of today’s student nurses have no interest in midwifery and regard it as irritating.

In supporting the return to old-style midwifery the SAMJ says the course should be tailored to present needs taking into account both First and Third World requirements.

The trained midwife should ultimately have the knowledge and skills to enable her to serve in a teaching hospital, private institution or rural setting.

Theoretical training should be relevant and kept to a minimum and there should be an emphasis on practical experience and in-service training.

By MOKGADI PELA
Garankuwa nurse shot dead on duty

A MALE nurse was shot dead while on duty during an apparent argument over the use of a telephone at Garankuwa Hospital on Sunday night.

The hospital's medical superintendent, Dr Louis van Heerden, yesterday identified the man as Mr Abram Shithlane and said he was shot four times.

Van Heerden said he was told people arrived at the hospital's out-patients department on Sunday night carrying a person they did not know was already dead.

After they were told by Shithlane - who was on night duty - that the person was dead and could not be admitted, the visitors asked to use a telephone in the hospital.

Shithlane told them the telephone was only used for internal calls and that they would not be able to contact anybody from outside the hospital. An argument apparently ensued and one man produced a gun and fired four bullets at Shithlane. He died instantly.

Although sources within the hospital said a suspect had been arrested, Van Heerden could not confirm this.

"The hospital is investigating the matter," he said.

Several nurses at the hospital were still shocked yesterday about the incident. Nurses interviewed said a strike was looming to pressurize the authorities to arrange security at all the wards and departments.

"We want a guarantee from management that we will be secured at all times while on duty. We are perturbed at the lack of security here," the nurses said.
Nurses split on referendum

By PEARL RANTSEKENG

NURSES nationwide are divided about the SA Nursing Association's proposed referendum on the future of the beleaguered organisation.

Durban nurses, calling themselves the Interim Committee of Concerned Nurses, have objected to the referendum.

Sana has called on nurses to take part in one of the most important decisions concerning the future of the profession.

Members will be asked to vote on:
- Compulsory or voluntary membership;
- Whether Sana should still be officially recognised as the representative body of nursing and midwifery;

Whether Sana should register as a trade union while still retaining its professional status.

The referendum will be held between May 15 and June 10.
Temperature rises over nursing plan

A proposed referendum among nurses to decide the status of the SA Nursing Association (Sana) has caused a row among health care workers. Justin Pearce reports:

An attempt by the South African Nursing Association (Sana) to restructure itself has been criticised by progressive health bodies.

Sana is a statutory body with membership compulsory for all nurses.

Health Unity Forum (Huf) spokesperson Ms Gail Andrew says Sana has announced plans for a referendum among nurses on three questions:

- Should membership be compulsory?
- Should Sana remain a statutory body?
- Should part of Sana become a trade union?

Andrew says the ballot deals with basic rights which ought to be granted without question.

She says the first question should be: "Should Sana exist at all?"

Huf is concerned that only paid-up members of Sana will be allowed to vote. Since Sana membership is compulsory, a large number of members choose not to pay fees.

Andrew says those members who have not paid fees are the ones most likely to favour change in Sana, so that the referendum is unlikely to reflect the views of the majority of nurses.

The referendum also excludes the large number of black nurses in the TBVC states who belong to other associations.

Compulsory membership of the organisation is contrary to the principle of freedom of association, Andrew argues.

"Freedom of association is a human right — we don't need a ballot to decide this," she says.

Huf says it is unnecessary for Sana to be a statutory body. "No other professional association is a statutory body," says Andrew, explaining that Sana's regulations are enforceable by law.

The question whether part of Sana should become a trade union is misleading, says Andrew, who is a nurse but not a paid-up member of Sana.

"If I vote against Sana forming a trade union it will be interpreted as meaning that I don't want a trade union at all. In fact I want to become part of a progressive union such as Nehawu (National Education, Health and Allied Workers' Union)," Andrew says.

She claims Sana made no attempt to contact Huf, Nehawu or other progressive bodies before announcing the referendum.

A Sana spokesperson said the organisation would not comment on Huf's objections to the proposals.

The spokesperson denied that the referendum included the question about forming a trade union, but would not tell SOUTH what the questions were.

"I cannot discuss it with you because it is a matter of professional concern and not for public information," she said.
Sana's nod for HMO service

THE SA Nursing Association yesterday came out in favour of a so-called Health Maintenance Organisation as opposed to the traditional "fee for service" practice.

Sana said prepayment for medical services would lead to better cost control and efficiency.

The association said in a statement it had been involved in discussions regarding models of health care delivery in South Africa with other professional health organisations and had formalised its stand on HMOs.

"Nurses play an important role in general health care services and therefore can and should make a valuable contribution in any form of health maintenance organisation."

It said any HMO should offer a multi-disciplinary service to meet the specific needs of the consumer.

The concept would enhance group practice.

Employers, labour unions, medical schemes, government or private groups should have the freedom to start an HMO.

Sapa.
New Zealand popular for recruiting nursing staff

NURSING staff at Sunninghill Medical Institute have been recruited from all around the world, especially from New Zealand, England and Ireland. Nursing services manager, Barbara Morris, a New Zealander herself, says staff are recruited internationally because there are few opportunities for nursing staff to gain experience in SA in the fields they are trained in.

"For example few hospitals in SA provide cardiac and neurosurgical services so there are not many locally trained nurses who have the necessary experience,"

Further advantages of encouraging New Zealanders to work in SA is that their training in SA and values are similar, she says.

Charge sisters were recruited for Sunninghill last year and all have the necessary qualifications and experience in their specific fields. General nursing staff were appointed early this year.

5/10/92 31/7/92

Teamwork

The emphasis at Sunninghill, as in most private hospitals, is on the teamwork between doctors, nurses and other professionals. The nurses are being given increasing responsibility to work with their patients. Doctors need to know their patients are being carried out efficiently. Moore says the high level of salaries and good conditions of nurses and other professionals is to make the hospital attractive.
HOSPITAL STRIKE

The primitive way

The short-sighted decision of the Transvaal Provincial Administration (TPA) to sack more than 5,000 striking hospital workers — which could provoke sympathy strikes and bolster the ANC’s mass action campaign — brings into focus the larger question of how to deal with employee dissatisfaction in essential services.

It is clear that State employers are far behind their private sector counterparts when it comes to regulating industrial conflict in general, let alone the special case of essential services. Look, for example, at the Nursing Amendment Act.

While this dubious new law, enacted in February, gives nurses the right to strike, it in fact emerges as a consolation to the real issue at hand: “That the appalling working conditions of nursing staff have begun to outweigh nursing ethics,” according to Professor Adolph Landman, writing in the April edition of Contemporary Labour Law, which he jointly edits.

Strikes by nurses are increasing, Landman noted. While criminal sanctions are not a solution to the problem — one does not jail nurses — “the authorities have, however, come up with a nonsolution” by giving nurses the right to strike.

His remarks apply equally to hospital workers such as the kitchen, laundry and general ward staff who began their strike at Baragwanath Hospital on June 6 after weeks of limited, hour-long placard protests.

What parliament should do, advises Landman, is address the root of the problem: the dissatisfaction among nurses — and health workers — with working conditions and the channels for expressing this.

A more appropriate solution, he said, would be to declare the nursing profession an essential service in terms of the Nursing Act of 1978.

If the health sector were defined as an essential service, nurses and health workers would not be entitled to strike or take other forms of industrial action. But, because the right to strike would then have been removed, the Act should provide for “compulsory arbitration” where disputes are declared over wages or conditions.

“As in other arbitrations, the parties would agree on the appointment of an arbitrator or, if they cannot agree, one would be appointed for them by an appropriate or neutral body. The award of the arbitrator is final and binding on the parties.”

Compulsory arbitration fits in with standards set out by the International Labour Organisation, whose guidelines Cosatu invoked against the highly controversial Labour Relations Amendment Act two years ago.

The ILO’s Committee on Freedom of Association, which has declared the hospital sector to be an essential service, says: “The principle whereby the right to strike may be limited or prohibited in essential services would become meaningless if the legislation defined essential services too broadly. The prohibition should be confined to services whose interruption would endanger the life, personal safety or health of the whole or part of the population.”

Moreover, the committee adds, if strikes are restricted or prohibited in essential services, “appropriate guarantees must be afforded to protect workers who are thus denied one of the essential means of defending their occupational interest.”

A rethink of the SA situation is therefore essential, says Landman, adding that there are ways of achieving a prohibition on strikes in the private nursing sector even after passage of the new Nursing Act. It is also possible to institute compulsory arbitration without amending legislation.

In terms of the amended Nursing Act, nursing staff who fall under the Labour Relations Act will commit a criminal offence if they strike without following the statutory procedures for a legal strike. They could also be disciplined if they leave patients unattended. But he asks: “Would an unpunished — that is, technically illegal — strike influence the nursing council to impose a harsher sanction if a patient is left unattended than it would in the case of a legal strike? Probably not.

“The Bill (as it then was) does not only concern both public and private hospitals and the nursing profession; the general public also has an interest in the working environment of nursing staff. It is suggested that the internationally accepted solution proposed by the ILO should be adopted and enacted in SA.”

In the dispute between Cosatu’s health and allied workers’ union, Nehawu, and the TPA, whose negotiating arm is the Commission for Administration, the approach of both parties has been unsophisticated. The dispute has been a throwback to the days before the 1979 Wichmann Commission institutionalised labour conflict and the right of
Nurse critical after axe attack at hospital

PORT ELIZABETH — A nurse was attacked with an axe, other nurses were assaulted, and a volunteer was chased away as rumours mounted that a hospital in Port Elizabeth was closing yesterday.

Nurses were attacked at Dora Nginza and Livingstone hospitals.

At Dora Nginza on Monday night, six nurses — either leaving or arriving for duty — were assaulted.

One was struck with an axe and is in the intensive care unit at Livingstone. Another had to receive stitches.

Others were assaulted with sticks and fled to neighbourings houses.

Yesterday a general assistant was assaulted at Livingstone by a number of men while removing rubbish. He suffered head injuries.

A volunteer worker at the hospital was chased away.

The National Education Health and Allied Workers Union said yesterday they had heard unconfirmed rumours from members that Dora Nginza Hospital in Zwide was to close.

Striking hospital workers in the Western Cape are to embark on more militant action today and will disrupt services at hospitals and government institutions. However, emergency services will be maintained.

Nehawu regional spokesman Wilfred Alcock said yesterday that because of the Government's failure to agree to mediation or to resolve the strike issues, the union was forced to engage in further action.

We want to arrive at a transfer of power and kick this Government out," he said.

About 600 Health Workers' Union members attended a meeting yesterday at which a proposal to block hospital entrances was overruled.

The decision to step up action was taken at a joint strike committee meeting between the HWU and Nehawu after the HWU meeting. — Sapa.

Nehawu seeks private industry help — Page 3
Scenes such as this occur daily at hospitals around the country as the strikes go on with no end in sight. There was a new development yesterday when doctors, nurses and paramedics at Garankuwa Hospital near Pretoria joined the strike in support of dismissed general workers.

PIC: PAT SEBOKO

Strike spreads to medics

**Dramatic Turn** Despite official warnings,

Garankuwa doctors and nurses down tools in solidarity with dismissed workers: Soukwe 15/7/92

By Alinah Dube, Ruth Bhengu and Sapa

Doctors, nurses and paramedics at Garankuwa Hospital near Pretoria went on strike yesterday in solidarity with dismissed general workers.

The decision to join the National Education, Health and Allied Workers' Union (Nehawu) strike was taken at a meeting of professional workers at the Medical University of Southern Africa (Medunsa) on Monday.

A spokesman for the superintendent's office yesterday referred all inquiries to the Transvaal Provincial Administration (TPA) who were not readily available for comment.

For the past two weeks the group has been holding two-hourly demonstrations at the hospital protesting against the Government's handling of the strike nationally.

They said conditions under which they worked during the strike were such that they were unable to offer basic health care to patients.

Their decision to strike came after circulars were distributed among workers at the hospital, in which the hospital authorities warned doctors and nurses against striking and said those who did would be "dealt with".

The circulars further said the TPA's decision to dismiss striking employees was final and the recruitment of new staff was underway.

Meanwhile, one of the four survivors of last week's hospitals' strike-linked petrol bomb attack on a Soweto house died at Baragwanath Hospital yesterday.

Joel Khatleli (13) died in the morning, according to Baragwanath superintendent Dr Chris van den Heever.

He said the three remaining family members - Mrs Sannah Madikane (63), Portia Khatleli (17) and Mbaleli Khatleli (4) - were in a serious but stable condition.

Joel died a day after three other family members injured in the attack on the house at Naledi Extension 2, had died. They were Miss Zodwa Madikane (22), Miss Buyiswa Khatleli (24) and Miss Nomgqibelo Khatleli (40). The three were sisters.

At Pelonomi Hospital in Bloemfontein police arrested 153 people on Monday night after they had occupied part of the hospital.

Ninety women and 56 men, mostly dismissed workers, occupied the administrative section and police were called in when they refused to leave.
'Nurses need recognition'

JOHANNESBURG. — The SA Nursing Council has called for proper acknowledgement for the tens of thousands of nurses who have continued to carry out their duties under difficult circumstances during the hospital strike, and for the rights of neglected patients.

Council presidentMrs Wilma Kotze said the organisation was concerned about the disproportionate amount of publicity given by the media to striking health service workers.

Evidence of intimidation had emerged from disciplinary inquiries into the stayaways, she said. — Sapa.
Sana call on strike

THE South African Nursing Association yesterday said it feared the rights of patients would be violated by next week's planned general strike.

"If nursing personnel are prohibited from going on duty, this will be a violation of the nurses' democratic right to render nursing care. The SA Nursing Association appeals to the people concerned in organising mass action to respect the rights of both the patients and the nurses and to allow health services to continue to function," the association said in a statement.
Nurses angry about death of staff sister

Staff Reporter

Nurses at the Johannesburg Hospital have hit out in anger at the death of a staff sister at the weekend.

Rosina Mpambukeli's body was found at Nasrec on Friday night. Police said yesterday her injuries were consistent with a car accident, but nurses believe she died after being beaten up, allegedly by striking workers.

There is also an unconfirmed rumour at the hospital that an assistant had her ears cut off because she 'refused to listen'.

A hospital spokesman said: "It's damned unfair our nurses are being picked on because Nehawu (the National Education, Health and Allied Workers Union) wants to see the collapse of hospitals. Why the nurses?"

