



INTERNAL MEMO

Enquiries: Monica Singh
Directorate: Johannesburg Health District
Tel 011 694 3705

TO: All DOCTORS in Johannesburg Metro Health District
CC: ALL Senior Management, Facility Managers and Clinicians
(Johannesburg Metro and Gauteng Department of Health)
ALL Regional Health Managers, City of Johannesburg
FROM: Prof. S. Moosa, District Family Physician
DATE: 1st July 2022
TOPIC: **CODE OF CONDUCT AND STANDARD OPERATING
PROCEDURE FOR ALL DOCTORS**

All doctors employed in Johannesburg Health District are expected to:

1. Follow all regulations governing employees in the public service (as per BCEA and PSBC regulations), the attached "Acts of Misconduct", this Standard Operating Procedure (as the Code of Conduct), any instructions, minuted resolutions and other Guidelines of the Family Medicine Department and Gauteng Department of Health.
2. Comply with all work allocations as per doctors' duty roster unless deemed otherwise by the Dr-in-charge following written motivation by the doctor concerned.
3. Be punctual according to their working hours per contract.
4. Be aware that late coming may result in disciplinary action.
5. Sign the register directly with the Facility Manager (or as per written instructions on the Doctors Daily Duty Rosters) or in the absence of these to report to the triaging clinician.
6. Work their full day and/or full hours of duty as per roster for 40 hours week for normal hour services and/or 13-20hrs (with Option D) in after-hours services or whatever hours contracted
7. Allocate time for general organisation of their rooms in their daily duty
8. Support the triaging process in a consistent and acceptable manner and as per instruction of the Dr-in-charge.

9. Keep their consulting room neat and maintain and organise stationery, equipment and consumables in room as per Family Medicine Standard List for Drs and CHCs.
10. Dispense where required including getting licensed
11. Keep drug cupboard well-stocked, in order and checked for expired / near-expired drugs as per requirements of dispensing regulations.
12. Keep consulting rooms and dispensing cupboards locked and keys safe when provided, and to ensure that the Dr-in-charge (and Team Leader when on call), the sister-in-charge and/or Facility Manager have access to these when the doctor is absent.
13. Always comply with a professional dress code, including nametags.
14. Ensure that their initials and surname, facility name, contact number and HPCSA number are placed in bold under or next to their signature on all forms and records.
15. Accurately complete statutory forms e.g., J88s, UIF, Disability Grant, MVA etc as required, and countersigning any interns filling in these forms as their senior / supervising doctors (especially the J88).
16. Appear in court as expert witness when required.
17. Avoid quotas and see a reasonable number of patients with adjustments as determined by the Dr-in-charge
18. Consult all patients with prioritisation of referrals, procedures, and emergencies
19. Consult patients in an equitable manner with colleagues
20. Practice using Batho Pele Principles.
21. Practice good Family Medicine and Primary Health Care including educating patients on healthy lifestyles.
22. Communicate with the Dr-in-charge of patients with clinical problems requiring extra time.
23. To bring patient queuing problems in waiting rooms to the attention of the Dr-in-charge or as per written instructions by him/her.
24. Inform Dr-in-charge (and Team Leader when on call) in writing of consulting rooms inconveniences and problems – of equipment that is out of order in consulting room/s and or facilities and lack of soap, hand towels, chairs, privacy, ventilation, heating, lighting etc.
25. Inform the Dr-in-charge (and Team Leader when on call) or as per their written instructions when leaving the workspace during hours e.g., for tea, lunch or errands
26. Do procedures as required at district health level and with equipment available

