

Academia and service delivery, a polemic

In South Africa, specialist clinicians in the state sector generally hold joint appointments with their local university. Service delivery is a major component of the daily workload and it would appear that this is ever increasing both at a patient and administrative level. Yet, as joint appointees there is an expectation of delivery at an academic level too. To some extent there appears to be a dichotomy, with service provision on one side and academic involvement on the other.

The state sector pays the salary of the clinician, and understandably expects a return in terms of work hours and output. Two issues stand out as cause for concern:

1. The increasing administrative burden.
 2. Threats to remuneration.
1. Increasingly, clinical output will be subject to clinical audit procedures in an attempt to ensure best clinical practice both in terms of outcome and cost. A policy of redirecting resources away from the tertiary complex towards the primary sector requires that an administrative investment is a critical component of daily clinical work. Determining how many beds to place where, together with "post-matching" whereby staffing numbers and levels have to be determined in accordance with policy, all add to the burden and uncertainty. The recent promulgation of the Access to Information Act, which is a particularly sensitive issue in psychiatry, together with the implementation of the Mental Health Care Act pose major administrative challenges to psychiatrists. These go beyond simply coming to terms with a paradigm shift in clinical practice related to aligning existing law with our new constitution. The changes to clinical practice are increasing, with an emphasis on policy and law.
 2. Whilst basic salaries can be supplemented through remuneration for overtime worked within the state sector as well as for additional work undertaken outside of the state sector, both are subject to authorisation procedures. They are thus vulnerable to threat of removal. At the end of 2002, in the Western Cape, overtime came under the spotlight with the possibility of terminating such remuneration in order to balance the provincial budget.

Within this dispensation, the extent of time devoted to academic pursuits is not explicitly stated. Within the academic complex of the Faculty of Health Sciences at the University of the Witwatersrand, for example, a figure of 30% of work time has been determined as appropriate, but not formalised. It appears

that few, if any, clinicians who are joint appointees ever devote such time to academic work in the course of the routine work day (even if one includes attendance at departmental or faculty meetings of the various committees dedicated to all aspects of the academic process). Such work is predominantly done after hours, yet cannot apparently be claimed as overtime. Hence the understanding of the aforementioned dichotomy. It appears to make no sense and contributes to the onerous quality attached to academic work, a quality which can do little to stimulate output.

Many departments appear afflicted by an academic malaise. Publications are few and far between, relative to the potential. There are both individual and structural aspects to the problem. With regard to the former, issues of motivation, interest and expertise may all impact. (In addition, salary and work status are not dependant on research output). In terms of the latter, issues of time constraints and funding are no doubt implicated. But academia also involves teaching, at both an under- and post-graduate level. Such teaching may take the form of tutorials in the clinical setting or didactic lectures at the University. Many excellent clinicians are not only reluctant but also not particularly skilled lecturers. Yet the demands of academia generally require all clinicians to be involved in this particular function.

Debate rages about the basis for emigration, from South Africa, of skilled medical personnel. One can cite macro or micro socio-political or socio-economic developments. Answers and opinions are speculative. This polemic perhaps adds something to the debate. At present it appears that academia serves as little more than an employment agency for the state sector with no entrenchment of academic time as part of the working day in return. Adequate service delivery requires competence. Academia teaches. Adequate service delivery requires innovative approaches. Academia researches. The political imperative of service delivery requires a healthy and functional academic establishment, as much as academia requires a service base. Beyond the public sector, there is a growing private sector which has its professional origins in both the academic and public sectors. There is an existing dynamic between state and academic sectors, bound as they are as two independent yet dependent entities. It does seem time for a more comprehensive and specified relationship.

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