



SASA
PRIVATE PRACTICE
BUSINESS UNIT
SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

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SASA PPBU: Welcome to Private Practice!

The SASA Private Practice Business Unit's mission is to promote safe, professional, quality patient care through innovation, collaboration and leadership, and to ensure sustainability and value within the healthcare sector. In its 12 years, SASA's Private Practice Business Unit (PPBU) has built up volumes of useful information and guidelines to equip members to manage private practice and navigate its diverse and dynamic challenges. Two of the most important of these documents are the SASA Practice Guidelines and the SASA Private Practice & Coding Guidelines that are freely available to PPBU members. Links are provided below.

The PPBU:

- Conducts regular one day practice management roadshows around the country;
- Presents workshops and a dedicated refresher course at every national SASA Congress; and
- Makes advanced and specialised private practice resources available on the SASA website.

We're very active in all spheres of private practice to serve patients, the profession and members. We're willing to and capable of dealing with all member queries. Dr Karmelle van Rensburg (previous SASA registrar representative, current SASA council member and new PPBU member in full private practice) is available to advise on starting or joining an existing private practice. Her contact details are on the last page of this handbook.

The majority of FCA (SA) candidates will eventually go into private practice because of the limited number of state sector consultant posts available. So it's crucial to know the requirements, laws and regulations so you don't find yourself on the wrong side of the patient, the law, SARS or the regulators. The anaesthetist:patient relationship is an important one. Effective communication is a vital part of building an ethical and sustainable private practice.

Although it's well within the capacity of all anaesthetists to grasp the basics of accounting, tax, income protection, human resources and retirement; you will need professional help with these. Understanding your own financial wealth, business decisions, billing policy and ethical coding remains your responsibility and you are accountable regardless of whose advice you sought.

A thorough analysis of the market in the area you want to work is imperative to establish if there's scope for your services. Speaking to established practitioners is a good start. In the major metropolitan areas the market is saturated. Prospects may be scarce. However, there are many other areas of South Africa where there is a dire shortage of anaesthetists. Overall in South Africa, anaesthetists are a scarce commodity.

Practice structures vary greatly, and you should familiarise yourself with both the entry and the exit strategies for each arrangement. How a practice deals with conflict resolution, leave policies, admission costs (if any), and probation periods are all very important questions to ask long before you think of making a move into an established practice. SASA PPBU roadshows deal regularly with these issues.

This introductory document should be read in conjunction with the most recent version of:

- [SASA Practice Guidelines](#)
- [SASA Private Practice & Coding Guidelines](#)
- [SASA Green Anaesthetic form](#)
- [SASA Evaluation of Billing Company Toolkit](#)

Here are some general life philosophies and tips that can help you along



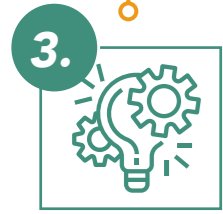
1. You are about to start a business.

You have never received any training on how to run a business, so **you need to learn and learn fast!**



2. Your business is selling time!

- Only you can do your job, and only you can bill for the time that you're working.
- Arrange your life to become time efficient as this is your commodity.



3. You are in charge and completely responsible and accountable for everything.

- Know and understand how every part of your practice and professional life works (billing, tax, retirement annuities, cash flow and so on). Self-audit regularly.
- Keep reading, keep learning and stay up to date with everything.



4. Use a trained expert to deal with each specialist area.

- Tax advisers do tax, Insurance brokers do insurance, and anaesthetists give anaesthetics. But remember, this remains your business, not theirs.
- Keep reading, keep learning and stay up to date with everything.



5. Watch your wallet.

- You are going to need to pay for everything all the time.
- Know what comes in, where it goes and why it's going there. Not all income is "profit".



6. You will need systems for everything.

- Review other people's systems, but always adapt them to suit yourself and your unique practice. Make sure everyone working with you knows the system. SASA PPBU can give you lots of examples and advice.



7. Hire slow – fire fast.

- It's not worth working or persisting with staff or surgeons you don't like, can't work with or can't trust. Set your ethical boundaries early and always stick to them!
- Choose your surgeons carefully - you may spend more time with them than with your family, so start where you want to finish, don't expect to upgrade along the way.
- Unlike in the public sector, surgeons generally manage the list flow in the private sector. This need not be an adversarial relationship. Communication with your surgical team is as important as good communication with your patient!



