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Regulatory boredom

Regulatory bodies are boring — or perhaps they should be. The Medical and Dental Professions (M&D) Board, one of the Boards under the umbrella of the Health Professions Council of South Africa (HPCSA), is such a body. While the primary objective of the HPCSA is to protect the public, its main activities are concerned with the regulation of the health care practitioners. Its activities are therefore boring, or at least unglamorous — such as keeping lists of students and practitioners, deciding how practitioners may practise their professions, determining which local and foreign graduates should be let into the privileged fold, and working out what its members should pay for the privilege of remaining registered.

Members of the new HPCSA and M&D Board have been elected or appointed, commencing January 2004. While wishing them the best for their term of office, what can we, the public and the practitioners, request of them to ensure the 'protection of the public and the guiding of the professions'?

Roy Porter in his delightful book on medical history[1] observes that medicine used to be atomised and practitioners were mainly self-employed. Today medicine is highly regulated, comparable to the military machine or the civil service, and in many cases no less business- and money-orientated than great business corporations. Countries varied in how they recognised or licensed medical practitioners. British practitioners formed guilds and later were licensed not by the state but by their respective Royal colleges. To gain some voice doctors set up local medical societies, leading to the British Medical Association in 1855, and professional solidarity also resulted in the establishment of national associations in America, Canada, France, etc. The General Medical Council, created in 1858, established a unified medical register of all medical practitioners, who alone would be eligible for public employment, specified entry qualifications and acted as a medico-legal watchdog with jurisdiction over malpractice. The Medical and Dental Council of South Africa was established on the basis of this model in 1928. Another regulatory influence on education was the investigation into American medical education by Abraham Flexner, which was published in 1910. The majority of medical schools failed his gold standard test that required them to have good scientific facilities, and many were closed. Recently the proliferation of new medical schools world wide, many for profit and often of dubious standards, has swelled the numbers to more than 1 800, most of which have never been evaluated! Such developments necessitate strong regulatory controls.

The recent history of the HPCSA comprises three periods. Its predecessor, the old Medical and Dental Council, though Broederbond-influenced was already beginning to change. After South Africa's first democratic elections an 'Interim Council' was established to ensure transformation, including giving due recognition to the other professions under its umbrella that had played second fiddle to the powerful medical and dental group. The transformed HPCSA M&D Board followed this. (The newly elected/appointed Council and Boards are further transformed in terms of representivity of membership.) Although the changes and exchanges were heated at times, ultimately trust was established between professionals who had previously been denied the opportunity of working together. At the same time there were also major upheavals among the staff, including a disastrous appointment as Registrar before advocate Boyce Mkize was appointed.

Apart from achieving successful transformation there have been other significant gains by the Council and the M&D Board, including developing new standards for undergraduate education in keeping with international standards, developing processes for accreditation of undergraduate and postgraduate education programmes, establishing a 'health' committee to address the question of impaired practitioners, developing mechanisms for evaluating and measuring the standards of foreign-trained practitioners, and introducing a system of continuing professional development.

There were also disappointments. Those boring matters such as lack of response to correspondence, inordinate delays in answering telephone calls, inability to find anyone to answer basic questions about Board affairs and inability to deal with the Continuing Professional Development documentation, have driven the public and practitioners to distraction. As with the pre-transformation Councils there has also been a regrettable reluctance to address ideological aberrations with government, such as the prolonged and painful passage to the appropriate policies to manage HIV/AIDS and the persecution of practitioners and organisations who tried to fulfil their ethical duties by treating their patients with antiretrovirals.

Given the environment of continuing change, we venture the following thoughts to the new HPCSA and M&D Board:

- An outstanding question is the relationship between the HPCSA and its Boards and the Pharmacy, Nursing, Dental Technicians and Allied Health Professions Councils. Perhaps the HPCSA should be scrapped in favour of a strengthened Forum of Healthcare Councils?
- Professor Len Becker, chairman of the M&D Board, and others put in far more time and quality work than can reasonably be expected of part-timers. A strong case can be made for an additional full-time medical person at the level of the registrar's post in the administration.
- Excuses of preoccupation with transformation will no longer hold and the staff and new Board will be judged on getting the boring things right.

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1. Porter R. *The Greatest Benefit of Mankind: A Medical History of Humanity*. New York: W W Norton, 1997.