Letters to the Editor

Sir,

The National General Practitioners Group (NGPG) Executive wishes to thank colleagues for participating in the Bureau of Financial Analysis Questionnaire. We wish to give you insight into the present status of ongoing negotiations with MASA and especially the Central Committee of Contract Practice (CCCP) of MASA who recently granted us an interview.

A memorandum based on the questionnaire sent out to 4 200 general practitioners during November 1983 was compiled by prof Leon Brümmer of the Bureau of Financial Analysis (BFA) of the University of Pretoria.

The response to the questionnaire was very poor; only 707 questionnaires were returned (= 899 practitioners) of which only 300 (= 495 practitioners, or 11,8%) could be used for evaluation purposes.

This has left a questionmark over the accuracy of the picture drawn from these statistics in the minds of the CCCP members because of other survey analyses conducted by MASA, the HSRC and Van Niewenhuizen with which ours has been compared.

A second motivational memorandum was compiled by our previous Secretary, Dr Jan van Almenkerk. This was also a historical overview of how the general practitioner was granted 6 units in 1978 instead of the suggested 7,5 units per consultation. In this memorandum Dr van Almenkerk showed why and motivated for a unit change for GPs from 6 to 10 units per consultation.

Both of these memoranda were presented to members of the CCCP during December 1984 for their perusal in preparation for our Executive Management Committee's meeting with them (CCCP) on January 25, 1985.

Members and colleagues in general will be pleased to know that both memoranda were well received and that the NGPG was congratulated by the Chairman, Dr Mandell, on the high quality of the presentations and on the comprehensive answering of queries put to your Committee members by members of the CCCP.

Despite this however, we have reason to remain pessimistic about the probable outcome of this meeting.

If we do not get 10 units, then we should look to ourselves for part of the blame. We as general practitioners/family physicians cannot expect to achieve our aims within the framework within which we work if we are unable to rally around common causes as basic as bread and butter issues. Better supported, *ie* with a response rate of at least 30% or higher (instead of 11,8%), these memoranda would have made our case irresistible.

Of the twenty groups surveyed by MASA only the radiotherapists, pathologists and neurosurgeons gave a poorer response than did the general practitioners.

Perhaps one's self-image and commitment to a cause improves by being a member of a registered group and by not being in the wilderness of ambivalence associated with being a non-registered general practitioner?

Some points of interest that came to light from these memoranda are as follows:-

Type of Practice
71% of practices are solo

Age of GP
42% of GP's are 31-40 years of age
23,4% are 41-50 years of age
18% are 51-60 years of age

Leave
40 (of 495) GPs took no leave
15 (of 495) GPs took 57 or more days
310 (of 495) GPs took 15-42 days

Sick Leave
389 GPs took no sick leave
(Healthy group of people, or is it not rather the case that we cannot afford to take sick leave?)

Congress/CME Attendance
261 GPs took 1-3 days
63 took 4-7 days
109 took 8-14 days
31 took 15-28 days

Years in Practice
92 GPs: 0-5 years
122: 6-10 years
131: 11-20 years
73: 21-30 years
60: 31-40 years

Breakdown of Time spent Practicing
Average consulting is 3,8 patients per hour, *ie* one patient every 15,8 minutes (some practitioners however see 7 to 8 patients per hour). 53% of time is spent in consulting of the total of 76 hours per working week for the average general practitioner.

Generally speaking more procedures, operations, confinements, anaesthetics and obstetrics are carried out in rural areas compared to city practices. More assisting was done in the city than rurally.

A questionable statistic is that more house visits are done in the cities. Those of us who practice in cities know this to be low compared to what the rate was in previous years.

The following tendencies over the past three years are noted as follows:

Rooms Consulting	: Increased
Procedures	: Increased
Day Visits	: Increased
After Hour Visits	: Less
Obstetrics	: Decreased
Surgery — Small	: Slight Increase
Surgery — Major	: Decreased
Surgery — Assisting (overall)	: Decreased
Surgery – Anaesthetic	: Slight Increase

Practice Expenses

Average	= R42 000
Expected Reasonable Income	= R45 000
Thus Required Turnover	= R87 000 per year (February 1983)
	=R 7 250 per month (4 week month)

TABEL 4.1 DIE INKOMSTE- EN UITGAWES VAN DIE "GEMIDDELDE" ALGEMENE PRAKTISYN, SOOS GEBASEER OP DIE TOTALE MONSTER VAN 495 PRAKTISYNS, 1983