8. Become technologically efficient.

- Don't use technology just because it's there but for what it gives you and the time it buys you.



9. Give yourself regular predictable time off. Plan leave, holidays and days off well ahead of time.

- You can't work 24/7 365 days. Ring fence some time where you don't work each week.
- Don't be afraid to say "NO", you need to look after yourself, and find "balance".



10. Maintain your reputation, be punctual and accommodating.

- Work can dry up very quickly. You are as good as your last anaesthetic.




11. Find a mentor, friend, partner or confidant with whom you can discuss any aspect of your business.

- It's very lonely working for yourself and by yourself and you will have lots of questions about all sorts of aspects of your business and life.
- Debrief regularly, this is more important than you can imagine, so find your tribe early!

The things you need to start a practice (Business)

A knowledge of anaesthetics:



YOUR SUCCESS DEPENDS ON THE 6 A'S.

The easiest part of your whole career and something you need no advice on: It is what you have trained for and understand. Your success depends on the 6 A's:

- **Ability:** Clinical skill
- **Availability**
- **Accountability:** Acceptance of responsibility for your choices
- **Approachability**
- **Applicability (Affordability):** Do you find the theatre list, the region and are your proposed rates appropriate for your skills / experience you will offer your patient target group
- **Adjustability:** Are you flexible enough to remain current and relevant economically and in the context of our healthcare


The Practice:

Practices are run on systems. If they are not working, reflect, review, update and change them.

Paperwork:


Patient information:	This can be given in a form of a leaflet which one emails to patients in advance or a website which one can refer patients to, or both. This information should contain who you are and what your responsibilities are; explain the different types of anaesthetics, risks and complications; and general information related to the preparation for an anaesthetic.
Anaesthetic consent:	This relates to the anaesthetic itself and the complications that could possibly occur. Complications should include both severe but rare, as well as common but minor complications.
Financial consent:	Section 6 of National Health Act reads that "every health care provider must inform a user of, inter alia, the benefits, risks, costs and consequences of treatment options". This means that part of your consent must contain (in rands and cents) a cost estimate, on an hourly basis, of what the anaesthetic service is likely to cost.
POPI consent:	Patients have to give you permission to record and maintain records of personal and medical information in accordance with Protection of Personal Information (POPI) Act. This includes sharing of information with other stakeholders such as medical aids.
Cost estimates:	This is very different terminology to a "quotation" which is a final amount for a service rendered. Successful practices have a system in place where cost estimates are supplied to the patients well in advance of their planned surgery, or produced at the bedside in cases of unplanned surgery.

Mediation:	As per law, one cannot litigate without being offered mediation as the first resort of resolving a complaint. Therefore this should be included in the consent. However, should a patient be in dispute with the anaesthetist, the following process should be followed: the patient should first engage directly with the anaesthetist (who should be accessible by supplying all patients with their contact details). If the issue can't be resolved, the complaint should be escalated to SASA's CEO who, with the PPBU, assists in further mediation. If this is not satisfactory, the patient may involve the Ombudsman of the HPCSA.
SASA Green Form:	This anaesthetic consent form is a valuable resource to SASA members and offers a template for obtaining all forms of consent and includes clauses on mediation and POPI.
Billing:	This system will depend on your billing system of choice or outsourced billing company. Please see the SASA PPBU guideline (referenced below) to rating your billing company so as to ensure that you are familiar with what is expected of the company prior to your selection of it, should you outsource this work.



- **Notes:** You will need a system to take and store notes for each anaesthetic. Record keeping is mandatory and absolutely crucial in the medico-legal and clinical management of your patients and your practice.


Staff:



IT IS IMPORTANT TO REMEMBER THAT THE STAFF YOU EMPLOY ARE A REFLECTION OF THE SERVICE YOU PROVIDE.

- Some anaesthetists do all their own admin; some outsource it all; some employ family, and some do a mix of the above. Staffing can be a nightmare if the wrong person is employed or disciplinary issues rear their ugly head. A thorough knowledge of the basic conditions of employment, the Labour Act and the fundamentals of human resource management are all important, but are beyond the scope of this presentation. The HPCSA can hold you personally liable for any unethical actions relating to the direct management of your patients, their funders, and your general account management as well as the coding and billing thereof.

