

From the Editor's Desk

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Recently medical doctors and dentists raised the issue, with the Health Professions Council of South Africa (HPCSA), of having a separate body to represent them as some of them felt their interests were not being satisfactorily or perhaps fully represented within the broader forum of the HPCSA with its involvement with many different professional groups. This is an interesting development despite the HPCSA perhaps downplaying the whole matter. Other professionals in South Africa, such as optometrists, might well also like a very different and much more independent approach to the nature of their regulatory organization and Professional Board. Precedents in other parts of the world exist for separate legislative and regulatory bodies for different professional groupings; and such bodies may interact and cooperate wherever and whenever needed. Whether such a system is an improvement on the current one operational in South Africa is, of course, a matter for debate. One of the advantages of maintaining the *status quo* in South Africa is in terms of the significant costs involved in running such professional regulatory systems - and the pooled subscriptions from many professional groupings would be quite difficult to replace. This would be especially true for professional groups with fewer members who might end up paying much greater fees to support their individual regulatory boards. Also, the relatively standardized procedures of the HPCSA

across different professions, and previous experience and knowledge acquired by the people involved with the HPCSA and its boards might be difficult to recreate across multiple independent boards. The National Health Care system that is being planned for South Africa would also likely have major implications in terms of whether a single or multiple boards for different professions could exist and Government, likely, would be very resistant to changing the current situation to a different one where they may well need to interact with even more interested parties. But, once the new national system is better understood and information becomes more freely available on how it will all work then perhaps various professional groups might attempt to create a different approach to that of the HPCSA (and similar bodies for nursing or complimentary or allied health groups). Should some professional groups need to pool their resources to form feasible clusters that would negate the approach as suggested by medicine and dentistry and would return us towards the present system. Excessive fragmentation might also have other negatives beyond those involving costs and effective procedures and possibly may decrease mutual respect and co-operation between the different professional groups. Several independent boards could also potentially create a more competitive environment with possibly greater conflict between various professional groups but a healthy environ-

ment of competitive activity also has advantages, especially for the patients of the various professional groups. Medicine and allied professions in South Africa are active in a highly restrictive environment where not everything permitted is necessarily in the best interests of either the patients or of South African society. Rules and regulations sometimes are more about protecting the professionals rather than their patients! And, this is an area where much needs to be done to insure that patients receive good, or hopefully even excellent, care and treatment but at reasonable cost. South African patients are sometimes charged outrageous fees for clinical and other procedures and this seems most true of medical hospitals and some medical specialists but is certainly not only limited to these two groups. So, a much stronger consumer and government effort is needed to more closely inspect and contain ever expanding and unrealistic health care costs.

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