Although the hospital did not give permission to The Star to speak to Mrs Mpambukeli's colleagues, one sister, speaking anonymously, said: "I am outraged. I don't understand why nurses are attacked when we work so hard to save the lives of people on both sides of the fence who come in for treatment."

She said several black nurses at the hospital were planning to stay away from work this week for fear of being attacked on their way to and from work.

The sister said she hoped the public would co-operate with the emergency regulations at the hospital.

Last Sunday, a child died in a petrol-bomb attack on the home of a Ga-Rankuwa hospital employee. The mother and another child suffered burns.

According to a press release from the TPA's chief director of administrative services, P van Niekerk, intimidation, assault, and damage to property are taking place at hospitals.

A newly appointed worker at Hillbrow Hospital was assaulted on Friday and people were being pulled from buses at Meduna Dental Hospital, Mr. van Niekerk said.
Nurses summoned

MORE than 100 nurses from the Edendale Hospital in Pietermaritzburg are to face charges of improper or disgraceful conduct in connection with strikes in August and September 1992.

The nurses have been summoned to appear before a disciplinary committee of the South African Nursing Council on October 27.
NOTICE 883 OF 1992

DEPARTMENT OF TRADE AND INDUSTRY

Notice is hereby given that the following promissory note issued by the Department of Trade and Industry to Palabora Mining Company Ltd as set hereunder has been mislaid:

Promissory note issued to Palabora Mining Company Ltd

<table>
<thead>
<tr>
<th>Promissory Note No.</th>
<th>Date of issue</th>
<th>Due date</th>
<th>Face value (R)</th>
</tr>
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</table>

The above-mentioned promissory note will after the date of publication be regarded as cancelled. Should the promissory note be retrieved, it must please be returned to the Department of Trade and Industry, Private Bag X84, Pretoria, 0001.

(9 October 1992)

KENNISGEWING 883 VAN 1992

DEPARTEMENT VAN HANDEL EN NYWERHEID

Hiermee word kennis gegee dat die volgende promesse uitgereik deur die Departement van Handel en Nywerheid aan Palabora Mining Co. Ltd soos hieronder uiteengesit, verlore geraak het:

Promesse uitgereik aan Palabora Mining Co. Ltd

<table>
<thead>
<tr>
<th>Promesse No.</th>
<th>Uitreikings-datum</th>
<th>Verval-datum</th>
<th>Sigwaarde (R)</th>
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Na datum van publikasie word bogenoemde promesse as gekanseilleer beskou. Indien die promesse gevind sou word, moet dit asblief aan die Departement van Handel en Nywerheid, Privaatsak X84, Pretoria, 0001, teruggestuur word.

(9 Oktober 1992)

NOTICE 887 OF 1992

DEPARTMENT OF MANPOWER

LABOUR RELATIONS ACT, 1956

APPLICATION FOR REGISTRATION OF A TRADE UNION

I, David William James, Industrial Registrar, do hereby, in terms of section 4 (2) of the Labour Relations Act, 1956, give notice that an application for registration as a trade union has been received from the South African Nurses Trade Union. Particulars of the application are reflected in the subjoined table.

Any registered trade union which objects to the application is invited to lodge its objection in writing with me, c/o the Department of Manpower, Manpower Building, 215 Schoeman Street, Pretoria (postal address: Private Bag X117, Pretoria, 0001), within one month of the date of publication of this notice.

TABLE

Name of trade union: South African Nurses Trade Union.

Date on which application was lodged: 23 September 1992.

Interest and area in respect of which application is made: Members of the South African Nursing Association employed in the private sector in the nursing and midwifery profession in the Republic of South Africa.

For the purposes heretoof “private sector” means that sector which includes local authorities, regional services council, private, welfare and state-subsidised organisations but excluding the first and second levels of government.

Postal address of applicant: P.O. Box 1280, Pretoria, 0001.

Office address of applicant: 605 Church Street, Arcadia.

KENNISGEWING 887 VAN 1992

DEPARTEMENT VAN MANNEKRAAG

WET OP ARBEIDSVERHOUDINGE, 1956

AANSOEK OM REGISTRASIE VAN ’N VAKVERENIGING

Ek, David William James, Nywerheidsregisseur, maak inegvolge artikel 4 (2) van die Wet op Arbeidsverhoudinge, 1956, hierby bekend dat ’n aansoek om die registrasie as ’n vakvereniging ontvang is van die South African Nurses Trade Union. Besonderhede van die aansoek word in onderstaande tabel verstrekk.

Enige geregistreerde vakvereniging wat teen die aansoek beswaar maak, word versoek om binne een maand na die datum van publikasie van hierdie kennisgewig by my in te dien, p.a. die Departement van Mannekraag, Mannekraggebou, Schoemanstraat 215, Pretoria (posadres: Privaat Sak X117, Pretoria, 0001).

TABEL

Naam van vakvereniging: South African Nurses Trade Union.


Belange en gebied ten opsigte waarvan aansoek gedoen word: Lede van die Suid-Afrikaanse Verpleegstersvereniging in diens in die verpleeg- en verloskundigeprofession in die private sektor in die Republiek van Suid-Afrika.

Voor deeldeelde hiervan beteken “private sektor” daardie sektor wat plaslike owerringe, streekdienstede- rade, private, welsyn en staatsgesubsidieerde organisasies insluit, maar uitgesonderd die eerste en tweede vlakke van regering.

Posadres van applikant: Posbus 1280, Pretoria, 0001.

Kantooradres van applikant: Kerkstraat 605, Arcadia, Pretoria.
Attention is drawn to the following requirements of section 4 of the Act:

(a) The representativeness of any trade union which objects to the application shall be determined in terms of subsection (4) be determined on the facts as they existed at the date on which the application was lodged and, as far as membership is concerned, only members who were in good standing in terms of section 1 (2) of the Act as at the aforesaid date shall be taken into consideration.

(b) The procedure laid down in subsection (2) must be followed in connection with any objection lodged.

D. W. JAMES,
Industrial Registrar.
(9 October 1992)

Die aandag word gevestig op onderstaande verklaring van artikel 4 van die Wet:

(a) Die mate waarin 'n beswaarmakende vakvereniging verteenwoordigend is, word ingevolge subartikel (4) bepaal volgens die feite soos hulle bestaan het op die datum waarop die aanvraak ingediend is, en wat die lidmaatskappie betreft, word alleen lede wat ingevolge artikel 1 (2) van die Wet op voormelde datum volwaardige lede was, in aanmerking geneem.

(b) Die procedures voorgeskryf by subartikel (2) moet gevolg word in verband met 'n beswaar wat ingediend word.

D. W. JAMES,
Nywerheidsregisseur.
(9 October 1992)

NOTICE 888 OF 1992
DEPARTMENT OF MANPOWER
LABOUR RELATIONS ACT, 1956
REGISTRATION AS AN INDUSTRIAL COUNCIL

It is hereby notified for general information that the Industrial Council for the Contract Cleaning Industry (Natal) has with effect from 30 September 1992 in terms of section 19 (3) of the Labour Relations Act, 1956, been registered as an industrial council in respect of the interests as defined below, in the Province of Natal.

"Cleaning Services Industry" means the industry in which employers and their employees are associated for the purpose of cleaning industrial and commercial premises and buildings, including flats let commercially, but excluding employers and their employees engaged solely in the Building Industry.

For the purposes hereof "Building Industry" means, without in any way limiting the ordinary meaning of the expression, the industry in which employers and their employees are associated, for the purpose of erecting, completing, renovating, repairing, maintaining or altering buildings or structures (which are in the nature of buildings) and/or the making of articles for use in the erection, completion or alteration of buildings or structures, where the work is performed and the material is prepared on the sites of the buildings or structures, including excavations and the preparing of sites for building, as well as the demolition of buildings.

(9 October 1992)

NOTICE 889 OF 1992
DEPARTMENT OF MANPOWER
LABOUR RELATIONS ACT, 1956
CANCELLATION OF REGISTRATION OF A TRADE UNION

I, David William James, Industrial Registrar, hereby notify, in terms of section 14 (1) of the Labour Relations Act, 1956, that as I have reason to believe that the Western Province Sweet Workers' Union is not functioning as a trade union, its registration will be cancelled unless cause to the contrary is shown within a period of 30 days from the date of publication of this notice.

D. W. JAMES,
Industrial Registrar.
(9 October 1992)

KENNISGEWING 889 VAN 1992
DEPARTEMENT VAN MANNEKRAG
WET OP ARBEIDSPROFPANDINGE, 1956
REGISTRASIE AS 'N NYWERHEIDSRAD

Hierby word vir algemene inligting bekendgemaak dat die Nywerheidsraad vir die Kontrakskonmaaknywerheid (Natal) met Ingang van 30 September 1992 ingevolge artikel 19 (3) van die Wet op Arbeidsverhoudinge, 1956, as 'n nywerheidsraad geregistreer is ten opsigte van die belange soos hieronder omskryf, in die provinsie Natal.

"Skoonmaakdienssteynrywerheid" beteken die nywerheid waarin werkgewers en hul werknemers met mekaar geassosieer is met die doel om nywerheids- en handelspersiele en -geboue, met inbegrip van woningstellings wat kommerksiel verhuur word, skoon te maak, maar uitgesonderd werkgewers en hul werknemers wat betrokke is uitsluitlik by die Bouwerwerheid.

Vir die doeleindes hiervan beteken "Bouwerwerheid", sonder om die gewone betekenis van die uitdrukking einengryp te beperk, die nywerheid waarin werkgewers en hul werknemers met mekaar geassosieer is met die doel om geboue of bouwerke (op die geaardheid van geboue) op te rig, te voltoo, te on klaar om te herstel, in stand te hou of te verbou en/of om artikels te maak vir gebruik by die oprigting, voltooiing of verbouing van geboue of bouwerke, waar die werk verrig en die materiaal voorberei word op die terrein van die gebou of bouwerke, met inbegrip van werkterreine en die voorbereiding van terreine vir bouwerkswaarhede, asook die sloping van geboue.

(9 October 1992)

KENNISGEWING 889 VAN 1992
DEPARTEMENT VAN MANNEKRAG
WET OP ARBEIDSPROFPANDINGE, 1956
INTREKKE VAN REGISTRASIE VAN 'N VAKVERENIGING

Ek, David William James, Nywerheidsregisseur, maak hierby kragtens artikel 14 (1) van die Wet op Arbeidsverhoudinge, 1956, bekend dat aangesien ek rede het om te vermoed dat Western Province Sweet Workers' Union nie as vakvereniging funksioneer nie en sy registrasie ingetrek sal word, yeni redes daarteen binne 'n tydperk van 30 dae vanaf die datum van publikasie van hierdie kennisgewing aangevoer word.

D. W. JAMES,
Nywerheidsregisseur.
(9 October 1992)
Nurses summoned

Many face improper conduct charges:

THE SA Nursing Council has summoned about 100 nurses from the Edendale Hospital near Maritzburg and the Prince Mshiyeni Hospital at Umlazi, Durban, to face charges of improper conduct for taking part in a strike.

The nurses were demanding pay rises. - Sapa
Nurses face charges

THE SA Nursing Council has summoned about 100 nurses from the Edendale Hospital near Durban and the Prince Mshiyeni Hospital in Umlazi to face charges of improper and disgraceful conduct for having taken part in a strike.

The hearing will be held on October 27 at the civic centre in Amanzimtoti.

Nurses at the two KwaZulu government-run hospitals went on an unprecedented strike last month demanding better working conditions and increments. The strike brought the two hospitals to a virtual standstill. - Sapa.
Nursing service for Soweto homes

By Pearl Majola

I t is Monday morning. Your baby is sick again. And you are in a hurry because you are too embarrassed to explain to your boss that you will be late for work once more.

Well, there is an easier way. Instead, you should call a professional nurse to care for the baby and go to work with your mind at ease.

You might think this is for the rich. But it is not. The service is for everyone. It may have been until four months ago when Nklangalaza Mzimela quit her job of six years at a hospital to start the first home nursing service in Soweto. Today she has about 30 patients a month.

"Other people have taken advantage of the service for years and we have not although there has been a great need for it in our communities," says 35-year-old Mzimela.

"So I decided to open a practice in Soweto with the hope that I can help people, normally the ones with medical aid but also those who would not otherwise afford the service. It is part of my commitment as a nurse," she says.

"The home nursing service provides post-hospital care and helps patients with chronic and terminal diseases. I must stress though that I remain a nurse not a doctor."

But does this not commercialise a facility essentially meant to be a public service?

"I do not think so," she defends. "People who take advantage of home nursing are those who need it."

A woman who has just given birth needs nursing care at home for some time and nurses used to do home visits.

"That they don't do them anymore doesn't mean that there is no longer a need for new mothers to be regularly checked by a nurse."

Mzimela is confident that the facility will be used despite the recession and the fact that many people are unemployed and therefore have no medical insurance.
Most Woodstock nurses plan to refuse transfers

MOST of the nursing staff at Woodstock Hospital will refuse to be transferred to other areas, a well-placed source has said.

In terms of the new plan, Woodstock Hospital is to become a day hospital and many of its posts transferred to areas where they are needed.

A senior doctor at Woodstock Hospital — who asked to remain anonymous — said only four of the 34 professional nursing sisters at the hospital intended to accept transfers to Mitchells Plain. None was prepared to move to Khayelitsha.

Of 110 nurses, only 13 would agree to go to Mitchells Plain because they lived in the area.

Of the nine doctors at Woodstock hospital, only four would remain. The rest had chosen early retirement or emigration.

"How can the downgrading of the hospital and the loss of skilled medical personnel benefit the community at large?" the doctor said.

The deputy director-general of health services, Dr George Watermeyer, said the CPA had been sensitive to the position of staff.

The CPA gave an undertaking this week that no staff would be made to move to areas to which they did not want to go.

Dr Watermeyer said 342 posts at Woodstock Hospital would be allocated as follows:

- Seventy-one posts would remain at Woodstock Hospital, with its out-patient and casualty divisions. 27 posts would be moved to Somerset hospital with the burn unit and 20 to Princess Alice Hospital with the orthopaedic unit.

- Thirty-three posts would be transferred to Mitchells Plain, 34 to Gugulethu and 34 to Elsies River, where night duties would be introduced in addition to the office hours-only service now offered.

- Eighteen would be transferred to three new day clinics in Khayelitsha, Mitchells Plain and Bellhar which would provide primary health care.

A day hospital's management structure would be created at Woodstock Hospital with most of the remaining 97 posts.

Of the medical posts, two would be transferred to George Hospital, two others to the Rottentots Holland Hospital in Somerset West and one to Victoria Hospital.
Nurses, TPA sign agreement

The Argus Correspondent

PRETORIA. — The Transvaal Provincial Administration has become the first of the four provincial bodies to sign an agreement of recognition with the South African Nursing Association.

