

News bites

International

UK doctors to have 5-yearly appraisals

The UK's 220 000 doctors are to have annual appraisals, with a decision taken every five years on whether they are fit to continue working. It will be April 2016 before the vast majority of the first round of checks have been done, although what is termed 'revalidation' will begin this December for senior medical leaders, including national and regional medical directors. The health secretary, Jeremy Hunt, said it was about addressing 'deficiencies' in skills and if doctors failed to satisfy the standards of the General Medical Council (GMC) they would be prevented from practising. However, he said the new system was primarily about identifying where there were 'gaps' in knowledge or skills and giving doctors a 'chance to put those issues right'. He said the vast majority of doctors 'do a brilliant job' but when the government carried out a survey last year of 300 health bodies there were 'serious concerns' with 0.7% of doctors - a figure Mr Hunt described as 'significant'. 'At the end of the day if the GMC is not satisfied that someone is up to speed then, yes, they will be prevented from practising,' he told BBC Breakfast. He said this would give the public confidence that the UK had the most thorough regulatory process for its doctors. The move comes after years of discussions about the way doctors are monitored. Currently, there are no mandatory checks on the performance of individual doctors, a situation which has been compared unfavourably with the airline industry where pilots face regular, on-going assessment. Annual appraisals do happen in some places - particularly for medics in training - but they are by no means routine.

Each NHS organisation from hospitals to local networks of GP practices will have a responsible officer, such as a medical director, in charge of revalidation. They will assess the annual appraisals along with feedback from patients and colleagues to make a recommendation about revalidation to the GMC every five years. From this



April appraisals will be rolled out among the general doctor population and within 12 months one-fifth of doctors should have been through the process.

GMC chief executive Niall Dickson said: 'This is an historic moment. It is the biggest change in medical regulation for 150 years (since the creation of the GMC)'. He said the system should help to improve quality, but admitted the health industry had been 'slow to recognise' the importance of such checks. Minor issues may lead to revalidation being deferred for a short period while the problems are addressed. Something that constitutes a risk to safety would lead to revalidation being rejected. The doctor would then not be allowed to work. Dr Mark Porter, chair of the British Medical Association's Council, said it supported revalidation. He added: 'It is important to recognise, that while revalidation will undoubtedly enhance the rigorous testing that doctors undergo, clinicians are already offering patients a very high-quality service and robust systems are currently in place to deal with any concerns'. One caveat was that there was too much

bureaucracy in the NHS, 'so we have to be careful that revalidation does not add to this unnecessarily'. NHS medical director Professor Sir Bruce Keogh added it was a 'powerful opportunity' to ensure standards of quality and professionalism were kept to across the country.

Africa

Nigerians splurge on medical tourism

More than 5 000 Nigerians travel to India and other countries every month on medical tourism, spending about N78 billion every year, the Nigerian Medical Association (NMA) said.

Briefing newsmen during Physicians' Week recently, NMA president Dr Osahon Enabulele said 'India earns over US \$260 million (R1.82 billion) from medical tourism from Nigeria alone'. Each medical tourist is said to spend between \$20 000 (R140 000) and \$40 000 (R280 000) on average on each trip. India is projected to get up to \$2 billion (R14 billion) this year from a global medical tourism market valued at \$20 billion (R140 billion) a year.

News bites

International

UK doctors to have 5-yearly appraisals

The UK's 220 000 doctors are to have annual appraisals, with a decision taken every five years on whether they are fit to continue working. It will be April 2016 before the vast majority of the first round of checks have been done, although what is termed 'revalidation' will begin this December for senior medical leaders, including national and regional medical directors. The health secretary, Jeremy Hunt, said it was about addressing 'deficiencies' in skills and if doctors failed to satisfy the standards of the General Medical Council (GMC) they would be prevented from practising. However, he said the new system was primarily about identifying where there were 'gaps' in knowledge or skills and giving doctors a 'chance to put those issues right'. He said the vast majority of doctors 'do a brilliant job' but when the government carried out a survey last year of 300 health bodies there were 'serious concerns' with 0.7% of doctors - a figure Mr Hunt described as 'significant'. 'At the end of the day if the GMC is not satisfied that someone is up to speed then, yes, they will be prevented from practising,' he told BBC Breakfast. He said this would give the public confidence that the UK had the most thorough regulatory process for its doctors. The move comes after years of discussions about the way doctors are monitored. Currently, there are no mandatory checks on the performance of individual doctors, a situation which has been compared unfavourably with the airline industry where pilots face regular, on-going assessment. Annual appraisals do happen in some places - particularly for medics in training - but they are by no means routine.

