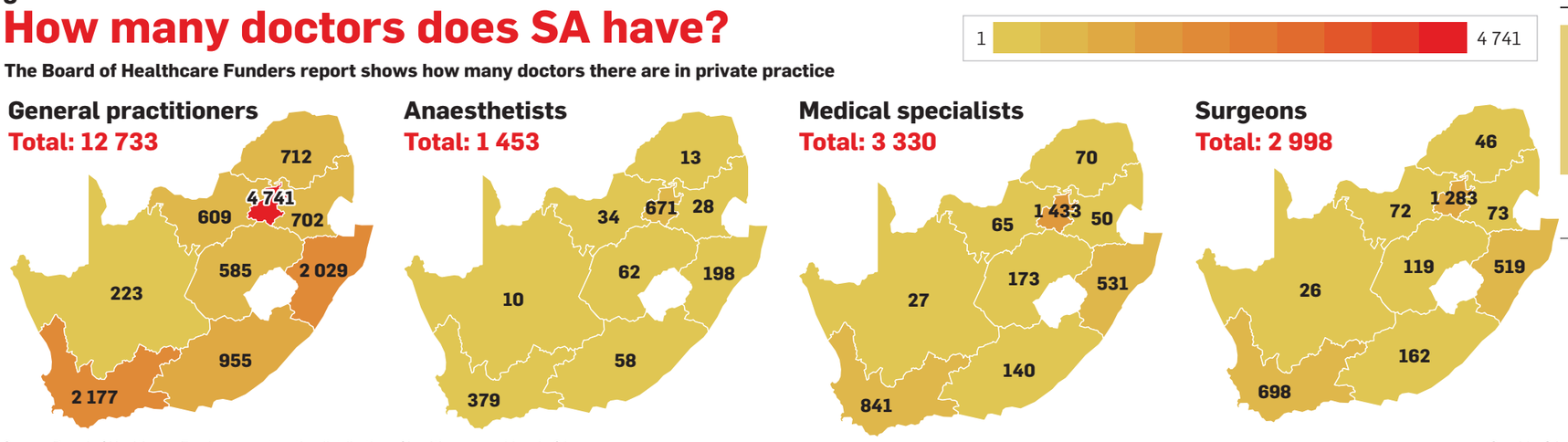
How many doctors does SA have?

The Board of Healthcare Funders report shows how many doctors there are in private practice



Source: Board of Healthcare Funders report on the distribution of healthcare providers in SA

Graphics24

OUR DOCTORS WALK away

Public sector healthcare is in **dire shape** as qualified healthcare professionals hang up their stethoscopes or go into private practice

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The public health sector is bleeding older healthcare professional providers (HPPs), who are leaving the state to practice in the private sector.

But they aren't staying too long in the private sector either, with many opting to deregister their practice numbers and hang up their white coats before they reach the age of 50.

This is according to the Board of Healthcare Funders of Southern Africa's latest report on the distribution of HPPs registered on the practice code numbering system (PCNS) during the period between January 2000 to December last year.

The report focused specifically on professionals registered on the PCNS in the past 17 years.

For a healthcare provider to claim from a medical scheme they need to be registered on the PCNS.

The report noted an increasing number of healthcare professionals registering on the PCNS, from 36 000 in 2000 to 54 800 last year, representing a 52% increase.

Medical aid scheme beneficiaries also increased from 7 million in 2000 to 8.9 million last year, representing a 27% increase.

"This has greatly increased the proportion of HPPs per patient in the private sector. In the fee-for-service environment, this brings challenges of supplier-induced demand as providers compete for patients," the report noted.

Surprisingly, however, this increase of professionals was in tandem with an increase in their average age in most disciplines. This unexpected observation was "worrying" to the report's author, Charlton Murove; as he said it suggested that there had been an increase in the number of older professionals moving from state facilities to the private sector.

By last year, the average age of anaesthetists, for example, was 50.4 years old, that of dentists was 46.6 years old, while that of radiologists and medical technologists was 49.2 years old, among other specialisations.

According to the national department of health's deputy director-general of the National Health Insurance, Anban Pillay, this only affirmed to them the need of a radical "transformation" of the health sector.

"The movement of human resources as described by the report is also partly our own assessment of the health system and is partly our motivation of why the health system must be transformed. Health professionals respond to incentives like all other categories of workers ... They will migrate to an environment that maximises their income.

"In the current two-tier health system that separates the rich and poor, the rich can afford to pay much more for health services than the poor, hence there will be a gradual migration away from the poor," Pillay told City Press this week.

The report noted a disproportionate number of HPPs practising in the private sector compared with the public sector, particularly in terms of geographical location and population needs.

This disproportionate distribution was acute in more specialised disciplines. For example, the department has a target of at least 3.66 general practitioners (GPs) per 10 000 people. This ratio is much higher in the private sector at 15.69 GPs per 10 000.

