



NO CORPORATE 'HIDING' FOR DOCTORS

Clinical and ethical independence of health practitioners should always supersede corporate and business considerations and 'hiding behind the corporate veil' was totally unacceptable, a plenary session of the Health Professions Council of South Africa (HPCSA) workshop heard.

This was one of the strongest points to emerge after several breakaway groups brain-stormed the HPCSA's draft policy on undesirable business practices at a hotel outside Pretoria last month.

While it was recommended that corporate involvement be allowed on condition that all ethical rules were complied with, health care professionals had to take full responsibility for their corporate partners' involvement, the plenary session heard.

A distinction needed to be made between corporate ownership and corporate involvement and non-health care professionals should not be allowed ownership.

The group interrogating this aspect was asked in the plenary how one dealt with the *de facto* situation, where the granting of ownership to lay persons and involvement of corporate partners violated ethical rules.

The rapporteur responded that her group argued that the existing ethical environment and rules were 'very clear' and recommended that the HPCSA give transgressors a specific time frame in which to rectify the situation before strictly enforcing the rules.

No corporate entity should coerce any health care professional into entering any arrangement that would violate ethical rules.

Advertising should only be allowed within strict board guidelines and no practitioner could promote or advertise products.

A business model task team needed to probe and redefine the concept of

franchising while the HPCSA should have the right to scrutinise all contractual arrangements to ensure there was no lay ownership of professional services, incentivisation or interference with professional judgement.

Management companies were acceptable but ownership needed to vest strongly with health professionals.

On managed health care, they said the biggest challenge was having to work within different regulatory frameworks.

Clinical protocols needed to be developed to guide professionals and ensure their clinical and professional independence when it came to their employment by others, one work group recommended. The motive or goal of the employer, student training, servicing specific groups of people and the method of remuneration were vital ethical employment criteria.

Group practices within the same council and across health councils should be allowed, provided that agreement was reached on creating uniform ethical regulation with 'fee for service' being accepted as the underlying principle.

Administrative fees needed to be capped and there was some debate around a proposal that this should not exceed 5% of turnover.

Delegates agreed that perverse incentives and double billing needed far more attention.

Acceptable business models were solo practices, partnerships, associations, incorporated practices, group practices and outsourced administration.

Professor Jan van der Merwe, the HPCSA's former special investigator into unacceptable business practices,

recommended that any uncertainties be referred to a standing committee of council, which would also advise on problems regarding the employment of practitioners and shareholders.

The work group dealing with Point of Service recommended that emergency laboratories be placed near patient care points, that the definition of laboratories needed urgent investigation, nurses be allowed to assist with the collection of specimens and GPs or clinics be allowed to own laboratories in rural areas.

There should be no financial relationship between referring doctors and laboratories and greater levels of quality assurance needed to be established in terms of supervision.

On managed health care, they said the biggest challenge was having to work within different regulatory frameworks.

The entire situation needed review.

Professional independence was inviolate while the differences between validation, authorisation and booking needed better understanding.

No outside 'advisor' should be allowed any clinical intervention whatsoever without sharing responsibility.

It was proposed that the HPCSA have some form of regulation and ethical say regarding private hospitals and similar institutions.

This work group endorsed the government draft legislation around Certificate of Needs for setting up new health care establishments.

It said a code of conduct for private hospitals needed to be established.

Medical and Dental Professions Board chairman, Professor Len Becker, emphasised that the private hospital industry should be involved in this process.

Chris Bateman