The agreement, signed in Pretoria this week by Dr Peter Steyn, deputy director-general of the general provincial services branch (TPA) and Ms Susan du Preez, executive director of Sana, provides for a structure for communication and procedures for the regulation of labour relations.

These channels will create opportunities for consultation and negotiations with the association and its members regarding work places and other matters resulting from the employer/employee relationship.

The agreement provides for:
- Furthering healthy employer/employee relationships;
- The creation of clear rules and procedures to prevent conflict;
- Procedures for settling disputes, and
- The rights and responsibilities of both parties.

Of the 150 000 nurses represented by Sana, 31 000 are employed by the TPA.

According to Ms Du Preez, the association is negotiating with other provincial administrations for similar agreements.

She said the agreement would benefit nurses and that of health care as a whole.
TPA to Retrench 4,000

Azbigo warns that reductions in doctors and nurses could adversely affect health and patient care in SA.

By Michael Ngule

29/11/2012

Somewhat
HEALTH AND DISEASE — NURSES
1993
DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 7  8 January 1993

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO EXAMINATIONS OF THE SOUTH AFRICAN NURSING COUNCIL

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definitions

1. In these regulations, "the Act" means the Nursing Act, 1978 (Act No. 50 of 1978), and any expression to which a meaning has been assigned in the Act bears such meaning and, unless the context otherwise indicates—

"basic course" means any course specified as a basic course in the regulations made for a specific course;

"candidate" means a pupil nursing auxiliary, pupil nurse, student nurse or student midwife, or any student following a post-basic course;

"portion" means a part of an examination for which a result will be published in the examination results and which shall be taken as a whole;

"post-basic course" means any course specified as a post-basic course in the regulations made for a specific course;

"practical portion" means a portion consisting of a practical examination which may include an oral examination and includes the marks obtained in a system of continuous assessment;

"written portion" means a portion consisting of one or more written papers.

Application to conduct examinations on behalf of the council

2. (1) A nursing school may apply to the council to conduct examinations referred to in these regulations on behalf of the council and such an application may be approved by the council if the nursing school concerned is—

(a) a nursing college approved to offer the prescribed course in terms of the regulations published under Government Notice R. 425 of 22 February 1985;

(b) a department or subdepartment of nursing science of a university;

(c) an institute of a university that is linked to the department or subdepartment of nursing science of the university; or

(d) a technikon with a department or subdepartment of nursing science.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 7  8 Januarie 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE EKSAIMS VAN DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan ultimate, uitgevaardig.

BYLAE

Woordomsksrywing

1. In hierdie regulasies beteken "die Wet" die Wet op Verpleging, 1978 (Wet No. 50 van 1978), en het enige uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis, en, tensy die samehang anders blyk, beteken—

"basiese kursus" enige kursus wat as 'n basiese kursus aangedui word in die regulasies wat ten opsigte van 'n bepaalde kursus uitgevaardig is;

"gedeelte" 'n gedeelte van 'n eksamen waarvoor 'n uitslag in die eksamenuitslae bekendgemaak sal word en wat as 'n geheel geneem moet word;

"kandidaat" 'n leerlingverpleeghulp, leerlingverpleegkundige, studenterverpleegkundige of studentvervoedvrou, of enige student wat 'n nabasiese kursus volg;

"nabasiese kursus" enige kursus wat as 'n nabasiese kursus aangedui word in die regulasies wat ten opsigte van 'n bepaalde kursus uitgevaardig is;

"praktiese gedeelte" 'n gedeelde bestaande uit 'n praktiese eksamen wat 'n mondelinge eksamen en ook die punte behaal in 'n deurlopende evalueringstelsel kan insluit;

"skriflike gedeelte" 'n gedeelde bestaande uit een of meer skriflike vraestelle.

Aansoek om eksamsens namens die raad af te neem

2. (1) 'n Verpleegskool kan by die raad aansoek doen om eksamsens in hierdie regulasies bedoel namens die raad af te neem en so 'n aansoek kan deur die raad goedgekeur word indien die betrokke verpleegskool—

(a) 'n verpleegskool is wat goedgekeur is om ingevolge die regulasies afgekonkend by Goewer- mentskennisgewing R. 425 van 22 Februarie 1985 die voorgeskrewen kursus aan te bied;

(b) 'n departement of subdepartement verpleeg- kunde aan 'n universiteit is;

(c) 'n instituut van 'n universiteit is wat gekoppel is aan die departement of subdepartement verpleeg- kunde aan die universiteit; of

(d) 'n technikon met 'n departement of sub- departement verpleegkunde is.
Notwithstanding the provisions of subregulation (1) the council may approve an application that does not meet the requirements of that subregulation.

An application referred to in subregulation (1)—

(a) shall be submitted by a nursing school in respect of each course for which such approval is sought;

(b) may be submitted together with an application for approval of a course;

(c) shall be submitted at least six months prior to the first examination for which the approval is sought;

(d) shall be accompanied by an application for the approval of the moderator proposed by the nursing school concerned;

(e) shall be submitted annually not later than the last day of August of the year preceding the year for which approval is sought.

The approval referred to in subregulation (1) shall be subject to such conditions as the council may determine.

Dates of examinations

Examinations for prescribed courses shall be conducted on the dates determined by the council.

In the case of examinations conducted by a nursing school on behalf of the council, the person in charge of the nursing school shall submit the dates proposed for examinations to the council together with the application referred to in regulation 2.

Application for admission to an examination

A candidate shall submit to the council an application for admission to an examination not later than the seventh day of the month, three months prior to the month in which the examination is to be conducted.

An application for admission to an examination submitted later than the date referred to in subregulation (1) may be accepted by the council—

(a) if it is submitted within seven days of the date referred to in subregulation (1) and is accompanied by the late entry fee prescribed by regulation 16 (c); or

(b) if, in the case of a candidate who has failed one or more portions of an examination but who qualifies for a further examination, it is submitted before or on the date which shall be published together with the results of the examination in which the candidate failed, in which case no late entry fee shall be payable.

The person in charge of a nursing school shall certify on the application form for admission to an examination that the candidate is eligible for admission to the examination for the course concerned in terms of the prescribed training conditions for such course.

The person in charge of a nursing school shall notify the council immediately, giving reasons, if a candidate becomes ineligible for admission to an examination subsequent to the submitting of an application for admission to an examination.

Ondanks die bepalinge van subregulasie (1) kan die raad 'n aansoek goedgekeur wat nie aan die vereistes van daardie subregulasie voldoen nie.

'n Aansoek in subregulasie (1) bedoel—

(a) moet deur 'n verpleegskool vir elke kursus waarvoor sodanige goedgekeuring verlang word, ingediens word;

(b) kan saam met 'n aansoek om die goedgekeuring van 'n kursus ingediens word;

(c) moet minstens ses maande voor die eerste eksamen waarvoor die goedgekeuring verlang word, ingediens word;

(d) moet vergelik gaan van 'n aansoek om die goedgekeuring van die moderator wat deur die betrokke verpleegskool voorgestel is;

(e) moet jaarliks ingediens word voor of op die laaste dag van Augustus van die jaar wat die jaar voorafgaan waarvoor goedgekeuring verlang word.

Die goedgekeuring in subregulasie (1) bedoel, is onderworpe aan die voorwaardes wat die raad bepaal.

Eksemendatums

3. (1) Eksemens vir voorgeskrewe kursusse word afgeneem op die datums deur die raad bepaal.

(2) In die geval van eksemens wat deur 'n verpleegskool namens die raad afgeneem word, moet die persoon in beheer van die verpleegskool voorgestelde datums vir eksemens saam met die aansoek in regulasie 2 bedoel, indien.

Aansoek om toelating tot 'n eksamen

4. (1) 'n Kandidaat moet 'n aansoek om toelating tot 'n eksamen by die raad indien voor of op die sowene dag van die maand, drie maande voor die maand waarin die eksamen afgeneem sal word.

(2) 'n Aansoek om toelating tot 'n eksamen wat later as die datum bedoel in subregulasie (1) ingediens word, kan deur die raad aanvaar word indien dit—

(a) binne sewe dae na die datum bedoel in subregulasie (1) ingediens word en vergelik gaan van die laatinskrywingsele voorgeskryf in regulasie 16 (c); of

(b) in die geval van 'n kandidaat wat in een of meer gedeeltes van 'n eksamen gedruip het maar wat vir 'n verdere eksamen kwalifiseer, ingediens word voor of op die datum wat saam met die uitslae van die eksamen waarin die kandidaat gedruip het, bekendgemaak word, in welke geval geen laatinskrywingsele betaalbaar is nie.

5. (1) Die persoon in beheer van 'n verpleegskool moet op die aansoekvorm vir toelating tot 'n eksamen sertifieer dat die kandidaat ingevoeg de voorgeskrewes opleidingsvereistes vir die betrokke kursus geskik is vir toelating tot die eksamen vir sodanige kursus.

(2) Die persoon in beheer van 'n verpleegskool moet die raad onmiddellik, met vermelding van redes, in kennis stel indien 'n kandidaat na indiening van 'n aansoek om toelating tot 'n eksamen nie meer tot die eksamen toegelaat kan word nie.
6. An application for admission to an examination shall be deemed to have been submitted in accordance with these regulations, if—

(a) it is submitted on the official form obtainable from the council;

(b) all information required on the application form has been filled in;

(c) any certification required on the application form has been completed by the person in charge of the nursing school concerned;

(d) it is accompanied by the examination fee prescribed by regulation 16 (a) or (b); and

(e) it is, in the case of a late entry, accompanied by the late entry fee prescribed by regulation 16 (c).

7. (1) A candidate who is absent from an examination on the actual day or days of the examination for a reason acceptable to the council may apply for admission to the next examination without the payment of the examination fee prescribed by regulation 16 (a) or (b).

(2) In the case of an absence referred to in subregulation (1) proof acceptable to the council of the reason for the absence shall be submitted to the council within 21 days of the date of the examination from which the candidate was absent.

(3) The candidate referred to in subregulation (1) shall retain credit for any portion of the examination passed or passed with distinction.

 Examination marks and examination results

8. (1) The nursing school shall submit to the council the percentage marks obtained by candidates in the practical portion prescribed by the regulations for the course concerned on the official mark sheet for the practical portion supplied by the council before or on the last day of the month in which the written examination takes place, and such mark sheet shall be signed by the person in charge of the nursing school.

(2) In the case of an examination conducted on behalf of the council, all examination marks shall be submitted to the council on the official mark sheet supplied by the council before or on the last day of the second month following the month in which the examination was conducted, and such mark sheet shall be signed by the person in charge of the nursing school and by the moderator for the examination.

(3) To pass a portion a candidate shall obtain at least 50% of the aggregate marks for the portion and where a written portion consists of more than one paper a candidate shall obtain at least 40% in each paper.

(4) To pass a portion with distinction a candidate shall at the first attempt obtain at least 75% of the aggregate marks for the portion.

(5) To pass a course a candidate shall pass all portions of the final examination for the course.

6. 'n Aansoek om toelating tot 'n eksamen word geag ooreenkomstig hierdie regulasies ingediend te wees, indien—

(a) dit ingediend is op die amptelike vorm verkrygbaar van die raad;

(b) alle vereiste inligting op die aansoekvorm ingevul is;

(c) enige certifisering vereis op die aansoekvorm ingevul is deur die persoon in beheer van die betrokke verpleegskool;

(d) dit vergeseel gaan van die eksamengeldige voorgeskryf by regulasie 16 (a) of (b); en

(e) dit in die geval van 'n laat inskrywing vergeseel gaan van die laatinskrywingsgeldige voorgeskryf by regulasie 16 (c).

7. (1) 'n Kandidaat wat van 'n eksamen afwesig is, moet bewys, dat die raad aanvaarbaar is, van die rede wat die raad afwesigheid by die raad ingediend word binne 21 dae na die datum van die eksamen waarvan die kandidaat afwesig was.

(2) In die geval van afwesigheid bedoel in subregulasi (1) moet bewys, wat die raad aanvaarbaar is, van die rede wat die afwesigheid by die raad ingediend word binne 21 dae na die datum van die eksamen waarvan die kandidaat afwesig was.

(3) Die kandidaat in subregulasi (1) bedoel, behou krediet vir enige gedeelte van die eksamen waarin geslaag of met onderskoring geslaag is.

Eksamensopunte en eksamenuitsluitinge

8. (1) Die verpleegskool moet die persentasieopunte wat kandidate behaal in die praktiese gedeelte voorgeskryf by die regulasies vir die betrokke kursus, voor of op die laaste dag van die maand waarin die skrifteklike eksamens plaasvind, by die raad indien op die amptelike puntelys vir die praktiese gedeelte deur die raad voorsien, en sodanige puntelys moet geteken word deur die persoon in beheer van die verpleegskool, of deur die moderator vir die eksamen.

(2) In die geval van 'n eksamen wat namens die raad afgeneem word, moet alle eksamensopunte voor of op die laaste dag van die tweede maand wat volg op die maand waarin die eksamen afgeneem is, by die raad ingediend word op die amptelike puntelys deur die raad voorstel, en moet sodanige puntelys geteken word deur die persoon in beheer van die verpleegskool en deur die moderator vir die eksamen.

(3) Om in 'n gedeelte te slaag, moet 'n kandidaat minstens 50% van die totale puntetel vir die gedeelte behaal en in die geval waar 'n skrifteklike gedeelte uit meer as een vraestel bestaan, moet 'n kandidaat minstens 40% in elke vraestel behaal.

(4) Om in 'n gedeelte met lof te slaag, moet 'n kandidaat met die eerste poging minstens 75% van die totale puntetel vir die gedeelte behaal.

(5) Om in 'n kursus te slaag, moet 'n kandidaat in alle gedeeltes van die eindeeksamen vir die kursus slaag.
(6) To pass a course with distinction a candidate shall at the first attempt obtain at least 75% of the aggregate marks for the final examination and where the final examination consists of more than one portion a candidate shall obtain at least 65% of the aggregate marks for each portion.

9. (1) A candidate for a basic course who fails the written portion of an examination conducted by the council may apply to the council for reassessment before or on the date which shall be published together with the results of the examination, in which case a reassessment fee as prescribed by regulation 16 (e) shall be payable.

(2) A candidate for a basic course who fails the written portion of an examination conducted by a nursing school on behalf of the council may apply to the nursing school for reassessment in terms of the examination rules of the nursing school concerned before or on the date which shall be published together with the examination results.

