



# PHSDSBC

Public Health and Social Development  
Sectoral Bargaining Council

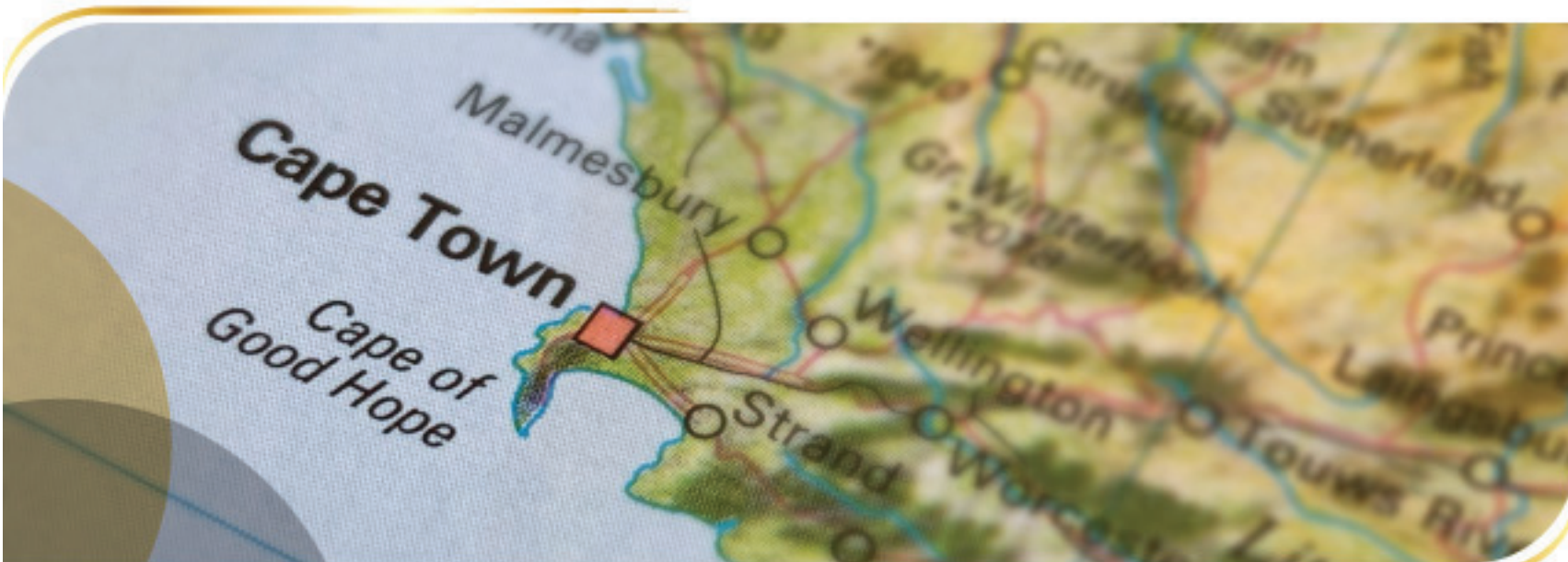
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## Issue 20: January - March 2025

Welcome to the twentieth edition of the newsletter.

### FEATURE ARTICLE

#### ACTUALITY: HEALTHCARE WORKFORCE DEVELOPMENT IN SOUTH AFRICA



To examine how the healthcare workforce has developed in South Africa, we need to go back to the first tent erected in the Cape of Good Hope in 1652. Initially, the need was to care for sick sailors, and it wasn't until the first permanent hospital was completed in 1656 that the Dutch deployed more professional staff to replace soldiers who tended to the sick. Midwifery was practiced and passed on to local women who wished to train as midwives. From 1807, more hospitals were built and staffed by missionary nurses from England.

The next major development in training arose thanks to the discovery of diamonds and the subsequent influx of immigrants to Kimberley. Enter Sister Henrietta Stockdale, who had studied nursing and taught other nurses at Carnarvon, who would then move to other hospitals around South Africa. This laid the foundation of professional nursing. Formal training of black nurses started in 1902, and in 1935, the first diploma course to enable nurses to train as tutors was introduced at the universities of Witwatersrand and Cape Town. Various independent nursing councils and associations were merged to form the Democratic Nursing Organisation of South Africa (DENOSA) after the fall of apartheid.

Currently, the private and public healthcare systems exist in parallel, with the public system servicing 80% of the population. Though all medical training takes place in the public sector, 70% of doctors go into the private sector. The National Department of Health manages the 10 major teaching hospitals directly, and 10 years ago, it was estimated that the vacancy rate of medical staff stood at 50%, with the biggest deficit being in rural areas where services were needed the most.

