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SAMAREC/CPD SERVICES AVAILABLE:

- South Africa Medical Association Research and Ethics Committee - SAMAREC
- South African Medical Association Continued Professional Development Accreditation

Our Mission:

- Empowering Doctors to bring health to the nation
- Excellent Service
- Quick Turnaround
- Efficiency

WHAT WE ARE ABOUT

SAMAREC:

Evaluating the ethics of research protocols developed for clinical trials conducted in the private healthcare sector. Ensuring the protection and respect of rights, safety and well-being of participants involved in clinical trials and to provide public assurance of the protection by reviewing, approving and providing comment on clinical trial protocols, the suitability of investigators, facilities, methods and procedures used to obtain informed consent.

CPD:

Assisting health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and to enhance and promote professional integrity. The SA Medical Association is one of the institutions that have been appointed by the Medical and Dental Professions Board of the Health Professions Council of SA to review and approve CPD applications.

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SAFETY

For your safety and that of others, please ensure that you stop smoking in public areas and that you respect the rights, safety and well-being of those around you.
packages. Please note that this is extended out to the family and the discount applies to new addition of contracts and also when the user is due for upgrade.

We are pleased to offer SAMA members 18% discount. The discount however only known (Private Practice); access to a HPCSA accepted CPD Manager; a consolidated for the Lifestyle you deserve.

Gold membership entitles you to earn rewards at over 170 luxury brands as well as preferred rates and privileges at all Lifestyle hotels and further rewards back on.

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The WHO constitution of 1948, when declaring health to be a fundamental human right, solidly entrenched universal healthcare coverage as a foundational principle. Moreover, universal coverage was on the Health for All agenda set by the Alma-Ata Declaration in 1978. If properly implemented, universal coverage will achieve equity in healthcare access in line with the ethical principle of justice. However, for the principle to be comprehensively satisfied; equity must be coupled with a high quality standard that will allow for the improvements of health for those that receive the services. Furthermore, justice and equity will mean that the cost of healthcare will not result in financial burdens to people who require care.

SAMA members can enjoy discounted car hire rates with Tempest Car Hire.

Quality access and equity will be achieved if inter alia our health systems are strong, efficient and well run, essential medicines and technologies are available and there are adequate numbers of healthcare workers.

Corruption will have to be converted into a nightmare of the past.

The Office will be responsible for regulatory standards in a manner that is procedurally fair.
Nations General Assembly Resolution calling

The Assembly agreed to support the United Nations General Assembly Resolution calling for a moratorium on the use of the death penalty and said that it is unethical for physicians to take part in capital punishment. In a statement it made clear that the WMA Declaration of Geneva obliges physicians to maintain the utmost respect for human life, while at the same time acknowledging that the views prevalent in the countries of some of its members prevent all members unconditionally opposing the death penalty.

Criminalisation of medical practice

Government attempts to control physicians’ practice of medicine, including criminalising medical decision making were condemned. Delegates protested that governments had tried to prevent medically indicated procedures, to mandate medical procedures that were not indicated and to mandate certain prescribing practices. In addition, criminal penalties had been imposed on physicians for various aspects of medical practice, including medical errors, despite the availability of adequate non-criminal redress.

National medical associations were urged to oppose government intrusions into the practice of medicine. The resolution opposed criminalising medical judgment, healthcare decisions, including physician variance from guidelines and standards, and medical care provided to patients injured in civil conflicts. Dr Mukesh Haikerwal, chair of the WMA, said: “The WMA believes that doctors who commit criminal acts which are not part of patient care must remain as liable to sanctions as all other members of society. Serious abuses of medical practice must be subject to sanctions, usually through professional regulatory processes.”

“But criminalising medical decision making is a disservice to patients and will have detrimental effects on healthcare”

Support for the Brazilian Medical Association

The Assembly called on the Brazilian government to work with the country’s physicians on medical education, physician credentialing and medical care. It urged the Brazilian government to respect the WMA’s International Code of Medical Ethics. The resolution was adopted against the background of the Mais Médicos programme in Brazil to create more medical schools, extend the duration of the medical course, compulsorily place last years medical students to work in public services and attract foreign physicians to work in remote and poorer areas of the country. New policy documents were adopted on:

- Women’s rights to healthcare and relating to mother and child HIV infection;
- Forensic investigations of the missing;
- Human Papillomavirus vaccination;
- Fungal disease diagnosis and management.