Each NHS organisation from hospitals to local networks of GP practices will have a responsible officer, such as a medical director, in charge of revalidation. They will assess the annual appraisals along with feedback from patients and colleagues to make a recommendation about revalidation to the GMC every five years. From this



April appraisals will be rolled out among the general doctor population and within 12 months one-fifth of doctors should have been through the process.

GMC chief executive Niall Dickson said: 'This is an historic moment. It is the biggest change in medical regulation for 150 years (since the creation of the GMC)'. He said the system should help to improve quality, but admitted the health industry had been 'slow to recognise' the importance of such checks. Minor issues may lead to revalidation being deferred for a short period while the problems are addressed. Something that constitutes a risk to safety would lead to revalidation being rejected. The doctor would then not be allowed to work. Dr Mark Porter, chair of the British Medical Association's Council, said it supported revalidation. He added: 'It is important to recognise, that while revalidation will undoubtedly enhance the rigorous testing that doctors undergo, clinicians are already offering patients a very high-quality service and robust systems are currently in place to deal with any concerns'. One caveat was that there was too much

bureaucracy in the NHS, 'so we have to be careful that revalidation does not add to this unnecessarily'. NHS medical director Professor Sir Bruce Keogh added it was a 'powerful opportunity' to ensure standards of quality and professionalism were kept to across the country.

Africa

Nigerians splurge on medical tourism

More than 5 000 Nigerians travel to India and other countries every month on medical tourism, spending about N78 billion every year, the Nigerian Medical Association (NMA) said.

Briefing newsmen during Physicians' Week recently, NMA president Dr Osahon Enabulele said 'India earns over US \$260 million (R1.82 billion) from medical tourism from Nigeria alone'. Each medical tourist is said to spend between \$20 000 (R140 000) and \$40 000 (R280 000) on average on each trip. India is projected to get up to \$2 billion (R14 billion) this year from a global medical tourism market valued at \$20 billion (R140 billion) a year.

Enabulele insisted much of the losses could be reversed if Nigeria became a destination for medical tourism by having a health care system that 'meets the satisfaction and expectations' of Nigerians and foreigners alike. He said the NMA was convinced that 'if the President, Vice President, Senate President, House of Representatives Speaker, Federal Executive Council members, governors and deputy governors and other holders of political office make it a point of duty to stand in the same queue with ordinary Nigerians to seek medical care and conduct health checks in public hospitals in Nigeria, the confidence of ordinary Nigerians and foreigners in Nigeria's health care system will be reignited and bolstered.'

South Africa

Health claims rise to R1.4 billion

The Gauteng department of health is facing R1.4 billion in medical claims, with half of the amount claimed in the past financial year alone. This was revealed in the department's recently released annual report for 2011/2012. DA spokesman on health, Jack Bloom, said the 'giant' increase in negligence claims highlighted the deteriorating treatment in Gauteng state hospitals. 'It is of great concern because the Gauteng health department has lost all its medical negligence cases in the courts in the past two years.' In response, health department spokesman Simon Zwane said the claims did not reflect how much the department owed but only what aggrieved people believed



they deserved. 'Sometimes, the cases do not go to court and, in some cases, courts award less than was claimed,' he said.

The department paid out R44 million in claims in the 2011/2012 financial year. Shabbier Nagel won R6.25 million earlier this year after his leg was amputated in 2004 when he went to Steve Biko Academic Hospital, Pretoria, for heart surgery.

