



PHSDSBC

**PUBLIC HEALTH AND SOCIAL DEVELOPMENT
SECTORAL BARGAINING COUNCIL**

**PRESENTATION TO THE PSCBC 20TH ANNIVERSARY ROUNDTABLES
“ENHANCING LABOUR PEACE THROUGH THE PROCESS OF COLLECTIVE
BARGAINING”**

BACKGROUND

- ✓ The Bill of Rights in the Constitution of the Republic sets out the fundamental rights of all South Africans.
- ✓ s23(1) in the Constitution, provides that, “Everyone has a right to fair labour practices.”
- ✓ The Labour Relations Act (LRA) 66 of 1995 takes the step further to amongst others, promote orderly collective bargaining including at the sectoral level.
- ✓ Noting that s 37(1) of the LRA states that the PSCBC may designate a sector of the public service for the establishment of a bargaining council. The PSCBC designated the health sector to establish a bargaining council in terms of the PSCBC Resolution 9 of 1998, Subsequently, the PHSDSBC got registered by the Department of Labour in 1999.



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- ✓ The Public Health and Social Development Sectoral Bargaining Council was formerly called The Public Health and Welfare Sectoral Bargaining Council.
- ✓ The two (2) main functions of a bargaining council are collectively bargaining and disputes management.



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PARTIES TO THE COUNCIL

The parties to the Council are the Employer and all Trade Unions admitted to the Council in terms of clause 7 of its constitution, as amended.

- The Employer
 - Department of Health
 - Department of Social Development
- NEHAWU - 111005
- DENOSA - 92659
(SAMA, PAWUSA AND SASAWU)
- PSA - 81649
(NPSWU)
- HOSPERSA - 47316
- NUPSAW(SAEPU) - 21222



COLLECTIVE AGREEMENTS

- The Council has concluded fifty six (56) collective agreements since it was designated.
- Some of the prominent collective agreements to note are the Occupational Specific Dispensations (OSD's).



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OSD's

- Over the years South Africa was faced with the huge challenges regarding migration (brain drain) of critical and scarce skills. As a result it lost highly experienced practitioners particularly nurses, medical doctors and dentists. This phenomenon was not only peculiar to our country, but developing countries at large.



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- The health and social development practitioners were moving from the public sector to private sector and abroad. Amongst other reasons advanced for this migration was the issue of poor remuneration and lack of appreciation. The need increased for a remuneration system that was to take into consideration the scarcity of skills, relevant experience including the supply and demand for these practitioners.



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- ❑ It was against this backdrop that the new remuneration system, namely the OSD in the Public Service was introduced. **The Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2007 - the agreement on the salary increase and improvement in working conditions.**

This collective agreement contained the OSD framework for sectoral councils to develop their own agreements according to their scopes as contained in their constitutions.



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❑ In keeping with the above the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) had to conclude resolutions for the following four (4) clusters:

1. Nursing Cluster – Professional Nurses, Enrolled (Staff) Nurses including Nursing Assistants (Auxiliary) – **Resolution 3 of 2007.**
2. Social Services Cluster – Social Workers, Social Auxiliary Workers, Child & Youth Care Workers Community Developers – **Resolution 1 & 2 of 2009.**
3. Medical Cluster – Doctors and Dentists, Pharmacists and Pharmacists Assistants (Basic and Post Basic) including all categories of Emergency Medical Personnel – **Resolution 3 of 2009 & Resolution 1 of 2010 (Addendum).**

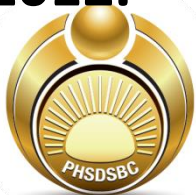


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4. Allied Health Cluster – 56 categories - e.g. Professionals, Assistants and Technicians for the following occupational groups: Physiotherapists, Occupational Therapists, Radiographers, Speech Therapists, Audiology Therapists, Dieticians Included were the following:

Psychologists, Psychometrics, Nutritionists, Medical Control Officers, Medical Physicists, Radiation Scientists – **Resolution 2 of 2013.**

N/B - There are other two (2) agreements that are covering some employees in the sector that were concluded by the General Public Service Sectoral Bargaining Council (GPSSBC) i.e. Engineering and Legal clusters that were being extended to other sectors for implementation purpose, e.g. **Resolution 2 of 2012.**



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INDUSTRIAL ACTIONS IN THE SECTOR

1. Social Service Professionals

Labour tabled the following matters of mutual interest for engagement at the Council:

- Resolution 2 of 2004-Amendment to Rural Allowance
- Amendment to the PHSDSBC Resolution 1 of 2009(OSD)
- Rural Allowance for Social Services Professions

Subsequently, there was no consensus and a dispute was declared on the matters of mutual interest (Refusal to bargain).



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- ✓ The matter was conciliated and a certificate of non resolution in terms of section 64 of the Labour Relations Act No.64 of 1995 was issued.
- ✓ Labour took its demands to the street in a form of a strike.
- ✓ The Council concluded the PHSDSBC Resolution 2 of 2017 (Framework agreement on payment of rural allowance and amendment of the OSD for social service professionals and occupations).
- ✓ An arbitration was scheduled and a settlement agreement was reached to resume negotiations on one outstanding matter (Resolution 2 of 2004-Amendment to Rural Allowance).



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2. Forensic Pathology Officers (FPO's)

- Following the mushrooming of strikes by the FPO's throughout the Country, the Council concluded the PHSDSBC Resolution 4 of 2017 (Agreement on the payment of special allowance and a danger allowance).



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CHALLENGES

Problem	Manifestation	Causes	Effects	Prevalence level	Rate of growth
High number of items on matters of mutual interest.	The Council has recently witnessed a high number of matters of mutual interest.	Items are piling up due to budgetary constraints and mandating challenges.	Tensions among social partners.	High	Increasing
High number of agenda items on the agenda of Chambers.	Chambers agendas are too long.	Failure to secure mandates by representatives and poor relationships amongst parties.	Unproductive meetings and fruitless expenditure.	High	Increasing

CHALLENGES

Problem	Manifestation	Causes	Effects	Prevalence level	Rate of growth
Poor monitoring of labour unrest in the sector.	Council learns about sporadic labour unrest in the news.	Failure to resolve issues at a Chamber level leading to loss of confidence in the process.	Service delivery to the public gets compromised.	Medium	Low

Conclusion

THANK YOU



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