Billing:



THERE ARE STRICT RULES THAT NEED TO BE FOLLOWED AS TO WHAT YOU CAN CHARGE AND CODE FOR, AND HOW A BILL IS STRUCTURED. YOU MUST KNOW AND UNDERSTAND THESE.

- This can be done by yourself, a billing company, an employed staff member, or family member.
- Read through the SASA Coding Guidelines before you even start, and regularly refresh and update your knowledge. Basically, a bill consists of a series of codes related to a procedure, which have a number of units attached to them. Each unit is allocated a rand value that you must determine.
- You will bill: a code for the premed + a code for the procedure + a code for the time taken + any other modifiers that the patient may have, or you may have done (extremes of age, obesity, orthopaedics, CVP, blocks, ICU and so on).
- You have to determine your own billing policy and rates, determined by a practice cost analysis and what is applicable to your market and specific region so as to ensure that your practice is sustainable and ethical.
- Get a system in place for discounts, unpaid or partly paid accounts, bad debts, etc.

Billing:



BILLING REQUIRES A LOT OF TELEPHONE TIME SO MAKE SURE WHOEVER DOES YOUR ACCOUNTS HAS TIME AVAILABLE TO SPEND HOURS ON THE PHONE CONTACTING MEDICAL SCHEMES AND PATIENTS.

- You need a system for reminders to pay outstanding balances and refunds and to audit your daybook. Ensure that you are cautious with the tone and manner of communication used in the collection of your debts, regardless of who is allocated to do this. Debt collection and fee retrieval can result in a number of complaints and issues if handled inappropriately.
- There are no longer “medical aid rates”, though medical schemes all have their own unique rate (and they differ vastly from one another). Unfortunately many patients are unaware of this.
- Funders / medical schemes reimburse with hugely variable reliability and rationale. SASA PPBU regularly engages with those schemes that are problematic about this. Therefore ensure that your billing system is able to flag issues early and escalate them appropriately.
- Ensure a contract is signed with your billing staff (either on a fixed monthly fee or a percentage of billed work completed). Refer to the SASA document to ensure that the contract incorporates responsibilities and costs for chasing bad debt, unpaid accounts, weekly reconciliation of accounts, accounts to be written off, legal fees and so on.
- Ensure your contract has a method of terminating your relationship with the billing company and the costs thereof. Termination of any full time staff must follow labour law.
- SASA PPBU has developed a very useful toolkit with which to evaluate a billing company. There should be an annual performance review of either employees or outsource contracts.

Checks and balances on staff and billing:

- Have your own separate system to compare payments against what’s billed and outstanding so you can see if your billing company/staff is doing its job.

Watch out for fraud:



CHECK YOUR BILLING DAILY.

- Get patients/medical schemes to pay into your business account directly. Send weekly bank statements to your billing company so it may reconcile payments made and payments outstanding.
- Cash is a fraud risk.
- Wait at least a week to do refunds for any payment to avoid “reversed payment” scams.
- Fraud amongst staff working for health care providers is a lot more common than you think, and doctors are amongst the most commonly targeted groups for fraud scams.
- Ideally, the person dedicated to *reconciling* the payments should be different to (and, if possible, not personally related to) the person *generating* the account.

Bank accounts:

- Use a dedicated bank account for your practice that is easily accessible for payments by patients via EFT. This means you only have practice transactions on this account, saving you time when you send your billing company statements or reconcile internally.



- Cash receipts onsite and credit card payments require overheads and secure systems in order to manage, so avoid them if possible.
- Have a dedicated credit card account for your practice and use it for all your practice expenses. It gives you a record for your accountant and makes reconciliation easy.
- Have your own account into which you pay yourself. You don’t need expensive business or private banking accounts.

Data storage:



- Backup all your practice related data to a secure cloud facility and a portable hard-drive daily or at least weekly. Ensure that if you maintain paper records, that you are familiar with the regulations surrounding the storage, accessibility and maintenance of these, as well as your digital information.