New members

Applications for membership from the national medical associations of Cameroon, Italy, Montenegro and Sudan, were accepted, bringing the total number of World Medical Association NMsAs to 106.

for more information

www.physicians2014.co.za

tel: +27 (0)21 406 6381
Response to ‘Our man in Havana’

T here has been quite a heated response to the article entitled ‘Our man in Havana’ in the SAMI Insider of October 2013. The article, which took the form of an interview with Dr Mzu Theo Nodikida, a member of the national executive council of the Junior Doctors Association of South Africa (JODASA), defended the Cuban-South Africa medical training exchange programme which has for some time now been used to supplement the number of South African medical graduates. The following is a letter by Dr Donald Maasdorp, an OBGYN who works in Johannesburg, which refutes many of Dr Nodikida’s responses to Dr Maasdorp.

Good day,

I have read your article about Cuba and for some reason it got my back up in an unusual way. Some of the comments are not fair and as a doctor who has to deal with the products of poverty and the drug problem, it makes me angry.

The young doctor may not know the history behind the programme other than ‘we need more doctors’. Cuba has done very well in transforming their healthcare system into what it is today, but they now use it as a financial tool. They have 25 medical schools and produce, depending on what you read, 4 000 to 11 000 doctors annually most of whom are foreigners or will end up in foreign countries.

For our students to study in Cuba we had to agree to a few conditions. The students who were selected are predominantly from previously disadvantaged backgrounds and the entry requirements were lower than what it would be in South Africa. The conditions include qualified doctors from Cuba working in SA and getting paid very little – 37% of what the income goes to the Cuban government. However, we were asked to provide accommodation, food and a white lab coat to one doctor among other things. I had the pleasure, very early in my career, of working with an obstetrician from Cuba, and was very impressed.

Currently the doctor to patient ratio in Cuba is even better than the USA, so even if they have a 37% income they are more than able to look after our patients. They may have many medical professionals, but they still have issues not unlike SA including shortages of equipment and medication.

Some of the comments are not fair and as a doctor who has to deal with the products from Cuba I think the article is misleading.

The Cuban government has made healthcare and education a priority – a basic right of all Cuban people. They also realised very early that the best way to deal with human disease is to prevent it from happening, and they invested in research looking for the best suitable approach for their public health – the fruits of their hard work are for everyone to see. Cuba did not ignore the curative aspect of medicine but instead strengthened it. Cuba is one of a few third world countries who do not fly out their president when sick. They have a cardio-centre right in the middle of a small town that caters not only to Cubans but also foreign patients.

Yes, their emphasis is on a preventative approach simply because it makes economic sense and because they have the theoretical and clinical practice in hospitals is basically the same, with the exception of trauma cases, gunshot wounds and multiple trauma patients. There is no need for integration in SA provides us with more than enough necessary exposure to those things.

With regard to the rankings, I am very sceptical of them. As Dr Maasdorp may or may not know, Cuba has been under an economic embargo for more than four decades by the US and its cronies so the objectivity of any ranking of a Cuban university will have to be taken with a pinch of salt.

In ‘SA are our universities among the best in the world’ – by whose standards? In terms of the health care needs of a country, what do we have to show? Unfortunately the centre for specialisation and research is left to the trainee-doctors want to grow in the profession like everyone else. The country needs all the special skills it can get so until the centres of study are broadened and the health education is done properly, you will see the doctors in cities growing in the profession having worked a year or two as MDCs in their areas of origin.

In my opinion what the Cubans are doing works for them regardless of how low the imperialist world ranks them. They continue to rank us (SA) highly and we spend 8.5% of our GDP – which is higher than the WHO’s (World Health Organization) recommends (3.1%) on health, yet our outcomes are still terrible.