The Western Cape had the highest density of specialists, followed by Gauteng. The two provinces' ratios were above the department target of 2.85 specialists per 10 000 people - when looking at medical scheme beneficiaries, according to the report, the density of specialists was 8.95 per 10 000.

"This leaves a high burden of care for those in public facilities. This report notes the increasing number of HPPs in the provision of private care accompanied by an increase in their average age. This suggests two things - that training programmes to recruit new HPPs are inadequate and that the public sector has lost HPPs to the private sector over the years," the report stated.

Over the 17-year period, 29 300 HPPs deregistered their practice numbers and according to Murove's report it's unclear where they went, but possible reasons advanced were that some could have died, migrated or left to be employed in other parts of the health industry.

"It is possible that these HPPs return to work in the public sector, but data from the public sector would have to verify this," the report stated.

Murove recommended better planning and regulations to enforce efficient allocation of human resources.

"The government should be looking at ways to create fair distribution of professionals. The distribution of health resources should be shaped by the needs of the population they service and equity should be a core principle guiding the distribution of resources," he said.

The report added that it was imperative that the issue of certificates of need - as recommended in the Competition Commission's health market inquiry recently - be revisited, as well as other incentive approaches, rather than prescribing to specialists where they should work.

DR ANBAN PILLAY

SA Private Practitioners Forum's chief executive Chris Archer agreed on creating incentives for doctors to practice in the public sector.

"Many young specialists are faced with a situation where there are no posts in the public sector as there's been a drive and focus towards primary healthcare more than tertiary, so there was a freeze in specialist posts. So the private sector has been a safety net and has been able to accommodate them," he explained.

However, in relation to the certificate of need issue, which has the intention of encouraging doctors to only open practices in underserved places such as rural areas and townships, Archer said there needed to be a holistic approach.

"If people are forced out of practising where they want to they will explore all their options elsewhere, which are more than servicing underresourced rural areas. You have to take a holistic view. You have to give people options and provide incentives for those thinking of working in underserviced areas."

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Mega score for 'victimised' Mpumalanga exec

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A corruption-busting chief financial executive who was allegedly victimised, instructed to accept a demotion and then fired has finally scored a two-year legal battle.

Former Mpumalanga Economic Growth Agency (Mega) chief financial officer Velile Mqhum, who was fired on March 26 2015 after a disciplinary hearing conducted in his absence found him guilty on a range of charges relating to contravention of the Public Finance Management Act, will walk away with more than a R2 million payout after an out-of-court settlement was reached.

Mqhum alleged the charges were trumped up by then Mega chief executive Boyce Mkhize following their fallout, which he said was about Mkhize interfering with supply chain management and trying to force him to pay a service provider R500 000 in advance.

Mega fired Mqhum about eight months after Mkhize had been given a R4.4 million golden handshake and left the institution when a new board took over.

Allegedly, the outcome of the disciplinary tribunal was not implemented and Mqhum was reinstated after Mkhize left.

Mega lawyers have opted to settle the matter out of court.

City Press has seen the settlement agreement, which will be made an order of the labour court and will see Mqhum getting about R2.3 million, including interest to cover the income he lost when he was dismissed two years before his five-year contract expired.

Signed on August 27, the settlement specifies that Mega will pay Mqhum R1 931 217.88 and R314 627.58 interest.

Mqhum alleged that after Mkhize's departure the board of Mega reinstated him, but after working for seven months the charges Mkhize had initiated were revived. He was then fired.

Mqhum's lawyer, Johan Lombard, said: "Over two years Mega presented nothing to contradict what my client was saying and they capitulated."

"The career of a human being who gave all his life to public service has been destroyed," Lombard said.

Mpumalanga Finance and Economic Development MEC Eric Kholwane said he was waiting for a full report on the case and would take a decision afterwards.

"It is then that we will see what we need to do," Kholwane said.

Mqhum believes that the charges were reinstated eight months later because he asked the internal audit committee to investigate transactions that took place while Mkhize had put him on suspension.

Also, Mqhum alleged some of the board members wanted him to accept demotion as finance manager, but he refused and that triggered victimisation once again. He was dismissed a day before the Commission for Conciliation, Mediation and Arbitration was due to hear his case of unfair demotion.

The audit committee report found that Mega hired service providers not registered on the database and which had not submitted documents such as tax clearance and BEE certificates. The committee also found that:

- At least 76 of 439 companies on the database had the same directors, 108 companies used the same fax number, 42 companies had the same mobile phone number and 181 used the same landline;
- Mega incurred about R25.8 million of irregular expenditure;
- Three service providers were paid R3.3 million after their contracts expired;
- A number of service providers, including a marketing company, were given advance payments to the value of R900 000 before they did any work;
- Two companies were overpaid by R5.6 million, way above the 10% allowed for variation when a project costs more than initially planned; and
- Irregular expenditure to Treasury was understated by R4.4 million.