Websites:



- Look at other practice websites for ideas, and a place to provide information. Examples are: <http://www.southernanaesthetics.co.za/>
- <http://www.dunkeldanaestheticpractice.com/>
- <https://www.brink-inc.co.za/>
- <https://keimed.co.za/>
- <https://exhaleanaesthesia.co.za/>

Complaints:



A GOOD SYSTEM IS: A COMPLAINT IS RECEIVED EITHER VIA YOUR ROOMS OR VIA WEBSITE COMPLAINT FORM. ENSURE REGULAR MONITORING OF WEBSITE

- You will get complaints and the most common is related to billing. These may be from patients themselves, or from schemes in the form of formal audits.
- Your consent form must contain information advising the patient as to how to complain or compliment you, as well as query any billing issues or anaesthetic received.
- It is advisable to use the SASA CEO as the advised complaint portal if they feel that direct complaints to you are not satisfactorily managed. This avoids a potentially unnecessary HPCSA complaint.
- Develop a complaint-handling system with which everyone in the practice is familiar.
- Malpractice indemnifiers organise a variety of courses throughout the year on managing complaints to assist you in learning how to deal with complaints appropriately.
- SASA PPBU is a very helpful resource and regularly assists members with the management of patient complaints and scheme audits.
- A good system is: A complaint is received either via your rooms or via website complaint form. Ensure regular monitoring of website communications as missing a complaint is potentially catastrophic.
- It is better to handle all complaints personally. Phone the complainant as soon as possible and see if you can sort it out immediately.
 - This is usually enough to address the majority of complaints.
 - If not, suggest one escalates it to SASA to assist with the matter and attempt mediation if necessary.
 - Inform your medico-legal indemnity insurers if the complaint mandates this.
- Complaints can be extremely upsetting from a personal wellness perspective. Debrief, consult and even just vent if necessary with SASA’s Wellness Team, the SASA PPBU or a trained counsellor. Do not underestimate the personal emotional impact that these engagements may have.



Insurance

You will need insurance to cover a variety of situations that may arise during the course of your working and private life. Update and reassess it every year or when your circumstances change. Ensure they are all current and paid up at all times. Use professionals to help you here. The following are very strongly recommended and in certain cases they are mandatory:

- Malpractice insurance – Don't even attempt to practice without it. Most private hospitals/clinics will not permit you to practice at their facility without it and will request proof that you have it.
- Medical aid - Even as a doctor, a hospital plan is a bare minimum.
- Income protection – You will only earn money when you are working. Your practice and personal expenses don't go away if you can't work through illness or injury. Ensure it's enough to cover at least your living and ongoing practice expenses. We suggest taking out dread disease and occupation specific cover as well.
- Disability insurance – You are probably more likely to be disabled and not be in a position to perform your chosen profession than you are likely to die before you turn 65.
- Life insurance – Especially if you have dependents, a bond or debt.
- Public liability insurance – If you have a place where people may come to see you for any reason, even if it's at your home.
- Cyber liability insurance – Covers you if your bank accounts, or practice records get hacked (and they do!).
- Insuring your possessions – You need a car to get to work, so make sure you have arrangements in place if you are suddenly without one.



Income Tax

South Africa has a progressive tax system, which means the more you earn the more tax you pay!
Know the difference between **TURNOVER**, **RECEIPTS**, **INCOME** and **TAKE-HOME**.

- Turnover (Often used interchangeably with revenue) is the monetary value (amount) generated by providing your services. It includes bad debt and discounts.
 - Receipts is the amount of turnover that you actually receive in your bank account.
 - Receipts includes your expenses and VAT, so IT IS NOT YOUR INCOME or TAKE-HOME.
 - Receipts = Turnover less bad debt and discounts.
 - Income = Receipts - VAT & Expenses
- Income is the equivalent to a salary and is what you have to live on and what you will pay tax on.
 - What you will "Take Home" (Salary equivalent or "Profit") = Income – Personal TAX
- For example, if your turnover is R 1,000,000 for the year and you have no bad debts or discounts:
 - $Income = R1,000,000 - [R130,000 (VAT) + R500,000 Expenses] = R370,000$
(VAT Calculated as: $VAT Due = Turnover or Receipts \times 15/115$)
 - You will "Take Home" $R370,000 - R85,000 (TAX) = R285,000$ or $R23,750$ per month
 - You will have to register as a provisional taxpayer as you will no longer get a salary and have someone deducting pay as you earn tax from your salary (PAYE) unless you are in an incorporated practice and do not receive any other income not subject to PAYE.