The NIH is a clear demonstration of how SA has realised that curative orientated and hospital-centric medicine is economically impossible to sustain, ethically difficult to defend and therefore a failure. The system has failed our people and over again it is time for a paradigm shift to a more integrated health system with more emphasis on prevention of diseases and promotion of healthy lifestyle without ignoring the need for state of the art equipment for research and complex curative procedures.

An obvious SA must get its house in order in terms of increasing the intake for medicine and building more medical schools. Until then the Cuban programme will continue to contribute to our health system in whichever way possible.

Dr Mzu Theo Nodikida

Why question the intelligence of someone who learns Spanish in less than a year, studies medicine in that language then goes on to specialise in a local medical college?

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An obvious SA must get its house in order in terms of increasing the intake for medicine and building more medical schools. Until then the Cuban programme will continue to contribute to our health system in whichever way possible.

Dr Mzu Theo Nodikida
The members present at the meeting and approve the Trade Union Constitution. Convened at SAMA head offices to consider employed members of the Association better, particularly the rules aimed at serving the functioning of trade union affairs. More Association has an independent trade union of Incorporation and Company Rules was convened and the New Memorandum special general meeting of all SAMA members in SAMA – ensuring that services are improved in the following manner:

**In terms of matters handled on behalf of our members in the Courts, the breakdown illustrated in the graph 'Application Types' at the Labour Court on page 10 paints the picture. The following numerical breakdown may be deducted from the matters handled:**

<table>
<thead>
<tr>
<th>Application types at the Labour Court, Labour Appeal Court and the High Court 2013</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews</td>
<td>14</td>
</tr>
<tr>
<td>Rescission</td>
<td>3</td>
</tr>
<tr>
<td>Enforcement</td>
<td>15</td>
</tr>
<tr>
<td>Breach of Contract</td>
<td>4</td>
</tr>
<tr>
<td>Rule 11</td>
<td>6</td>
</tr>
<tr>
<td>Urgent application – Labour Court</td>
<td>6</td>
</tr>
<tr>
<td>Labour Appeal Court</td>
<td>2</td>
</tr>
<tr>
<td>Urgent application – High Court</td>
<td>1</td>
</tr>
<tr>
<td>Total cases</td>
<td>54</td>
</tr>
</tbody>
</table>

### Member profile: Dr Langanani Mbodi

Langanani Mbodi is a registrar at Wits University’s Obstetrics and Gynaecology Department. He is currently the executive chair of the South African Registrar Association (SARA) and was elected national treasurer of the SAMA Trade Union at the union’s first elective Trade Union Congress in August.

#### How did you become involved in medicine?

I was born in a village called Thikovha in Limpopo Province. As a child, I was lucky enough to be surrounded by people who affirmed my status as an individual. I was raised to believe that I was destined for better things, and this developed my confidence as a child, so that setting my sights on a medical career never seemed impossible. I never thought that my dreams would come true. I wanted to study medicine because my family – keeps me motivated.

#### What are the challenges facing the medical profession today?

The country’s medical sector has experienced a massive brain drain and there is an overall sense of dissatisfaction among those who have remained in the country. The state of the education system demotivates children with little resources from attempting to become physicians, and this is a great shame. I did not have access to a library or laboratory while I was at school, but I managed to push through and realise my dreams. It pains me to think that many disadvantaged children do not realise that a doctor is within their grasp.

#### What drives you?

I love to put my dreams into action. As a doctor, being able to tangibly change the course of people’s lives is very rewarding. Medicine remains a unique degree and a profession that does not only teach or equip you with skills to treat people and save lives. It teaches you how to live with yourself, other people and to appreciate the little things you get from life. This is a very challenging career, but on the plus side it does give you an opportunity to constantly improve yourself. That – and my family – keeps me motivated.

The members have over the 2013 financial year enjoyed significant payments directly into their pockets which may be broken down in the following manner:

- **Payments made in favour of members:**
  - R 4 610 000.00
  - Outstanding payments to members: R 1 148 058.00

A total sum of nearly seven and half million rand was raised in favour of members this year. These gains signal a positive contribution towards improving the living and working conditions of SAMA members.

