

DIRECTORATE: HR PLANNING

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HUMAN RESOURCE MANAGEMENT SERVICES

Enquiries: Mrs R Erasmus Reference: HRM 7/2/1

TO HEADS OF ALL INSTITUTIONS IN THE KZN PROVINCIAL ADMINISTRATION

REGISTRAR TRAINING POSTS IN THE DEPARTMENT OF HEALTH AND THE UNIVERSITY OF KWAZULU-NATAL: MEDICAL AND DENTAL (VARIOUS DISCIPLINES)

CIRCULAR MINUTE REG.01/2025

The contents of this Circular Minute must be brought to the notice of all eligible employees on the establishment of all Institutions. Institutions must ensure that all employees who meet the requirements of the post/s are made aware of this circular minute even if they are absent from their normal places of work.

DIRECTIONS TO CANDIDATES: -

- 1. The following documents must be submitted:
 - a) Applicants must utilize the most recent Application for Employment Form (Form Z83) as issued by the Minister for DPSA (gazetted on 06 November 2020 81/971431 effective 01 January 2021) in line with regulation of 10 of the Public Service Regulations, 2016 which is obtainable from the website www.kznhealth.gov.za, Curriculum Vitae (CV) and Application Pro-forma form (mandatory) which is attached to this advert. Failure to do so will result in disqualification.
 - b) Applicants are <u>NOT required</u> to submit copies of qualifications and other relevant documents on application but must submit the Z83 form, curriculum vitae (CV) and Application Pro-formal from (mandatory).
 - c) Certified copies of qualifications and other relevant documents will be requested from shortlisted candidates only which must be submitted to on the day of the interview (ID document, Driver's license, educational qualifications, professional registration certificates, proof of current registration etc.)
 - d) A fully completed 'Application Pro-forma'. Where this is not fully completed or not attached, this will lead to disqualification.
 - e) It is the applicant's responsibility to have foreign qualifications evaluated by the South African Qualifications Authority (SAQA).
 - f) Non- SA Citizens/ Permanent Residents / Work permit holders must provide documentary proof on or before the day of the interview.

Applicants are discouraged from sending applications through registered mail as the Department will not be responsible for non-collection of these applications.

2. Applications submitted the online e-Recruitment at can also through system www.kznonline.gov.za/kznjobs or directly to the following email address Headoffice.HRJobapplication@kznhealth.gov.za

- No late applications will be accepted.
- 4. Whilst applications are invited for the above disciplines, the Department reserves the right not to fill all post/s.
- 5. Applications from applicants who are already appointed in the Registrar Programme will not be considered.
- 6. An assessment of competences will be done as part of the selection process.
- NB: (a) Failure to comply with the above instructions shall result in the applicant being disqualified.
 - (b) The appointments are subject to positive outcomes obtained from the State Security Agency (SSA) to the following checks (security clearance (vetting), criminal clearance, credit records, and citizenship), verification of Educational Qualifications by SAQA, verification of previous experience from Employers and verification from the Company Intellectual Property Commission (CIPC).
 - 7. Persons with disabilities should feel free to apply for the post.
 - 8. Appointments are subject to the signing of a contract which includes a service pay-back period.
 - 9. Please note that due to the large number of applications received, applications will not be acknowledged.
 - 10. Applicants are respectfully informed that, if you have not been contacted within 3 months after the closing date, please accept that your application was unsuccessful.

PLEASE NOTE THAT DUE TO FINANCIAL CONSTRAINTS, NO S & T WILL BE CONSIDERED FOR THE ATTENDANCE OF INTERVIEWS.

NB: Whilst applications are invited for the above Disciplines, not all may be filled. Applicants will be advised in due course, should a Discipline which has been applied for be excluded from this process.

The Department is an equal opportunity affirmative action employer and to this end, has developed an Employment Equity Plan pursuant to the Employment Equity Act. Preference for the filling of these posts will be guided by the Departmental Equity Plan and targets for the occupational level concerned.

CLOSING DATE FOR APPLICATIONS IS 06 SEPTEMBER 2024.

