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Minister calls for reduced medical curriculum

The basic university medical course should be reduced from six to five years, the Minister of Health, Dr Manto Tsahablala-Msimang, announced in a press statement in early August.

One of the motivations for this, she said, was that the seven to eight-year duration of medical courses was a discouraging factor to historically disadvantaged students who did not have the money to study for extended periods of time.

The minister's call follows an agreement between herself and MECs for Health to endorse the decision of the Health Professions Council of SA (HPCSA) on the restructuring of the curriculum. HPCSA took a position that student-doctors should undergo a five-year medical education and training programme followed by two years of internship.

In a media statement to this effect, the Department of Health notes: "This means that many health faculties should reduce their six-year training programme to five years. Currently, three medical schools have switched over to five-year curriculum. These are the medical faculty at the Walter Sisulu University of Technology (UNITRA), the medical faculty at the University of Free State and the Nelson Mandela School of Medicine in KwaZulu Natal. The other five medical faculties are still on a six-year curriculum."

The period of internship has been increased from one to two years: "The rationale for this change," the statement adds, "was that the length was not enough to give interns sufficient experience and interns did not gain all exit competencies necessary for service delivery."

The Minister and the MEC's agreed that that students should be paid for the two years of internship.

Healthcare Charter short on detail - BHF

While fully supportive of the fundamental principles espoused in the Healthcare Charter draft document, Board of Healthcare Funders (BHF) advocacy and research head, Vishal Brijlal, has indicated that it does not provide enough in the way of possible solutions to the issues at hand.

"Generally the draft Charter is a positive document which has identified many issues which need addressing," said Brijlal shortly after the release of the document. "However, it deals principally with high-level conceptual issues and does not provide much detail on possible solutions or implementation of measures to resolve them.

"While we certainly welcome the fact that this document's now on the table," he added, "we believe strongly that mere documentary submission of comment (as called for by the Ministry) will be inadequate. It is vital that all stakeholders from every sector of the healthcare industry be intimately involved in further consultation, negotiation and debate. It is important that we appreciate just how close or how far apart we are on crucial matters."

From a medical schemes point of view, Brijlal noted that much is said in the document about the way in which schemes do business and to the environment within which they operate, but little is said about what they should be doing to rectify problem areas.

"Once again, much work is required to identify alternatives and implement solutions – this will require the concerted effort of all within the industry, and the BHF looks forward to playing a leading and constructive role in this process."

Health charter comments should be strictly consultative

The Private Healthcare Forum (PHF) - a broad grouping of private sector businesses and professionals focused on healthcare – in welcoming the draft Healthcare Charter, has suggested that comment from the sector should be based on consultation and negotiation instead of simply written comment.

Said Dr Fazel Randera, chairperson of the PHF: "The membership of the PHF is committed to the goals of improved access and equity in healthcare and to transformation in the sector. In a spirit of co-operation not previously seen in the private health sector, our membership has been actively working on addressing key issues relevant to the charter and on developing proposed strategies and creative initiatives that could improve access and equity in healthcare."

The PHF's current membership comprises the Board of Healthcare Funders, SA Medical Association, Hospital Association of SA, Innovative Medicines SA, Pharmaceutical Manufacturers Association, National Association of Pharmaceutical Manufacturers, SA Medical Devices Industry Association, SA Dental Association, National Pathology Group, SA Society of Physiotherapy, and the Pharmaceutical Society of SA.

"We had been looking forward, as an established channel for engagement," Randera added, "to participating in a formal process of constructive engagement and negotiation in order to secure the best outcomes in the interests of the patient and in support of the government's health policy objectives. We have previously, and again today, stressed the need for an adequate and transparent consultation and negotiation process as suggested by the DTI Codes of Good Practice for Broad-based Black Economic Empowerment, rather than restricting the process to written comment, as announced at the launch."

Managed care progress, benefits questioned

Managed healthcare has to add value to the provision of healthcare.
"We cannot afford an additional layer of unjustified expenditure in the healthcare delivery system," health minister, Dr Manto Tshabalala-Msimang, told delegates to the Netpartner Managed Healthcare Conference in Gauteng last month.