- Provisional taxpayers pay tax three times a year, not monthly.
- You will pay two tax amounts. The first in August and the second in February in advance of the next tax year based on a prediction of your income for the next year and then a third (top-up) payment the following September.
- The tax year runs from 1 March to 28/29 February the following year. Tax years are named for the year that they end in (ie, the year that the end of February falls in).
- As you start to earn more, these amounts will rocket upwards and it is important to consult your accountant or tax advisor early. Depending on your expected **TURNOVER** you will likely be advised to save an amount equivalent to around 50% of turnover for VAT and tax payments. Make sure you have the money available to pay this as it may be larger numbers than you expect.



Expenses

- You can deduct expenses that are required to run your practice from your taxable income, thereby decreasing your tax payment.
- Ask your accountant for a list of these specific to the unique manner in which anaesthetists run their practices (insurance, stationary, car, petrol, home office, etc...)
- Do not run personal (or not permitted) expenses through your business as business expenses - you will be audited by SARS.
- You need to keep a record of all of these expenses and their receipts.
- It is easier to do this with a dedicated practice credit card for ease of record keeping.



VAT

- You will have to register for VAT once your turnover for any 12 month period is expected to exceed R1 million, or as the legislation changes.
- You will then pay 15% VAT on every rand you bill.
- Once you have been registered for VAT, a 2 month VAT tax period will be allocated and payment must be made by the 25th of the month after the end of the tax period as a lump sum.
 - Eg. Taxpayer has been registered for VAT with effect from 1 March with periods of 2 months ending on the last day of February, April, June, August, October and December.
 - VAT payments to occur by the 25th of May, July, September, November, January and March
 - Provisional Tax to be paid August and February
 - Final Tax amount in September

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
VAT												
TAX												

- Make sure you have saved 13c in every rand that you bill in an easy to access account as the penalties for late or non-payment of VAT (and tax) are severe.
- You can deduct legitimate VAT expenses from this amount so make sure you are aware of all potential deductions and have a system of recording all your expenses and keep the receipts if you need to prove them.



Managing Cash Flow

As you are now paying for everything you will need large sums of money available at regular intervals. Remember up to 60 cents in every rand of turnover does not belong to you - it's the government's that you are collecting for them.

- 50% rule – You need to save 50c of every rand you bring in just to pay tax (35% average) and VAT (15%).
 - Once your turnover is more than 1 million rand a year this increases to 60%.
- If you have a bond put your money in there until you need it. Its easily accessible, you pay off your bond quicker and effectively make 8% interest on your tax money for each month it sits there. If you have no bond, put the money in a money market account that you can give short notice to when you need it.
- Monthly expenses – work out what they are and ensure you have sufficient available money to cover these.
- Paying certain things like insurances annually can save you up to 10%.
- Pay yourself: work out a budget what you can afford to pay yourself so that you can save to buy things you want. But don't use your tax money for this and expect to pay it back.
- Emergency fund: you need at least three months worth of expenses available at short notice to cover emergencies, which can be kept in something like a money market account.
 - Large purchases (eg. new cars, houses), expenses or debt accumulation need to be carefully balanced against projected tax and earnings and must always account for unforeseen loss of income considering the unpredictability of our workplace.
 - REMEMBER YOUR TURNOVER IS NOT WHAT YOU EARN!!!



Retirement / Investments

You will need to take responsibility for your retirement funding as there is no one to pay you a pension if you are fully self-employed. Get a financial advisor to help here. Start saving today – actually 10 years ago (and learn about compound interest)!

- There are many different formulas used to calculate what you need for retirement. A popular calculation is that for every R1 million of assets you have available at retirement you will have R3 500 a month to live on. (This excludes your car and house). Work out how much you may need to cover your living expenses at today's cost of living. To get how much you need to save for retirement, double it for every 12 years you are away from retirement.
- (Eg. If you need R20 000 a month at present you will need to have at least R5.75 million available to retire today. If you are 29 years old you are 36 years or 3 doubling times away from retirement. Therefore you need $5.75 \times 2 = 11.5 \times 2 = 23 \times 2 = R46$ million at retirement in 36 years' time).
- Retirement annuities – Are a tax efficient mechanism to save 27% of your income up to R350 000 a year. But look at the costs and restrictions before settling on one. Rather go for a lower monthly payment into a retirement annuity, and then "top up" twice a year depending on your income. Remember that 25% of your retirement annuity can be invested offshore.
- Tax free savings accounts allow another R33 000 to be saved each year free from tax – use them.
- Appoint an experienced financial advisor.



