



Thousands paying for not paying

Thousands of healthcare practitioners registered with the Health Professions Council of South Africa (HPCSA) are now facing erasure from the register for failing to pay their annual fees.

Nearly 12 000 practitioners (including doctors, dentists, occupational therapists, psychologists, optometrists, emergency care practitioners and many other), a recent Council media statement noted, had not yet paid their annual fees and therefore risk being scrapped from the HPCSA's role of practitioners.

Deadline for fees payment is April 1 every year.

In terms of the Act, erasures can take place within three months after the deadline. Once erased from the register for non payment of annual fees, practitioners who pay within six months will pay a penalty fee of twice the annual fee as well as the outstanding fees. Those who apply for restoration after six months from the day of erasure will pay a hefty fee which is 10 times the usual annual fee plus the outstanding amount.

"Some of our practitioners are unemployed or are not currently practising which is why there is a provision in the Act to apply for voluntary erasure to avoid paying the hefty penalty fees in such circumstances," registrar Adv Boyce Mkhize notes in the statement.

He reminds practitioners, however, that it is a criminal offence to practice when not registered.

GPs establish IPA alliance

Former members of the now defunct GPNet as well as members of the Gauteng-based NHC group (formerly Nimpa) and Oranjemed from the Free State, have joined forces to establish an Alliance of South African IPAs (ASAIPA).

Objective of the new group, according to a notice of its formation to members, will be to keep members of general industry and legislative developments industry and legislative and to plot a course of sustainability accordingly.

It will also negotiate, oversee and manage contracts critical for member services to community patients.

The notice stressed that ASAIPA will be accountable to the IPAs who in turn will be accountable to members for its effectiveness and expenditure.

A point of difference from other and previous groupings, the notice adds, is that the new alliance will be funded by member fees: "The funding of these organisations in the past has always relied on info sales, managed care contracts and has had a sort of cloak and dagger transparency. The only way for these organisations to be funded is through member fees. These member fees will be collected by the regional IPA and paid to ASAIPA. This will ensure that the IPA management will make sure that this national office remains accountable to the paid up regional IPA doctor."

Private sector forum proposes alternative BEE route

While private-public partnerships (PPIs) have been highlighted by the Private Healthcare Forum (PHF) as the vehicle through which the combined strength of the health sectors could be harnessed, the organization has noted in its submission to the draft Health Charter that an alternative route should be taken on the Charter's proposed BEE scorecard.

The PHF, as explained in a media statement on its submission, stressed the need for the formal identification of stakeholders and the need for engagement and negotiation in order to reach an agreement on various issues.

"As far as the scorecard and black empowerment is concerned," the statement added, "the PHF strongly recommended the adoption of the DTI codes of good practice as a guide in the determination of the weightings of the seven pillars of the charter and the accompanying targets. There was particular emphasis placed on the area of ownership, where the health charter target of 51% by 2014 is far in excess of the DTI target of 25%."

Earlier call for GPs to unite

The demise of African Health Synergies and the more recent voluntary liquidation of GP Net could well be attributed to disunity in the medical profession, Dr Norman Mabasa, chairman of the Society of General Family Practice, noted in an early August communiqué.

"It is vital that GP's unite," he stressed, stating that legislation is being passed daily threatening the future of general practitioners: "Our fees are dictated to, where and how we practice is borderline. Our profession of diagnosing and prescribing is being taken over on the one side by pharmacists where merely dispensing on the presentation of a doctor's prescription is a minuscule part of the job, and on the other by specialists, where a patient being able to consult with a specialist without a referral is a given.

"Both these actions by pharmacists and specialists," said Mabasa, "are pushing the boundaries of affordability of healthcare.

Without denigrating the role of other GP interest groups, he said, the Society for General/Family Practitioners is the GPs voice within SAMA and SAMA is the voice of the profession.

"In essence," he concluded, "without the SGFP, the voice of the GP would not be heard and it is under this body that doctors need to unite."

Local private healthcare tops, but...

Private healthcare services in South Africa remain amongst the finest in the world. But the cost of private healthcare here is nothing short of shocking, Susan Mynhardt, MxHealth business consultant, said at the company's late August quarterly healthcare review meeting.

"We have the total dichotomy of a public healthcare system that has been allowed to slip into dire straits because of, amongst other things, the influences of apartheid," said Mynhardt.

"In the South African private healthcare environment the picture is very, very different. For example, last year the Monitor Group rated the South African private healthcare sector among the top five in the world, based on quality and cost performance indicators. The industry also earned itself third place in the world based on quality healthcare outcomes. Despite its high cost the quality of our private healthcare services remain amongst the finest in the world."

Discussing the high cost, Mynhardt explained that within the South African market, 5.1% of GDP is expended at private level and 2.6% within the public healthcare arena: "Private healthcare expenditure is therefore effectively 50% higher than that within the public sector. When one takes into account that approximately seven million out of a South African population of 43 million have access to private healthcare, it is nothing short of shocking to note just how high the cost of private healthcare really is in our country!"