**Ending 2013**

As we move towards the close of 2013, it is evident that the contribution of the Trade Union to members has been nothing less than significant over the year 2013; however still more needs to be done to achieve more favourable conditions for members into 2014 and beyond.
Trade Union NEC determines future course

The national executive council (NEC) of the SAMA Trade Union held their first general meeting on 18 October at the Birchwood ON Tambo Hotel in Boksburg. Members of the Trade Union NEC met with representatives of the Trade Union’s affiliate bodies, the South African Registrar’s Association (SAMA), the Junior Doctors Association of South Africa (JUDASA), the Senior Doctors Association of South Africa (SEDASA) and the Academic Doctors Association of South Africa (ADASA) to discuss the union’s immediate goals.

One of the first decisions taken was to set up Trade Union structures in all the provinces and establish shop stewards in every hospital in South Africa. This was seen as a vital first step towards solidifying the union’s presence in the national health sector. Next on the agenda were the issues of RWOIP and commuted overtime. The Trade Union NEC decided to keep pushing the national Department of Health (DoH) to adopt SAMA’s policies on these matters, which have not been receiving the urgent attention they require.

The medical litigation crisis was discussed at length, with legal options to combat the growing scourge being tabled. Also mentioned were the Positive Practice Environment (PPE) campaign which SAMA is spearheading in conjunction with the Democratic Nursing Organisation of South Africa (DENOSA). The most recent PPE campaign was launched in Gauteng, and the campaign has received a lot of positive responses so far. Another issue which was discussed was the growing international relations between the SAMA Trade Union and its international sister unions, especially in Africa.

A health promotion event was hosted by the Trade Union on 5 December in Kathlehong. A mini marathon, to raise awareness of HIV/AIDS among the community, was held at the event which was attended by SAMA members.

In loving memory of Emeritus Prof. Peter Jacobs

Prof. Wim de Villiers, Dean, Faculty of Health Sciences, UCT

I t is with sadness that I inform you of the passing of Emeritus Professor Peter Jacobs on Monday, 18 November 2013. He had been unwell for the past year, and passed away peacefully at home in the presence of his wife.

Peter Jacobs had a long and eventful career after becoming the foundation head of the Department of Haematology at UCT in 1972, a post he held until his retirement from UCT in 1994.

He then continued to work in private practice and developed the Bone Marrow Transplant Unit at Constantiaberg hospital which he ran until his final retirement in February 2011.

He was central to the development of haematology as a discipline in South Africa and was instrumental in the development of bone marrow transplantation in this country. He contributed to many professional societies and was the recipient of many awards for his unstraining efforts as a teacher and innovator in the field of haematology.

A life-long and esteemed member of SAMA, Prof. Jacobs received an award for Fellowship in the Art and Science of Medicine at the SAMA-Bonitas Doctors Awards.

His energy and work ethic were legendary in the Faculty during his years in office, and he will be fondly remembered by scores of students who benefited from his approach to both undergraduate and postgraduate teaching during his long academic career.

His family will be arranging a private cremation and a memorial ceremony will be held at an appropriate time.

We wish his wife, Isla, and two sons, Sean (UK) and Wayne (Australia), much strength during this time of sadness, and will keep them in our thoughts, prayers and meditations.
**FPD making a difference**

Sixteen years ago SAMA established the Foundation for Professional Development (FPD) with the vision of building a better society through education and development. From modest beginnings with three staff members and an annual budget of R600 000 FPD has grown into a 700 people institution with a R400 million annual turnover. FPD’s mission is to catalyse change through developing people, strengthening systems and providing innovative solutions to healthcare challenges driving the expansion of FPD’s activities to 16 counties in Africa.

FPD’s educational programmes include both formal qualifications and short courses to address the managerial and clinical development needs of the healthcare sector. In 2013 they reached more than 45 000 participants. To date more than 245 000 students have enrolled in FPD courses – making it one of the largest health sector training institutions in Africa.

Conferences are another conduit that FPD uses to effect change through debate and by creating a platform to profile major public health issues. FPD is also increasingly focussing its activities on addressing youth unemployment through learnership and apprenticeship programmes.

