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The Risk of Giving Government Healthcare Staff Permission to Work Other Remunerative Work

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Abstract: Department of Health employees are not allowed to work privately without permission. Not only Department of Health, but government employees are also not allowed to perform remunerative work outside the public service. The Department of Public Service and Administration (DPSA) then implemented a control strategy (policy) for public servants to perform other remunerative work outside the Public Service. This policy is known as the ORWOPS policy which authorizes or gives permission to DPSA employees to work part time. This paper discusses the permission given to government medical staff, the doctors and nurses who work or desire to work part time. This study found that there is a significant shortage in government hospitals which might be the cause for negligent cases that are costing the Department of Health exorbitant amount of money through litigation. Some employees are abusing this permission, once the permission is obtained, they start neglecting their permanent jobs getting too tired to go to work or get to work and be on a go slow because there was no rest in between the jobs. This paper seeks to recommend limitations in ORWOPS permission; to exclude medical staff. The permission already excludes Supply Chain Management (SCM) staff; on a separate DPSA (2024) policy on conducting business with an organ of state, SCM staff are not permitted to own or conduct businesses, because they work with procurement. A desktop study was conducted in this paper. In social science, desktop research is described as a systematic method for collecting existing secondary data to gain insight rather than collecting primary data.

Keywords: fruitless and wasteful expenditure, litigations, locums, moonlighting, Other Remunerative Work Outside the Public Service (ORWOPS), Private hospital.

Introduction

Section 30 of the Public Service Act 103 of 1994 requires that an employee apply for permission to perform other remunerative work (ORW) outside government employment. An employee who is permitted to perform ORW should not do so during working hours or use official equipment or state resources for such work. Section 31 of the Public Service Act 103 of 1994 on unauthorised remuneration states the following:

(1)(a)(i) If any remuneration, allowance or other reward is received by an employee in connection with the performance of their work in the public service contrary to section 30, that employee shall pay into revenue an amount equal to the amount of any such remuneration, allowance or reward; or if it does not consist of money, the value thereof as determined by the head of the department in which they were employed, at the time of the receipt thereof. (ii) If the employee fails to pay into revenue the amount or value, the said head of department shall recover it from him or her by way of legal proceedings and pay it into revenue.

The permission has conditions: employees may perform ORWOPS when off-duty but must not do business with government entities. For instance, if a government-employed health worker owns a bakery, they are restricted from supplying bread or cakes to a government school, a government hospital, or any municipality, because they would be

doing business with the state. Some employees adhere to the DPSA directive by applying for and obtaining the necessary authority to conduct business in private hospitals and other healthcare centers.

Key Terms

Fruitless and wasteful expenditure

According to Public Finance Management Act (PFMA) 1 of 1999, fruitless and wasteful expenditure means expenditure which was made in vain and would have been avoided had reasonable care been exercised. In for the purpose of this article, there are a number of hospitals which are declared with fruitless and wasteful expenditure where accounting officers cannot account for the budget.

Locums

Slabbert and Pienaar (2013) describe the word locum as the word that originated from Latin which means “one holding a place", which dates back to the Middle Ages when the Catholic Church provided clergy to parishes where there was no priest available.

It was only during the 1970s that the term was generally used by medical facilities where there was a shortage of medical doctors (Slabbert and Pienaar, 2013).

Moonlighting

Citation Canada (2026) describes a situation where an employee takes on additional employment or work while already working for another employer. The term is commonly used when an employee has a second job outside their primary employment, particularly when the primary employer is

Other Remunerative Work Outside Public Service (ORWOPS)

ORWOPS means any business that is carried out for by an employee outside his or her employment in the relevant department, for which remuneration is received for personal benefit (Department of Public Service Administration, 2024: 4).

Private hospital

A private hospital is a patient care facility which is not owned by the government, it is funded and managed by private sources. Though their operation is regulated and monitored by government, but they are self-funded. They are regulated in terms of South Africa Regulation 158 of 1996, also known as R158.