Will and Estate planning

- Get a will drawn up preferably by a lawyer in conjunction with your financial advisor.
- If you die intestate (without a will) there are laws under which your estate will be divided or appropriated that could possibly have not been according to your wishes – e.g. money flows up (to parents, even an absent or uninvolved one, before it flows down to children or dependents).
- Appoint a trustworthy executor.
- Make a list of all your financial instruments, and who to contact if someone else needs to do this on your behalf.
- Tell your dependents and/ executor where to find this information. Make sure this includes all your passwords and policies, including to your phone and social media accounts.
- Negotiate on executor fees whilst you are alive and still have the chance.



Checklist for starting your Sole Private Practice

- Register as a Specialist Anaesthesiologist with the HPCSA. This can only be done in your last month of Registrar time (month 48) and once all requirements are completed (FCA 2 plus Mmed). The current requirements include that your MMed is completed, submitted, marked and passed.
- If you are a Diplomate Anaesthetist, ensure that your DA is registered with the HPCSA wherever possible.
- Open a Business Account.
- Register with the PCNS division of the BHF to obtain a practice number. You need to register with your business account information and if possible, with your billing company's details if you are going to utilise them (It becomes challenging to change details later).
- Register with the various medical aids if you want to sign contracts for payment arrangements e.g. Discovery Classic payment arrangement, Fedhealth, etc. Please make sure you have read the contracts, understand the terms and requirements within them and that each suits your own specific practice.
- Ensure your medical malpractice insurance is correct for your level of turnover, the sector in which you will be performing the majority of your work and that it is active before you start your first case.
- Ensure you are registered correctly with SASA and have paid your PPBU levy.
- Prepare paperwork / stationery - draft your patient information leaflets, consent forms, anaesthetic charts and billing sheets.
- Determine the system for and organise your patient record filing according to how you will apportion file numbers and how you will digitise the documentation, whether you are going to do paper base and scan or go paperless from the start. This is an ever-evolving system.
- Look Professional:
 - Design a logo / letterhead / business cards for your business. If need be, use a graphic designer to assist.
 - Create a domain email or ensure that you at least have a unique email address for patient and practice related queries and business. This is not expensive (+/- R19/month) and looks professional for patients and surgical staff.
 - Eg. Patientinfo@drkvanrensburg.co.za and Theatrelists@drkvanrensburg.co.za

Contacts for further information

- Dr Karmelle van Rensburg. Karmelle is in private practice in George, and a member of the SASA PPBU. Karmelle.vrensburg@gmail.com

Glossary and Descriptions

Please note the glossary of abbreviations you may come across during private practice

- **BHF** Board of Healthcare Funders

This is an association of approximately 50% of the medical schemes (the largest being GEMS). It is a voluntary association with no regulatory authority. It has license from the CMS (see below) to administrate the Practice Code Numbering System (PCNS), but does not own this process. The PCNS number is required by medical funders for you to make claims to them and you pay the BHF annually for this.

- **CASA** College of Anaesthetists of South Africa

Otherwise known as "Little College" and relies on the secretariat support from the CMSA (see below), and is staffed entirely through volunteer members of the anaesthesia profession. It sets, administers and marks the examinations for both the DA and the FCA (SA) (see below).

- **CEO** Chief Executive Officer

- **CMS** Council for Medical Schemes

This is the regulator of the medical schemes, established as a statutory body through legislation: The Medical Schemes Act. Its mandate is to act in the protection of scheme beneficiaries in regulating medical funders. It is also the entity that would adjudicate disagreements between schemes and practitioners, but only on behalf of patients. They are responsible, through legislation, for the PCNS. They are also responsible for defining, updating and governing the PMBs (see below).

- **CMSA** College of Medicine in South Africa

Otherwise known as "Big College". This is the overarching examining body that has been licensed by the HPCSA to set and administer specialist qualifications. They own the FCA (SA) and DA designations. They set the scopes of practice against which you are trained to provide, but are NOT the regulator of either the qualifications or the scopes of practice. This remains with the HPCSA.