HEAD OF DEPARTMENT KWAZULU-NATAL

DATE: 19 08



POST

REGISTRAR (MEDICAL) AND (DENTAL)

TRAINING POSTS ARE AVAILABLE IN THE FOLLOWING DISCIPLINES:

| DISCIPLINE | REFERENCE NUMBER | DISCIPLINE ENQUIRIES |
|-----------------------------------|---------------------|--------------------------------|
| ANAESTHESIOLOGY AND CRITICAL CARE | REG.01/2025 | PROF D. GOPALAN: 031-260-4329 |
| CARDIOTHORACIC SURGERY | REG.02/2025 | DR R. MADANSEIN: 031-260-2114 |
| DERMATOLOGY | REG.03/2025 | PROF N. DLOVA: 031-260-4530 |
| ACCIDENT AND EMERGENCY MEDICINE | REG.04/2025 | DR S. GARACH: 031-260-4531 |
| FAMILY MEDICINE | REG.05/2025 | PROF B. GAEDE: 031-260-4485 |
| INTERNAL MEDICINE | REG.06/2025 | PROF N. MAGULA: 031-260-4242 |
| NEUROLOGY | REG.07/2025 | PROF. V.B. PATEL: 031-420-2359 |
| ONCOLOGY | REG.08/2025 | DR L. STOPFORTH: 033-897-3222 |
| ORTHOPAEDICS | REG.09/2025 | DR P.G. MTHETHWA: 031-260-4297 |
| PAEDIATRICS & CHILD HEALTH | REG.10/2025 | PROF R. MASEKELA: 031-260-4348 |
| PSYCHIATRY | REG.11/2025 | PROF B. CHILIZA: 031-260-4321 |
| DENTAL (ORAL PATHOLOGY) | REG.12/2025 | DR. N. DAKI: 033-395-2332 |

SUCCESSFUL INCUMBENTS WILL BE ROTATED THROUGH THE FOLLOWING CENTRES:

| eThekwini Metro Complex (includes Stanger and Port Shepstone Hospitals) |
|---|
| Ngwelezana/Empangeni Complex |
| Northern Facilities (Newcastle and Madadeni) |
| PMB Metropolitan Complex |
| Family Medicine and Occupational Medicine candidates will also rotate to other identified sites |

NOTE: MEDICAL REGISTRARS:

- * Training will take place at various sites for each discipline.
- * Registrars may be required to spend time at various training institutions/sites.
- * The site for the 1st year of training and subsequent rotations will be determined by the Academic Head of Discipline.
- * Applicants are requested to apply separately for the disciplines of their interest. A maximum of three applications will be allowed which should be ranked in order of preference. One application for various Disciplines will not be accepted.
- * Applications from persons who are already appointed in the Registrar Programme will not be considered.
- * As per HPCSA Regulations, the duration of Registrar training is 4/5 years, depending on the Discipline.
- * All Registrars will be expected to register with the university for the MMED, at their own expense.
- * All Registrars will be required to sign a contract which includes training AND service responsibilities.
- * Registrars will be required to complete Performance Agreements and assessments as stipulated by the Department.
- * Appointments are subject to the signing of a contract which includes a service pay-back period.

NOTE: DENTAL REGISTRARS

- Training will be both within Gauteng and KZN Province.
- * Initial relocation cost will be covered by Department of Health. Dental registrars will be responsible for finding their own accommodation outside of KZN.
- * Training and rendering of clinical services will take place at various sites Greys, IALCH, King Edward and university training sites in Gauteng.
- * The training sites will be determined by the Academic Head of Department.
- * The duration of training is 5 years.
- * All Registrars will be expected to register with the University for the MDENT programme.
- * All Registrars will be required to sign a service obligation contract with KZN DOH.
- Preference will be given to candidates from KZN.
- * Appointments are subject to the signing of a contract which includes a service pay-back period.

SALARY: Entry level R 949,146 per annum (This all – inclusive flexible remuneration package that may be structured according to specific rules).

Applicants to note: Salary package is subject to OSD determination. Commuted overtime is Discipline specific and must be applied for.

