Long-awaited autonomy in sight for SA’s doctors

The long-awaited extraction of doctors – and possibly dentists – from the dysfunctional and shockingly administered Health Professions Council of South Africa (HPCSA), the defiant leadership of which face the sack, will not lack a helping hand from the country’s largest doctor body, South African Medical Association (SAMA) Chairperson Dr Mzukisi Grootboom told Izindaba that SAMA immediately began drawing up a legal white paper for a new autonomous, self-regulatory body in 2012, when the Parliamentary Portfolio Committee on Health recommended this as the most pragmatic way forward. ‘So the paper is obviously ready and we’ll now hit the ground running and support the health minister to return to Parliament and change the Health Professions Act,’ he said. He was speaking just weeks after the damning report on the HPCSA by a ministerial task team led by Prof. Bongani Mayosi, head of medicine at the University of Cape Town. Grootboom said his 17 500-member organisation had always believed that the independence, autonomy and self-regulation of doctors in any jurisdiction was to the benefit of the patient.

‘It’s an important ethical principle – any government that wants to take over control of any profession will never be doing it in the best interests of the patient,’ he stressed. He was referring to the controversial Health Professions Act, which puts control directly in the hands of the national health minister by allowing him to appoint the majority of the 32-member HPCSA, which is 90% funded by the registration fees of doctors and dentists. This forces doctors and dentists to rely on the largesse of the incumbent minister when it comes to their and their patients’ best interests. While Dr Aaron Motsoaledi has arguably proved the most physician- and patient-friendly health minister yet, when added to HPCSA’s current administrative chaos, the legal set-up is a recipe for failure and controversy. There are 12 professional health boards in the HPCSA, the Medical and Dental Professions Board (MDPB) being the largest, but with hugely diluted political and practical clout.

SAMA chair shares his own HPCSA experiences
Outlining his own experience of the HPCSA, Grootboom said that early every January he received scores of calls from irate parents wanting to know when their newly graduated children would be registered. ‘They don’t draw a distinction between SAMA and the HPCSA, so it reflects on us. It’s mind-boggling how this situation was allowed [to get so bad]. To get registered is like pulling an elephant’s tooth.’ When it came to the HPCSA’s statutory duty to oversee the accreditation of hospitals as training institutions, committee after committee drew up reports giving the facilities reprieves with the excuse that they were ‘still suffering from the effects of apartheid’ and promising to return for a follow-up assessment the following year. ‘Yet the truth is the facilities are getting worse – people need to be honest enough to say such low standards shouldn’t be allowed.’ Doctors (and their patients) faced with a professional conduct complaint to the HPCSA had to wait up to 3 years or more before the matter was heard and/or resolved, with clinical input seldom if ever prioritised. As for foreign-qualified physicians, they never knew where they stood, as clearly outlined, country-specific registration and vetting procedures were inconsistently applied, resulting in sorely needed, well-qualified doctors either giving up or living in limbo doing menial jobs. Izindaba is aware of several cases of HPCSA administrative clerks committing fraud or submitting false documentation to the MDPB’s foreign qualifications vetting committee – in one foreign neurosurgeon’s case, the committee chaired by Mayosi himself. Ironically, ensuing internal probes inevitably choke the doctor supply pipeline even further, as every application automatically becomes suspect.

Leadership trio ‘unfit for office’
Mayosi’s fact-finding probe – widely and correctly predicted to be hard-hitting and without fear or favour – comes after the HPCSA Board failed to act on damning earlier forensic reports, or to claim hefty court-ordered legal fees from its Chief Operating Officer, Advocate Tshepo Boikanyo. Boikanyo, along with Chief Executive Officer Buyiswa Mjamba-Matshoba and Head of Legal Services Phelelani Khumalo, refused to give evidence to the ministerial task team that found them ‘unfit for office’. Boikanyo had earlier taken the HPCSA to court for not accepting his application to be CEO – losing with costs. The money was never recouped from him, while a KPMG forensic report concluding that he was involved in ‘unauthorised, irregular and/or fruitless and wasteful expenditure’ was ignored. The KPMG findings centred on the purchase of an Oracle Information Technology system, the cost of which ballooned from ZAR14 million to around ZAR40 million. Mayosi’s task team said that Mjamba-Matshoba’s refusal to appear before them ‘justifies the
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HPCSA’s cavalier attitude towards doctors.

by the medical and dental board of the

which has been increasingly frustrated

about this recommendation than SAMA,

of SAMA: ‘Nobody is more delighted

Said Dr Mark Sonderup, Deputy Chairman

Professions Councils’.

Nursing Council and other autonomous
councils in a ‘Forum of Statutory Health

new councils would join the South African

Historic MDPB, which constitutes a third

of the current HPCSA membership, and a

Health and Rehabilitation Council for the

rest of the professional membership. The

The report speaks for itself. ‘It’s not for me to agree with that.

appointees. When it was put to Letlape that

the task team report was ‘pretty damming’, he

responded: ‘It’s not for me to agree with that.

The report speaks for itself’.

The HPCSA’s stated mission is ‘to protect

the public and guide the professions’, something increasingly satirised by members

of both key stakeholder groups over the past

15 years.

As newly appointed SAMA President Dr

Denise White observed hopefully: ‘The key

will be whether they carry out the task team’s

recommendations.’

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Dear Doctor

The South African Medical Association SAMA recognises the seriousness of the current climate change emergency and aims to position itself to spearhead the involvement of doctors in national efforts to address of climate change in South Africa. As of November 2015, five South African provinces — KwaZulu-Natal, Mpumalanga, North West, Limpopo and Free State — have been declared drought disaster areas, as dry conditions and heat waves of above 40°C maximum temperatures persistently affect many areas. This has dire consequences on health and calls for urgent, practical measures.

The world is at a sensitive stage with regard to climate change, facing one of the greatest global threats amidst failing international negotiations. The upcoming twenty-first session of the Conference of the Parties (COP21) will take place from 30 November to 11 December 2015, in Paris, France. SAMA looks forward to positive outcomes from the COP21, whose objective is to achieve, for the first time in over 20 years of United Nations negotiations, a binding and universal agreement on climate, from all the nations of the world.

Although SAMA will not be attending the COP21, SAMA calls upon all its doctors to remain interested in the event and to take serious recognition of climate change related health consequences, while upholding the recommendations of the World Medical Association as outlined in the WMA Declaration on Climate Change. In the interest of “green medicine”, medical professionals must take personal responsibility in exercising good environmental stewardship. Resources on practicing “green medicine” is available from http://www.mygreendoctor.org.

More information on the COP21, WMA Declaration on Climate Change and a plea to physicians to green office space are found in the links below:

http://www.cop21paris.org/about/cop21
http://www.wma.net/en/30publications/10policies/c5/

SAMA Corporate Communication, 24 November 2015