Since 2005 FPD has also been involved in substantial health system strengthening activities including:

- A PEPFAR/USAID funded partnership with government that has supported treatment initiation of 391 016 people living with AIDS and provided free HIV tests to 2 858 471 clients.
- Supporting the public sector by recruiting 2 600 healthcare professionals for public sector facilities.
- Supporting the University of Pretoria to establish an Infectious Diseases Dept.
- Establishing a healthcare professional toll free hotline for AIDS treatment at the University of Cape Town.
- Supporting the establishment of an Pharmacovigilance Unit at Medunsa.
- Supporting the Info4 Africa project at the University of KZN to publish the national series of HIV service delivery directories.

In 2012 FPD expanded its PEPFAR funded health systems strengthening project to include partnering with nine districts in South Africa to provide technical assistance to district management. This five year consultancy and mentoring project will improve service delivery to 21% of the country’s population. In 2013 FPD increased its activities around gender based violence, and has partnered with USAID, Soul City Institute, Sonke Gender Justice Network and the MRC to support the Thuthuzela rape support project of the NPA.

2013 has been a memorable and successful year and FPD wishes to use this opportunity to thank SAMA, healthcare professionals and all our funders and partners for all your support in helping us make a difference.

**SAMA members gain access to two CPD courses**

SAMA members can now gain free access to two CPD short courses designed by the Foundation for Professional Development, sponsored by Merck Serono and hosted online by Medical Practice Consulting.

Medical Practice Consulting (MPC) and the Foundation for Professional Development (FPD) have joined forces to offer South African healthcare professionals online Continuing Professional Development (CPD) courses that are topical and relevant to delivering healthcare services in South Africa. The FPD is registered with the Department of Higher Education and Training (DHET) as a Private Higher Education Institution (PHEI) in terms of Section 54(1)(c) of the Act and Regulation 16(4)(a). The FPD is a subsidiary of the South African Medical Association and also an institutional member of the South African Institute of Healthcare Managers.

The FPD School of Health Sciences has been the leader in training healthcare professionals since 1997 and takes pride in being recognised as pinnacle product leaders and innovators in the healthcare industry. Research has shown that 54% of all doctors have studied with the FPD and continue to do so by earning required annual CEUs through the completion of courses. The FPD receives numerous annual educational grants, which make it possible to reduce training costs on a large number of training programmes.

The portfolio of Health Science courses are specifically designed to enhance the clinical skills of healthcare professionals and taught through a combination of assessed self-study (with study material and online training) and facilitated workshops, led by national experts.

The FPD is accredited by the Medical and Dental Board of Health Professions Council of South Africa as a CPD service provider. All FPD programmes are accredited on an annual basis according to HPCSA rules and regulations to qualify for CEU points.

The Medical Practice Consulting online CME and MCQ system is the only online training solution approved by the FPD. The online CME and MCQ system is easy to use and allows users the freedom to access the system not only from personal computers but also from any Android Tablet or Apple I-Pad. All FPD programmes offered through this medium boast the highest standard – as its alumni have come to expect.

The South African Medical Association (SAMA), MPC and the FPD have joined forces with Merck Serono to offer SAMA members free access to two online CPD short courses:

- Fertility
- Hypothyroidism

All SAMA members have free access to attend the event online as part of their SAMA member benefits. The online CPD courses are accredited as short courses and you will be rewarded with three CPD points upon completion of the short ten mark multiple choice questionnaire (MCQ).

MPC and FPD also offer the following accredited online CPD events at a reduced cost of R456.00 including VAT to all SAMA members:

- HIV/AIDS Counselling and Testing Course
- Management of Tuberculosis for Healthcare Professionals
- Store Persons Course
- Course in Diabetes Mellitus
- Paediatric HIV/AIDS Management
- Course
- Sexually Transmitted Infections
- Management of Cardiovascular Disease
- Management of Common Vascular Diseases
- Mental Health
- Clinical Management of Asthma
- HIV/AIDS Management Course for Healthcare Professionals
- Ethics in the Healthcare Environment

MPC, the FPD and Merck Serono are offering SAMA members free access to online CPD courses in Fertility and Hypothyroidism.
the South African Medical Association (SAMA) is an official CPD (Continuous Professional Development) Accreditor, appointed by and registered with the Health Professions Council of SA (HPCSA). The role of the SA Medical Association’s CPD Unit is to review and approve applications for the provision of CPD activities within the ambit of the health profession. In this regard the Unit reviews applications by organisations and individuals without accredited service provider status in order to monitor these activities and to revise the continuing education units (CEUs) allocated. As a CPD Accreditor SAMA can also provide accredited service provider status in respect of the annual curricula of service providers meeting certain prescribed criteria.

