



SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY

106 – 154 NPO

VAT No: 4390268409

PO Box 752378
GARDENVIEW, JHB
2047

Unit 4 Parade on Kloof Office Park
1 The Parade, ORIEL
BEDFORDVIEW 2007

TEL: +27 116153170
FAX: 086 559 8237

www.saphysio.co.za
info@saphysio.co.za

Mr. Clint Oellerman
The Inquiry Director
Market Inquiry into the Private Healthcare Sector
Private Bag X23
Lynwood Ridge
Pretoria
0040
PER EMAIL: PaulinaM@compcom.co.za; MapatoR@compcom.co.za

21 February 2018

**RE: SUBMISSION OF THE SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY
FOR THE HEALTH MARKET INQUIRY PERTAINING TO PROPOSED
REGULATORY INTERVENTIONS FOR LICENSING OF HEALTH FACILITIES**

Dear Mr Oellerman

As a stakeholder with an interest in both the public and the private healthcare sectors, the South African Society of Physiotherapy™ (“the SASP®”) is grateful for the opportunity to add to our previous submissions to the Panel of Inquiry (“the Panel”) dated 17 November 2014 and 20 October 2017 respectively.

The aim of this submission is to comment on the position of the SASP with regards to observations made and remedies suggested by the Health Market Inquiry (“HMI”) as per the document published on 14 February 2018. Comments in this submission are made with the functioning of physiotherapy departments in the public sector and with private physiotherapy practices in mind.

The submission below concentrates on:

1. Observations and remedies of the HMI, which are supported;
2. The definition of health facilities / establishments;
3. Management of the practice numbering system;
4. The "Certificate of Need" ("CON") provisions in the National Health Act;
5. Regulatory bodies; and
6. The SASP's private practice management accreditation programme.

The SASP wishes to thank the HMI for the opportunity to submit the views from the physiotherapy profession and the continuous engagement with the HMI team.

Yours sincerely



Prof Witness Mudzi

PRESIDENT

The South African Society of Physiotherapy

president@saphysio.co.za

Tel: 011-6153170

Mobile: 0728582942

**SUBMISSION OF THE
SOUTH AFRICAN
SOCIETY OF PHYSIOTHERAPY
TO THE
HEALTH MARKET INQUIRY
PERTAINING TO THE PROPOSED
REGULATORY INTERVENTIONS
FOR LICENSING OF HEALTH
FACILITIES**

TABLE OF CONTENTS

1.	PREAMBLE	4
2.	OBSERVATIONS AND REMEDIES PROPOSED BY HMI WHICH ARE SUPPORTED BY THE SASP	5
3.	SASP SUBMISSION	6
3.1.	Definition of Health Facilities / Establishments	6
3.2.	Practice Numbering System to be Managed by an Independent Body	7
3.3.	Certificate of Need.....	8
3.4.	Regulatory bodies	8
3.5.	SASP Private Practice Management Accreditation Programme	8

1. PREAMBLE

- 1.1. This submission is supported by previous submissions to the Health Market Inquiry (HMI) dated 17 November 2014¹ and 20 October 2017² respectively, and should be read in conjunction with those submissions. (Attached again for ease of reference).
- 1.2. We wish to again draw the attention of the HMI to the physiotherapy profession, our extensive scope of practice (i.e. covering a large number of fields of interest), national footprint, work environment and the role that the physiotherapy profession can play in providing quality physiotherapy services to the population of South Africa³.
- 1.3. The SASP is a voluntary non-profit member organisation and is currently representing 4 595 physiotherapists working in the private and public sectors.
- 1.4. The severe shortage of physiotherapists in South Africa continues to prevail as evidenced by the statistics of the Health Professions Council of South Africa (HPCSA)

¹ SASP submission for Private Healthcare Inquiry, Final – 17 Nov 2014

² SASP submission pertaining to tariff determination – 20 Oct 2017

³ SASP submission for Private Healthcare Inquiry, Final – 17 Nov 2014, section 3

dated 31 December 2016, namely that there are 7 449 registered physiotherapists for a population of approximately 56 million people. It is unknown how many of the registered physiotherapists at HPCSA are still actively providing services in South Africa. The ratio currently is 1 physiotherapist: 7 518 patients.

2. OBSERVATIONS AND REMEDIES PROPOSED BY HMI WHICH ARE SUPPORTED BY THE SASP

The following observations of the HMI are endorsed:

- 2.1. Effective coordination between the Minister and MECs in the development and implementation of health policy is essential for a proper functioning of the health system (Paragraph 8 of the HMI document)
- 2.2. Coordination and collaboration between various regulatory bodies, such as the Health Professions Council of South Africa (“HPCSA”) and the Council for Medical Schemes (“CMS”), who are relevant in accrediting different players and health establishments are essential to offer innovative forms of care. (Paragraph 18 of the HMI document)
- 2.3. A central database to facilitate the monitoring and reporting of facilities is supported. (Paragraph 20 of the HMI document)
- 2.4. Requirements to be commissioned for new licenses (within a certain period), thus creating a sub-market for the sale of licenses. The sale of licences or changes in ownership, need to be scrutinised (Paragraph 21 of the HMI document)
- 2.5. Requirements for monitoring and evaluation as part of the review and renewal of licenses is essential, to ensure continued need and maintenance of quality. (Paragraph 22 of the HMI document)
- 2.6. The South African market must follow the example of international trends by attaching certain obligations, such as quality, staff capacity and occupancy, to name a few, to licensing. (Paragraph 23 of the HMI document)