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### WELLNESS IN THE WORKPLACE

#### FOSTERING PRODUCTIVE TEAMWORK IN THE PHSDSBC



##### Introduction

1. This article focuses on the Corporate Services Department's Human Resources unit and the role it plays in fostering productive teamwork within the PHSDSBC. A variety of exercises aimed at enhancing team performance are included in fostering productive teams. It seeks to bring out the best in a group to guarantee leadership abilities, constructive communication, self-development, and the capacity to collaborate closely as a team to resolve issues. Individuals contribute to the overall performance of an organization in a team-oriented setting. Everyone participates and is interested in what other departments do; there is no distinction between "us" and "them." The failure of one department impacts the entire organization negatively. Teamwork is developed through the elements of respect, motivation, and care for others rather than control and exploitation. According to Heap (1996), love and spirituality are the foundation of a team-building strategy as they foster compassion, respect, and a human element in the workplace. Teams of people working together are a stronger force than skills, yearly appraisals, procedures, and policies. When a team decides to do things for themselves, they typically become excellent. Changing the attitudes and behaviors that are common in the PHSDSBC, which are mostly unrelated to the individuals that work there, is one of the main goals of fostering productive teamwork.

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### DISPUTE RESOLUTION



Dispute Management Referrals Report (01 April 2024 – 31 December 2024)

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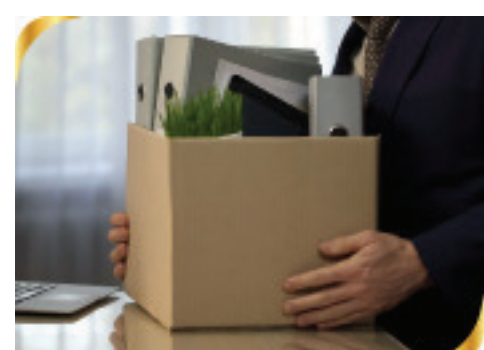
### DID YOU KNOW?



The Labour Relations Act (LRA), Act 66 of 1995 aims to promote economic development, social justice, labour peace and democracy in the workplace

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### EMPLOYER EMPLOYEE RELATIONS



There are 3 grounds for fair dismissal, as follows:

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### GET TO KNOW OUR COUNCIL MEMBER

#### INTERVIEW WITH THEODORAH NEMURAMBA - ASSISTANT DIRECTOR EMPLOYMENT RELATIONS, NATIONAL DEPARTMENT OF HEALTH



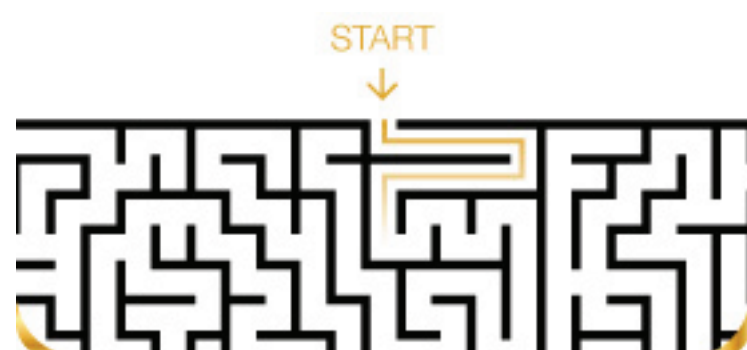
When Thizwilondi Theodora was born, five years after her brother, her father, a judge, looked at her and said, "You are God's gift to us." These words set in motion a special trajectory for her life, one that today has her overseeing the well-being and relationships of employees at the National Department of Health.

Born in Limpopo, she attended Tshivhase High School before following in her father's footsteps—but instead of criminal law, she chose labour law. This led her to the Vaal University of Technology, where she began with a diploma in labour relations, followed by a bachelor's degree in labour. In 2015, she obtained her postgraduate diploma in labour law at the University of Johannesburg and is currently pursuing her master's degree at UNISA.

She began her career as an intern in the labour relations office at the Department of Agriculture. From there, she moved to the Department of Health and Social Development as a personnel practitioner. Both positions were at provincial level in her home province. After gaining valuable experience, she took the next step in her career and joined the National Department of Health in 2009, where she remains today as the assistant director for employment relations.

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### FUN ACTIVITY



#### Maze Challenge

Have you got what it takes to complete the maze? If so, dive straight into this fun activity! The first correct entry will WIN a Woolworths' voucher.

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### FAQs



#### 1. What is the PHSDSBC?

The PHSDSBC, like other public sector bargaining councils designated by the Public Service Co-ordinating Bargaining Council (PSCBC), viz. Safety and Security Sectoral Bargaining Council (SSSBC), Education Labour Relations Council (ELRC), and General Public Service Sectoral Bargaining Council (GPSSBC), is a statutory independent forum and it is not a government structure.

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### COLLECTIVE BARGAINING

#### COLLECTIVE BARGAINING MANAGEMENT



##### COLLECTIVE BARGAINING REPORT MARCH 2025

The PHSDSBC had in this fourth quarter, agreed on a draft timetable for facilitation process on the following matter of mutual interest:

##### CYCWs

Labour's position was that there was no legislation that allows CYCWs to administer schedule 4 and 5 medication. Accordingly, SAHPRA had authorised only medical practitioners with specialised permission to administer schedule 4 and 5 medication, and CYCWs did not fall within that category. The specific legislation that the Employer was relying on to justify why CYCWs are allowed to administer certain medications, should be indicated.

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