Each registered health professional is required to engage in CPD activities and to accumulate at least 30 CEUs per 12 month period, of which at least five CEUs should be for ethics, human rights and medical law. CEUs accrued for CPD activities will be valid for a period of 24 months from the date that the activity took place or ended. Health professionals should therefore aim to accumulate a balance of 60 CEUs by the end of their second year of registration and thereafter. The requirement for compliance is to reach and maintain a level of 60 CEUs, of which at least ten CEUs should be for ethics, human rights and medical law.

All health professionals must ensure they are in possession of a certificate of attendance for every activity they have attended. These certificates should be kept for at least two years for auditing purposes. All health professionals must maintain a record of their own learning activities and document these on official HPCSA individual CPD Activity Record Forms.

The purpose of CPD is to assist health professionals to acquire and maintain new and updated levels of knowledge, expertise and ethical attitudes that will benefit them in practice and will promote professional education.

Health professionals practising in South Africa and attending an academic meeting or activity abroad should take cognisance of the fact that they need to have the overseas activity accredited by an Accreditor in South Africa, in order to obtain the CEU point equivalents for HPCSA audits. SAMA is able to accredit these activities.

Guided by the principle of benefitto,” health professionals should aspire to standards of excellence in health care provision and delivery. Continuing Professional Development (CPD) enables the maintaining and updating of professional competence to ensure that the public interest will always be promoted and protected, and that the best possible services are delivered to communities.

For all your CPD queries please contact Lisa Reid on 012 481 2082 or cpd@sama.co.za.

SARA NEC do charity work at Atteridgeville school

On Saturday 2 November, members of the South African Registrars’ Association’s (SARA) national executive council visited Holy Trinity Catholic Secondary School, an independent school in Atteridgeville, west of Tshwane. Holy Trinity was established in 1950 by Catholic missionaries.

“Like many other schools in previously disadvantaged areas, this one does not have the well-resourced facilities that independent schools in urban areas enjoy,” said SARA’s Dr Lethlonkoilo Mqale.

Despite its obvious setbacks, Holy Trinity has consistently maintained a 100% Matric pass rate and has been instrumental in grooming many of Atteridgeville’s current community leaders. The school has 340 children in total – 56 boys and 284 girls.

The SARA NEC chose this school as one of its social responsibility projects. “Our desire as SARA is to see every individual reach their scholastic potential. Our aim is to maintain this initiative as SARA’s annual project whereby various other schools of this calibre will be assisted,” Dr Mqale said.

“Education is the most powerful weapon which you can use to change the world.” These are the words of our former president Nelson Mandela – the SARA NEC would like to observe these words and be true leaders in change in the world of academia. To this end, they contributed their time to the rebuilding of the school’s facilities.

SARA plans on refurbishing the school’s library facilities. At the beginning of the year, the school library had no roof and was in a severely dilapidated state. SARA has since provided a roof for the building and hired labourers to repaint the library.

From left to right: The South African Registrar’s Association’s Dr S Jiyana, Dr L Majake, Dr O Mosiane, Dr N Moshinge, Ms Gely Mooko, Dr J Jemer and Dr R Matho.

DoH holds health communicator and health promoters’ forum

Zukiswana Nonnganga

The National Department of Health (DoH) recently hosted its first forum specifically for health communicators and health promoters who support the national department’s health programmes. The three-day conference was held at the OR Tambo Protea Hotel in Kempton Park from 11 to 13 November 2013 and carried the theme, “Towards an integrated health communication and health promotion effort.”

According to Dr Motsoaledi: “The agenda that health communicators should be pushing is that of the prevention of diseases and health promotion.”

