Doctors per population ratio alarmingly low

The ratio of doctors per 1000 people across both the private and public sectors in South Africa is alarmingly low compared to that in countries such as Egypt and the Philippines.

In its annual survey results released in early April, the SA Institute for Race Relations revealed that between 1994 to 2004 the local doctor to population ratio was 0,7 doctors per 1000 people – as opposed to 2,1 in Egypt and 1,2 in the Philippines.

In the United States the ratio was as high as 5,5.

Problem area in South Africa was the public sector in which, according to the Institute findings, there were only 7645 doctors out of a total of almost 30 000 registered doctors.

Commenting on these findings, researcher Marco MacFarlane is reported to have said that despite the pre-1994 health system problems inherited, the statistics still reflect poor management of the public healthcare system to a point that it has made it an unattractive option for medical graduates.

Bodies have critical role in keeping doctors here

Professional associations have a critical role to play in ensuring better management of migration of healthcare professionals, the Department of Health's Director of Human Resources, Dr Percy Mahlathi, has noted in the annual *Private Healthcare Review 2006*.

"Much as appealing to patriotism alone will not solve the problem," he wrote, "appealing for more and more money without a commitment to adding value for the investment will also not necessarily solve the problem.

"It is encouraging to note, therefore, that many bodies and professional groups are very keen and supportive to get the national human resources for health plan implemented."

Among the measures suggested by Mahlathi "to deal with the loss of skills that have been trained at great expense" was to ensure that conditions of service are improved - including supplying health professionals in the public sector with enough tools of trade (i.e. health technology issues): "Issues of health technology and others can only be dealt with if a respectable partnership based on common values and commitments is struck between the public and private health sectors including the broad spectrum of health professionals."

WHO takes dip at recruitment agencies

The World Health Organisation's World Health Report for 2006 – released by the local Department of Health at a media briefing in Pretoria at the beginning of April – makes specific reference to the fact that, while medical recruitment agencies are thriving, "there is widespread concern that they are stimulating the migration of health workers from low income countries".

Substantiating this concern, the report notes that a recent analysis of 400 immigrant nurses in London established that almost 70% were recruited by agencies to work in Britain.

"Another example is in Warsaw where dozens of agencies have sprung up in an attempt to attract Polish doctors to work in the United Kingdom."

The report goes on to warn that health workers contracted by private recruitment agencies are sometimes subjected to unforeseen charges such as placement fees that put them at an immediate financial disadvantage.

SA/UK agreement addressing migration issues

A bilateral agreement between South Africa and the United Kingdom signed in 2003 to create partnerships on health education and workforce issues has proved successful in managing the migration of health issues.

Part of the agreement, according to an item in the WHO's *World Health Report 2006*, was the facilitation of mutual access for health professionals to universities and other training institutes for specific training or study visits.

"It is planned that the professionals will return home after the exchange period, and for this purpose," the report notes, "their posts will be kept open. They will use their new skills to support health system development in their own country."

Minister of Health, Dr Manto Tshabalala-Msimang, reported on the success of the bilateral agreement in managing migration of health workers at last year's Commonwealth Ministers' meeting.

Scheme council's Circular 8 prompts debate

Risk-related pricing for common benefits offered by medical schemes will now have to be revised, the Council for Medical Schemes advised in a circular to schemes (Circular 8) in February.

In the circular the CMS makes the point that the "silo-type" benefit option framework contradicts the intention of the Medical Schemes Act, as well as of health policy in general.

"Correcting for this requires that common benefits be offered, and priced, according to the risk pool of the scheme and not a sub-set of that risk pool."

Speaking to medical schemes shortly after release of the circular, Emile Stipp, a partner in the Actuarial and Insurance Solutions Division of Deloite & Touche, said that implementation of the revisions might be problematic mainly because of the fragmented risk pools by option that exists in most schemes.

"The recommendations would also be made easier if we had mandatory cover for all dependants," said Stipp.

However, he felt that the benefits would certainly outweigh the potential problems in the overall context particularly in the light of government policy objectives such as price control, increased competition among service providers and service provision control to avoid over-supply to a few privileged people.

