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HPCSA: A mess in the Health Department's pocket

Medical regulation as we know it is of recent origin. Because of our history South Africa followed the British model. Out of smaller groupings the British Medical Association was founded in 1855, and from 1857 its organ was known as the *British Medical Journal*. Their General Medical Council (GMC) was established in 1858.[1] Following a similar path, the South African Medical Association was founded in 1883 and the first *South African Medical Journal* appeared the following year, but it was some years before the equivalent of the GMC came into being.

Established in 1928 to regulate the medical and dental professions, the South African Medical and Dental Council (SAMDC) was an esteemed body on which it was considered an honour to serve. During apartheid the SAMDC came under increasing criticism; it had few black members, and the other professions within it played second fiddle to the much larger and all-powerful medical and dental professions. Its inappropriate handling of the Steve Biko affair was considered to be the result of influential members supporting the stance of the Nationalist government of the day. The perceived political bias, and the Biko affair in particular, motivated those who developed the new vision of the Health Professions Council of South Africa (HPCSA), namely 'to protect the public and guide the professions' and to de-politicise the organisation as much as possible. Initially there were promising signs that this could be achieved. However, in the evolution through several transitions into the present HPCSA it is sad and ironical to record that the latest version is much more politicised than it ever was in the past.

This process of obtaining complete control by the Department of Health (DoH) was driven by the ideology of the government under Thabo Mbeki, the previous Minister of Health, Manto Tshabalala-Msimang, and many of her departmental staff. The South African Medical Research Council and the Medicines Control Council are other health-related statutory bodies that have suffered a similar politicisation by the DoH. The looming political control of the HPCSA was vehemently opposed by its Medical and Dental Board and by the South African Medical Association (SAMA). However, their advice was ignored and the legislation was rammed through by the Minister, aided and abetted by the HPCSA President, Dr Nicky Padayachee (whose competence at the time was questioned by the Medical and Dental Board), and Boyce Mkize, the Registrar.

What then are the concerns of the vast majority of the medical practitioners in South Africa about this new HPCSA?

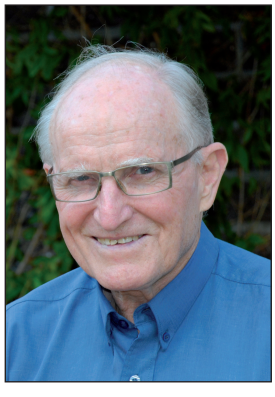
Firstly, there has been a DoH takeover of a body that is solely funded by the registered practitioners.

Secondly, the values of democracy have been eroded as there will not be a single member directly elected by the practitioners themselves. Instead the DoH appoints the members from a list of nominees. While there will undoubtedly be excellent candidates doing outstanding and selfless work, this opens up the possibility of application of the favoured policy of the ruling party of 'deployment' of its ideological look-alikes into areas that it wishes to control.

Thirdly, the well-intentioned proposed changes to the composition and functioning of the 'professional conduct inquiry' structures are cause for grave concern. Senior legal advisors who have served on such hearings have generally been very favourably impressed, but are concerned about the new proposals. People with considerable experience in these matters are concerned that chairpersons and lay committee members without medical knowledge will lack the ability to assess whether adverse outcomes in patients are due to doctors seriously erring or the result of a variation of the disease process. Legal minds believe that proposed penalties will result in many court cases. Those close to the action believe that previous inadequacies of this inquiry system largely stemmed from the HPCSA's administrative incapacities.

The well-intentioned combining of many professions into a single HPCSA with several Boards has proved to be an extremely detrimental move for doctors and dentists and probably for most other professions therein. The specific requirements of the Medical and Dental Board, such as its 'impaired practitioners' programme and the development of a continuing professional development process, were compromised or severely delayed by trying to shoe-horn them into other ill-fitting professions. Support for the proposed legislation for the new HPCSA by some of the smaller Boards was a further example of this mismatch.

Practitioners of all the Boards have increasingly experienced a Council with symptoms of management failure as evidenced by decreased capacity to deliver, demotivated staff and dissipation of financial assets that were accrued over many years. Now democracy too is going out of the window. Young doctors who see their future in practice in South Africa would do well to involve themselves actively in medical politics to assist in rectifying this sorry mess in the pocket of the DoH.



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1. Porter R. *The Greatest Benefit to Mankind: A Medical History of Humanity*. New York: WW Norton & Company, 1998.