The most recent payout, ordered by a judge in October, was R5 million to 30-year-old Nicholaas van Niekerk who was left brain damaged after being treated at Charlotte Maxeke Hospital, Johannesburg, in 2005. Zwane said the rise in claims was part of the growing trend of lawyers suing doctors. 'Since the Road Accident Fund changed its policy to dealing with claimants direct, lawyers have moved on to claiming against doctors,' he said, a view echoed by Dr Mzukisi Grootboom, SA Medical Association chairman.

'There has been a phenomenal increase - close to 200% - over the last five years in the number of claims against doctors [both private and public]. In the public sector, there might be some problems with the quality of work,' he said. He said more patients were becoming aware of their rights and more doctors were taking out insurance against claims for compensation. Grootboom said that, on average, gynaecologists had to pay R25 000 a month in insurance premiums and orthopaedic surgeons R11 000 a month.

Gauteng health department 'incompetent'

The Gauteng health department has missed nearly 60% of the targets it set out to complete in the last financial year, the DA said. DA Gauteng health spokesperson, Jack Bloom, recently said the department's yearly report for 2011/2012 revealed that it missed 117 of 210 targets. 'It's an abysmal performance, but no surprise to patients who get poor treatment at Gauteng hospitals and clinics. Poor management is to blame,' particularly in areas where the budget was actually not fully spent.'

The department was not immediately available for comment. Bloom said



ambulances had responded to 33% of priority-one emergencies within 15 minutes, instead of its 65% target.

More than R90 million of the emergency services' R788 million budget was not spent. With the machinery and equipment budget, R257 million of the R419 million budget was not spent, while R132 million of the R722 million set aside for building costs was not utilised. 'This shows incredible incompetence that needs to be rooted out from this failing department,' Bloom said.

Give central hospitals more autonomy - Scopa

A call by the Standing Committee on Public Accounts (Scopa) to have central hospitals run autonomously has been widely welcomed. Gauteng chairperson of Scopa Siphon Makama said that the four central academic hospitals should be independent, instead of run by the provincial health department. The hospitals were huge and some had more staff than the department itself.

'The hospitals will be audited separately and the CEO and CFO will be accountable for their actions,' he said. Makama said that the provincial health department had many shortcomings, which the hospitals could address if they were autonomous. 'This is about accountability and taking charge. Hospitals are expected to raise funds, but are not given independence. If a machine is broken, they have to make a report. If they were independent, hospitals could take responsibility for it,' he said.

Professor Alex van den Heever, independent healthcare economist, said that the hospitals should have boards with the power to hire or fire the CEO. Van den Heever said France, Australia and the UK have moved to this system. He added that the proposed boards would have to have community representatives. 'This does not mean that the power of the department is lost. They will work out a balance,' he said. Jack Bloom said that hospital CEOs were very restricted and that they did not have control over supply, purchase and maintenance. Health spokesperson Zwane said that CEOs already had 'enough' power and could now purchase to the value of R1 million, which is double the R500 000 they were allowed in the past.

Obesity – a growing issue in SA

A medical aid scheme recently said that many overweight and obese South Africans are in complete denial about their health, and research indicates 78% of obese and 52% of morbidly obese people believe they are in good shape. However, Profmed's CEO Graham Anderson said the numbers indicate otherwise, reminding that medical insurance premiums are higher for those with excessive kilos. Anderson also indicated that obese patients face extra risks when going under the knife. 'They need to be fit for surgery and they need to be fit to take the anaesthetic. If you have a number of chronic conditions as well as obesity, your risk of going under anaesthetic and undergoing surgery are exponentially higher.'

He said 61% of the nation is on the heavy end of the scale, but many don't admit to weight as an issue. 'I think there are people who just don't do anything about it, they're eager to have that extra piece of chocolate or milkshake and they don't exercise which is important, not only for your weight, but for all your other chronic conditions like your blood pressure or diabetes.'

SA scientists in HIV breakthrough

The Centre for the AIDS Programme of Research in South Africa consortium, led by Professor Salim Abdool Karim, saw two South African scientists discovering a vulnerability in the virus that enables the



body to produce a 'broadly neutralising antibody response'.