(3) The result of a reassessment referred to in subregulations (1) and (2) shall be final and binding.

(4) Reassessment fees shall not be refunded, regardless of the result of the reassessment.

Further examinations

10. (1) A candidate who fails an examination of a specific year of a course for the first time but who obtained at least 40% in each portion—

(a) shall retain credit for any portion in which at least 50% was obtained; and

(b) may apply for admission to a further examination which shall take place within one year of the end of the month in which he wrote the examination in which he failed.

(2) A candidate who fails an examination of a specific year of a course for the first time and who obtained less than 40% in one or more of the portions—

(a) shall not retain credit for any portion of the examination;

(b) may apply for admission to a further examination, which shall take place within five months of the end of the month in which he wrote the examination in which he failed; and

(c) may apply only for admission to an examination which takes place within one year of the end of the month in which he wrote the examination in which he failed.

11. (1) A candidate who in terms of regulation 10 (1) or (2) qualifies for a further examination but who fails to sit for the further examination within one year of the end of the month in which the examination which he failed was written shall be admitted to a subsequent examination only if he—

(a) reregisters as a student or re-enrolls as a pupil, as the case may be; and

(b) completes an additional period of training equal to one third of the time which elapsed from the completion of the course to reregistration as a student or re-enrolment as a pupil, to a maximum period of one year of additional training.

(6) Om in 'n kursus met lof te slaag, moet 'n kandidaat met die eerste poging minstens 75% van die totale puntental vir die eindeksamen behaal en in die geval waar die eindeksamen uit meer as 'n gedeeltelike bestaan, moet 'n kandidaat minstens 65% van die totale puntental vir elke gedeeltelike behaal.

9. (1) 'n Kandidaat vir 'n basiese kursus wat drup in die skriftelike gedeeltelike van 'n eksamen wat deur die raad afgeneem word, kan voor of op die datum wat saam met die eksamenuitslae bekendgemaak word, by die raad aansoek doen om herewaardering in, in welke geval herewaarderingsgeld voorgestryf by regulasie 16 (e) betaalbaar is.

(2) 'n Kandidaat vir 'n basiese kursus wat drup in die skriftelike gedeeltelike van 'n eksamen wat deur 'n verpleegskool namens die raad afgeneem word, kan voor of op die datum wat saam met die eksamenuitslae bekendgemaak word, by die betrokke verpleegskool aansoek doen om herewaardering in geval die eksamen-reëls van die verpleegskool.

(3) Die uitslag van 'n herewaardering in subregulases (1) en (2) beteken, is finale en bindend.

(4) Ongeag die uitslag van die herewaardering word herewaarderingsgeld nie terugbetaal nie.

Verdere eksamens

10. (1) 'n Kandidaat wat vir die eerste keer in 'n eksamen van 'n bepaalde jaar van 'n kursus drup maar wat minstens 40% in elke gedeeltelike behaal het—

(a) behou krediet vir enige gedeeltelike waarin minstens 50% behaal is; en

(b) kan aansoek doen om toelating tot 'n verdere eksamen wat moet plaasvind binne een jaar na die einde van die jaar waarin die eksamen afgelew is waarin hy gedruip het.

(2) 'n Kandidaat wat vir die eerste keer in 'n eksamen van 'n bepaalde jaar van 'n kursus drup en wat minder as 40% in een of meer van die gedeeltelike behaal het—

(a) behou geen krediet vir enige gedeeltelike van die eksamen nie;

(b) kan aansoek doen om toelating tot 'n verdere eksamen, wat moet plaasvind na vry maande na die einde van die jaar waarin die eksamen afgelew is waarin hy gedruip het; en

(c) kan slegs aansoek doen om toelating tot 'n eksamen wat plaasvind binne een jaar na die einde van die jaar waarin die eksamen afgelew is waarin hy gedruip het.

11. (1) 'n Kandidaat wat ingevolge regulasie 10 (1) of (2) vir 'n eksamen kwalificeer maar wat verslom om binne een jaar na die einde van die jaar waarin die eksamen afgelew is waarin hy gedruip het, 'n verdere eksamen af te leë, word tot 'n volgende eksamen toege-laat slegs indien hy—

(a) hom laat herregistreer as 'n student of hom laat herënskryf as 'n leerling, na gelang van die geval; en

(b) 'n addisionele tydperk van opleiding deurloop gelykstaande met een derde van die tyd wat verloop het vanaf die voltooiing van die kursus tot herregistrasie as 'n student of herënskrywing as 'n leerling, tot 'n maksimum tydperk van een jaar addisionele opleiding.
(2) A candidate referred to in subregulation (1) shall forfeit any credits referred to in regulation 10 (1).

12. (1) A candidate for a basic course who for the second time fails an examination of the same year of a course shall be admitted to a subsequent examination only if he—

(a) reregisters as a student or re-enrols as a pupil, as the case may be; and

(b) completes an additional period of training equal to one third of the time which elapses from the completion of the last period of training to reregistration as a student or re-enrolment as a pupil, to a maximum period of one year of additional training.

(2) A candidate referred to in subregulation (1) shall forfeit any credits referred to in regulation 10 (1).

13. (1) A candidate for a post-basic course who for a second time fails an examination of the same year of a course shall be admitted to an examination for the last time only after he has repeated the course.

(2) A candidate referred to in subregulation (1) shall—

(a) reregister as a student;

(b) enter for the examination as a whole; and

(c) forfeit any credits referred to in regulation 10 (1).

14. (1) A candidate for a basic course who for a third time fails an examination for the same year of a course shall be admitted to a further examination only if—

(a) the nursing school concerned submits to the council an application by the candidate, together with a full substantiation by the nursing school; and

(b) such application is approved by the council.

(2) If any application is approved in terms of subregulation (1) (b), the candidate shall be admitted to an examination for the last time only if he—

(a) reregisters as a student or re-enrols as a pupil, as the case may be; and

(b) repeats the last 12 months of training.

(3) A candidate referred to in subregulation (2) shall—

(a) enter for the examination as a whole; and

(b) forfeit any credits referred to in regulation 10 (1).

15. Where a candidate has undergone additional training referred to in regulation 11, 12 or 14, the person in charge of the nursing school shall certify on the application form for admission to the examination that the candidate has undergone such training and shall state the period of such training.

Examination fees

16. Subject to the provisions of—

(a) regulation 7, an examination fee of R20,00 plus VAT per paper for basic courses shall be payable to the council on application for admission to the examination;

(2) ‘n Kandidaat in subregulasi (1) bedoel, verbeur enige krediete in regulasie 10 (1) bedoel.

12. (1) ‘n Kandidaat vir ‘n nasiese kursus wat vir ‘n tweede keer in ‘n eksamen van dieselfde jaar van ‘n kursus drup, word tot ‘n volgende eksamen toegelaat slegs indien hy—

(a) hom laat herregistrer as ‘n student of hom laat herinskryf as ‘n leerling, na gelang van die geval; en

(b) ‘n addisionele tydperk van opleiding deurloop gelykstaande met een derde van die tyd wat verloop het vanaf die voltooiing van die laaste tydperk van opleiding tot herregistrasie as ‘n student of herinskrywing as ‘n leerling, tot ‘n maksimum tydperk van een jaar addisionele opleiding.

(2) ‘n Kandidaat in subregulasi (1) bedoel, verbeur enige krediete in regulasie 10 (1) bedoel.

13. (1) ‘n Kandidaat vir ‘n nabasiese kursus wat vir ‘n tweede keer in ‘n eksamen van dieselfde jaar van ‘n kursus drup, word vir die laaste keer tot ‘n eksamen toegelaat slegs nadat hy die kursus herhaal het.

(2) ‘n Kandidaat in subregulasi (1) bedoel—

(a) moet hom laat herregistrer as ‘n student;

(b) moet hom vir die eksamen in die geheel laat inskryf; en

(c) verbeur enige krediete in regulasie 10 (1) bedoel.

14. (1) ‘n Kandidaat vir ‘n basiese kursus wat vir ‘n derde keer in ‘n eksamen van dieselfde jaar van ‘n kursus drup, word tot ‘n verdere eksamen toegelaat slegs indien—

(a) die betrokke verpleegskool ‘n aansoek deur die kandidaat, tesame met ‘n volledige motivering deur die verpleegskool, aan die raad voorli; en

(b) die aansoek deur die raad goedgekeur word.

(2) Indien ‘n aansoek ingevolge subregulasi (1) (b) goedgekeur word, word die kandidaat vir die laaste keer tot ‘n eksamen toegelaat slegs indien hy—

(a) hom laat herregistrer as ‘n student of hom laat herinskryf as ‘n leerling, na gelang van die geval; en

(b) die laaste 12 maande van opleiding herhaal.

(3) ‘n Kandidaat in subregulasi (2) bedoel—

(a) moet hom vir die eksamen in die geheel laat inskryf; en

(b) verbeur enige krediete in regulasie 10 (1) bedoel.

15. Waar ‘n kandidaat addisionele opleiding bedoel in regulasie 11, 12 of 14 ondergaan het, moet die persoon in beheer van die verpleegskool op die aansoekvorm vir toelating tot die eksamen sertificeer dat die kandidaat sodanige opleiding ondergaan het en die tydperk daarvan vermeld.

Eksamengelde

16. Behoudens die bepalings van—

(a) regulasie 7, is eksamengelde van R20,00 plus BTW per vraestel vir basiese kursusse by aansoek om toelating tot die eksamen aan die raad betaalbaar.
(b) regulation 7, an examination fee of R30,00 plus VAT per paper for post-basic courses shall be payable to the council on application for admission to the examination;

(c) regulation 4 (2), an application submitted later than the date referred to in regulation 4 (1), shall be accepted only on payment of a late entry fee of R15,00 plus VAT, which shall be payable in addition to the fees prescribed by paragraph (a) or (b);

(d) regulation 7, a candidate shall forfeit examination fees to the council if any application is cancelled or if a candidate is absent from an examination or a portion of an examination;

(e) regulation 9 (1), a reassessment fee of R100,00 plus VAT shall be payable to the council on application for the reassessment of the written portion of an examination.

Examination centres

17. Examinations shall be conducted at such places as the council may determine.

Conduct of candidates during an examination

18. A candidate shall obey the instructions of the invigilator in charge of the examination at all times.

19. A candidate shall not be admitted to an examination unless he is able to identify himself positively.

20. A candidate shall be disqualified if, during the examination, he—

(a) has any books, any memoranda or notes of any description, or any paper not authorised by the invigilator in charge of the examination in his possession;

(b) helps or attempts to help another candidate with the examination;

(c) obtains or attempts to obtain help with the examination from another candidate; or

(d) in any way communicates or attempts to communicate with another candidate.

21. Where examinations are conducted on behalf of the council, the examination rules of the nursing school concerned shall apply in respect of the conduct of candidates during an examination.

Transition clause

22. Where the council prior to the publication of those regulations informed a candidate of a period of additional training to be undergone in accordance with the regulations in force for a course at that time these regulations shall in no way amend the prior decision of the council.

Commencement of these regulations


(c) regulasie 4 (2), word 'n aanseok wat later as die datum bedoel in regulasie 4 (1) ingediend word, slegs aanvaar by betaling van laatinskrywingsgeld van R15,00 plus BTW wat betaalbaar is bo en behalwe die gelde voorgeskryf by paragraaf (a) of (b) hiervan;

(d) regulasie 7, verbeer 'n kandidaat eksamengelde aan die raad indien enige aanseok gekanse- leer word of indien 'n kandidaat van 'n eksamen of gedeelte van 'n eksamen afwesig is;

(e) regulasie 9 (1), is hierevalueringgeld van R100,00 plus BTW by aanseok om die hierevaluer- ing van die skriftelike gedeelte van 'n eksamen aan die raad betaalbaar.

Eksamensentrum

17. Eksamens word afgeneem op sodanige plekke as wat die raad bepaal.

Gedrag van kandidate tydens 'n eksamen

18. 'n Kandidaat moet die instruksies van die toesig- houer in beheer van die eksamen te alle tye gehoor- saam.

19 'n Kandidaat word nie tot die eksamen toegaat nie tenys hy homself positief kan identifiseer.

20. 'n Kandidaat word gediskwalifiseer indien hy tydens die eksamen—

(a) enige boeke, enige memoranda of notas van enige aard, of enige papier wat nie deur die toesig- houer in beheer van die eksamen gemagtig is nie, in sy besit het;

(b) hulp verleen of poog om hulp te verleen met die eksamen aan 'n ander kandidaat;

(c) hulp verkry of poog om hulp te verkry met die eksamen van 'n ander kandidaat; of

(d) op enige wyse kommunikeer of poog om te kommunikeer met 'n ander kandidaat.

21. Waar eksamens namens die raad afgeneem word, geld die eksamenreëls van die betrokke ver- pleegskool ten opsigte van die gedrag van kandidate tydens 'n eksamen.

Oorgangsbepaling

22. Waar die raad voor die publikasie van hierdie regulasies 'n kandidaat ingelig het oor 'n tydperk van addisionele opleiding wat ondergaan moet word ooreenkomsdig die regulasies wat op daardie tydperk vir 'n kursus geld, wysie hierdie regulasies op geen wyse die vorige besluit van die raad nie.

Inwerkingtreding van hierdie regulasies

R. 239 of 13 February 1981, R. 240 of 13 February 1981, R. 47 of 22 January 1982, R. 48 of 22 January 1982, R. 683 of 14 April 1989 and R. 1571 of 21 July 1989, in so far as they relate to examinations, shall remain in force until they are deleted, and these regulations shall commence on the different dates on which the provisions concerned for every course are deleted.

(2) Notwithstanding the deletion of the provisions referred to in subregulation (1) such provisions shall remain in force for a candidate who was admitted to an examination prior to the publication of these regulations.

No. R. 8
8 January 1993

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE MINIMUM REQUIREMENTS FOR A BRIDGING COURSE FOR ENROLLED NURSES LEADING TO REGISTRATION AS A GENERAL NURSE OR A PSYCHIATRIC NURSE: AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto.

SCHEDULE

Definition

1. In this Schedule “the Regulations” means the regulations published under Government Notice No. R. 683 of 14 April 1989.

Amendment of regulation 6 of the Regulations

2. Regulation 6 of the Regulations is hereby amended by the substitution for paragraph (b) of subregulation (3) of the following paragraph:

“(b) Sick leave may be granted in addition to the sick leave referred to in paragraph (a) on condition that such additional sick leave shall be made up.”.

