



## ICD 10 D-Day looms

Doctors have been reminded by the Council for Medical Schemes that July 1 2005 will be the final date for the implementation of mandatory submissions of ICD-10 diagnostic codes on all accounts to medical schemes.

Thereafter practitioners must include ICD-10 diagnostic codes on their accounts, as provided for in the Medical Schemes Act, to avoid having their accounts rejected by the schemes. It was reported in a recent Medigram (SAMA) that doctors who have already introduced the ICD-10 diagnostic coding system in their practices have found it fairly smooth fairly smooth and easy to get used to.

\* Further information on ICD-10 available from the Private Practice Unit at (012) 481 2073 or e-mail: coding@samedical.org

## Revised CPD programme rests on 'foundation of trust'

The Health Professions Council of South Africa (HPCSA) has announced that its CPD Committee will be submitting its revised Continuing Professional Development programme proposal, which incorporates considerable input from stakeholders, to the Council for approval in April.

An important change from the original process will be that practitioners will no longer be required to submit proof of points (or as it is referred to in the new programme: Continuing Education Units [CEUs]) to the HPCSA. Instead practitioners will be required to maintain their own portfolio of CPD activities. Compliance checks will in future be conducted according to a random sampling method and the relevant practitioners will be requested to submit their portfolios to their Professional Board for this purpose.

Also of note is that the revised system will allow for a hierarchy of activities which should be looked at from a developmental perspective. Learning is structured in a hierarchy of three levels from traditional learning experiences such as conference presentations and workshops through to quality assurance audits of practices of groups of professionals in their work environments.

"The system," the HPCSA notes in its revised programme announcement, "now truly rests on a foundation of trust. The HPCSA believes that professionals will commit themselves to meeting the requirements (**30 CEUs per year or 60 CEUs over 24 months across all Professional Boards which will be valid for a period of two years from date of accrual**) for continuing education in the belief that they, together with their patients or clients, will reap the benefits of ongoing learning as well as personal and professional development."

The revised programme allows for the appointment of accreditors by the 12 professional HPCSA boards which in turn will accredit a number of approved service providers.

"To ensure consistency in application of the guidelines for the approval of service providers it is proposed that one national Accreditors Forum be constituted with representation from each board's accreditors," the HPCSA noted in its revised programme announcement.

"Regular quality checks in terms of the service providers will be conducted by the Professional Boards and their approved accreditors. There will therefore no longer be an accreditation process of individual activities - the emphasis will be on the overall credibility, relevance and quality of the provider's credentials and activities."

## Dispensing ruling generally welcomed

The Constitutional Court March 11 finding that the Minister of Health had exceeded her powers in developing policy that denied dispensing licences to doctors and by implication, that doctors had a right to dispense, has been generally welcomed by all parties.

The case followed an order of the Pretoria High Court last year dismissing a constitutional challenge by the dispensing doctors. The application was brought by the Affordable Medicines Trust, the National Convention on Dispensing (NCD) and Dr Norman Mabasa against certain provisions of the Medicines and Related Substances Control Act dealing with dispensing of medicines.

In a majority judgment, Justice Sandile Ngcobo found that linking the licence for dispensing medicines to particular premises was rationally connected to government's objective to increase access to medicines that were safe for consumption by the public. On a regulation that was meant to protect pharmacies against competition from medical practitioners, Ngcobo found nothing in the Medicines Control Act that empowered the minister to develop policy through the regulations.

## NCD's Mabasa's single word response: Victory!

The following statement was issued by National Convention on Dispensing (NCD) immediately after the Constitutional Court ruling under a single-word headline: Victory!

- We have won leave to appeal (state was opposing)
- Cost order set aside (we saved 400 to 600k)
- Drug policy pronouncement on dispensing declared uncompetitive and thus *ultra vires*
- Judgment was unanimous

The significance of the first point (winning the appeal) is that it vindicates our assertion that we were right and that there were merits to our case. The Constitutional Case was justifiable. The third point is significant for the future of the profession in that all those qualifying in future will have no doubt that as long as they meet all requirements they will be granted licenses irrespective of where they are. We were even asking for less in that the Grandfather Clause only protected us and not future graduates

### Still to be clarified:

- Re-application process
- Do we do the course again?
- Is the course being offered at universities already?
- Question of group practices
- If locum license is valid can we now move around?