Dr Penny Moore, one of the researchers, was quick to say it was not a vaccine, but rather a 'possible pathway to discovering a vaccine'. The research by Moore and Professor Lynn Morris was announced recently and is being touted as the latest breakthrough in HIV research. Health Minister Dr Aaron Motsoaledi and Science and Technology Minister Derek Hanekom congratulated the research team on their revolutionary findings. Karim explained that it had been difficult to make an antibody thus far because of several different strains that the virus has in many parts of the country. 'The virus always changes and evolves to fight vaccines,' he said. Moore elaborated: 'Most vaccines work by inducing antibodies. So far this has not worked for HIV because its surface is highly variable, which means that it multiplies quickly, unlike a disease like measles.'

The study, which began 10 years ago, focused on two South African women infected with HIV. Over a long period it was discovered that the women produced antibodies that can kill a wide range of human immunodeficiency viruses. 'This does not affect the women in any way because the virus got there first,' Moore said. However,

the antibodies were able to help people not infected with the virus. It is believed a vaccination will be developed in a few years. Motsoaledi urged people not to see this breakthrough as a reason to live recklessly, adding, 'People must continue to use condoms.'

Chris Bateman

chrisb@hmpg.c.za

Enabulele insisted much of the losses could be reversed if Nigeria became a destination for medical tourism by having a health care system that 'meets the satisfaction and expectations' of Nigerians and foreigners alike. He said the NMA was convinced that 'if the President, Vice President, Senate President, House of Representatives Speaker, Federal Executive Council members, governors and deputy governors and other holders of political office make it a point of duty to stand in the same queue with ordinary Nigerians to seek medical care and conduct health checks in public hospitals in Nigeria, the confidence of ordinary Nigerians and foreigners in Nigeria's health care system will be reignited and bolstered'.

South Africa

Health claims rise to R1.4 billion

The Gauteng department of health is facing R1.4 billion in medical claims, with half of the amount claimed in the past financial year alone. This was revealed in the department's recently released annual report for 2011/2102. DA spokesman on health, Jack Bloom, said the 'giant' increase in negligence claims highlighted the deteriorating treatment in Gauteng state hospitals. 'It is of great concern because the Gauteng health department has lost all its medical negligence cases in the courts in the past two years.' In response, health department spokesman Simon Zwane said the claims did not reflect how much the department owed but only what aggrieved people believed



they deserved. 'Sometimes, the cases do not go to court and, in some cases, courts award less than was claimed,' he said.

The department paid out R44 million in claims in the 2011/2012 financial year. Shabbier Nagel won R6.25 million earlier this year after his leg was amputated in 2004 when he went to Steve Biko Academic Hospital, Pretoria, for heart surgery.

The most recent payout, ordered by a judge in October, was R5 million to 30-year-old Nicholaas van Niekerk who was left brain damaged after being treated at Charlotte Maxeke Hospital, Johannesburg, in 2005. Zwane said the rise in claims was part of the growing trend of lawyers suing doctors. 'Since the Road Accident Fund changed its policy to dealing with claimants direct, lawyers have moved on to claiming against doctors,' he said, a view echoed by Dr Mzukisi Grootboom, SA Medical Association chairman.

'There has been a phenomenal increase - close to 200% - over the last five years in the number of claims against doctors [both private and public]. In the public sector, there might be some problems with the quality of work,' he said. He said more patients were becoming aware of their rights and more doctors were taking out insurance against claims for compensation. Grootboom said that, on average, gynaecologists had to pay R25 000 a month in insurance premiums and orthopaedic surgeons R11 000 a month.

Gauteng health department 'incompetent'

The Gauteng health department has missed nearly 60% of the targets it set out to complete in the last financial year, the DA said. DA Gauteng health spokesperson, Jack Bloom, recently said the department's yearly report for 2011/2012 revealed that it missed 117 of 210 targets. 'It's an abysmal performance, but no surprise to patients who get poor treatment at Gauteng hospitals and clinics. Poor management is to blame,' particularly in areas where the budget was actually not fully spent.'