27. Do clinic visits as per guidelines and doctors duty roster and support the referral system
28. Embrace clinical teamwork and communication with colleagues: doctors, interns, nurses, pharmacists, and others as per guidance of the Dr-in-charge (and Team Leader when on call)
29. Use other services in the DHS and support multidisciplinary / inter-sectoral teamwork
30. Support a standardised approach / policies to the functioning of Community Health Centres and Clinics
31. Make rational use of investigations, drugs (EDL) and consumables including supporting the use of the Family Medicine Formulary
32. Update personal clinical and emergency skills (B/ALS)
33. Be aware of the latest medical and dept protocols, evidence, and guidelines
34. Make legible notes in patients' files especially statutory forms.
35. Fill the EDS and DFM data collection forms timeously and accurately
36. Take teatime & lunch time in a stepped and appropriate manner as per roster of the Dr-in-charge.
37. To comply with all DFM Office Rules when using these offices.
38. Attend Training Courses as per instruction of the Dr-in-charge
39. To participate in and cooperate with any senior doctor doing observed consultations.
40. Attend all CPD and other meetings / training / observed consultations of the Department of Family Medicine & PHC punctually, with written apologies for absences
41. Attend all Patient Safety meetings of the Department of Family Medicine & PHC punctually with written apologies for absences
42. To participate and support in integrated primary health care including comprehensively managing HIV, Mental Health, Maternal Health and all medical services of a generalist nature.
43. Apply for Leave as per regulations & following procedure: based on annual leave plans, submitted 6 weeks in advance, RECOMMENDED by After-hours Team Leader (if doctor is doing commuted overtime), RECOMMENDED by Dr-in-charge signing and then APPROVED by the Facility Manager signing. The Drs-in-charge, Facility Manager and you must retain copies.
44. Use the following sick leave procedure
 - a. 2 days or less – call daily within 2hrs of duty time to inform Family Physician-in-charge (and Team Leader when on call). No sick note is

required but a sick leave form must be filled within 3 days of return and submitted to the Dr-in-charge. The Drs-in-charge and you must retain copies.

- b. More than 2 days: Please inform Dr-in-charge by 9am on day 4 of the sick leave days off as per sick leave note. A doctor's sick leave note is required, and a sick leave form must be filled within 3 days of return and submitted to the Dr-in-charge. The Drs-in-charge and you must retain copies.

- 45. Provide supporting documents for study leave applications
- 46. Note that commuted overtime is optional and is paid for the range of hours worked based on the option chosen. The contract is signed on begin and then renewed annually on the 1st of April.
- 47. Not split their after-hours calls or duties with colleagues.
- 48. Not sub-contract another doctor to do after-hours call or any other duty
- 49. Obtain permission to practice privately by applying for Remuneration for Work Outside the Public Service (RWOPs)
- 50. Inform their Dr-in-charge (and Team Leader when on call) of lateness by calling immediately and at latest by the expected time of duty.
- 51. Avoid swapping between District colleagues without the permission of the Dr-in-charge (and Team Leader when on call) and which will not be withheld unreasonably
- 52. To ensure they arrange a replacement with a swop with colleagues within the District Health Service if they are going to miss a call due to sickness or other.
- 53. To work till 8am and do a handover when doing an overnight call.
- 54. To ensure that they are contactable on the designated contact number given to the Drs in charge of the rosters.
- 55. Avoid Interns doing MO calls and/or being left without supervision.
- 56. Support and supervise junior doctors, Intern and Students always
- 57. To do the hours missed, by agreement with the team leader and Drs-in-charge
- 58. Take active charge of their PMDS and preliminary preparation of their annual contracts to sign before the end of April of the year of contract, quarterly evaluations within one month of the end of the quarter and final evaluation before the end of April of the next year
- 59. Not participate in activities or behave in a manner that brings the Gauteng Department of Health (GDOH) into disrepute.
- 60. Note that patterns of minor abuse are disciplinable

61. Note that the internal disciplinary procedure below of the Department of Family Medicine will cover for all matters not covered in the Department of Health disciplinary procedure in the attached “Disciplinary Guidelines”
- a. Doctors will be counselled on two occasions for non-compliance with their SOP written records kept of this progressive discipline using the template/s provided.
 - b. A written report for those doctors who are still not compliant and thus requiring further formal discipline will be submitted to the Senior Clinical Management Team within one week of such incident. This will be the first step for any matter in the disciplinary procedure that requires a formal procedure or referral to GSSC.
 - c. With Commuted Overtime the procedure will be the 1st absence or late coming will include a counselling and the doctor making up for those missed hours, a 2nd absence or late coming will include a counselling and a deduction in remuneration for hours missed and any further absences or late coming will involve formal disciplinary procedure which may include warnings, deductions and/or the contract being terminated within 28 days.
62. Record and/or keep copies of all their attempts to relate to Drs-in-charge and/or Facility Managers to address any issues.
63. Note the DPSAs Guide on Disciplinary and Incapacity Matters.

Regards,

Prof S. Moosa
District Family Physician
Johannesburg Health District