### Myths

- We never said there should never be any licensing
- It was always debatable whether the whole licensing process could be declared unconstitutional.

No wonder the Constitutional Court ruled in favour of government on that one! We never implied that locums should not be given licenses. We only questioned differential treatment between doctors who are licensed and have to dispense in their rooms only whilst locums could dispense anywhere. Hence a question on the constitutionality thereof.

## Council publishes fees guidelines

In a direct response to the public's dissatisfaction about the "haphazard" fees charged by doctors, the Health Professions Council of South Africa (HPCSA)'s Tariff Committee recently approved a detailed list of fees to serve as both guideline and ceiling for practitioners in terms of the fees they charge.

Announcing this development, the HPCSA has also noted that as a representative council, it is mandated by section 53 (3) (d) of the Health Professions Act (Act 56 of 1974) to make determinations on the amounts charged by doctors and dentists.

"As practitioners are operating in a free market economy, "the Council adds in its announcement communiqué, "practitioners are allowed to determine their own fees within certain parameters - provided their fees do not go beyond the ceiling determined by the Tariff Committee.

"Only with the written consent of a patient can a practitioner's fees go above the ceiling. According to the council, competition is encouraged to allow the public to benefit from competitive pricing."

## Court ruling 'gratifying' – Faranani

It is gratifying that the right of the doctor to dispense medicine has been endorsed by the Constitutional Court.

"We are pleased that the matter has been laid to rest," Dr Kenosi Mosalakae said in his response to the ruling on behalf of the Faranani network of doctors.

He made the point that Faranani had assisted a number of doctors to get their licences in the last few months "because of the importance of dispensing by doctors in rendering healthcare services affordable to all": "Of course the requirement for competence is in line with our efforts of ensuring that the accessible and affordable healthcare is of good quality," he added.

"We can now provide comprehensive primary care services to patients through our network of doctors and meet our obligations under the capitation agreements that we have with a number of healthcare funders without fear that a competent doctor might be refused a licence."

## Scheme introduces first PMB plan

A medical scheme option based on the Prescribed Minimum Benefits plan as prescribed by the Registrar of Medical Schemes and which covers in and out-of-hospital benefits for less than R300 per month, has been introduced by Resolution Health Medical Scheme.

The PMB Plan will cover the 271 conditions, including 24 chronic conditions as reflected in the Medical Schemes Act.

Resolution Health has entered into an agreement with the National Hospital Network and Medi-Clinic for the hospital benefits and out-of-hospital benefits will be offered through the CareCross network.

## Dispensing victory a win for patients as well...

Celebrating the Constitutional Court's March 11 ruling defending the doctor's right to dispense has not been about dispensing doctors getting their way, but about the patient's right of access to affordable health care.

Responding to the ruling in favour of the National Convention on Dispensing and the Affordable Medicines Trust within hours of its official release, SA Medical Association chairperson, Dr Kgosi Letlape, reiterated that SAMA had always supported the idea of ensuring a doctor's competence to dispense.

"But," he added, "the Association did have a problem with refusing a licence application based on arbitrary information. The impact of this ruling means that competent doctors have a right to dispense. Those who apply for a licence and comply with all the requirements will be granted licences."

## Competency recognition significant in ruling

An "excellent result" of the Constitutional Court decision on dispensing has been that the wording of the judgment - and the fact that all licenses have thus far been granted - mandates that the renewal of licenses must also be considered on competency alone. "This will undoubtedly ensure the granting of such renewals in the years to come," Dr Lex Visser, of GPNet and the National Convention on Dispensing (NCD), after details of the ruling were released.