Inkomste en Uitgawes

		R	%
Professionele gelde		75 064,42	92,1
Deeltydse betrekking		3 993,06	4,9
Ander		2 460,70	3,0
TOTALE INKOMSTE		**81 518,18**	**100,0**
Salarisse	: Spreekkamerpersoneel	8 965,69	21,1
	Assistente ens.	1 352,63	3,2
	Ander	270,24	0,6
Huur	: Spreekkamers	3 799,69	9,0
	Motors	3 203,24	7,6
	Toerusting	1 089,46	2,6
Motorkoste	: Herstel & onderhoud	2 015,91	4,8
	Brandstof & olie	1 776,22	4,2
	Versekering ens.	619,00	1,5
	Waardevermindering	817,70	1,9
Versekering	: Verlies van inkomste	520,04	1,2
	Annuiteite	2 436,41	5,7
	Ander	867,73	2,0
Onderhoud	: Gebou	430,66	1,0
	Toerusting	217,74	0,5
Waardever-mindering	: Geboue	121,50	0,3
	Toerusting	357,52	0,8
Rekenmeester & ouditkoste		554,73	1,3
Bankkoste & rente		962,88	2,3
Mediese voorrade aangekoop		6 323,06	14,9
Invorderingskoste		283,21	0,7
Slegte skulde afgeskryf		1 311,75	3,1
Telefoon		1 078,04	2,5
Posgeld		383,51	0,9
Drukwerk & skryfbehoeftes		641,60	1,5
Prof ledegelde & tydskrifte		324,35	0,8
Kongres- en kursusgelde		151,75	0,4
Koste van tuis-spreekkamer		319,64	0,8
Antwoord- en radiodienste		213,46	0,5
Diverse en ander koste		995,24	2,3
TOTALE UITGAWES		**42 404,60**	**100,0**
NETTO INKOMSTE		**39 113,58**	**100,0**

NOTA: *By die vertolking van bogenoemde data moet duidelik in gedagte gehou word dat hierdie syfers slegs gemiddeldes is en dat sekere kost-items, byvoorbeeld in die groot stede, heelwat hoër kan wees.*

See Table 4.1

Note: Consulting rooms rental in the city varied from R8,00 per square metre to R14,00 per square metre as at February 1983. The amount in Table 4.1 R3 799,69 is unrealistically low compared to the actual paid in the city practice R9 600 to R14 400 p/a).

Size of Practice
The optimum size is a four-man practice.

Earnings:

	20 Highest	20 Lowest
*Gross Income	153 623	47 520
Total Expenses	59 589	35 639
Nett Income	94 034	11 880

*Income derived from medical activities other than consulting room consulting or where the numbers seen in the consulting rooms per day is much greater than the average of 4 patients per hour.

General Conclusions
The average general practitioner spends 76 hours per working week practicing. He sees 3,8 patients per hour. Total practice costs equals 52% of the gross income.

A reasonable nett income before deducting motor costs and insurance should be R70 000 for a 60 hour week, but is only R36 596 (at present it is R51 335 for a 76 hour week).

Should the motivation for 10 units per consultation be unsuccessful, the Executive Committee of the NGPG would welcome suggestions on proposed future steps to be taken with regard to further negotiations with MASA.

In conclusion, with the scenario set as it is today, unless the general practitioner's valid claim is met and understood, general practice will increasingly become a tenuous outpost of medical practice to hold onto and must surely remain a highly unattractive consideration for any young aspirant medic.

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Meneer,

Oor die afgelope twintig jaar het die getal professionele persone wat bekwame behandeling, raad en ondersteuning aan verwagtende en nuwe ouers aanbied, merkwaardig toegeneem. Die positiewe aspek daarvan is dat daar 'n ryk bron van inligting aan onervare ouers beskikbaar is, mits hulle bewus is waar hulle dit kan verkry. Die negatiewe aspek kom egter te voorskyn, wanneer professionele ideologië teenstrydig is; en die verwarring wat so geskep word kan vir die ouers van meer skade wees as hul vorige onkunde.

Die Vereniging vir Kindergeboorte en Ouerskap is in die lewe geroep deur 'n groep besorgde professionele persone op hierdie gebied.

Dit is ons vaste mening dat die tyd aangebreek het vir die stigting van 'n organisasie wat 'n sentrale forum vir professionele persone van elke dienskategorie aanbied, om te kan kommunikeer en hul ervaring te deel. Dit sal nie net tot voordeel strek van die individuele lede nie, maar ook tot voordeel van verwagtende en nuwe ouers; en dus 'n baie belangrike tydperk in hul lewens meer betekenisvol en minder verwarrend maak.

Die Vereniging se hoofdoelwitte is:
1. Om kommunikasie tussen lede te bevorder en verbeter deur middel van vergaderings en nuusbriewe.
2. Om goeie verhoudings tussen lede van die Vereniging en pasiënte, dokters, hospitale, verpleeginrigtings, opleidingskolleges en universiteite te bevorder.
3. Om voortgesette onderrig aan te moedig deur:
   - Kwartaallikse lesings, gelewer deur gassprekers, te reël.
   - Bespreking tussen lede te open, met die oog daarop om menings te wissel en standardiseer.
   - Werksessies en seminare te reël.
   - Interressante buitelandse gassprekers uit te nooi om die Vereniging toe te spreek.
   - Verteenwoordigers na internasionale seminare en kongresse te stuur.

Lidmaatskap van die Vereniging is beskikbaar aan die volgende:
Vroedvroue
Verpleegkundiges
Fisioterapeute
Arbeidsterapeute
Sielkundiges
Maatskaplikewerkers
Ander professionele persone direk of indirek betrokke by Kindergeboorte en Ouerskap.

Ons het geen twyfel daaraan dat die stigting van hierdie Vereniging sal meebring dat die doelwitte soos hierbo gemeld, 'n wesenlikheid sal word.

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