

## Remunerative Work Outside the Public Service (RWOPS)

Please provide specific recommendations on the following:

### 1. RWOPS policy scope and permissible activities

- a. What should constitute permissible RWOPS activities in the public health sector to ensure alignment with public service obligations and guidelines?
- b. What should be fair and transparent approval criteria for various categories of health professionals?
- c. Please comment on the possible development of a risk-based system to decide on RWOPS approvals? What should be risk tiers (e.g., specialty, workload, health facility pressure, patient impact) to guide approvals?

### 2. Clinical practice environments

- a. What is the role of improved or positive clinical practice environments in the public sector (e.g. functional equipment, medicine availability, etc) in curbing rampant RWOPs or abuse?

### 3. Capacity building for managers and implementers

- a. What is the role of capacity building for managers (e.g. training of hospital managers and HR officers on RWOPS policy interpretation and enforcement; guidelines for balancing RWOPS with service delivery needs)

### 4. Interface with the Private Sector

- a. Please comments on the role of the private sector's, e.g. registration with nursing agency (nurses) or access to private hospitals upon production of RWOPS approval (doctors and rehabilitation therapists)?

### 5. Governance and accountability mechanisms

- a. What are mechanisms to strengthen governance and accountability? For example, an Independent Oversight Committee at national or provincial level to review compliance and handle disputes.
- b. Whistleblower provision and protection e.g. toll-free number to report RWOPS abuse without fear of retaliation?

### 6. Monitoring, audits and compliance

- a. Should there be mandatory annual declarations of RWOPS engagements, income earned, and time spent?
- b. Please comment on a Digital Tracking System e.g. an electronic RWOPS application and monitoring platform linked to PERSAL?
- c. Random audits and enforcement (e.g. periodic audits of RWOPS approvals and actual practice?)

### 7. Enforcement and sanctions

- a. How to ensure progressive discipline and graduated sanctions for non-compliance with RWOPS guidelines and approvals (e.g. warnings → suspension → termination)?

## Commuted Overtime for Doctors and Overtime for other health professionals

Please provide specific recommendations on the following:

1. **On site calls:** what should be an appropriate remuneration strategy and how should it be implemented considering the current four overtime options?
2. **Off-site calls:** Please consider the current blanket weightage of 30%. Should there be differential weighting based on specialties, type of facilities and work load? What would be a fair and implementable model?
3. What are the **criteria** to be used to decide on layers of onsite and off-site supervisory calls of the different ranks?
4. Are there any **categories/specialties** that should be excluded from overtime? If so why?
5. What are **possible guidelines for mandatory medical work** and monitoring thereof? For example, post intake rounds/ Emergency call outs/ Emergency surgery etc for the off-site groups.
6. What are **guidelines on performance of RWOPS** when doing off-site calls? How should compliance be monitored?
7. Should **dentists be re-included in the commuted overtime dispensation** of medical practitioners? How should 24-hour dental emergency services be provided?
8. What should be the overtime dispensation for nurses, pharmacists, rehabilitation therapists, etc?
9. What would be appropriate systems to monitor attendance of health professionals? What is the role of biometrics or digital health technologies in preventing potential abuse?
10. What are alternative models to provide 24-hour medical cover in the public health sector? For example, should we consider shift work? How should we define standard hours and after hours, and how should these be remunerated?