Dr Visser added that the positive judgment in the case between the NCD and the Department of Health must be seen as a significant victory for both the dispensing doctors and the patients alike: "The doctor's right to dispense, based on competency alone, has been protected, but perhaps more significantly, patients will once again be assured of being able to receive medicines from their doctors."

He also welcomed the fact that once a doctor has passed the required course, he/she must be granted a licence without regard to the geographical location of the premises or the proximity of a pharmacy.

## Council strikes four off register

The Health Professions Council (HPCSA) has announced that four medical practitioners have been struck off the register of practitioners after being found guilty of gross unprofessional conduct.

In a press release issued in mid-February, the HPCSA announced that Dr Preshotman Kasavelu Maistry, Dr Mahomed Rasheed Khan, Dr Lloyd Damian Daniels and Dr Wynne Lieberthal can no longer practice as medical practitioners. Their respective charges ranged from employing unregistered personnel, indecent assault, sexual assault of patient, and incompetence.

HPCSA registrar and chief executive, Advocate Boyce Mkhize, said that there had been a significant rise in complaints by members of the public on malpractice. As a result, health practitioners were becoming more conscious of the fact that they could face litigation for unprofessional conduct.

Adv Mkhize added that the council's legal services division is expeditiously investigating complaints to prosecute practitioners who violate council's code of conduct.

## Council statement created wrong impression - SAMA

The SA Medical Association has expressed regret at the impression created by the Health Professions Council that the medical profession as a whole exploits patients by charging high fees.

Referring to the Council's statement announcing new tariff guidelines (see article Council publishes fees guidelines on these pages) in a SAMA media statement released the following day, the association's vice-chair, Prof Denise White, noted: "This creates an impression that doctors do not serve the best interest of their patients."

The statement went on: "SAMA supports the principle encompassed in such a guideline because it leaves room for doctors and patients to discuss appropriate fees for services, taking the patient's financial situation into account."

"The Medical Association has always encouraged its members to openly discuss fees with their patients."

## Netpartner staging Managed Care Congress 2005

Netpartner Investments Limited will be convening *SA Managed Care Congress 2005* at Caesars Gauteng from July 22 to 24.

Managed Health Care Seminar topics will include Medico-Legal, Case Studies, and Global Trends.

Among the keynote speakers will be Prof Morgan Chetty (SAMCC/Netpartner), Jack Shevel (Netcare), Pieter Dorfling (NetDirect) and Dr Barry Niemand (Medicross).

Noted health economist and consultant to the Council for Medical Schemes, Alex van den Heever, will be giving a progress report on the implementation of Social Health Insurance (SHI). Contact: Janine Slome (011) 704-4646.

## Alarm expressed at rise in spurious HIV/AIDS therapies

The resurgence of unfounded claims about alternative therapies for the treatment of HIV/AIDS as well as fallacious information contained in newspaper advertisements in recent weeks, has caused considerable alarm in professional medical circles.

One such advertisement pointed out by the SA Medical Association was that placed by the Dr Rath Foundation in national publications. SAMA notes that the so-called foundation selectively quotes from scientific papers and distorts the information.

"In addition, they attack civil society organisations such as the Treatment Action Campaign and undermine the authority of statutory organizations such as the Advertising Standards Authority of South Africa. This reprehensible behaviour is despicable considering the enormous human cost of the HIV pandemic in South Africa," SAMA adds.

Claims are also made with respect to the role of nutrition in the management of HIV/AIDS. Nutrition in conjunction with effective antiretroviral (ARV) therapy is vital in the long-term treatment of HIV infection: "Any claim that purports that nutrition alone can deal with HIV/AIDS is untrue and suggestions that patients stop their treatment in favour of natural therapies are irresponsible."

Other claims with respect to the exorbitant costs and toxicity of drugs like AZT and Nevirapine are further example of misinformation: "The costs of ARVs have become considerably more affordable and the issues of toxicity and adverse effects are well researched and understood by the medical profession."