The forum aimed at identifying ways in which both the communicators and health promoters can effectively communicate health programmes and included how health workers are to address these programmes and promote health in the communities in which they work. The health communication forum was well-attended and included the National Minister of Health, Dr Aaron Motsoaledi and Director General, Ms Precious Matsotsa, as key guest speakers.

Director General Matsotsa addressed delegates on strategic guidance for communication and health promotion in achieving the department’s strategic goals. In her speech, the Director General stressed that communication was essential to public health and that primary health was key to health promotion. She added that communication plays a pivotal role in influencing the norms and behaviours of health communication.

The speakers highlighted key areas that have a major impact on health promotion and primary care, and their communication thereof. Social and cultural behaviours were one of the key points highlighted that need to be thoroughly looked at when approaching primary healthcare.

The National Minister of Health, Dr Aaron Motsoaledi, said, “The national dialogue in our country is not about health. We should create our own health agenda.” He also added that, “the agenda that health communicators should be pushing is that of prevention of diseases and health promotion.”

The Minister also highlighted the six building blocks of the healthcare system, as outlined by the World Health Organisation (WHO), which each health system should work towards. The building blocks are leadership and governance, access to essential medicines and other commodities, health workforce or human resource, health system financing, healthcare information and research and lastly the health service delivery system.

Dr Motsoaledi urged communicators to define these blocks in relation to their own country which will assist in pushing the country’s own health agenda. With this health agenda, health communicators should start engaging the public on the importance of universal health coverage with its main objective being, access to good quality and affordable healthcare for all citizens.

A representative from John Hopkins Health and Education South Africa gave an overview on key lessons from health communication and Prof Laetitia Rispel addressed delegates on the key lessons learned from health promotion in South Africa. Other health promotion organisations represented at the forum included, Soul City, Community Media Trust, Mindset and loudlife.

Delegates were exposed to how the department of health communicates health promotion programmes to achieve quality healthcare and improve health literacy among rural and disadvantaged communities.

The national department of health, together with Mindset and Health – e-News, launched a pilot film for the National Health Insurance TV channel which aims to improve communication with service users, healthcare providers and stakeholders. The roll-out of the channel will mainly be used by healthcare providers, programme managers, the general public and district clinical specialist teams.
Persistent pain in the leg
The Medical Protection Society shares a case report from their case files

Mr P, a 49-year-old taxi driver, had recently visited casualty with chest pain. He ended up being transferred to the local cardiac unit where, according to his brief discharge advice note, he had ‘emergency coronary bypass surgery (full discharge letter to follow)’.

Three days later after getting home he developed aching discomfort in his right lower leg and reattended casualty, taking the discharge note with him. He was seen by Dr B who examined his lower leg and noted that the wound from his saphenous vein harvest site looked inflamed. He documented that there were no clinical signs of a deep venous thrombosis and discharged Mr P home with a course of oral flucloxacillin.

The following evening Mr P re-attended casualty as he was still getting intermittent pain and was seen by Dr A. After examining him Dr A obtained the notes from the previous day’s visit and felt able to reassure Mr P that he simply had not given enough time for the antibiotics to work. Mr P specifically asked about the possibility of deep vein thrombosis, but Dr A advised him that her colleague had considered that on his previous visit and felt it was very unlikely. Dr A noted in a statement she wrote for the subsequent investigation that she discharged Mr P with some stronger painkillers.

During the next two days, Mr P rang his General Practitioner Dr X on two occasions. Dr X went through his symptoms on the phone and noted that the casualty unit had ‘excluded a DVT’ (he had not received any communication from casualty and had not yet received a full discharge summary from the tertiary unit). He reassured Mr P that he simply had not given enough time for the antibiotics to work. Mr P that he simply had not given enough time for the antibiotics to work. Mr P specifically asked about the possibility of deep vein thrombosis, but Dr A advised him that her colleague had considered that on his previous visit and felt it was very unlikely. Dr A noted in a statement she wrote for the subsequent investigation that she discharged Mr P with some stronger painkillers.