Methodology

The information gathered in this paper was collected through non-empirical and desktop research. The concept of a desktop study involves reviewing literature and gathering information from existing sources such as reports, public statements, academic journals, and online databases to gain a broader understanding of a subject and its market trends. According to Nicholson (2015: 19), who conducted a study using the desktop method,

A desktop study involves collecting all available information for the site (or adjacent or nearby properties), including maps, reports, rainfall data, historical information (e.g., from newspapers or the internet), photographs, and any previous site or construction plans. This information is compiled and sorted to provide an initial overview of the site conditions. If sufficient detail is available regarding the subsurface materials, this information can be used to accelerate and/or supplement the planning of subsequent investigations and subsurface exploration.

Desktop Study

A desktop study in social science is also described as a systematic method for collecting secondary data to gain insight. This study was non-empirical because direct observation was not conducted; rather, the researcher relied on literature and personal experience. To evaluate whether a non-empirical study is true or false, the coherence theory of truth recommends considering not only empirical facts but also other beliefs that are secure enough to serve as justifying reasons for facts (Lavery and Hughes, 2008:108). Siu & Commerasamy (2013:13) define non-empirical research as the gathering of secondary data from primary research findings. This implies that no interviews were conducted for this paper and no participants were involved. This paper relied on information from literature and personal experience.

Biasness and Bracketing

Bracketing refers to a researcher`s identification of a vested interest, personal experience, cultural factors, or assumptions that could influence how he or she views the study`s data (Luts & Knox, 2014: 22). The researcher ensured that the article was not influenced by the researcher`s personal experience. The researcher remained impartial ensuring that individual knowledge was not used to interfere with literature information collected. (Okoko, Tunison and Walker 2023: 427) illustrate that qualitative studies involve the researcher in the collection and the analysis of the data. Researchers can employ reflexive bracketing especially when their problem of study is inspired by their own experience and background (Okoko, Tunison & Walker 2023:426). Okoko et al. 2023: 427) in the reflexive bracketing indicate that the researcher must consider whether the evidence in the literature supports the analysis and whether it is simply a reflection of the researcher`s cultural background and assumptions. The data collected in this paper reflects the concerns raised by other researchers and community at large when it comes to service delivery in government hospitals.

Purpose of the article

The purpose of this article was to address staff shortages in government hospitals caused by staff performing other remunerative work outside the public service. While government-employed healthcare workers are allowed to work in the private sector, some abuse the system. South Africa faces a significant shortage of medical doctors, as shown by a doctor-to-patient ratio of 1:2230 (0.44 per 1000), compared with the WHO-recommended 1:1000 (Juta Medical Brief, 2025). To minimize risks of employees abusing the system and to curb staff shortages, the government excludes medical staff from the ORWOPS policy. Authorising healthcare workers employed in the public sector from performing private jobs may explain the long queues associated with government hospitals. It is to be expected that healthcare workers who work double jobs rarely perform well due to fatigue from lack of rest or restlessness.

Sustainable Development

This paper addressed the issue of capacity leading to poor service delivery in the government health facilities, where medical staff are permitted to work part time during their rest days. Government health facilities should maintain or sustain high quality of service to the community and avoid any risks that can jeopardise service to the public. Poor service delivery is crippling government facilities, it affects the sustainability of health departments. According to National Library of Medicine (2026), amongst other things, managing a hospital in accordance with principles of sustainable development can benefit the local community, the economy, and the environment. It can improve public health as well as reduce the demand for health services. According to World Health Organisation Overview (2026) the sustainable development describes, inter alia, the policies that provide benefits today without sacrificing personal health in the future amongst other things. The benefits of sustainable development are felt across the section of human health and well-being. Therefore, with the policy allowing government healthcare staff to work part-time during their rest days, go to work tired the following day, in a packed public health facility, is against the sustainable development mentioned by the World Health Organisation.

Discussion

Public servants in South Africa are expected to prioritize the public's interests above their own and to dedicate their time and energy to providing quality service for the benefit of the people. When private and public interests clash, employees should prioritize the public good over private interests. Section 195 of the Constitution of the Republic of South Africa, 1996 (Constitution), requires employees to uphold the highest ethical standards in the performance of their duties.