## Local generics' prices among world's lowest

The prices of generic medicines in SA at ex-manufacturer level, according to the findings of a recent study, compare favourably with international prices - and, in many instances, are priced lower than their counterparts in other markets.

The study was based on IMS (world leading independent pharmaceutical data reference source) data in the UK commissioned by the National Association of Pharmaceutical Manufacturers (NAPM) and audited by PricewaterhouseCoopers. The average prices of 38 out of 42 generic medicines sold in SA were lower than the comparable price in a seven-country average.

Ex-manufacturer prices in SA were compared with comparative weighted average prices for both the public and private sectors in Australia, Brazil, Canada, Germany, the Netherlands, the UK and US. Several criteria were used in the selection of the markets for the study, including similarity in manufacturing standards, regulation and economies.

In 26% (11 out of 42 molecules), the average ex-manufacturer price in SA was lower than prices for the same molecule in all seven countries in the study. The South African weighted average price was also the second and third-least expensive in 21% (nine molecules) and 23% (10 molecules) respectively of the sample. The price was higher than the average in only four molecules. In only one instance, the South African generic was the most expensive.

Study period was the fourth quarter of 2003, before the introduction of the single exit price, (SEP), in line with the health department's requirement for a comparison. Had it been undertaken after SEP's introduction, prices would not have been comparable because discounts would have been taken out of the South African prices.

## Top-of-mind issues on BHF conference agenda

Top-of-mind health sector issues such as the imminent introduction of the Risk Equalisation Fund and legislative considerations such as medicines pricing and the National Health Act roll-out, will be among the many to be deliberated at this year's Board of Health Care Funders (BHF) Southern African Conference to be held at Sun City from June 12 to 15.

Theme for the event will be "Leading Change for Growth" and a topical topic in this regard will be Social Health Insurance.

Other areas to be covered will include

- The Transformation of the Health System in SA through the Health Charter - role of the private sector
- Equity, Access and Affordability;
- Broad based empowerment;
- Collaborating for Transformation,
- Restoring the balance between supply and demand forces
- Understanding the key drivers of medical inflation
- Healthcare vs. non-healthcare costs

The traditional BHF/Qualsa Golf Challenge will be on Sunday June 12 at the resorts challenging. Gary Player Golf Course.

\* Further details from Zola Mtshiya on (011) 537-0236 or zolam@bhfglobal.com

## Patients can ask for identity proof - HPCSA

The February arrests of two individuals who had been masquerading as doctors in Hammanskraal and in the Eastern Cape respectively prompted the Health Professions Council of SA (HPCSA) to issue a public warning about such fraudsters.

"The HPCSA is urging the public to check the legality of medical practitioners to eliminate all fly-by night practitioners," it noted in its media warning statement.

"In an endeavour to weed out fraudsters from the medical professions," the statement added, "the HPCSA has urged the public to be vigilant and not compromise their health by visiting such people. And if unsure of a doctor's registration status, members of the public have a right to ask any practitioner to produce his or her valid credit card size practising card."

## Having to prove doctor validity could be damaging

A patient having to verify that the doctor by whom he or she is being treated, is a registered doctor, would be extremely harmful to the doctor patient relationship. SA Medical Association chairperson, Dr Kgosi Letlape, expressed this concern when commenting on the Health Professions Council's (HPCSA's) media statement on bogus doctors. This statement, he said, could create the impression that patients need to constantly verify whether their doctor is licensed to practice. He added that his association would be asking the HPCSA to revive its practice of issuing medical practitioners with both a registration certificate and a registration card. Practitioners would then be able to display the certificate in their rooms and produce the card when not on site.

"Bogus doctors unfortunately bring the entire profession into disrepute, but patients should not tar and feather all of us," he said.

## 'Good decision' – Masobe

Council for Medical Schemes registrar, Patrick Masobe, said he thought the Constitutional Court decision on dispensing was a "good decision".

"A lot of effort had obviously been put in to make it acceptable to both parties.

"I don't think it could have been handled any other way," he added.