GENERAL MINIMUM REQUIREMENTS FOR ALL THE ABOVE POSTS:

Tertiary qualification (MBCHB) or equivalent (MEDICAL) / Tertiary qualification BCHD/BDS or equivalent (DENTAL); **PLUS**

- Registration certificate for Independent Practice with the Health Professions Council of South Africa;
- Current Annual Practicing Certificate from Health Professions Council of South Africa;
- Twelve (12) months <u>post</u> Community Service experience as a Medical Officer/Dentist as at closing date of this advert;
- Valid driver's license:
- Relevant Discipline Specific Minimum Requirements below:

Discipline Specific Minimum Requirements

| Discipline | Discipline Specific Minimum Requirements |
|----------------------------------|---|
| Anesthesiology and Critical Care | 12 Months full time Experience in Anesthesia and DA (SA) or Equivalent and FCA Part 1 Examination (or Equivalent) |
| Emergency Medicine | 6 Months full time, recent experience in the Discipline and Primary Exams |
| Cardiothoracic Surgery | FCS Primary Exams and ATLS Course |

| and Accredited IsiZulu course for non-Zulu speaking candidates and Documented research or scientific peer reviewed publication and 12 months Medical Officer time in Dermatology Family Medicine Nil Internal Medicine 12 months experience in the Discipline and FCP Part I and Experience in a rural area or peripheral setting post community service Dental (Oral Pathology) A minimum of five (5) years in clinical practice and Primary exam Neurology 6 months experience in the Discipline of Internal Medicine and Primary exams Oncology 6 months experience in the Discipline 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and Internal Medicine in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health | | |
|--|----------------------------|--|
| Internal Medicine 12 months experience in the Discipline and FCP Part I and Experience in a rural area or peripheral setting post community service Dental (Oral Pathology) A minimum of five (5) years in clinical practice and Primary exam Neurology 6 months experience in the Discipline of Internal Medicine and Primary exams Oncology 6 months experience in the Discipline Orthopaedics 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Dermatology | candidates will be requested to provide evidence and proof) and Accredited IsiZulu course for non-Zulu speaking candidates and Documented research or scientific peer reviewed publications and |
| and FCP Part I and Experience in a rural area or peripheral setting post community service Dental (Oral Pathology) A minimum of five (5) years in clinical practice and Primary exam Neurology 6 months experience in the Discipline of Internal Medicine and Primary exams Oncology 6 months experience in the Discipline 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Family Medicine | Nil |
| and Primary exam Neurology 6 months experience in the Discipline of Internal Medicine and Primary exams Oncology 6 months experience in the Discipline 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Internal Medicine | and FCP Part I and Experience in a rural area or peripheral setting post |
| and Primary exams 6 months experience in the Discipline Orthopaedics 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Dental (Oral Pathology) | and |
| Orthopaedics 12 months (recent) experience the Discipline and Primary exams Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Neurology | and |
| Paediatrics & Child Health 6 months experience in the Discipline in a Regional hospital and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Oncology | 6 months experience in the Discipline |
| and FC Paeds Part I or Diploma in Child Health Psychiatry 6 months experience in the Discipline and | Orthopaedics | and |
| and | Paediatrics & Child Health | |
| | Psychiatry | · · |

- Please note that proof of successful completion of the required examinations as indicated in the requirements above, is a pre-requisite and must be submitted if invited to an interview.

The interview process will also consist of technical and practical assessment aspects as well as an Ethical Assessment as part of the recruitment process. This may include verification of qualifications, experience, reference checks etc.

In addition to interview performance selection will be based on multiple parameters.

KNOWLEDGE, SKILLS, TRAINING AND COMPETENCIES REQUIRED

- Basic knowledge of Medical Practice Ethics
- Ability to manage patients independently.
- Ability to learn, innovate and be prepared to work overtime
- Good interpersonal skills
- An interest in conducting research
- Knowledge and respect of the Patients' Rights Charter and Batho Pele Principle

KEY PERFORMANCE AREAS

- Participation in academic and teaching programmes and meetings in the respective Departments.
- Responsibility for care of patients at designated levels/sites, e.g. Outpatients, Wards, Theatres, ICUs etc.
- Management of patients under supervision.
- Attendance at Ward rounds and/or Tutorials.
- Supervision and teaching of undergraduates.
- Provision of after-hours care for emergency patient care services.
- Clerking and keeping of comprehensive records of patients in the Hospital File.
- Outreach activities as deemed necessary by the Clinical Supervisor
- Personal development to the level of independent specialist practice in the chosen field

The Department reserves the right not to fill these post (s).