A directive by the Department of Public Service and Administration **(DPSA)** on ORWOPS (2024:5) indicates that employees ought to put the public interest above private interests and to dedicate their time and energy to produce quality service for the benefit of the people of the Republic of South Africa. When private and public interests clash, employees should prioritize public interests. This means that an employee who is doing locums must choose to go to the permanent workplace rather than to the private business if both times clash. According to the Bhekisisa Team (2022), some health workers are negligent: when faced with such clashes, they do both jobs at the same time, allowing them to double up on paychecks. The results show that doctors who are paid with taxpayers' money to work full-time in government hospitals spend most of their working hours treating private-sector patients.

Section 195 of the Constitution of the Republic of South Africa, 1996 (Constitution), requires employees to uphold the highest ethical standards in the performance of their duties. The Department of Public Service and Administration, 2024, advises that no employee shall perform, or engage themself to perform, remunerative work outside their

employment in the relevant department, except with the written permission of the executive authority of the department. The DPSA, however, permits employees to perform private duties on condition that they apply for permission and are authorised to do so. However, some employees abuse such authorizations by spending more time on private work than on their permanent jobs, because the private sector has a "no work, no pay" policy.

Public servants are permitted to work privately at a single private practice or business. However, some employees hold contracts with different hospitals/clinics/pharmacies. The Department of Health has the authority to charge employees for such conduct under the DPSA RWOPS policy. An employee at fault ought to be required to pay for the time spent working in private businesses rather than being recommended permanent dismissal or a harsher punishment.

Employees who are contravening RWOPS policy are now the concern of the Health Minister, According to Juta Medical Brief (2025) the Minister Health indicated the following:

"Doctors who misuse RWOPS to the detriment of the public hospitals… may face stricter consequences including fines, suspensions or terminations. "They need to be held accountable if they're not at work when they're supposed to be there."

RWOPS policy allows the department to charge employees who are found guilty of contravening the policy, who are performing part time jobs without permission. RWOPS policy states that if an employee is found guilty of such conduct, they must pay into revenue an amount equal to the amount of any such remuneration, allowance or reward; or if it does not consist of money, the value thereof as determined by the head of the department in which he or she was employed, at the time of the receipt thereof (DPSA, 2024).

The authorization of medical staff to perform remunerated work outside the public service poses challenges, including poor management and the risk that doctors and nurses are vital to government hospitals. In public health facilities, doctors and nurses play such a vital role that their posts are considered scarce skills, and vacant posts need to be filled by all means possible. Despite this fact, public hospitals in South Africa have a shortage of medical staff, yet the country has unemployed student doctors. The shortage of medical staff in public hospitals might be caused by doctors who are not fully committed because they do private work while receiving a government salary, which blocks posts for the unemployed. The risk of allowing employees to work when off duty is that they may do part-time work during after-hours periods, days off, and vacation leave. Also, they book off sick more often, leave work before knockoff time (according to the researcher's experience, the latter is common). It can be said that they find ways to avoid their permanent work, and at times, their supervisors cover for them because they may also be doing the same. It makes it hard for junior staff to report doctors who break dual-practice rules because some departmental heads (the people to whom they are supposed to report) are doing the same thing (Juta Medical Brief, 2022).

Juta Medical Brief (2025) reported that the Health Minister Aaron Motsoaledi is blaming ORWOPS policy for the lateness and absence of healthcare workers. Juta Medical Brief (2025) reported the following.

"Motsoaledi recently blamed the absence and lateness of healthcare workers – particularly doctors – to misuse of RWOPS but has dismissed concerns that changes would force doctors out of the government sector. He said they are fairly compensated under the occupation-specific dispensation (OSD)".

The lateness as indicated above can be a result of laziness or fatigue, such employees turn to be on a go-slow whilst patients` queue is becoming long outside the consultation room. It results to their own health (medical staff) being compromised, short tempered or agitated. Few years ago, KwaZulu Natal Department of Health, cancelled the RWOPS permission and no one was to work part time, and it went on for little few years. However, the department later reviewed and reinstated the policy, allowed them to apply again and those who qualified were granted permission. It is not guaranteed that all medical staff will refrain from the locums but there is a phrase that says *"amongst the ruined potatoes there are good potatoes*". This implies that some staff will comply whilst others will break the rules, and the accounting officers (CEOs) will deal with those cases rather than having an open policy which is risking patients` lives.