Before making this statement, the minister alluded to data produced by the Registrar for Medical Schemes which showed, for instance, that R1,1-billion was spent on managed healthcare during 2003: "This represents a 14,2% growth from the previous year, while the average membership covered by these interventions increased slightly by 0,03% during the same year."

Among the reasons suggested by the Registrar for this growth in expenditure, Msimang pointed out, were higher absolute fees charged and a failure to link managed care fees directly to a specific service or specific case.

The Registrar's figures also reflected a decrease in member claims from 82,1% in 2002 to 79,2% in 2003 which, said the minister, could in part be attributed to managed care interventions.

"Based on this analysis," she concluded, "it is clear that we need stronger partnerships across all sectors to ensure the attainment of desired health outcomes.

Shortfalls added to health tax concerns

The possibility that the proposed Social Health Insurance (SHI) 4,5% tax will not be adequate to fund prescribed minimum benefits (PMBs) for all individuals expected to pay the tax, is another concern added recently to the health tax debate.

This concern was raised at the recent Alexander Forbes Healthcare Seminar by the organisation's principal consultant, Toska Cloete, who estimated that the shortfall would be as much as R3 billion.
She supported this contention with the following :

- Cost of PMB package for existing seven million medical scheme lives - R16bn
- Cost of PMB package for four million uncovered lives - R10bn
- Total cost of PMB package for 11 million medical scheme members - R26bn
- 4.5% SHI tax raised by existing medical scheme tax payers - R17bn
- 4.5 % SHI tax raised by non-medical scheme tax payers - R6bn
- Total 4.5% SHI tax raised by tax payers - R23bn
- Shortfall in cost of PMB benefit provision - R3bn

In line with observations made by other health economists, Cloete also noted that the proposed tax would, in all likelihood, increase the cost of employment – another matter for concern particularly
when efforts to reduce unemployment were considered.

Plan to bolster human resources for health

The government has introduced a Human Resources for Health Plan in an attempt to provide an overall framework that brings together various interventions currently underway to deal with the challenges around human resources.

Announced in Pretoria at the beginning of August, the interventions cited in the plan include:

- Bilateral and multilateral effort to manage international migration of health workers
- Integration of human resource planning in the building and revitalisation of health facilities
- Improvement of overall working conditions for health workers
- Provision of rural and scarce skills allowances

In her launch speech, health minister Dr Manto Tshabalala-Msimang said that over the years the health system has had to deal with loss of experienced health professionals from rural to urban areas, from public to private sector and from South Africa to mainly developed countries.

"The remuneration of health professionals," she added, "has always been mentioned as a major factor undermining our staff retention efforts. However we do know that factors relating to people management, facility management, availability of necessary tools for service delivery and reasonable accommodation contribute significantly to this challenge."

The plan, the minister concluded, should also provide a framework within which all stakeholders can contribute in addressing these challenges either in their individual effort or in partnership with government.

Eye-op doctor charged after keeping patient in dark

A doctor who performed a second eye operation, a lower lid blepharoplasty, four years after the first and who failed to inform the patient of the possible complications associated with it, has been found guilty of unprofessional conduct by the Health Professions Council of SA (HPCSA).

Announcing this decision in an August media statement, the Council notes that its disciplinary committee found Dr Jacobus Francois Scholtz guilty of "unnecessary surgical operations" and for misinforming the patient before and after the operation that there would be no permanent damage.

"One of the operations," the statement adds, "left the patient scarred on her cheek. Further, the Committee established that Dr Scholtz failed to attend to his patient's complaints after the operation."

The doctor was issued with a 12-month suspension, conditionally for six years provided he is not found guilty of a similar offence. More hearings on Dr Scholtz's conduct are scheduled to follow as, according to the HPCSA, he has 61 mainly operating procedure matters against him.

Commenting on this particular cased, Council registrar, Dr Boyce Mkhize, said: "It is imperative that doctors, when dealing with such delicate operations, inform fully their patients of the possible dangers that could occur as a result of such operations. If this is not done, then it could be construed as negligence which can result in them being charged."

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