- 2.7. Clear timeframes must be set and adhered to for the licensing process and should not take 2-3 years per license to be obtained. (Paragraph 26 of the HMI document)
- 2.8. The SASP supports the limitation of the role of the provincial departments to that of implementing of the prescribed standardised licensing model and applying the model to specific market dynamics in the provinces. (Paragraph 27 [a] of the HMI document)
- 2.9. It is supported that the continuation of licence agreements be dependent on facilities meeting a mandatory monitoring and reporting framework as per Regulations. (Paragraph 27 [b] of the HMI document)
- 2.10. Preference should be given to licensing new, improved and innovative models of care that develop the current system and improve cost-containment while offering high standards of care. (Paragraph 27 [c] of the HMI document)
- 2.11. Streamlining between the relevant regulatory bodies such as the OHSC, CMS and the HPCSA, among others, is necessary, to address regulatory fragmentation in licensing and accreditation of different health establishments. (Paragraph 27 [d] of the HMI document)
- 2.12. The SASP strongly supports the licensing process to be compliant with the principles of administrative law. (Paragraph 27 [e] of the HMI document)

3. SASP SUBMISSION

3.1. DEFINITION OF HEALTH FACILITIES / ESTABLISHMENTS

- 3.1.1. A “health establishment” is defined in Chapter 6 of National Health Act (NHA) as follows:

“the whole or part of a public and private institutions, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services.”

- 3.1.2. This definition includes public and private facilities and practices according to our interpretation.
- 3.1.3. It appears as if the HMI's observations and remedies relate only to hospitals, day hospitals, other hospitals such as rehabilitation hospitals and potentially public sector facilities. It is important to clarify the HMI's use of "facilities or "establishments". If it is used in a broader sense to include for example private practices and palliative care centres, the remedies proposed have far-reaching implications, which require further consultation and discussions.

3.2. PRACTICE NUMBERING SYSTEM TO BE MANAGED BY AN INDEPENDENT BODY

- 3.2.1. A practice code numbering system is a complex process and needs to adhere to the regulations and rules of the different statutory bodies. It should be noted that all health care facilities, including private health care practices, require practice code numbers to bill medical schemes. All these numbers are currently issued by the Board of Healthcare Funders of Southern Africa (BHF). This process should not be managed by provinces as this will create fragmentation and the application of different rules and standards as is currently the case with the provincial issuing of hospital licences. For this reason, it is advisable to impose this function on an independent central body. It also requires continuous maintenance and updating.
- 3.2.2. The SASP also strongly recommends not to use the BHF for this function as physiotherapy practices are currently experiencing numerous problems where BHF acts outside the ethical rules and legislation of the HPCSA.
- 3.2.3. Hospitals are the only facilities currently required to be licensed. It is therefore submitted that it cannot form an integral part of the licensing process as many other service providers are affected by such a system.
- 3.2.4. Furthermore, a licensing body will not necessarily have the expertise to be able to evaluate cost-effectiveness or excellence of clinical outcomes, which are suggested to be the criteria for the issuing of such practice code numbers. This proposal is therefore not supported.

3.3. CERTIFICATE OF NEED

- 3.3.1. Since the CON proclamation was set aside by the President, the CON provisions have not yet come into effect as regulations and are still to be published to support such a system. These regulations will also be subject to further consultation with and debate by health care practitioners.
- 3.3.2. Without a proper and comprehensive framework in place, which was subject to consultation with the professions, the SASP cannot support the CON proposal in the National Health Act at present. It is consequently proposed that the application of CON to private practices should therefore not be included in the HMI's further discussions with the national and provincial departments of health.

3.4. REGULATORY BODIES

- 3.4.1. Currently the HPCSA and Council for Medical Schemes (CMS) are not involved in the licensing of facilities ("health establishments"). The function, roles and coordination between the different regulatory bodies are unclear and need to be clarified.
- 3.4.2. Close interaction, coordination and clear role definitions are vital for all regulatory bodies i.e. HPCSA, CMS, National Department of Health (NDOH) and Department of Education.

3.5. SASP PRIVATE PRACTICE MANAGEMENT ACCREDITATION PROGRAMME

- 3.5.1. It should be noted that the Norms and Standards Regulations for health establishments, which aims to guide, monitor and enforce the control of critical risks to health and safety in such establishments, were recently published in the Government Gazette.
- 3.5.2. The SASP supports quality care and physiotherapy services adhering to all ethical and legislative requirements.

3.5.3. For this reason, the SASP private practice accreditation programme was initiated in 2009 as a voluntary process to ensure that physiotherapy practices are in line with legal and ethical regulations.

3.5.4. The programme consists of five standards, which include:

1. Corporate Management;
2. Operational Guidelines and Policies;
3. Human Resources Management;
4. Facilities and Equipment Management;
5. Quality Assurance.

It is based on the ISO 9000 international accreditation process.

3.5.5. It was envisaged that this programme could be used to prepare practices for any monitoring and evaluation required under the National Health Insurance (NHI) scheme and to ensure that practices adhere to all legislation required to practise in South Africa.

3.5.6. A comparison between the Norms and Standards, which were recently published, and the SASP accreditation programme, indicate that they overlap by 98%.

3.5.7. Currently 34 physiotherapy practices are accredited and 50 practices are in the process of becoming accredited.

3.5.8. Once the OHSC is ready to accredit practitioners, the role of the SASP will change to guide and educate our members in preparation for accreditation.