According to the researcher's experience, most hospitals and clinics receive complaints from employees about staff who are hardly at work, they come late, they leave early; however, management finds it difficult to prove these allegations, as some employees cover each other because they are do the same. When investigating complaints of absconding, in some cases, investigators check attendance registers and find the same employee present. Another point of investigation would be to go through patients' files to confirm the attendance, a challenge, but doable. Some supervisors do not see working privately as wrongdoing. Some witnesses do not speak because they fear victimization.

Muzwa as cited by Juta Medical Brief (2025) indicated that reports are often ignored, and whistleblowers may face victimisation including delayed contract renewals or threats not to be signed off at the end of their rotations. Juta Medical Brief (2025) added that without independent oversight and stronger enforcement, the current systems fail to provide real accountability or protection.

The impact of remunerative work outside the Public Service (RWOPS)

Its effect on service delivery: it leads to long queues, and patients take longer to get assisted because there may be one or two doctors on duty. In another case, there may be no experienced doctor available, only a student doctor or a registrar on duty. A registrar is an experienced doctor, but one who is new in another section, a doctor who is still in training. For instance, they may have been a general practitioner for 5 years but have been training in theatre. They qualify to be a registrar. Bhekisisa Team (2022) asserts that Specialists-in-training (called registrars) get compromised training as the specialists who are supposed to supervise them aren't around". Registrars may end up performing duties they are not supposed to because an experienced doctor may be at home and/or tired, having just finished their locum an authorised private job in private practice. Normally, they leave a message to be called in case of an emergency.

A junior doctor quoted by Sobuwa (2025), a journalist for Health E news, complained about working alone at night and said:

"Most of the people affected by commuted overtime are senior doctors and specialists. We call them for advice, especially on night shifts. Sometimes, if you are in surgery, they come and operate with you. Without these specialists, there is no one to call at night for difficult cases. You will be left alone as a junior doctor; this will be extremely detrimental to patients".

Juta Medical Brief (2025) reported that the death of a young intern doctor at a state hospital brought the physical and mental toll on junior medical staff who have to work long grueling hours with little rest in understaffed public facilities. The harsh conditions faced by these young doctors were tragically brought back into focus with the death of Dr. Mazwi (student doctor), who died on the same day he was supposed to be admitted to the hospital (Juta Medical Brief, 2025).

What are the results of such conduct: incorrect procedures, deaths of patients whilst waiting in queues, and mothers in immature labour told to wait because they would not be attending some Antenatal clinic. Most of these incidents of negligence result in litigation, and the Department of Health is flagged for Fruitless and Wasteful Expenditure. Worse of all, the surrounding communities are losing faith in government hospitals. The term Fruitless and Wasteful Expenditure is a National Treasury declaration term used for government departments that spend more money than is budgeted for, or that are unable to account for what they would have spent money on. "Fruitless and wasteful expenditure" means expenditure which was made in vain and would have been avoided had reasonable care been exercised, or "irregular expenditure" which means expenditure, other than unauthorised expenditure, incurred in contravention of or that is not in accordance with a requirement of any applicable legislation (PFMA Act 1 of 1999).

A briefing by the Department of Health on the SIU probe on medico-legal claims indicated that around 2015, the Health Sector experienced a significantly greater number of medical practice litigation cases (South African Government 2024). These were against health institutions as well as individual medical practitioners in both public and private practice. This report indicated that the claims mostly involved cases of the Road Accident Fund (RAF). Notably, it is not only the RAF's claims that bankrupt the Department of Health. Claims arising from litigation concern negligence related to staff shortages.