ENQUIRIES: Mrs. R Erasmus: 033 395 2742/3347/2472

Applications can also be submitted through the online e-Recruitment system at www.kznonline.gov.za/kznjobs or directly to the following email address Headoffice.HRJobapplication@kznhealth.gov.za

<u>APPLICATIONS CAN / MAY ALSO BE FORWARDED TO:</u>

THE HEAD OF DEPARTMENT DEPARTMENT OF HEALTH PRIVATE BAG X9051 PIETERMARITZBURG 3200

OR

HAND DELIVERY / COURIER TO: 330 Langalibalele Street Natalia Building Room 6-106 South Tower

ATTENTION: Mrs. R Erasmus **TEL**: (033) 395 2742/3347/2472

To be submitted with Z83

*Applicants are reminded to ensure that all information in their CV are reflected herein, and that all required application documents are submitted

| African White | Indian | | Other |
|-----------------------|-------------------------------------|--------------------------------------|--|
| Female | | Male | |
| | | | |
| | | | |
| | | | |
| Yes | | | |
| Yes | | No | |
| | | | |
| Yes | | No | |
| Yes | | No | |
| | | | |
| unregistered with the | HPSA | | |
| Yes | | No | |
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| | | | |
| | Yes Yes Yes Yes Yes Yes Yes Yes Yes | Yes Yes Yes Yes Yes Yes Yes Yes Yes | Yes No No Yes No No Yes No |

| If yes, which Discipline/s? | | |
|--|-----|----|
| (indicate order of preference ranking) | | |
| | | |
| -A-200000000000000000000000000000000000 | | |
| REGISTRAR POST QUESTIONS | | |
| Have you previously been employed as a Registrar or | Yes | No |
| completed Registrar training? | | |
| At which University was this done? | | |
| In which Discipline did you do Registrar time? | | |
| When did you start this Registrar time? | | |
| When did you complete this Registrar time? | | |
| Why are you reapplying? | | |
| Did you complete the previous registrar training? | Yes | No |
| Please state the reasons why you did not complete the | | |
| training? | | |
| | | |
| | | |
| EDUCATIONAL QUALIFICATIONS | | |
| Where did you obtain your undergraduate degree? | | |
| (MBCHB or equivalent) | | |
| When did you obtain your undergraduate degree? | | |
| (MBCHB or equivalent) | | |
| If you have a foreign qualification, please indicate where | | |
| and when you obtained the qualification from | | |
| | | |
| Do you have an Evaluation Certificate from SAQA for the | Yes | No |
| foreign qualification? | | |
| Have you obtained the Diploma in the Discipline you are | Yes | No |
| applying for? | | |
| When did you pass your Diploma? | | |
| Please enter your Diploma exam number if you are | | |
| currently writing | | |
| Do you have a Diploma equivalent qualification? | Yes | No |
| When did you obtain this Diploma equivalent | | |
| qualification? | | |
| Do you have the Primary examination/Part 1 in the | Yes | No |
| Discipline you are applying for? | | |
| When did you obtain your Primary/Part 1? | | |
| Please enter your Primary/Part 1 exam number if | | |
| currently writing | | |
| Do you have a Primary/Part 1 equivalent qualification? | Yes | No |
| When did you pass this Primary/Part 1 qualification? | | |
| Do you hold any other qualifications? (ACLS, ATLS, ACTS | | |
| etc.) | | |
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| WORK EXPERIENCE | | |
|--|----------------------|--|
| During which period did you complete intern training? | | |
| During which period in your Internship training did you | | the state of the s |
| train in the Discipline you are applying for? | | |
| Where did you complete your community service? | | |
| During which period did you complete community | | |
| service? | | |
| What proportion of your community service year was in | | |
| the Discipline you are applying for? | | |
| Have you been appointed as a Medical Officer since | Yes | No |
| completing Community Service? | | |
| You are not eligible for a Registrar post until you have cor | npleted more than 12 | months Medical Officer time at |
| the closing date of the advert for this post | | |
| MEDICAL OFFICER EMPLOYMENT | | |
| Organisation employed at as Medical Officer | | |
| appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
| | | |
| Organisation employed at as Medical Officer | | |
| appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
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| Organisation employed at as Medical Officer | | |
| appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
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| Period of employment? | | |
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| Organisation employed at as Medical Officer appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
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| Organisation employed at as Medical Officer | | |
| appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
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| Organisation employed at as Medical Officer | | |
| appointment after community service? | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
| | | |