The department was not immediately available for comment. Bloom said



ambulances had responded to 33% of priority-one emergencies within 15 minutes, instead of its 65% target.

More than R90 million of the emergency services' R788 million budget was not spent. With the machinery and equipment budget, R257 million of the R419 million budget was not spent, while R132 million of the R722 million set aside for building costs was not utilised. 'This shows incredible incompetence that needs to be rooted out from this failing department,' Bloom said.

Give central hospitals more autonomy - Scopa

A call by the Standing Committee on Public Accounts (Scopa) to have central hospitals run autonomously has been widely welcomed. Gauteng chairperson of Scopa Siphon Makama said that the four central academic hospitals should be independent, instead of run by the provincial health department. The hospitals were huge and some had more staff than the department itself.

'The hospitals will be audited separately and the CEO and CFO will be accountable for their actions,' he said. Makama said that the provincial health department had many shortcomings, which the hospitals could address if they were autonomous. 'This is about accountability and taking charge. Hospitals are expected to raise funds, but are not given independence. If a machine is broken, they have to make a report. If they were independent, hospitals could take responsibility for it,' he said.

Professor Alex van den Heever, independent healthcare economist, said that the hospitals should have boards with the power to hire or fire the CEO. Van den Heever said France, Australia and the UK have moved to this system. He added that the proposed boards would have to have community representatives. 'This does not mean that the power of the department is lost. They will work out a balance,' he said. Jack Bloom said that hospital CEOs were very restricted and that they did not have control over supply, purchase and maintenance. Health spokesperson Zwane said that CEOs already had 'enough' power and could now purchase to the value of R1 million, which is double the R500 000 they were allowed in the past.

Obesity – a growing issue in SA

A medical aid scheme recently said that many overweight and obese South Africans are in complete denial about their health, and research indicates 78% of obese and 52% of morbidly obese people believe they are in good shape. However, Profmed's CEO Graham Anderson said the numbers indicate otherwise, reminding that medical insurance premiums are higher for those with excessive kilos. Anderson also indicated that obese patients face extra risks when going under the knife. 'They need to be fit for surgery and they need to be fit to take the anaesthetic. If you have a number of chronic conditions as well as obesity, your risk of going under anaesthetic and undergoing surgery are exponentially higher.'

He said 61% of the nation is on the heavy end of the scale, but many don't admit to weight as an issue. 'I think there are people who just don't do anything about it, they're eager to have that extra piece of chocolate or milkshake and they don't exercise which is important, not only for your weight, but for all your other chronic conditions like your blood pressure or diabetes.'

SA scientists in HIV breakthrough

The Centre for the AIDS Programme of Research in South Africa consortium, led by Professor Salim Abdool Karim, saw two South African scientists discovering a vulnerability in the virus that enables the



body to produce a 'broadly neutralising antibody response'.

Dr Penny Moore, one of the researchers, was quick to say it was not a vaccine, but rather a 'possible pathway to discovering a vaccine'. The research by Moore and Professor Lynn Morris was announced recently and is being touted as the latest breakthrough in HIV research. Health Minister Dr Aaron Motsoaledi and Science and Technology Minister Derek Hanekom congratulated the research team on their revolutionary findings. Karim explained that it had been difficult to make an antibody thus far because of several different strains that the virus has in many parts of the country. 'The virus always changes and evolves to fight vaccines,' he said. Moore elaborated: 'Most vaccines work by inducing antibodies. So far this has not worked for HIV because its surface is highly variable, which means that it multiplies quickly, unlike a disease like measles.'

The study, which began 10 years ago, focused on two South African women infected with HIV. Over a long period it was discovered that the women produced antibodies that can kill a wide range of human immunodeficiency viruses. 'This does not affect the women in any way because the virus got there first,' Moore said. However,

the antibodies were able to help people not infected with the virus. It is believed a vaccination will be developed in a few years. Motsoaledi urged people not to see this breakthrough as a reason to live recklessly, adding, 'People must continue to use condoms.'

Chris Bateman

chrisb@hmpg.c.za