ABSTRACT OF RESEARCH PAPER BY DR ATIYA MOSAM:

Regulating The Employment Of Doctors Within The Private Sector In South Africa: A Policy Analysis

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Introduction: The private health sector in South Africa accounts for half of the country's health spend but services only 16% of the population. Unsustainable inflation in the private medical sector has led to a recent commission of enquiry into drivers of private sector health care costs. One reason that has been proposed for the elevated costs is the Health Professions Council of South Africa (HPCSA) regulations that prevent private hospitals from employing doctors. This study aimed to understand the current regulatory environment surrounding the HPCSA policy on employment of doctors and the implications of such a policy in light of the current health system policy reforms in South Africa.

Methodology: The study was conceptualised as a policy analysis study with qualitative and quantitative components. The qualitative component consisted of document reviews and interviews with key stakeholders in order to investigate the current regulatory environment and implications of the regulations. The 20 stakeholders interviewed represented regulatory bodies, clinician associations, hospital groups, medical schemes and universities. Interviews were based on broad categories including support of the HPCSA policy, implications of the HPCSA policy, recommendations for amendments to the HPCSA policy, and recommendations for broader policy amendments and analysed accordingly.

The quantitative component consisted of a survey of doctors in South Africa to ascertain their views on the current HPCSA policy and its implications for clinical practice. A database of 21 065 doctors was obtained from MedPages and the survey yielded a response rate of 7.7%. The survey covered demographic details, current employment details, opinions on the HPCSA policy as well as opinions on a series of statements related to cost of care, quality of care and autonomy. Analysis included descriptive and inferential analysis, including multinomial

logistic regressions to ascertain predictors of agreement with and possible uptake of employment.

Results: The HPCSA policy arose from a need to prevent perverse incentives associated with employment by a profit-making entity impeding a doctor's clinical autonomy but this policy has been cited as a possible cost driver in the private sector. Whilst only 5 stakeholders viewed the policy as increasing costs of care, 20 stakeholders felt that the policy impeded quality of care provided. Similarly, 46.6% of doctors surveyed did not feel that employment would lead to decreased costs but only 30.6% agreed that the HPCSA policy did impede quality of care. Both stakeholders and doctors did not feel that employment of doctors would necessarily lead to unethical practices and loss of autonomy. Despite these implications, stakeholders and doctors were of the opinion that other measures such as multi-disciplinary practices and clinical protocols would be more effective in reducing costs and increasing quality of care than relaxing restrictions on the employment of doctors. For these reasons, it was felt that the employment of doctors should be restricted to conditional employment such as emergency physicians and medical officers to ensure continuity of care in a fragmented system.

Conclusion: Whilst key stakeholders and doctors were in favour of employment, the prevailing sentiment was that the policy should allow for employment of certain types of doctors' or for certain services. It is therefore recommended that the HPCSA policy needs to be amended, not only to allow conditional employment as highlighted above but more broadly to ensure that the HPCSA regulations support more innovative, cost effective, and integrated means of delivering patient care through multi-disciplinary practices and global fees.