Substitution of regulation 8 of the Regulations

3. The following regulation is hereby substituted for regulation 8 of the Regulations:

“Promotions
8. In order to be promoted to the second academic year, the student shall—
(a) complete the first academic year; and
(b) pass the examination for the first academic year.”.

Substitution of regulation 9 of the Regulations

4. The following regulation is hereby substituted for regulation 9 of the Regulations:

“Examinations
9. (1) The examinations shall be conducted in accordance with the regulations relating to the examinations of the council.


(2) Ondanks die skrapping van die bepalings bedoeil in subregulasion (1) bly sodanige bepalings van krag ten opsigte van ’n kandidaat wat voor die datum van sodanige skrapping tot ’n eksamen toegelaat is.

No. R. 8
8 Januarie 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETreffende die MINIMUM VEREISTE VIR ’N OORBRUGGINGSKURSUS VIR INGESKREWE VERPLEEGKUNDIGES WAT LEI TOT REGISTRASIE AS ’N ALGEMENE VERPLEEGKUNDIGE OF ’N PSIGIATRIESE VERPLEEGKUNDIGE: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

Woordomsksrywing

1. In hierdie Bylae beteken “die Regulasies” die regulasies afgekondig by Goewermentskennisgewing No. R. 683 van 14 April 1989.

Wysiging van regulasion 6 van die Regulasies

2. Regulasion 6 van die Regulasies word hierby gewysig deur paragraaf (b) van subregulasion (3) deur die volgende paragraaf te vervang:

“(b) Siekteverlof bo en behalwe die siekteverlof bedoel in paragraaf (a) kan toegestaan word op voorwaarde dat sodanige addisionele siekteverlof ingewerk word.”.

Vervanging van regulasion 8 van die Regulasies

3. Regulasion 8 van die Regulasies word hierby deur die volgende regulasion vervang:

“Bevorderings
8. Om tot die tweede akademiese jaar bevorder te word, moet ’n student—
(a) die eerste akademiese jaar voltooi; en
(b) in die eksamen vir die eerste akademiese jaar slaag.”.

Vervanging van regulasion 9 van die Regulasies

4. Regulasion 9 van die Regulasies word hierby deur die volgende regulasion vervang:

“Eksamen
9. (1) Die eksamen word afgeneem ooreenkomstig die regulasies betreffende eksamen van die raad.
(2) The course referred to in these regulations shall for the purposes of the regulations referred to in sub-regulation (1) be called a basic course.

(3) In order to be admitted to the examination for the first academic year, the candidate shall—

(a) complete at least 40 weeks of the first academic year by the end of the month in which the examination is conducted;

(b) obtain at least 45% in a system of continuous assessment by the nursing school of the clinical and theoretical aspects of general nursing science or psychiatric nursing science; and

(c) obtain at least 40% in an examination of the nursing school on the subjects Ethos and Professional Practice.

(4) In order to be admitted to the final examination, the candidate shall—

(a) complete the prescribed period for the course by the end of the month in which the examination is conducted;

(b) obtain at least 45% in a system of continuous assessment by the nursing school of the clinical and theoretical aspects of general nursing science or psychiatric nursing science; and

(c) comply with the provisions of regulation 7 by the date of the examination.

(5) A candidate who does not comply with the requirements for admission to an examination because of additional sick leave referred to in regulation 6 (3) (b) that has to be made up may be admitted by the council to the examination if—

(a) a written application for admission of a candidate is submitted to the council not later than the prescribed closing date by the person in charge of the nursing school; and

(b) it is possible to have made up the additional sick leave by not later than the end of the month following the month in which the examination is conducted.

(6) The examination for the first academic year shall consist of two portions, namely—

(a) a written portion of two papers of three hours each on the subjects Integrated General Nursing Science I and Social Sciences I or Integrated Psychiatric Nursing Science I and Social Sciences I; and

(b) a practical portion conducted by the nursing school.

(7) The final examination shall consist of three portions, namely—

(a) a written portion of one paper of three hours on the subjects Integrated General Nursing Science II or Integrated Psychiatric Nursing Science II;

(b) a practical portion conducted by the nursing school; and

(c) a written portion of one paper of three hours on the subjects Ethos and Professional Practice (including Ward Administration and Clinical Teaching) and Social Sciences II.”.

(2) Die kursus bedoel in hierdie regulasies word vir die doeleindes van die regulasies bedoel in subregulasie (1) ‘n basiese kursus genoem.

(3) Om tot die eksamen vir die eerste akademiese jaar toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, minstens 40 weke van die eerste akademiese jaar voltooi;

(b) minstens 45% behaal in ‘n stelsel van deurlopende evaluering deur die verpleegskool van die kliniese en teoretiese aspekte van algemene verpleegkunde of psigiatrise verpleegkunde; en

(c) minstens 40% behaal in ‘n eksamen van die verpleegskool in die vakke Etos en Professionele Praktys.

(4) Om tot die eindesame toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, die voorgeskrevre tydperk vir die kursus voltooi;

(b) minstens 45% behaal in ‘n stelsel van deurlopende evaluering deur die verpleegskool van die kliniese en teoretiese aspekte van algemene verpleegkunde of psigiatrise verpleegkunde; en

(c) teen die datum van die eksamen aan die bepalinge van regulasie 7 voldoen.

(5) ‘n Kandidaat wat as gevolg van addisionele siekteverlof bedoel in regulasie 6 (3) (b) wat ingewerk moet word, nie aan die vereistes vir toelating tot ‘n eksamen voldoen nie kan deur die raad tot die eksamen toegelaat word indien—

(a) die persoon in beheer van die verpleegskool nie later nie as die voorgeskrevre sluitingsdatum van skriftelike aanvrae vir die toelating van die kandidaat deur die raad indien; en

(b) dit moontlik is om die addisionele siekteverlof in te gewerk het teen nie later nie as die einde van die maand wat volg op die maand waarin die eksamen afgeneem word.

(6) Die eksamen vir die eerste akademiese jaar bestaan uit twee gedeeltes, naamlik—

(a) ‘n skriftelike gedeelte van twee vraestel van drie uur elke in die vakke Geïntegreerde Algemene Verpleegkunde I en Soesiale Wetenskappe I, of Geïntegreerde Psigiatrise Verpleegkunde I en Soesiale Wetenskappe I; en

(b) ‘n praktiese gedeelte wat deur die verpleegskool afgeneem word.

(7) Die eindesame bestaan uit drie gedeeltes, naamlik—

(a) ‘n skriftelike gedeelte van een vraestel van drie uur in die vakke Geïntegreerde Algemene Verpleegkunde II of Geïntegreerde Psigiatrise Verpleegkunde II; en

(b) ‘n praktiese gedeelte wat deur die verpleegskool afgeneem word; en

(c) ‘n skriftelike gedeelte van een vraestel van drie uur in die vakke Etos en Professionele Praktys (insluitende Saaadministrasie en Kliniese Onderwys) en Soesiale Wetenskappe II.”.
Deletion of regulations 10, 11, and 12 of the regulations

5. Regulations 10, 11 and 12 of the Regulations are hereby deleted.

Amendment of regulation 13 of the Regulations

6. Regulation 13 of the Regulations is hereby amended by the renumbering of regulation 13 to regulation 10.

SCHEDULE

Definitions


Substitution of regulation 7 of the Regulations

2. The following regulation is hereby substituted for regulation 7 of the Regulations:

"Examinations

7. (1) The examinations shall be conducted in accordance with the regulations concerning examinations of the council.

(2) The course referred to in these regulations shall for the purposes of the regulations referred to in subregulation (1) be called a post-basic course.

(3) To be admitted to the examination, the candidate shall—

(a) complete the prescribed period of training for the course by the end of the month in which the examination is held;

(b) according to the assessment by the nursing school where the course was followed be competent and suitable for admission in respect of attitude, approach, insight, knowledge and skills; and

(c) on the date of the examination comply with the provisions of regulation 6.

(4) The examination shall consist of two portions, namely—

(a) a written portion of two papers of three hours each; and

(b) a practical portion conducted by the nursing school."

Skraping van regulasies 10, 11 en 12 van die Regulasies

5. Regulasies 10, 11 en 12 van die Regulasies word hierby geskrap.

Wysiging van regulasie 13 van die Regulasies

6. Regulasie 13 van die Regulasies word hierby gewysig deur regulasie 13 te hernummer tot regulasie 10.

Woordomskrywing


Vervanging van regulasie 7 van die Regulasies

2. Regulasie 7 van die Regulasies word hierby deur die volgende regulasie vervang:

"Eksamens

7. (1) Die eksamens word afgeneem ooreenkomsstig die regulasies betreffende eksamens van die raad.

(2) Die kursus bedoel in hierdie regulasies word vir die doeleindes van die regulasies bedoel in subregulasi (1), 'n nabasiëse kursus genoem.

(3) Om tot die eksamen toegelaat te word, moet die kandidaat—

(a) teen die einde van die maand waarin die eksamen afgeneem word, die voorafgeskrye tydperk van opleiding vir die kursus voltooi;

(b) volgens die beoordeling van die verpleegskool waar die kursus deurloop is, ten opsigte van houing, benadering, insig en vaardighede bevoeg en geskik wees vir tolating; en

(c) op die datum van die eksamen voldoen aan die bepaleings van regulasie 6.

(4) Die eksamens bestaan uit twee gedeeltes, naamlik—

(a) 'n skriftelike gedeelte van twee proefstelle van drie uur elk; en

(b) 'n praktiese gedeelte wat deur die verpleegskool afgeneem word."
Save a drop — and save a million

Water conservation is very important to the community and industry to ensure their survival. So save water!

Spaar 'n druppel — en vul die dam

Indien almal van ons besparingsbewus optree, besnoei ons nie slegs uitgawes nie maar wen ook ten opsigte van ons kosbare water- en elektrisiteitsvoorraad
R15m complex for clinic staff

A R15m simplex development is being built for Medi-Clinic to house nursing staff working at the Morning-side and Sandton Clinics. About 120 units are being built on the 1.6ha site, and the first phase will be ready for occupation in March. The complex is being developed by Time Developments and Steff-Slot Projects.
Health personnel ask for stronger security

KATHRYN STRACHAN

CONCERN over the increasing level of danger in their jobs has caused doctors and nurses to call for stronger security measures to ensure their safety.

In a statement issued on Friday, the SA Nursing Association (Sana) expressed its concern at the increase in attempts to free hospitalised detainees.

The statement came in the wake of a report last week that a suspect under police guard at Pholosong Hospital in Tshane, on the East Rand, was released by five men who shot and killed a policeman with an AK-47 rifle.

Sana's executive director, S J du Plessis, said such actions threatened the safety and lives of health personnel and patients.

"Hospital up to now were safe havens for the sick and places where health care, although sometimes given under stressful conditions, could be delivered without fear and exceptional safety precautions."

Du Plessis said although in the past it was unthinkable that nurses could be threatened when they were working, it was now a reality.

And police and medical representatives last week formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the Vaal Triangle.

Medical Association of SA (Masca) chairman Bernard Mandell said while attacks on doctors were a national problem, doctors were most under threat in the Vaal Triangle. On Friday morning two doctors were attacked while on their way to work at the Pholosong Hospital. The doctors, both from Germany, escaped uninjured.

Following doctors' statements that the recent attacks in the area could lead to a collapse of medical care, an emergency number has been provided specifically for medical staff and more policemen have been deployed in the Vaal Triangle. Police will also increase their patrols on surgeries and clinics in the area.

Mandell said the nature of health care meant that doctors had contact with all people at irregular hours, which made them soft targets, and security precautions were therefore difficult to implement.

Helicopters for Safair

STEPHEN COPLAN

FOUR Russian helicopters would be delivered to Safair when an Antonov 124, on route to Windhoek, arrived at Jan Smuts today, a Safair spokesman said.

Negotiations were under way to lease the helicopters, which would be used for civil purposes, he said.

The two Kamov-32s and two MIL-17s were used previously by the Soviet Air Force and Aeroflot.

The MIL-17, nicknamed "Hip", seats up to 22 people and has a range of 570 km, travelling at a speed of 245 km/h, according to Jane's World Aircraft Recognition Handbook.

More than 10,000 of the utility, medium-range aircraft have been built and it was popular with the Indian Air Force and the former East German Air Force.

The Kamov-32, a civil version of an anti-submarine helicopter, has a unique pair of main rotor blades making the aircraft more manoeuvrable, says Flight International.

The publication said the aircraft, nicknamed "Helix", was ideal for search-and-rescue and night flying. Its range was 800 km and it had a five-hour endurance time.
Vaal hospital in bribery scandal

LUCRATIVE LINE Prospective trainee nurses allegedly pay bribes to clerk on admission. (75)

By Joshua Raboroko

Authorities at Sedokeng Hospital in the Vaal Triangle are investigating claims that prospective students are made to pay bribes before being allowed to enrol.

It is claimed some would-be trainees at the hospital pay R200 each to clerks who negotiate with officials to admit them to train as nurses.

Sedokeng Hospital superintendent Dr A van der Spuy confirmed that she received a report but denied that candidates were expected to pay bribes.

She said: “We are investigating this matter because we take it very seriously.”

The hospital heard about similar claims before but nobody came forward to complain. “This case might open a can of worms,” she said.

She appealed to all applicants who were promised jobs after paying bribes to contact her at the hospital, adding: “We cannot allow this kind of thing to happen.”

She confirmed that charges had been laid and the police were investigating.

Miss Manana Matebole of Evaton claimed yesterday that after she obtained a school leaving certificate she applied to train as a nurse in 1991.

She said: “My application was unsuccessful because the hospital required a matric exemption.

“I was advised by a clerk that if I paid R200 then my way would be open.”

Matebole claimed she was desperate, so she paid the money to the clerk who told her to wait for a reply.

She waited for a year in vain. She demanded her money back when it became clear that her application would be unsuccessful.

A former nursing sister at the hospital, Miss Thaka Nkabane, said she accompanied Matebole to the hospital where she made inquiries with the superintendent.
Bara nurse held after man's escape

Crime Reporter

Baragwanath Hospital nurses refused to leave after work yesterday morning until police freed one of their colleagues who had been held for questioning after the escape of a patient under police guard.

Soweto police spokesman Major Henk Oosthuysen said the nurse was questioned soon after the patient escaped after midnight.

He said about 50 nurses on night shift refused to go home until the woman was released.

The nurse had not been a suspect in the escape and, after her release at 10 am, the hospital functioned normally, Oosthuysen said.

A Baragwanath Hospital spokesman said the nurses felt their colleague had been unjustly treated. The detained nurse was released after negotiations between the Transvaal Provincial Administration and the police, the spokesman said.