- **DA** Diplomate Anaesthetist

- **DSP** Designated Service Provider

- **EBC** Event Based Contract

- **FCA (SA)** Fellowship of the College of Anaesthetists of South Africa

- **FoSAS** Federation of South African Surgeons

This is a relatively loose association of a number (many, but not all) surgical societies. It is essentially just two meetings a year, and a voice through whom the surgical societies may collectively communicate. SASA is not a member, but we do attend the meetings and collaborate.

- **HFA** Health Funders Association

As with the BHF, an association of medical schemes representing approximately 50% of the schemes (the largest being Discovery). Again, this entity has no regulatory authority.

- **HPCSA** Health Professions Council of South Africa

A statutory body established through the Health Act to regulate the practice of a number of healthcare practitioners. There are 12 Boards, each for different disciplines such as environmental health workers, allied health workers, etc. All medical and dental practitioners, including specialists, general practitioners, clinical associates and dentists, belong to the Medical and Dental Board, which is only one of the 12 (but excludes the dental therapists, which belong to another Board). Each Board has representative seats on the HPCSA Council. The HPCSA is also only one of a few statutory bodies. The nurses (SANC) and the pharmacists (SAPC), for example, each have their own. It is compulsory to be registered with and be governed by the Rules of the HPCSA in order to practice as a clinician in South Africa (and this includes paying your fees).

- **OHSC** Office of Health Standards Compliance

A relatively new statutory body, established as the regulatory body of facilities. This applies to all private and public sector facilities. However, the regulations against which the private sector may be inspected have not yet been promulgated and they have only had the capacity to audit approximately 50% of the public sector facilities, primarily at the clinic level. The Health Ombudsman sits within the OHSC.

- **PCNS** Practice Code Numbering System

- **PMB** Prescribed Minimum Benefits

These are a set of conditions that, by legislation, must be covered in full and from risk (not savings) cover by every single medical scheme. This is not optional. That said, there are defined levels of care that must be applied and schemes may require that all non-emergency treatment of PMBs be done through a DSP. You are not permitted to charge a different rate for a PMB than for any other work done (you can have a different rate for emergency or after-hours work, but this must be clearly defined in your billing policy). The scheme must pay your usual rate, not scheme rate, and the patient is not responsible for the difference (co-pay). There are many requirements and proof that may need to be met to successfully claim PMBs. Members are advised to inform themselves further.

- **PPBU** Private Practice Business Unit

This is one of five Business Units of the SASA Council. Each Business Unit allows a focus on a specific area of SASA work. The others are Education, Regulation, Special Interest Groups and Public Sector. The PPBU applies an additional levy to members in private practice to fund the extensive additional work by this Business Unit. The Committee is made up of approximately 25 voluntary members, representative, as far as possible, of various geographic areas, practice types and practice sub-specialisations so as to ensure a comprehensive and diverse view of the profession. A PPBU Planning Committee of six PPBU members has been created to manage and drive the various efforts. There are specific project portfolios to drive the workload. The PPBU is responsible for all coding/private practice queries, assisting members in audits, medico-legal issues and other peer support needs, engaging with funders and facilities, engaging with other organisations, providing member education, drafting the Coding and Private Practice Guidelines, position statements and documents such as the EBC, and represents private practice on the SASA Council.

- **SAMA** The South African Medical Association

A voluntary member association for all doctors. SASA is constituted under SAMA, but operates independently. It hosts the Specialist Private Practice Committee, which SASA is a member of. No longer a trade union, but does still provide HR and labour relations support in the public sector.

- **SAPPF** The South African Private Practitioners' Forum

An organisation under which a number of private practice organisations aggregate and very specifically focus on the business, not clinical, side of practice. They have a board, full time CEO and are provided support by Healthman. Not all specialists belong, and some allied groups have joined, such as the private groups of the physiotherapists. SASA is not a member and may have different views and strategies, but will also collaborate where possible.

- **SARS** South African Revenue Service

- **SASA** South African Society of Anaesthesiologists

SASA currently has 6 Branches, five Business Units, three Coordinators (Wellness, Guidelines, and Diversity and Development) and seven Special Interest Groups.

References

SASA Practice Guidelines (2018 Revision)

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