The following night Mr P, unable to sleep because of the pain, re-attended casualty. By now his leg was cold, pale and mottled. Further investigation identified an embolus occluding his femoral arterial puncture site; this had been performed via the right groin. Despite the best efforts of the vascular surgical team he went on to require an above knee amputation.

Mr P made a claim against all the doctors who had been involved in his care prior to his last casualty attendance. The claim was settled for a substantial sum.

Learning points
• Examine your patient properly and fully – had the entire leg been assessed the femoral arterial puncture site would have been seen and may have led to earlier diagnosis of arterial problems.
• Earlier and fuller discharge letters might have similarly alerted the doctors involved to the fact that a coronary angiography had been carried out.
• Re-attending patients can easily be perceived as a nuisance, but should instead prompt consideration of why they are re-attending.
• Do not rely on a colleague’s earlier diagnosis – they may have been wrong or things may have developed further, providing clues that they did not benefit from when they assessed the patient.
• Beware of blinkered decision-making. Doctors often use heuristic pattern recognition to make rapid diagnoses, e.g., one’s intuition, but this can lead to errors if the wrong pattern is recognised and alternate diagnoses are not considered. Keep an open mind. Do not be afraid to rethink your original diagnosis.
• Pain, out of keeping with the clinical findings or diagnosis, should always prompt review – and merits more than telephone advice, especially when a patient has undergone major surgery.

References
Williams S, Tunnel vision, Casebook (May 2011)

The original case report can be found in MPS’s edition of Casebook Vol. 21 no. 1 – January 2013 at http://www.medicalprotection.org/southafrica/case-reportsJanuary-2013/persistent-pain-in-the-leg
KZN Coastal hosts memorial lecture and gala dinner

The KZN Coastal Branch held its annual memorial lecture and gala dinner on Saturday 23 November at the Southern Sun Elangeni Hotel in Durban. The event attracted a lot of attention and was attended by the provincial MEC for Health Dr Sibongiseni Dhlomo. The memorial lecture was dedicated to the spirit of former Alan Taylor Residence leaders who endured blatant racism during their time as medical students at the Durban Medical School during the 1960s and 70s. The Alan Taylor Residence became a hub of activity for students interested in the emerging black consciousness and congress movements and contributed greatly to the national liberation struggle against apartheid.

Gauteng holds awards dinner

On 7 November the SAMA Gauteng branch held the first of its awards dinners. The dinner, brainchild of Prof. Martin Veller, aims to honour members of society for their significant contributions. The nominees are people who work mostly behind the scenes and whose contributions often go unrecognised. Candidates were nominated by the SAMA Gauteng members. These nominations were reviewed by the branch council and a recipient for each of the five categories selected. The awards will be held every two years.

The event, held at the Houghton Golf Club, was well attended by both branch members and special guests. Dr Kalli Spencer, branch chairperson, provided a brief welcome and overview of a few of the branch’s activities to date. Prof. Martin Veller continued the proceedings by introducing the awards recipients. The awards were presented by Dr Phophi Ramathuba, president of the SAMA Trade Union and Mr Hope Papo, the Gauteng MEC for Health.

Gauteng North ends 2013 with a bang

The Gauteng North branch saw off the year in style at its AGM and gala dinner on 15 November. Held in the peaceful surroundings of the Shokran Events Venue on the outskirts of Pretoria, the evening had a Moroccan theme and was well attended. After the general meeting concluded, attendees were treated to an evening’s entertainment that included a stand-up comedian and a belly dancer who wowed the audience with her abdominal prowess and fire-juggling skills. The branch also honoured some of its most illustrious members, including Dr Wilma Lotter and Prof. Mike Sathekge. Dr Lotter was honoured for her years of dedicated service to the community via her Sunnyside practice, particularly her work with street kids, while Prof. Sathekge was recognised for his cutting-edge research work in the field of nuclear medicine.

The award recipients for 2013 were:
- Colleague Award – Prof. Moosa Patel
- Junior Colleague Award – Dr Kalli Spencer
- Medical Student – Ms Sule Burger
- Allied Health Professional – Prof. Laetitia Rispel
- Member of Society – Mr Mark Lubner

Dr Wilma Lotter receives an award from branch vice-chairperson Prof R F Chauke

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