The work of healthcare professionals who are absent due to work, are ill, or are fatigued is carried out by their colleagues who report to and remain on duty. In some cases, the fatigue reported by off-duty healthcare professionals is caused by poorly planned schedules for private work. Juta Medical Brief (2024) reported that a mother sued the Health MEC in the Western Cape Province for more than R38 million in damages, claiming that the staff at Tygerberg Hospital were negligent during her daughter's birth. Though state attorneys' intervention in these cases helps reduce claimants' prices, when such allegations are accompanied by prima facie evidence, it becomes difficult for them.

Where negligence is proven in healthcare centers, the Department of Health needs to investigate whether the cause was a negative staff attitude (neglecting emergencies) or a lack of capacity. Cases involving staff negligence can be tricky because, if proven, the negligent healthcare professional may transfer and leave the department, evading charges.

One whistle blower once asked, what would the government doctor do if he receives a call for an emergency in the private facility, whilst busy in his post; would he proceed with his government job or he will hand over and rush to

the private facility. Knowing how much doctors claim for operations in private hospitals and knowing the lack of discipline in government hospitals, one would guess the answer.

South Africa's population indicates an increasing demand on the neglected public healthcare system and the likelihood that it may be overwhelmed. Also, the growing demand means extra work for overstretched staff who, due to fatigue, may end up neglecting important duties. Where medical healthcare institutions are understaffed and underresourced, staff do not feel nor take responsibility for patients who die whilst waiting for medical care. Juta Medical Brief (2024) reported a case involving a healthcare professional failing to carry out or arrange immediate intervention via intrauterine resuscitation, leading to the baby suffering cerebral palsy associated with developmental delay, as well as focal epileptic seizures.

If this failure was to be investigated, the findings might show that the staff involved were inexperienced, they should not have worked without supervision (e.g., trainee doctors), or that the patient had issues that hindered the procedure's success. It is a fact that properly trained and experienced doctors know when to perform certain procedures and when not to. In cases where conditions allow a doctor to perform a certain procedure, but other comorbidities, like blood pressure, hinder the success of certain procedures. In such cases, after an investigation, the results would eliminate negligence, as the reasonable man test may show that, if any doctor were in the same situation, they *would have acted the same*.

According to Ahmed (2021), in South African law, before a person can be judged according to the standard of a reasonable person, the person must first be held accountable. If a person cannot be held accountable, then the standard test does not apply at all. In another case, a medical manager at a certain clinic suspended the staff member who investigated a case involving the death of a patient while waiting for consultation. The patient had breathing difficulties, and the nurse on duty connected an oxygen supply but forgot to switch it on and rushed to help others in line. The family called for help, saying the oxygen was not turned on, but they were ignored. When the staff realized that the oxygen was off, it was too late to revive the patient.

In addition to capacity challenges, the government allows medical staff to undertake other remunerative work outside the public service, known as locums. Some officials do locum work after hours, meaning they work their normal hours during the day and also work part-time in the evenings. By the time they return to their permanent daytime job, they would be fatigued. Since permanent employment offers a guaranteed salary, some take advantage by being absent or by simply showing up and sitting. Bhekisisa Team (2022) reported that:

"Health workers at government hospitals can apply to do extra work in the private sector after hours if it doesn't interfere with their government job. Many health workers abuse the system by doing their private job during state work hours. That way they double up on paychecks, even though they're not at the government hospital that they're paid to work at".

The South African government contracts private doctors who work predetermined hours on a part-time basis, are called sessional doctors, and are placed on standby for emergencies. While their contribution helps reduce workloads in public hospitals, this is rarely felt in other hospitals because some permanent staff fill gaps left by sessional doctors, which ends up costing the government.

Sobuwa (2025) illustrated that a hospital manager warned that without sessional doctors, it would be impossible to maintain service levels as the waiting times for in-patients could increase from two days to four and six days. The need for sessional doctors stems from the government not employing sufficient permanent staff and the need to work overtime. For this reason, this paper recommends reviewing ORWOPS permissions for medical staff, as they put service delivery and patient lives at risk.