| appointment after community service? | | |
|---|-----|----|
| appointment after community service: | | |
| Which speciality was this Medical Officer appointment | | |
| under? | | |
| Period of employment? | | |
| Please list other employment that you have had. You may | | |
| be contacted to provide more details. | | |
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| Please explain any gaps longer than 3 months in your | | |
| employment history. | | |
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| Are there any additional notes you would like to make | | |
| about your employment history? | | |
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| PETTOTALCTC | | |
| REFERENCES | Ves | No |
| Do we have your permission to contact your referees to | Yes | No |
| Do we have your permission to contact your referees to provide us with a closed reference? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? OTHER REFEREES | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? OTHER REFEREES Title of referee? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? OTHER REFEREES Title of referee? Organisation/Institution of referee? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? OTHER REFEREES Title of referee? Organisation/Institution of referee? Initials and surname of referee? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? OTHER REFEREES Title of referee? Organisation/Institution of referee? Initials and surname of referee? Email address of referee? | | No |
| Do we have your permission to contact your referees to provide us with a closed reference? If not, please contact the relevant Discipline to do discuss CURRENT LINE MANAGER Title of your current line manager? Organisation/Institution of current line manager? Initials and surname of your current line manager? Email address of your current line manager? Contact number of your current line manager? OTHER REFEREES Title of referee? Organisation/Institution of referee? Initials and surname of referee? | | No |

| Title of referee? | | |
|---|-----|----|
| Organisation/Institution of referee? | | |
| Initials and surname of referee? | | |
| Email address of referee? | | |
| Contact number of referee? | | |
| ADDITIONAL FACTORS – RESEARCH TYPE EXPERIENCE | | |
| Have you done a research methodology course? | Yes | No |
| If yes, which research methodology course did you do? | | |
| What is the name of the course you have done/ are involved in? Which Institution provides this course? | | |
| What is the duration of this course? | | |
| Is a formal qualification issued at the end of the course? | Yes | No |
| Have you completed a Good Clinical Practice (GCP) | Yes | No |
| certificate? | 103 | |
| If yes, which GCP certificate have you obtained? | | |
| | | |
| Have you ever presented a poster/s or given a lecture at a congress? | Yes | No |
| If yes, which meeting/s did you present at? | | |
| When did you present? | | |
| What was the title/s of the presentation or poster/s? | | |
| Have you ever been credited with authorship on paper/s? | Yes | No |
| What was your role on the paper/s? | | |
| | | |
| Please provide journal reference/s for the paper/s | | |
| ADDITIONAL FACTORS: LEADERS | 7 | |
| Have you held a leadership position/s that you regard as | Yes | No |
| advantageous to this application? | | |
| Please describe the leadership position/s? | | |
| Have you held another significant leadership position/s? | Yes | No |
| Please describe the leadership position/s? | | |
| END OF GENERAL SECTION OF APPLICATION PROCESS | | |
| Are there any special circumstances that the Committee | Yes | No |
| should be aware of? Examples would be disability and/or chronic illness | | |
| | | |

| If yes, please provide details of your special circumstances | |
|---|--|
| Please provide any other information which you deem relevant for this application | |
| Date completed | |
| Signed | |