No strike action had taken place and no services had been disrupted.

The suspect who escaped had been arrested on Tuesday on a charge of armed robbery. He was shot in the leg when he tried to escape from police custody.

The man escaped from Baragwanath Hospital before he could be treated.
Strike at Bara over arrest

Sowetan 11/2/93

CASUALTY DEPARTMENT

Stoppage after detention of nurse for allegedly helping prisoner:

By Sipho Mthembu

There was a temporary work stoppage by nursing staff at the Baragwanath Hospital's casualty department yesterday morning in protest against the arrest by police of a nursing assistant on Tuesday night.

The police said yesterday the nursing assistant was arrested for allegedly helping a prisoner to escape.

Following the arrest of their colleague, dissatisfied nurses on night shift refused to go off duty and those on day shift refused to go on duty until the assistant had been freed.

Hospital authorities then held a meeting with the SAP and the Transvaal Provincial Administration resulting in the release of the assistant nurse at 10am yesterday.

In a statement to Sowetan yesterday, the hospital's public relations department said the nurses felt very strongly that their colleague had been unjustly treated.

Meanwhile, the police refused to give the name of the nursing assistant and the prisoner and would not say whether the escape was successful or not.

"We are not going to give any names, including that of the prisoner involved as the case has been completed and no one has been charged. It is all over now," said police spokesman Major HP Oosthuysen.

Sowetan could only establish that the assistant nurse's name was Beauty and the Baragwanath Hospital spokesman Mrs Hester Vorster said she would not give the name and surname because she (the nurse) was still "very disturbed" by the incident.

Vorster also said her department understood the feelings of the nursing staff and the issue had now been settled.

The Deputy Regional Commissioner of Police, Major-General AM Strauss, has indicated that the matter would still be investigated thoroughly and necessary steps would be taken if any irregularities had taken place.
Nurses' body happy

The SA Nursing Association said yesterday it was delighted that Parliament had approved amendments to the Medical Schemes Act which deregulates medical aid schemes.

Sana said one of the major stumbling blocks that had prevented private nurse practitioners from contributing to an effective and cost-effective health care service to the public had been the reluctance of medical aid schemes to recognise and reimburse private nursing care.
Nurses protest

A NURSE was arrested early yesterday for allegedly assisting a prisoner to escape from Baragwanath Hospital outside Johannesburg, police said.

At least 50 nurses at the casualty department went on strike yesterday morning in a bid to have her released from police custody and to protest against "police harassment". The nurse was released at 10am, police said.
warning on nursing cuts

The Government's proposed cuts in nursing services would pare them down to the "absolute minimum" without which safe nursing care could not be provided, the SA Nursing Council said yesterday. SANC president Professor Wilma Kotze said the council was concerned at the implications of cuts in nursing services as part of the scaling down of Government expenditure.

R1,2-m bank fraud alleged
THE University of the Western Cape is to host an international nursing conference next month.

The title of the conference, to be held in Brackenfell from March 21 to 24, is *Africa Unite for Nursing Education*.

Delegates are expected from Botswana, Lesotho, Kenya, Tanzania and the United States.
LABOUR BRIEFS

Strikes settle

The latest South African Labour Bulletin, published today, notes a dramatic drop in strike action and major disputes in the first two months of 1993, compared with the past three years.

Only four significant strikes had been reported in South African Labour News in this period: two strikes involving 500 Transport and General Workers' Union members and two Food and Allied Workers' Union strikes continuing from last year.

And the only dispute looming is a national campaign against Shoprite/Checkers by the South African Commercial, Catering and Allied Workers' Union.

Nursing wounds

Patients and their needs should never become part of the collective bargaining process. South African Nursing Council head Wilma Kotze told 200 nurses from Edendale hospital in Pietermaritzburg this week.

No carte blanche for MWU

The Media Council this week dismissed a complaint by the whites-only Mineworkers Union (MWU) against a programme broadcast on M-Net's Carte Blanche.

The programme, about MWU members defecting to join the National Union of Mineworkers, was "unfair, unbalanced, propagandistic and amounted to 'trial by television'" alleged the MWU. But the Media Council found the complaint "groundless" and dismissed it.
In terms of section 23 (3) of the Act no person may sell any medicine which is the subject of a notice under section 23 (1) which has not been set aside on appeal.

Any person who fails to comply with any direction given under section 23 or who contravenes the provisions of subsection (3) of that section shall be guilty of an offence.

J. SCHLEBUSCH,
Registrar of Medicines.

No. R. 448
19 March 1993

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE ELECTION OF MEMBERS OF THE COUNCIL: AMENDMENT

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations in the Schedule hereto.

SCHEDULE

Definitions


Amendment of Regulation 3 of the Regulations

2. Regulation 3 of the Regulations is hereby amended—

(a) by the substitution for subregulation (2) of the following subregulation:

"(2) A separate nomination shall be lodged in respect of each candidate and shall be signed by two (2) persons eligible to vote in terms of section 5 (1) (f) of the Act (in these regulations referred to as 'persons eligible to vote').";

(b) by the substitution for subregulation (3) of the following subregulation:

"(3) (a) A person eligible to vote may sign any number of nominations not exceeding the number of members to be elected.

(b) A nomination signed by a person who has already signed the maximum number of nominations shall be invalid.

(c) If the number of nominations signed exceeds the number of members to be elected and such nominations are received simultaneously by the returning officer, or if such nominations together with nominations previously signed and lodged exceed the maximum, such nominations shall all be invalid.";

Kragtens artikel 23 (3) van die Wet mag niemand enige medisyne wat die onderwerp is van 'n kennisgewing ingevolge artikel 23 (1) wat nie op appel tersydige gestel is, verkoop nie.

Iemand wat versuim om aan 'n lasgewing uitgereik kragtens artikel 23 te voldoen of die bepaling van subartikel (3) van daardie artikel oortree, is aan 'n misdryf skuldig.

J. SCHLEBUSCH,
Registrateur van Medisyne.

No. R. 448
19 Maart 1993

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE VERKIESING VAN LEDE VAN DIE RAAD: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies in die Bylae hiervan uitgevaardig.

BYLAE

Woordomskrywing


Wysiging van regulasie 3 van die Regulasies

2. Regulasie 3 van die Regulasies word hierby gewysig—

(a) deur subregulasie (2) deur die volgende subregulasie te vervang:

"(2) 'n Afsonderlike nominasie moet ten opsigte van elke kandidaat ingedien word en moet onderteken word deur twee (2) persone wat ingevolge artikel 5 (1) (f) van die Wet stemgeregtig is (in hierdie regulasies 'stemgeregtigde persone') geneem;"

(b) deur subregulasie (3) deur die volgende subregulasie te vervang:

"(3) (a) 'n Stemgeregtigde persoon kan 'n getal nominasies onderteken wat nie die getal lede wat verkieë moet word, oorskry nie.

(b) 'n Nominasie wat deur 'n persoon onderteken word wat reeds die maksimum getal nominasies onderteken het, is ongeldig.

(c) Indien meer nominasies onderteken is as die getal kandidate wat verkieë moet word en sodanige nominasies gelyktydig deur die kiesbeampte ontvang word, of as sodanige nominasies tesame met nominasies wat reeds onderteken en ingediens is die maksimum oorskry, is sodanige nominasies almal ongeldig.";"
(c) by the deletion of subregulation (4);
(d) by the substitution for paragraph (b) of subregulation (6) of the following paragraph:

"(b) Together with the documents referred to in paragraph (a) each candidate shall deposit an amount of twenty rand (R20) with the returning officer and such deposit shall be refunded to the candidate or paid into his estate, as the case may be, if—

(i) the candidate is elected;
(ii) the candidate is not elected but obtained a number of votes at least equal to one-fifth of the number of votes obtained by the candidate who was elected under the same provision of the Act as the provision under which the first-mentioned candidate was nominated;
(iii) any contingency referred to in subregulation (7) arises."

(e) by the substitution for paragraph (c) of subregulation (6) of the following paragraph:

"(c) Save as provided in paragraph (b), the deposit shall be forfeited to the council."

(f) by the substitution for paragraph (c) of subregulation (7) of the following paragraph:

"(c) If a validly nominated candidate dies after the time and date determined in terms of regulation 2, for the lodging of nominations, but before the time and date determined in terms of regulation 5 for the lodging of ballot papers, no action shall be taken by the returning officer unless such candidate was the only one nominated for a region referred to in section 5 (7), in which case the registrar shall act in terms of section 5 (4) of the Act.".

Substitution of regulation 4 of the Regulations

3. The following regulation is hereby substituted for regulation 4 of the Regulations:

"4. If at the time and date determined terms of regulation 2 for the lodging of nominations, the number of validly nominated candidates does not exceed the number of members to be elected, the returning officer shall declare such candidates to be elected members of the council.".

Amendment of regulation 5 of the Regulations

4. Regulation 5 of the Regulations is hereby amended by the substitution for the words preceding paragraph (a) of subregulation (1) of the following words:

"(1) If at the time and date determined in terms of regulation 2 for the lodging of nominations, the number of validly nominated candidates exceeds the number of members to be elected—".

(c) deur subregulasi (4) te skrap;
(d) deur paragraaf (b) van subregulasi (6) deur die volgende paragraaf te vervang:

"(b) Saam met die dokumente in paragraaf (a) bedoel, moet elke kandidaat 'n bedrag van twintig rand (R20) by die kiesbeambte deponeer en sodanige deposito word aan die kandidaat terugbetaal of in sy boedel inbetaal, na gelang van die geval, indien—

(i) die kandidaat verkies word;
(ii) die kandidaat nie verkies word nie maar 'n getal stemme behaal wat minstens gelyk is aan een vyfde van die getal stemme behaal deur die kandidaat wat verkies is ingevolge dieselfde bepaling van die Wet as dié waarkragtens eersgenoemde kandidaat genoemen is;
(iii) enige gebeurlikheid bedoel in subregulasi (7) voorval."

(e) deur paragraaf (c) van subregulasi (6) deur die volgende paragraaf te vervang:

"(c) Behoudens die bepalking van paragraaf (b), word die deposito aan die raad verbeur.");

(f) deur paragraaf (c) van subregulasi (7) deur die volgende paragraaf te vervang:

"(c) Indien 'n geldig genomineerde kandidaat te sterwe kom na die tyd en datum ingevolge regulasi 2 vir die indiening van nominasies bepaal, maar voor die tyd en datum ingevolge regulasi 5 vir die indiening van stembrieue bepaal, word geen slappe deur die kiesbeambte gedaan nie, ten spyte sodanige kandidaat die enigste een was wat vir 'n in artikel 5 (7) bedoelde streek genomineer is, in welke geval die registrateur ooreenkomstig artikel 5 (4) van die Wet moet optree.");

Vervanging van regulasi 4 van die Regulasies

3. Regulasi 4 van die Regulasies word hierby deur die volgende regulasi vervang:

"4. Indien die getal geldig genomineerde kandidaat op die tyd en datum ingevolge regulasi 2 vir die indiening van nominasies bepaal, nie die getal lede wat verkies moet word, oorskry nie, verklaar die kiesbeambte sodanige kandidaat tot verkose lede van die raad.".

Wysiging van regulasi 5 van die Regulasies

4. Regulasi 5 van die Regulasies word hierby gewysig deur die woorde wat paragraaf (a) van subregulasi (1) voorafgaan deur die volgende woorde te vervang:

"(1) Indien die getal geldig genomineerde kandidaat op die tyd en datum ingevolge regulasi 2 vir die indiening van nominasies bepaal, die getal lede wat verkies moet word, oorskry—".

"(1) Indien die getal geldig genomineerde kandidaat op die tyd en datum ingevolge regulasi 2 vir die indiening van nominasies bepaal, die getal lede wat verkies moet word, oorskry—".
Amendment of regulation 6 of the Regulations

5. Regulation 6 of the Regulations is hereby amended—

(a) by the substitution for the words preceding subregulation (1) of the following words:

"Upon receipt of an identification envelope the returning officer shall examine the declaration on such envelope and—";

(b) by the addition after subregulation (2) of the following subregulation:

"(3) If he finds that a voter has lodged more than one identification envelope, he shall reject all but the first envelope lodged and if such envelopes are received simultaneously, he shall reject all such envelopes, and such rejected envelopes shall be set aside unopened and shall in due course be added to the rejected ballot papers.".

Amendment of regulation 7 of the Regulations

6. Regulation 7 of the Regulations is hereby amended by the substitution for subregulation (2) of the following subregulation:

"(2) A candidate or his representative appointed by him in writing may be present at the counting of the votes, in which case the candidate or his representative shall make a declaration on oath or an affirmation in the form of Annexure A.".

Amendment of regulation 8 of the Regulations

7. Regulation 8 of the Regulations is hereby amended by the substitution for subregulation (6) of the following subregulation:

"(6) the returning officer shall declare the candidates for whom the greatest number of votes had been cast, where applicable, with due regard to the proviso to section 5 (1) (f) and to section 5 (7) of the Act, to be elected members of the council, and in the case of an equality of votes which affects the result of the election, the returning officer shall, in the presence of the candidates and/or their representatives, but in any case in the presence of at least two (2) persons, determine by lot which candidate shall be declared elected.".

Amendment of Annexure B to the Regulations

8. Annexure B to the Regulations is hereby amended—

(a) by the substitution for the second heading of the Annexure of the following heading:

"NOTICE OF ELECTION OF MEMBERS [SECTION 5 (1) (f) OF THE NURSING ACT, 1978 (ACT NO. 50 OF 1978)]";

(b) by the substitution for paragraph 2 of the following paragraph:

"2. (1) Nominations are invited for the election of fifteen (15) registered nurses.

Wysiging van regulasie 6 van die Regulasies

5. Regulasie 6 van die Regulasies word hierby gewysig—

(a) deur die woorde wat subregulasie (1) voorafgaan deur die volgende woorde te vervang:

"By ontvangs van 'n identifikasiekoervert gaan die kiesbeampte die verklaring op sodanige koevern na en—";

(b) deur die volgende subregulasie na subregulasie (2) by te voeg:

"(3) Indien hy vind dat 'n kieser meer as 'n identifikasiekoervert ingediend het, verwerp hy al die koeverte behalwe die eerste een wat ingediend is en indien sodanige koeverte geelykytig ontvang word, verwerp hy al sodanige koeverte, en die verwerpete koeverte word onopgemaak enkant geplaas en mettertyd by die verwerpete stembrewe geplaas.".