The restructuring would also enable schemes to potentially affect service provider prices without having to negotiate with service providers: "In the event of schemes having to negotiate with the more powerful service provider groups, it would give them substantially more bargaining power," said Stipp.

HPCSA to address ICD 10 ethics dilemma

The SA Medical Association (SAMA) has notified members that the Health Professions Council of SA (HPCSA) has established a special task team to investigate the implementation and impact of the policy of mandatory submission of ICD-10 codes to medical schemes.

SAMA notes in its announcement that this development this follows on persistent pressure from medical practitioners to address the ethical dilemma around privacy and patient confidentiality when using ICD-10 diagnostic codes on accounts to schemes.

As an interim solution the association has recommended that patients sign the usual informed consent document, incorporating the following:

- It should be explained to the patient that failure to consent to disclosure of an ICD-10 code would entitle the funder to reject payment of the account;
- The health care professional should also acknowledge that he/she is at present unable to explain the consequences of disclosure of ICD-10 codes to funders and third parties and cannot guarantee the unintended use of their data.

Should the patient wish to obtain further information on the consequences of disclosure of ICD-10 codes, such information should be obtained directly from the funder or third party to whom it is disclosed.

To assist doctors, SAMA has developed a *pro forma* consent form that already includes these interim solutions.

Hospital group and travel medics merge

Network Healthcare Holdings (Netcare) and Worldwide Travel Medical Consultants (WTMC) announced in mid-April that they were to join forces with immediate effect.

The merged entity will provide pre-travel healthcare services in the form of travel health education, vaccination and malaria prophylaxis to corporate, business and leisure travellers through the combined Netcare and Travel Doctor Africa travel clinic network.

It will furthermore provide comprehensive travel health risk management for multinational corporations and industrial companies operating throughout the world, but particularly in the high health risk environment of developing African countries.

Services will include expatriate and frequent traveller pre-posting health and psychological screening, health education, vaccination and prophylaxis, host country medical incident management, monitoring and support as well as post-deployment screening and debriefing.

In addition, it will provide remote site health project management worldwide along with on-site medical services consisting of feasibility studies and infra-structure planning, primary and occupational health services for expatriate and national employees, medical emergency and evacuation planning and execution, in-service medical and first aid training as well as medical insurance cover.

Even in relatively wealthy South Africa…

Price controls - which proponents claim benefit the poor -- actually reduce the availability of drugs, especially in distant rural regions, by making it uneconomic for pharmacies to stock them.

“Even in relatively wealthy South Africa, price controls have led to the closure of scores of rural pharmacies - leaving thousands of poor people without any access to medicines at all,” the Civil Society Report on Intellectual Property Innovation and Health notes on the Free Market Foundation website.

The report, which was on a study sponsored by 16 institutes from 13 countries, adds that nearly 50% of people in parts of Africa and Asia have no access to medicines due to harmful government policies including weak health infrastructure, taxes and tariffs, price controls and bureaucratic drug registration.

“Moreover,” the report concludes (with a familiar ring), “low pay and poor conditions at government run hospitals and clinics mean that a large number of trained medical professionals have immigrated to wealthier countries with better healthcare systems.”

Workshops for GPs on ICD 10, NHRPL etc

The private healthcare magazine, ***Health Management Review Africa (HMR Africa)*** is embarking on a series of one-day workshops for medical practitioners to address all the issues and problems associated with new demands in medical practice associated with the introduction of systems, processes and non-clinical requirements such as ICD 10 coding, Prescribed Minimum Benefits, Reference Pricing, Designated Service Providers, and Dispensing limitations, to name a few.

Needless to say, many practitioners on the ground have had to grapple with the implementation and utilisation of these with little help or guidance from outside – hence ***HMR Africa’s*** decision to organise workshops to assist practitioners/readers as an added value component of the communications service it is already rendering, and will continue to render, on these and related regulatory and legislative developments.

* The first of these workshops will take place on Saturday, June 10, at the Imperial Bank Auditorium in Rivonia. Further details at www.healthreview.co.za or telephone (011) 457-7100