VELILE MQHUM

Mkhize said he had nothing to do with the matter.

"Please do not drag my name into this ... I was not involved in the reinstatement of Mqhum, neither was I involved in his dismissal. The settlement issue in the labour court had nothing to do with me," he said.

Kholwane said Mkhize's settlement agreement had a condition that if it was later found he had transgressed, criminal charges would be pursued.

"The settlement was explicit ... The fact that he left did nothing to absolve him," Kholwane said.

Mega chief executive Xola Sithole said the decision to reinstate Mqhum was taken on compassionate grounds.

"The condition for Mr Mqhum's reinstatement was that he accepts demotion to a lower position, but keeping his salary unchanged. On his return, Mr Mqhum was no longer prepared to sign a new contract with the condition as discussed above. Since his refusal to sign the contract, it meant that those charges that were pressed against him still remained, hence the decision to go ahead with his dismissal," Sithole said.

He said the board was deliberating the settlement.

"The board will determine whether any further action is necessary at this point," said Sithole.

Mega board chairperson Davies Mculu said that he would need to review at board minutes before commenting.

Mqhum alleged that Mculu played an active role in trying to demote him and reviving the charges.

"You will understand that this matter happened a while ago. There was no instruction from the board to dismiss Mqhum. That decision was made by a disciplinary tribunal. But, like I said, I would like to have the benefit of the board's minutes to give a full account of what transpired," Mculu said.

When being pregnant is brutal

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Pregnancy is considered by many as a sacred and vulnerable time, when a woman is especially fawned over and supported by her loved ones.

But a new study has shown that for some of the country's women, pregnancy is a time marked by continued violence and abuse not just by women's partners, but also by relatives at home.

Intimate partner violence in South Africa is often considered - "a silent public-health epidemic" and is often referred to as the "second-highest burden of disease after HIV/Aids".

The country also has the highest reported intimate femicide rate in the world, with half of the women murdered in South Africa being killed by their intimate partners.

The study, published in the BMC Women's Health Journal, is titled Domestic and intimate partner violence among pregnant women in a low-resource setting in South Africa: a facility-based mixed methods study.

Its lead author Sally Field indicated to City Press that it offered a "snapshot" into the lived experience of some pregnant women.

In the densely populated Cape Town community of Hanover Park, consisting of 35 000 residents - where many of the crimes reported to the police are violent and gang-related - pregnant women aren't spared.

A total of 376 women from the area participated in the study, 26% of them were experiencing their first pregnancy, 30% their second and 45% had had multiple pregnancies.

A majority of them (51%) were in stable but unmarried relationships; 39% were married.

The study showed that 15% of the women reported intimate partner violence during their pregnancy.

It also showed abuse in the past and poverty-related factors, such as food insecurity, unemployment and unwanted pregnancies, were significantly associated with violence during pregnancy.

"Violence against pregnant women in its most severe form has been reported as a contributing cause of maternal deaths.

"Most cases of domestic violence are not being reported to police or healthcare providers. Therefore, existing studies are likely to underestimate the prevalence of intimate partner violence," Field said.

Of those who report intimate partner violence, 81% of women reported emotional and verbal abuse; 76% reported physical abuse; and 26% reported sexual abuse.

Women who were not pleased with their pregnancy were also twice as likely to report an experience of intimate partner violence compared with women who were pleased to be pregnant.

Mental illness was significantly associated with intimate partner violence.

Violence during pregnancy has been associated, in previous studies, with the inadequate uptake of antenatal care, with abused women more likely to delay seeking pregnancy care and to attend fewer antenatal visits.

But even the researchers were surprised to find that domestic violence was not limited to an intimate partner.

According to the research article, domestic violence is defined as any physical, sexual, psychological or economic abuse that takes place between people who are sharing or have recently shared a residence.

"While this usually takes place between intimate partners, in the context of a low-resource setting - where extended family members reside within the same household - domestic violence is not limited to intimate partners," the researchers noted.

Their qualitative analysis of 95 counselling case notes revealed that domestic violence within the household was not limited to intimate partners.

Field said: "It seems there is a culture of violence [in some households] and it was reported that some of the abuse was by women's mothers-in-law, uncles, brothers, grandmothers and brothers-in-law."

The main themes emerging from the analysis were that: alcohol and substance abuse by members of the family were a contributing factor to violence; having previously experienced abuse affected current interpersonal relationships in the home; and violence was perceived as "normal behaviour" for many of the participants.

The research team hopes to contribute towards a greater understanding of the risk profile for domestic violence among pregnant women in low-income settings and to consider that violence in the home might be perpetrated by non-intimate partners and could be enabled by a pervasive belief in the acceptability of the violence.

"It is always good to find out more information that can inform policy. If the health and social development systems want to implement programmes of change, they should ask about violence in the home, not just about partner violence, as it could be perpetrated by partners or other family members," Field said.

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