Wysiging van regulasie 7 van die Regulasies

6. Regulasie 7 van die Regulasies word hierby gewysig deur subregulasie (2) deur die volgende subregulasie te vervang:

"(2) 'n Kandidaat of sy verteenwoordiger skriflik deur hom aangestel, mag teenwoordig wees wanneer die stempe geel word, in welke geval die kandidaat of sy verteenwoordiger 'n verklaring onder eed of bevestiging in die vorm van Byeyle A moet aflê.".

Wysiging van regulasie 8 van die Regulasies

7. Regulasie 8 van die Regulasies word hierby gewysig deur subregulasie (6) deur die volgende subregulasie te vervang:

"(6) verklaar die kiesbeampte die kandidate op wie die grootste getal stemme uitgebring is, waar van toepassing, met inagning van die voorbehoudsbepaling by artikkel 5 (1) (f) en van artikkel 5 (7) van die Wet, tot verkose lede van die raad, en by 'n staking van stemme wat die uitslag van die verkiesing beïnvloed, bepaal die kiesbeampte deur loting in tegenwoordigheid van die kandidate of hulle verteenwoordigers, maar in elk geval in tegenwoordigheid van minstens twee (2) persone, welke kandidaat verkose verklaar moet word.".

Wysiging van Byeyle B van die Regulasies

8. Byeyle B van die Regulasies word hierby gewysig—

(a) deur die tweede opsikte van die Byeyle deur die volgende opsikte te vervang:

"KENNISGEWING VAN VERKIESING VAN LEDE [ARTIKEL 5 (1) (f) VAN DIE WET OP VERPLEEGING, 1978 (WET NO. 50 VAN 1978)]";

(b) deur paragraaf 2 deur die volgende paragraaf te vervang:

"2. (1) Nominasies vir die verkiesing van vyftien (15) geregistreerde verpleegkundiges word ingewag."
Each registered nurse who is a South African citizen resident in the Republic whose estate has not been sequestrated and who has not entered into a composition with the creditors of his estate, who is not a patient or a State patient as defined in section 1 of the Mental Health Act, 1973 (Act No. 18 of 1973), and who has not been convicted of an offence, whether in the Republic or elsewhere, in respect whereof he was sentenced to imprisonment without the option of a fine shall be eligible for nomination.

Each registered nurse or registered midwife who is a South African citizen resident in the Republic may sign not more than fifteen (15) nominations.

(2) Attention is directed to the proviso to section 5 (1) (f) and to section 5 (7) of the Act, which read as follows, respectively:

5. (1) (f): 'Provided that there shall be elected in each region referred to in subsection (7) at least one but not more than five such nurses ordinarily resident in such region.'.

5. (7): 'The council shall by notice in the Gazette divide the Republic into six regions for the purposes of an election contemplated in subsection (1) (f). '.

