

Department admits to salaries shortcomings

It would be difficult for the government to match the salaries of those leaving the Department of Health (DoH) for positions in the private sector or overseas.

In one of the first media statements to be issued by the DoH in 2006, the department's deputy director general: human resources, Dr Percy Mahlathi, said: "The low health professional salaries is one of the causes of the professionals not staying long enough in public health service.

"It is important to acknowledge," he added, "that for those who go to the private sector or overseas it would be difficult for government to match the salaries they earn in those sectors without widening severely the disparities even within health."

Mahlathi went on to explain that there were already a number of strategies in place to facilitate the recruitment and retention of more health professionals in the public health service.

In this regard the DoH is looking at improving conditions of service, improving remuneration and placement for community service, increasing the number of health professionals trained at health education institutions, payment of scarce skills and rural allowances, overtime, and the recruitment of foreign health professionals through government-to-government agreements.

"The DoH is also interacting with universities and relevant colleges to explore a possibility of increasing the number of students being trained in various categories of health sciences," the deputy D-G concluded.

Steve Jooste dies on Xmas Day

One of the pioneers of the Independent Practitioner Association (IPA) movement in South Africa, Dr Steve Jooste (56), died suddenly at his Cape Town home on Christmas Day.

Jooste was running the healthcare data management concern he had founded, Nikela Consulting, at the time of his death.

A University of Cape Town graduate, Steve Jooste spent several years in general practice in Tulbach, Ixopo and Knysna before returning to practice in Cape Town during the mid 1980s. He became a founding member of Peninsula Independent Practitioner Association (PIPA) -forerunner to Cape Primary Care (CPC) Qualicare - was the first CEO of Qualicare, the operations arm of CPC, and was CPC chairman until 1998.

Jooste also played a prominent role in the establishment of the IPA umbrella body, the South African Managed Care Cooperative (SAMCC), of which he became secretary-general.

He left the IPA movement in 1998 to concentrate on developing and consulting on IT needs in healthcare – a move which ultimately led to the establishment of Nikela.

He is survived by his wife, Rose, four children, mother and sister.

Lenmed, Pretoria Eye Institute wins HASA awards

Lenmed Clinic in Lenasia and the Pretoria Eye Institute were announced the winners of the 2005 Hospital Association of SA (HASA) Awards of Excellence by health minister, Dr Manto Tshabalala-Msimang, at a gala dinner in December

Members were invited to submit entries to the 2005 Hasa Awards of Excellence in six categories: promoting equity in healthcare; keeping healthcare affordable; involvement in or service to local communities; public/private sector co-operation; establishing world-class medical services or technology; and marketing the private hospital industry.

Both Lenmed Clinic and the Pretoria Eye Institute fell within the 'Involvement in or service to local communities' category. Lenmed Clinic, based in Lenasia, Gauteng, participated in the Right to Sight Eye Care Campaign; an initiative dedicated to eliminating avoidable blindness in South Africa. In partnership with the Bureau for the Prevention of Blindness, Lenmed Clinic performed cataract removal operations at no charge to individuals in the community. To date, 181 patients have benefited from Lenmed Clinic's initiative.

Pretoria Eye Institute performed free cataract surgery during Eye Care Awareness Week and World Sight Day on 250 patients who were on waiting lists at public hospitals. In keeping with the Eye Care Awareness Week's theme of Childhood Blindness, together with the assistance of trained ophthalmologists and optometrists, Pretoria Eye Institute also screened 500 children from nursery schools on World Sight Day.

Minister wants cancer to become notifiable

HEALTH Minister Manto Tshabalala-Msimang has indicated a need for cancer to become a notifiable disease. Speaking to a group of stakeholders in cancer surveillance stakeholders at Johannesburg Airport in late January, she said: "Although cancer is a condition of great public health concern, it is not a notifiable or a reportable condition. As such, it becomes difficult to collect data relating to the conditions for purposes of research to inform policy interventions.

"There is therefore a need to discuss options to improve reporting."

The last cancer statistics were released in 1999, when 60 000 new cases were reported. Representatives of the World Health Organisation, Medical Research Council and other organisations involved in the prevention and management of cancer are to attend proposed talks on the issue.

Alerting public to counterfeit medicines dangers

A Counterfeit Medicines Awareness Campaign has been initiated by Pfizer primarily to alert the public to the presence of counterfeit medicines in South Africa and to explain the risks a counterfeit medicine can pose to one's health.

"Our aim is inform consumers of the need to safeguard themselves against counterfeit medicines by being alert to any differences in colour, taste, packaging or general look of the medicines they are taking, be they prescribed or over the counter preparations," the campaign announcement notes.

It adds that pharmacists, doctors and other healthcare professionals should also familiarise themselves with those treatments most likely to be counterfeited.

"Any irregularity in packaging or labelling of a drug should be reported to both the Medicines Control Council (MCC) and the manufacturer immediately. In addition, a healthcare professional who believes that a patient has received a counterfeit drug should also contact the MCC immediately," added Steven Dold, Pfizer corporate governance manager.

Sanlam takes major interest in Resolution

Sanlam, which ran one of the first managed health care organisations in South Africa a decade ago, has re-entered the market by acquiring a majority interest in the Resolution Health Group for an undisclosed amount.

Dr Johan van Zyl, group chief executive of Sanlam said that Sanlam's re-entry into the health management market with its own branded medical scheme had been driven by the organisation's strategic objective to become a leader in wealth creation.

The Resolution Health scheme which the group administers started trading in April 2000 and has grown from 192 members to its current 34 000 principal members - covering 90 000 lives in total.

Sanlam Health was sold to Medscheme in October 2001. The parent organisation's decision to re-enter the medical aid market, according to media reports, was the change in the market in recent years with the growth of Discovery. Discovery had used its success in medical aid work as a platform to compete in life insurance, first in life and disability cover, and then in investment products.

Sanlam, the organisation's head of strategic initiatives, is quoted as saying, had become vulnerable as the only major life company without its own medical aid product.

Jannie Kotzé, CEO of Resolution Health, said that the deal will benefit Resolution Health's members, as it will increase their access to Sanlam's risk cover and investment products: "With its strong growth record, a name for excellent administration and the backing of the Sanlam brand," Kotze added, "we believe Resolution Health is well positioned for a strong marketing drive in the private sector and particularly the small to medium-sized corporate market."

Doctors don't take HPCSA seriously

Doctors do not take the Health Professions Council of SA (HPCSA) seriously, Society for General Family Practice (SGFP) chairman, Dr Norman Mabasa, has noted in a document circulated among certain medical media.

"It has been my impression that many doctors do not take the HPCSA seriously," he wrote. "That is the case until you are informed that your name has been removed from the register permanently or suspended for a prescribed period. There are many doctors who are tried in absentia. Some (and I mean several) have been erased from the register in their absence."

Part of the blame for this, he intimated, rested with the HPCSA itself.

"The HPCSA is governed by its own Act. Whilst the Act covers a lot of areas, there are many areas which I think need to be revamped for it to properly guide the profession and protect the public."

Areas of concern earmarked by Mabasa included:

- Inability to police whether their decisions are being carried out, e.g. whether a suspended practitioner is still working or not.
- Possible contradictions in imposed penalties, depending on the presiding committee. "One doctor might receive a suspended suspension for defrauding a medical aid scheme of, say, R2 million while another may be erased for three years for defrauding the scheme of, say, R800,00."

The penalties, he added, need to be updated and improved in order to allow committees to have a wider scope to operate from. The current types of penalties are inadequate.