Litigation as part of medical negligence

According to Gary Austin, as cited by Molelekwa (2024), medical negligence in state hospitals is frequent and widespread, as evidenced by the fact that medicolegal claims lodged against the state as of March 31, 2023, amounted to approximately 68 billion rand. The researcher is of the view that if negligent cases are investigated, medical staff found responsible are held accountable for their negligence, and such cases would be minimal. The Department of Health pays for negligent cases where its staff is found responsible and liable for damages. As a former investigator for the Department of Health, I have had colleagues say that if medical staff were to be charged for such cases, they would leave the public service and look for greener pastures because they do not see themselves as liable but rather feel that the negligence is caused by a shortage of medical staff.

The frequency of such cases indicates that negligence in public hospitals is unavoidable due to staff shortages. Therefore, to avoid such negligence, the department must hire more medical staff and scrap the permission for all scarce-skilled employees to conduct business outside the public service. DPSA (2024) revoked the permission for SCM staff to own businesses. Whilst other employees are allowed to have businesses, they are forbidden from conducting business with the state (DPSA, 2024). This implies that the DPSA or the Department of Health may revoke permission for scarce skills employees, similar to the approach followed for SCM employees. In case of specialists permitted to work in private institutions whilst others are allowed to own practices, they would likely prioritize their private jobs because of the no-work-no-pay policy, whilst assured of a stable salary from their permanent jobs. The DPSA (2024) provides that the executive authority granting permission shall first consider whether the outside work interferes with or impedes the effective or efficient performance of an employee's functions in the department, or whether it constitutes a contravention of the Code of Conduct. This should be considered when it comes to medical staff, who are the backbone of hospitals; without them on duty, there would be no services. But without admin staff, the sick can still be addressed. That is how important doctors and nurses are.

Findings and Recommendations

- This study found that there is a significant shortage in government hospitals which might be the cause for litigations. Negligent cases that are costing Department of Health exorbitant amount of money through litigation might be caused by negligent because employees cannot be in two places at once. Employees taking their own time helping other patients whilst other patients are left to worsen. Or rush other patients and not paying attention to patients in progress because of the number of people waiting.
- Some employees are abusing the ORWOPS permission, once the permission is obtained, they start neglecting their permanent jobs getting too tired to go to work or get to work and be on a slow motion because there was no rest in between the jobs. This paper seeks to recommend limitations in ORWOPS permission; to exclude medical staff. The permission already excludes Supply Chain Management (SCM) staff, as indicated above that paragraph 7.1(ii)(b) of DPSA Policy on the directive on conducting business with an organ of state, requires all SCM staff to be kept in a register. Therefore, if SCM employee is applying for the locum/ RWOPS permission and is found in the SCM register, the application will be declined because they work with procurement. Therefore because of government hospitals and clinics being busy, medical staff should not be given permission to work outside the public service. The ORWOPS directive/policy to be reviewed, this will assist in prioritizing service delivery.
- This paper also seeks to recommend the empowerment of government investigators to be equipped with investigative aids/ resources which will assist them in performing their duties. Be supported in their investigation with policies that will allow them to retrieve information from information barriers.
- Departmental investigators have little authority and little resources when it comes to retrieving of information. They cannot approach banks for information on employees under investigation and because of that, employee’s remuneration outside the public service cannot be established without involving police. Whilst assumption cannot be reported to the police for the purpose of getting bank statements. Investigators should be equipped with investigation skills and powers as that of law enforcement investigators.
- This will also reduce police work, as departmental investigators will eliminate or filter cases that need police involvement.

Conclusion

Department of Health is faced with litigation claims and other provincial health departments are declared overspending due to many reasons including that of claims caused by negligent. Department of Health should retract the ORWOPS permission for scarce skills employees like how it is with SCM and Finance employees. Specialists who are permitted to work in private institutions will prioritizing their private jobs because there will be no extra pay if they do not go to work and their permanent jobs have stable salaries. Government departments have limited powers when it comes to investigation, because of POPIA ACT they do not have powers to demand information from private health care facilities. These powers are important to discover what is hidden from government edisclosure. According to the author`s experience, investigating an individual`s assets with an intention to detect remuneration outside the Public Service has proven to be ineffective with the limited powers departmental investigators have.

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Biography

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