Substitution of Annexure F of the Regulations

9. The following Annexure is hereby substituted for Annexure F of the Regulations:

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ANNEXURE F

ELECTION OF MEMBERS/A MEMBER OF THE SOUTH AFRICAN NURSING COUNCIL

BALLOT PAPER

<table>
<thead>
<tr>
<th>Official mark of returning officer</th>
<th>Election of member/members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names of candidates in alphabetical order</td>
<td>Electoral region in which candidate resides(*)</td>
</tr>
</tbody>
</table>
```

INSTRUCTIONS TO VOTERS

Each voter shall be entitled to vote for candidate/candidates and no more, and shall vote by placing a cross "X" opposite the name(s) of the candidate/candidates for whom he/she votes.

A ballot paper shall be rejected if—

(a) it does not bear the official mark of the returning officer;
(b) the declaration on the identification envelope is not in order;
(c) it is not lodged in the identification envelope;
INSTRUKSIES AAN KIESERS

Eike kieser is geregistreer om vir .......................................................... kandidaat/kandidade te stem, en nie meer nie, en stem deur 'n krus "X" teenaar die naam/name van die kandidaat/kandidate vir wie hy/sy stem, te maak.

'n Stembrief word verwerp indien—
(a) dit nie die amptelike merk van die kiesbeampte dra nie;
(b) die verklaring op die identifikasiekoert nie in orde is nie;
(c) dit nie in die identifikasiekoert ingedien is nie;
(d) dit ongemerk is of ons onduidelikheid ongelik is;
(e) dit stemme uitbring vir meer kandidate as wat daaraan lede is wat verkieks moet word;
(f) dit enige skrif of enige mark daarop het waardeer die kieser gewend te stem word;
(g) 'n kieser meer as een stembrief indien.

Hierdie stembrief moet met die gesigkant na binne gevoel word en moet geplaas word in bygaande identifikasiekoert wat goe toegeplik en den geplaas moet word in 'n ander koert, wat toegeplak moet word van 'n seel voorsien moet word en aan die kiesbeampte te ........ gego moet word sodat dit hom nie later nie as om........ op die .... dag van........ 19... bereik.

Die stembrief kan ook per hand by die kiesbeampte te .......................................................... ingedien word.

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No. R. 449 19 March 1993

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE SCOPE OF THE PROFESSION OF HEARING AID ACOUSTICIAN

The Minister of National Health has, in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In these regulations "the Act" means the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

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No. R. 449 19 Maart 1993

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDEHELKUNDIGE RAAD

REGULASIES WAT DIE OMVANG VAN DIE BEROEP VAN GEHOORAPPARAATAKOESTIJKUS OMSKRYF

Die Minister van Nasionale Gesondheid het kragtens artikel 33 (1) van die Wet op Geneeshere, Tandarts en Aanvulende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie regulasies beteken die uitdrukking "die Wet" die Wet op Geneeshere, Tandarte en Aanvul- lende Gesondheidsdiensberoep, 1974 (Wet No. 56 van 1974), en het enige uitdrukking waaraan 'n betekenis in die Wet geneg is, daadlik betekenis.
NURSES could promote primary health care by sharing their knowledge with the communities they serve, according to a visiting medical academic.

Professor Faye Gary of Florida in the United States delivered the keynote address at an international nursing conference in Brackenfell yesterday.

Nurses should be trained to provide the form of service that was important to the communities they worked in, rather than to their profession, she said.

Access to hospitals was dropping. In 1990 the average time a patient admitted to Groote Schuur hospital spent there was six days, down from 14 days six years before, she said.

In the United States only the sickest were hospitalised and many patients were discharged prematurely.

This was a worldwide problem and the best response to it was a good system of primary health care.

Nurses could contribute to this by being trained to "teach, share and de-mystify", she said.

Nurses of the future would have to cater for requests from families for more information on health.

"We have to share and make it a partnership," Professor Gary said.

The conference, Africa Unite For Nursing Education: Integrating Primary Health Care into Nursing Education, was organised by the University of the Western Cape's department of nursing, and ends today.
By Ruth Brenny

Nursing colleges in Nebraska:

70% of those claim to be accredited.

Dead ears. Dismay over in-service training.

Some feel it is a bogus operation.

NEWS FEATURE Nurse college classes amid student allegations that it is a bogus operation.
Student nurses angered over treatment by principal

Nurses boycott classes

By Ike Motsapi and Isaac Moledi

MORE THAN 300 student nurses at the Baragwanath Hospital staged a sit-in at the Nursing College after their demands for the removal of the principal were turned down yesterday.

The student nurses acted after a meeting at the college yesterday. The sit-in was decided upon on Monday and was started yesterday.

Hospital authorities were yesterday locked in meetings aimed at trying to defuse the tension.

Tension has been building up at the hospital for some past weeks after student nurses complained of bad treatment by the college's principal.

YESTERDAY they resolved to have her removed and vowed that they would only return to classes once she was no longer their principal.

They then decided to boycott classes and refused to be taught after the meeting, which lasted more than an hour.

Baragwanath Hospital public relations officer Mrs Elmarie Wright said she learned about the trouble when she heard student nurses singing at the college.

She said: "This happened early yesterday but we did not know what was happening."

"I can now confirm that there was trouble at the hospital when student nurses refused to go to classes and staged a sit-in."

"A full statement will be released by the hospital superintendent tomorrow (Wednesday)."

The National Education, Health and Allied Workers Union will issue a statement today regarding the problem at the hospital.

The union's spokesman yesterday told Sowetan they had been locked in talks with the Transvaal Provincial Administration on various issues and that "this problem will be on the agenda when we next meet them".
Bara student nurses strike

Student nurses at Baragwanath Hospital's College of Nursing have gone on strike and staged a sit-in at the principal's office demanding, among other things, the principal's resignation. A delegation comprising TPA officials, the principal and the acting chairman of the staff club negotiated with the SRC regarding the demands, but the issues remained unresolved. — Sapa
Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date at the address given below, will be invalid.

N. M. PRINSLOO,
Returning Officer.

P.O. Box 205
PRETORIA
0001

or

SAMDC Building
553 Vermeulen Street,
Arcadia
PRETORIA
0002.

N. M. PRINSLOO,
Kiesbeampte.

Posbus 205
PRETORIA
0001

of

SAGTR-gebou
Vermeulenstraat 553
Arcadia
PRETORIA
0002.

BOARD NOTICE 53 OF 1993
THE SOUTH AFRICAN NURSING COUNCIL
REMOVAL OF NAMES FROM REGISTERS AND ROLLS

Notice is hereby given that in terms of section 29 (1) (c) of the Nursing Act, 1978 (Act No. 50 of 1978), the name of Mr S. P. Olfant has been removed from the registers of nurses and midwives following a disciplinary inquiry by the South African Nursing Council into his conduct on 2 March 1993. The sentence comes into operation on 17 May 1993.

F. GERMISHUIZEN,
Registrar.
14 May 1993.

RAADSKENNISGEWING 53 VAN 1993
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
SKRAPPING VAN NAME UIT REGISTERS EN ROLLE

Kennis word hiermee gegee dat, krachtens artikel 29 (1) (c) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die naam van mnr. S. P. Olfant geskrap is uit die registers van verpleegkundiges en vroedvroue na aanleiding van 'n tugondersoek deur die Suid-Afrikaanse Raad op Verpleging op 2 Maart 1993. Die vonnis tree op 17 Mei 1993 in werking.

F. GERMISHUIZEN,
Registrateur.
14 Mei 1993.
Student nurses' strike

The strike by student nurses at Baragwanath's Nursing College continued yesterday. The strike is in protest against increases in lodging and boarding tariffs. National Health and Allied-Workers' Union (Nehawu) official Siphiwe Mabaso said yesterday increases were above recent salary increases. The TPA said this week the strike started on Monday with a sit-in at the principal's office.
SA nurses recruited

MALAYSIA was planning to recruit nurses from SA, Deputy Health Minister David Griffin said in Kuala Lumpur yesterday. "We have received a positive response from SA, where the syllabus of the nurses' training is similar to Malaysia's," he said.
Student nurses end Bara sit-in

Grievances are ironed out: 

STUDENT nurses at Soweto's Baragwanath Hospital returned to work and classes on Friday after a four-day sit-in in support of various demands. In a joint statement the Transvaal Provincial Administration and the Baragwanath Nursing College students representative council said the situation at the hospital had returned to normal on Friday after windows were smashed at nurses' residences and students were sprayed with hoses on Thursday morning. — Sapa.
**news in brief**

**Nurses march to Pretoria**

Sowetan 28/5/93

ABOUT 1200 trainee sisters from five nursing colleges marched on the Union Buildings in Pretoria yesterday to demand the disbandment of the SA Nursing Association and better salaries.

The nurses from Baragwanath, Garankuwa, Bassiesedi, Tshepong and Lebone colleges also rejected the “unilateral rationalisation” of health services by the Transvaal Provincial Administration.

They also demanded that nurses’ student representative councils be recognised and the TPA came under fire for increased board and lodging fees.

**Students want more funds**

Sowetan 28/5/93

ABOUT 50 South African students studying in Nigeria under the Luthuli Memorial Trust are reportedly staging a sit-in at the trust’s offices in Lagos to demand an increase in their allowances.

The students have claimed their supervisor has “shunned” them and have criticised the ANC’s chief representative in Nigeria for ignoring their plight. A students’ representative said the economic situation in Nigeria had “crumbled” with resultant rising prices and “we can’t cope on our present allowances”.

**Returnees picket UNHCR**

Sowetan 28/5/93

ABOUT 150 returned exiles yesterday besieged the Johannesburg offices of the UN High Commission for Refugees demanding that the organisation pay them their grants.

The returnees, who complained that their families were starving because they had not been given grants amounting to more than R4 000 since their return, vowed they would not leave the offices until their demands were met.

By late yesterday they were still staging a sit-in at the UNHCR offices at the Carlton Centre and vowed not to leave.
Nurses march over pay

About 100 nurses marched on the Union Buildings yesterday in support of salary increases and better working conditions.

The group, calling itself Concerned Nurses of South Africa, delivered a memorandum to the Department of Health, the Commission for Administration, the Transvaal Provincial Administration, and the SA Nursing Association.

Nurses want an answer within 21 days to their demand for a 30 percent across-the-board increase.

Meanwhile, hundreds of eastern Cape nurses marched through Port Elizabeth's city centre yesterday. They presented a memorandum to the SA Nursing Association and to the Cape Provincial Administration's regional health director.

Nurses from Graaff-Reinet, East London, Queenstown, Port Elizabeth, Uitenhage, Port Alfred, and surrounding areas took part in the march. — Pretoria Bureau.
Nurses on the march

By Josias Charle and Sapa

ABOUT 100 nurses from Pretoria and Johannesburg marched on the Union Buildings in Pretoria yesterday to present a memorandum of their demands.

The nurses, calling themselves Concerned Nurses of South Africa, asked that the memorandum be forwarded to National Health Minister Dr Rima Verster, the Commission for Administration, the Transvaal Provincial Administration and the SA Nursing Association.

They demanded that their memorandum be replied to within 21 days.

They held placards and chanted as they marched towards the Union Buildings. Police and soldiers on horseback watched them along the route.

The nurses demands are:

- A 30 percent salary increase;
- Recognition of experience and qualifications;
- Introduction of a risk allowance;
- A uniform allowance of R500 a year and that their night shift allowance be increased by 50 percent; and
- A housing and transport allowance for all nurses.

And in the Eastern Cape hundreds of nurses marched through Port Elizabeth's city centre yesterday and presented a memorandum to Sama and the Cape Provincial Administration's regional health director, Dr Rex Simpson, over the same demands.
Tygerberg food ‘unfit for humans’

Staff Reporter

STUDENT nurses at Tygerberg Hospital are incensed at the poor quality of hostel food and the 14% hike in accommodation costs while their annual salary increases were only five percent.

Mr Alastair Charles, co-ordinator of the National Education Health and Allied Workers' Union (Nehawu), said in Belville yesterday the students have signed a petition demanding that the caterers be replaced for serving food which was "unfit for human consumption".

He said of the 236 nurses who lived in hostels, many were breadwinners earning R970 a month, depending on experience.

Accommodation now costs R345 a month and many of the nurses could not afford the hike.

"Doctors and sisters pay the same for accommodation and have flatlets whereas the student nurses only have a bed, desk and basin in their rooms."

Student representatives, Nehawu and CPA officials met last week and it was agreed the nurses would eat the food provided by the caterers until July 19 while the quality was investigated.

Confirming the talks, CPA director of labour relations Mr Pierre Oosthuizen would not comment on specific issues as negotiations were continuing.
Phone advice: Doctors to bill

Medical schemes won’t pay

A doctor, who cannot be named for professional reasons, described the move as “iniquitous” and said he had no intention of implementing it.

"As a family doctor in practice for 30 years, I would not dream of levying a charge for a phone call from a patient. It is part of the goodwill of one's practice."

A group of three doctors in the northern areas have already implemented the scheme.

"In selective cases we are charging for telephone calls, for instance if the patient says he cannot come in to our rooms. The idea is to help patients," one of the three doctors said.

He said it would stop patients who interrupted consultation in their rooms with long, detailed telephone calls, which amounted to "stealing time."

"I think it is unfair if I do a consultation over the phone, prescribe medication, carry the responsibility and don’t get paid."

---

Staff Reporter

DOCTORS are now allowed to charge patients for telephone consultations — but medical aid schemes will not pay for them.

Some doctors have welcomed the move, saying patients have been "stealing time" with long telephone calls, while others have described the practice as "iniquitous."

Dr Norman Levy, a member of the Medical and Dental Council, said yesterday the council had laid down certain conditions under which doctors could charge for telephonic consultations.

These include:

- The patient had to be one whom the doctor had seen on a previous occasion, and could not apply to new patients;
- The doctor had to inform the patient about the charge before the consultation, and the patient had to agree to it;
- No charge could be made for calls inquiring about test results;
- The rates charged had to be the same as those for a normal repeat consultation in a doctor's rooms;
- The doctor had to make it clear that he was available in his rooms, and
- A professional, therapeutic service had to be rendered.

Dr Levy said medical aid schemes had announced that they would not pay for telephonic consultations.
Political 'hijackers' under fire in Atlantis

Political Reporter

A TELEVISION programme in which the Democratic Party's chairman for Atlantis, Mr Jeff Leonard, takes up the cudgels for the township's unemployed, has been slammed as "a cheap political stunt".

Mr Danny Oliphant, a Cosatu office-bearer and vice-chairman of the unaligned Atlantis Community Forum (ACF), claimed political parties were trying to claim credit for the "victories" the forum had won for the township.

He said a moratorium on action over service payment arrears had been agreed on at a meeting between the Western Cape Regional Services Council's chief director of finance, Mr P Schenk, and representatives of Atlantis community at the beginning of the week.

The moratorium was a "great victory". It would be in force until January 31.

"For the first time in a long time, Atlantis residents can feel relaxed," Mr Oliphant said. Their aim was to have all debts written off and let Atlantis start afresh.

In terms of the agreement, the WCRSC has undertaken:

- Not to disconnect electricity and water;
- Not to evict tenants;
- Withdraw all summonses, and;
- Freeze arrears until January.

The political parties make empty promises. The Atlantis Community Forum is apolitical and is not interested in empty promises or in people surviving on food vouchers alone. We want employment to be created to enable our people to regain their dignity," Mr Oliphant said.

Mr Leonard and Mr Schenk could not be reached for comment yesterday.

Killing: Identikit ready

By CHIARA CARTER

POLICE are to 'release an identikit of a man wanted for questioning in connection with the murder of nine-year-old Lorenzo Naidoo of Ultig, Esiyel River.

Lorenzo's body was found at a refuse dump on the corner of 35th Avenue and Modderdam Road on Tuesday.

His shirt was over his head and he had been bludgeoned on the chest. He had not been sexually molested.

Two witnesses told police they had seen a 'light-skinned', coloured man in a red tracksuit grab the boy about a kilometre from where his body was found.

Linked

Lorenzo's family last saw him about 6pm on Monday evening when he left on an errand.

A spokesman for the police said an identikit would be released tomorrow.

He said it was too early to comment on speculation that the killing might be linked to the Station Strangler.

However, police were investigating "all possibilities".

In October, 10-year-old Jacobus Louw was found sodomised and strangled at Mendi Beach, leading to speculation that the Station Strangler was back.

Hospital staff plan go-slow

By JESSICA BEZUIDENHOUT

MORE than 300 hospital workers and nurses who are members of the Public Service League in Worcester intend to embark on an indefinite go-slow, says PSL spokesman for the area Reggie Farao.

The decision had been reached by "unhappy" members, who were disappointed with the government's offer of a five-per-cent salary increase, Mr Farao said.

"Staff would work only two hours a day and, if a crisis arose, would refuse to help, even if this meant hospitals would not run smoothly," he said.

This would also apply to emergency services.

A spokesman for National Education and Health Workers' Union, Pedro George, said Nehawu members would not take part in the strike.

Rationalisation

Mr Farao said PSL members were aware of the serious implications of the strike for services, but had no alternative.

"Our people refuse to accept the government's policy for rationalisation," he said.

Both hospitals in the town were understaffed and the government was continuing to freeze posts.

Meanwhile, the PSL's general manager, Mr Bernard Wentzel, said the strike was not a national action.

Its branches were autonomous and each could decide according to the needs of its members.

Although the go-slow would contradict the PSL's policy of exploiting other measures to resolve the problem, the organisation would support the Worcester branch, Mr Wentzel said.

Negotiations between the PSL and the government's Commission for Administration would continue this week.
Nurses back to class

ABOUT 200 student nurses at Port Elizabeth's Charlotte Searle College will return to classes today after being locked out since last Monday.

This decision follows a Friday meeting between the National Education, Health and Allied Workers' Union and the Cape Provincial Administration, CPA spokesman Dr. Rex Simpson said. Students who participated in Monday's South African Municipality Workers' Union march to the CPA offices returned to the college which had been locked.

They forced their way in, overturned desks and scattered papers in some classrooms.
Nurses in need

At the 900-bed Natalespruit Hospital, in the thick of mourning and mayhem, are the forgotten and tireless workers from whom the maimed in their hundreds seek tender care.

But the caring nurse is herself a drained soul, after yet another sleepless night with the customary rattle of gunfire.

Last week, there were about 100 refugees at the hospital. At the height of the 1990 battles, as many as 10,000 people sought shelter there.

"But, while the numbers are down, the workload is up," says chief medical superintendent Dr Norman Kernes. "The nature of injuries has changed. The majority are now gunshot wounds."

It costs about R300 to treat a stab wound, but the expenses increase to as much as R30,000 for a shooting victim, he points out.

Kernes says the hospital copes with the overload because diabetic, hypertensive and epileptic patients stay away during times of danger. Later, of course, they strain resources when they return with various complications.

According to Kernes, the majority of Natalespruit's staff is from the townships, but whatever happens, "99 percent still manage to get to work". Some stay overnight when the going gets tough.

Nurses are also mothers, wives, and friends whose lives

NURSES have to keep up a brave front while treating victims of the violence that also affects their lives. They give tender care, but are themselves in need of it.

are not divorced from the reality of a township under siege.

A matron tells of efforts by nurses to keep a brave front while treating victims of the same violence that could have consumed them.

"It is taxing on our morale, frustrating and strenuous emotionally," she says.

She speaks of the struggle to motivate staff demoralised by what happens to their loved ones. Only a few weeks ago, one nurse was in a taxi that was hijacked. She described how a man next to her was gunned down in a township hostel, while three other men who had been abducted with her were singled out for execution.

She escaped physically unharmed and is back among the Natalespruit nurses, one of many who, day in and day out, has to perform as a detached professional, unconcerned with the political affiliation of the patient.

For all she knows, she could be battling to save the life of her abductor.
1000 nurses march

MORE than 1 000 student nurses marched on the Provincial Administration of the Orange Free State offices in Bloemfontein yesterday to demand the scrapping of an extra R500 academic fee.

Waving placards and toyi-toyiing, the protesters from the Mangaung Nursing College vowed to continue their week-long boycott of classes until the fee was scrapped.

The protesters were refused entry to the offices to hand a memorandum to officials.

African National Congress' Southern Free State official Mr Moses Mogamise criticised the administration.

Mogamise warned the Free State Provincial Administration to change its attitude or face action after the scheduled April 27 general election. — Sapa
1 000 nurses on strike

MORE than 1 000 nurses at three Gazankulu hospitals went on strike this week demanding a 40 percent increase and a fair promotional system. Director-general of health FRS Mdubele told the nurses that health minister Briton Mabudu, who is in Mozambique, would attend to their grievances when he comes back.
NOW nurses set up their own trade union

SOUTH AFRICA 12/10/93

The South African Nursing Association has established a trade union for nurses.
Sana registered one of its departments as a trade union with the Department of Manpower in order to become more representative of nurses, the association said in a statement yesterday.

Private sector

Membership of the trade union leg of the association, known as the South African Nurses' Trade Union, is open to members of the association employed in the private sector, including local authorities, regional service councils, private hospitals and old age homes not managed by the State.

According to the association, members employed in the public sector cannot, and need not, belong to the trade union as Sana already participates in public sector negotiating forums.

Sana will, therefore, also continue to fulfil its function as a professional association. — Sapa.
NURSES FORM TRADE UNION

JOHANNESBURG.—A trade union for nurses has been established by the SA Nursing Association (SANA) C121087.

The SA Nurses Trade Union is open to association members employed in the private sector, including non-state local authorities, regional service councils, hospitals and old-age homes.

SANA said yesterday it already represented members employed in the public sector by participating in public sector negotiating forums and thus continued as a professional association.—Sapa
Umlazi hospital strike ends

THE strike by more than 400 nurses and general workers at the Prince Mshiyeni Hospital in Umlazi, Durban, ended yesterday following an interim agreement reached on Monday by the hospital management and the workers' committee.

Since the strike broke out on Monday last week the hospital had been forced to operate on a skeleton staff and to attend to emergencies only. The workers stopped work to enforce their demand for the immediate dismissal of all the staff at the hospital's personnel section for alleged inefficiency and nepotism.

(95) 13/10/93
Nurses strike in QwaQwa

Patients evacuated by road ended yesterday morning.

JOHANNESBURG. — Seventy seriously ill patients were evacuated from QwaQwa hospitals and clinics and driven under SADF guard to Free State hospitals on Tuesday night after a wildcat strike by homeland nurses.

The strike at QwaQwa's two hospitals and 25 clinics by about 600 nurses demanding the creation of additional nursing posts began on Monday and had seriously endangered the lives of patients, South African and homeland authorities said yesterday.

QwaQwa Secretary for Health and Welfare Mr. Louis Buys said yesterday the evacuation — conducted by road because of adverse flying conditions — had started on Tuesday night and we requested the assistance of the provincial administration and the surgeon-general of the SADF.

"We evacuated all the serious cases to hospitals in Bloemfontein and Bethlehem and at the moment there is no risk to our patients, which has been our main aim," Mr Buys said.

He confirmed that the strike had endangered the lives of patients. "Obviously (living were endangered). They (nurses) simply left their patients unattended."

Mr Buys said he had told nurses and Nehawu that new posts could not be "drawn from a hat".

He said a handful of doctors and matrons were working.

Health Minister Dr. Rina Venter called on Nehawu to call off the strike, which she said had placed the well-being and lives of their patients in serious danger.
Bara nurses down tools

By Ike Motsapi

TALKS between officials of the Transvaal Provincial Administration, the Peace Secretariat and a delegation of nurses failed to resolve a strike by almost the entire nursing staff at Baragwanath Hospital yesterday.

The meeting was also attended by the Soweto Civic Association.

The nurses downed tools while the talks, which started about 8am, were still in progress. By late yesterday the parties were still locked in a meeting.

Yesterday's talks follow last week's 24-hour meeting between a delegation from the TPA and the nurses.

The nurses are demanding an extra R500 a month as a bonus for working under difficult conditions because of the shortage of staff.

They are also demanding that more people be employed to cope with the workload.
NEWS 'Serious blow

More pay for Baragwanath staff nurses

The Transvaal Provincial Administration, Peace Secretariat, Soweto Civic Association and a delegation of nursing staff met today to address the issue of paying workers an extra R500 at Baragwanath Hospital.

The four parties last met at Baragwanath Hospital last Thursday.

In a joint statement afterwards, it was agreed that the "state of Baragwanath Hospital should also be looked at during the meeting.

The statement added: "Following negotiations between the TPA, the Civic Association, National Peace Secretariat and nursing staff of Baragwanath Hospital agreement was reached on several points.

The TPA, which runs the administrative part of Baragwanath Hospital, committed itself to paying the nursing staff an amount of R500 falling under the following categories:

- Nursing auxiliaries
- Trained nurses (professionals)
- Enrolled nurses

"The role players will meet on an agreed date, tentatively Monday November 29, to address the state of Baragwanath Hospital, including finances," the four parties agreed.
Nurses’ strike continues

Sowetan Reporter
and Sapa

THE sit-in strike by nursing staff and labourers at Jane Furse Hospital in Lebowa entered its second day yesterday.

The nurses went on strike on Tuesday to protest against the decision taken by the hospital management not to admit 20 nursing students for training.

Superintendent Dr Cope Khan-Khai said senior officials from the Lebowa Department of Health were to meet the striking workers yesterday to try to resolve the matter.

Services at the hospital were on the verge of collapsing following the strike by the entire nursing staff and labourers.

Chairman of the National Education, Health and Allied Workers’ Union Mr Philemon Makgakoe said yesterday more than 400 nurses downed tools to demand the immediate registration of the 20 student nurses for bridging courses.

Courses started

He said the courses should have started on November 1 but this failed to take place.

A meeting was held with the deputy director of nursing services in the Health and Welfare Department, Miss AT Kekana, where November 22 was set as a date for the registration and commencement of the courses.

Kekana yesterday denied that she held a meeting with the nurses’ representatives.

She said she was not in Lebowa when the strike started and referred all enquiries to the director-general for health, Dr van Wyk, who was said to be unavailable.

The nurses are demanding that the student nurses be registered with the South African Nursing Council before the December 16 deadline.

They have also threatened to force nurses at other hospitals into a strike if their demands are not met.