



## Division of Orthopaedic Surgery

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### **Orthopaedic Surgery Policy on Remunerated Work Outside Public Service**

#### **Background**

The National and Gauteng Health Departments have an established policy regarding RWOPS that forms part of our employment agreement as public servants.

In the event of a disagreement, the above policy would supersede any local or departmental agreements that are informed by operational considerations.

The Orthopaedic Surgery Department guidelines are informed by:

1. The practical / operational needs.
2. The shared values and vision for delivering the best clinical services, striving to be the best and attractive orthopaedic training centre with good passing rates and the dispensing of our social responsibility.
3. The belief that we are professional, ethical and have the ability to draw our own objectives in line with the needs of our country/ community that we serve, manage ourselves and ensure that our set goals are met.

We also take cognisance of the deficiencies of our often dysfunctional health system and out of choice we remain public servants who aspire to be part of the solutions without taking any advantage of the shortfalls.

#### **Our Mission**

1. To set and maintain the highest possible standards of orthopaedic excellence in a challenging working environment.
2. Convincingly offer credible and attractive training programmes for the undergraduate students, Interns, Medical Officers, Nurses and postgraduate student Registrars.

3. Remain at all times highly professional and ethical in our conduct and practices.
4. Foster a strong comradeship amongst ourselves, nursing and allied colleagues and furthermore always seek to be part of solutions to the obtaining systems problems rather than being a problem itself.
5. Strive to establish a strong thrust in establishing a culture of orthopaedic research and publications.

### **Agreed and Expected Conduct**

1. All members of the department without any exception are expected to report on duty at the post intake clinical and academic meetings commencing at 07h00 (CHBAH & CMJAH) and 07h30 (HJH) on week days.
2. Consistent weekend teams' physical handovers are to be undertaken under the supervision of the involved Consultants.
3. Every section of the clinical activities - OPD, Theatre, Ward Rounds and Emergency Section (Orthopit) must have an allocated senior or Consultant supervision.
4. Any unauthorised absence from work or any form of disappearance is unacceptable. Should anyone have to leave work before 14h00, it will be advisable to obtain permission from the Head of Department with the proviso that all the clinical work for the day has been completed and that one will be contactable and available when needed to return back.
5. The Units Clinical Heads with the assistance of the Consultants and senior Registrars must ensure that no one leaves the hospital grounds before the ward work, OPD's, Orthopit and proper patients' handovers have been completed.
6. The Registrars' Learning Objectives and structured units teaching programmes must be in place and completed.
7. The undergraduate teaching programme plans or tutorials must be adhered to and fulfilled as required.

8. Each unit must have a Research Plan and be seen to be productive in terms of publications, presentations, MMed and PhD projects running.
9. Each Consultant is expected to supervise at least two MMed Research Projects, keep a progress reporting sheet and attend the Departmental and Postgraduate Protocols Assessors meetings.
10. The Consultants must make progressive assessments of the Registrars' performance, intervene and escalate to the clinical head or Head of Department as deemed fit. Participation in setting questions, preparing relevant exam questions and marking the scripts for the end-of -block examination is also expected.

### **Commuted Overtime**

The participation in and payment for Commuted Overtime is categorised according to the after-hours (16h00 - 07h00 and weekends)) service that a particular doctor renders to the hospital.

A physical presence on the premises is expected from those that choose to participate and expect payment from the employer. It can be down scaled or entirely withdrawn if the expectations are not met and one has the right to completely voluntarily withdraw.

### **An assessment and monitoring of compliance is quite easy:**

1. This can be by direct inspection.
2. Reporting by the HOD.
3. Reporting by the other colleagues from related clinical departments.
4. Reporting by those that are expected to be supervised/ still in training.
5. Serious Adverse Events monitoring and scrutiny.

For the employer the money paid out for the Commuted Overtime is quite huge and significant. It is often relocked at/ reviewed against the benefits and when cost cutting is considered as it is currently. Senior members of the department are urged to make some introspection regarding this matter as an external assessment is looming. We will all have to justify our worth concerning this "extra payment" and a wait and see attitude can be nothing else but be seen as

being selfish and shortsighted as it exposes everyone else to unnecessary scrutiny.

**The following is the minimum that the department of Orthopaedic Surgery expects:**

1. On the days that one is on call, you are expected to be visible on the ground - in the Orthopaedic Emergencies service point (Orthopit ) and Emergency theatre.
2. You have to be seen to be in charge of the situation - knowing your team, constantly communicating with the juniors and senior members of the other related departments, seeking to be informed about all that is happening, giving advice/ instructions and teaching.
3. Always make an assessment of the strength and competencies of your team - furthermore, put it to the test to be sure.
4. You have to be readily available and insist on being informed about cases and procedures that you are not physically involved in and take responsibility.
5. The admissions slip must be used as an important tool for assessing the work covered or tracking admissions and for picking up cases for teaching.
- 6. Should you leave the hospital grounds the following has to be adhered to:**
  - a. No problem cases must be left lingering before being sorted out or else that will be negligence.
  - b. Make sure that a clear plan is in place, well understood and that the right competencies and skills measuring up to the delegation are available.
  - c. You must be within reach and leave multiple means of contact including your physical address and home telephone number.

- d. A senior cover-up (Plan B fall-back) must be arranged.
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- 7. It should be a standard that you chair the morning post-intake meeting at 07h00 and take a direct responsibility on the cases admitted, procedures performed and decisions taken. For the weekends, a direct physical handover to the next team led by its own Consultant has to be undertaken.

The above guidelines and principles are not merely for covering up ourselves but will go a long way to ensure that the highest standards of clinical care that we all espouse to and quality teaching and training is ensured. We cannot remain passive spectators and allow the situation to deteriorate under our watch. Otherwise our professional and ethical standing will be in question and not stand the test of history.

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