
EDITORIAL

Specialist Physicians (Family Medicine) in private practice

When the discipline of specialist physicians in family medicine was registered by the Health Professions Council (HPCSA), the doctors who got on to the new register were required to apply for a specialist private number from the Board of Healthcare Funders (BHF). This meant the doctors who previously had a general practice number (014) were issued with a specialist in family medicine practice number (015). These physicians started to submit their claims to medical schemes using the 015 practice number as specialists in family medicine.

To our amazement, medical schemes were rejecting the claims and continued to remunerate the doctors as general practitioners. When the BHF was approached, they reiterated that their role was to issue appropriate practice numbers to physicians so that medical schemes could be guided by this to determine appropriate remuneration. As a result of this problem, specialist physicians in family medicine were forced to continue submitting claims using the 014 practice number for general practitioners or the schemes simply ignored the 015 practice number and continued to treat these doctors as general practitioners.

Attempts to resolve this matter with medical schemes have been unsuccessful for some years. In November 2015, this matter was brought to the attention of the Director General at the National Department of Health and the South African Medical Association Executive Committee had a meeting with the Council for Medical Schemes (CMS), the body responsible for the practice conduct of medical schemes and administrators. The CMS is empowered to act only if evidence of rejected claims by specific medical schemes is provided to them. It was therefore agreed that all specialist physicians in family medicine were to submit all their claims to medical schemes using their appropriate 015 practice number, from 1st January 2016. Any rejections arising there after were to be brought to the attention of the CMS for investigation.

In December 2015, the private practice division of the South African Medical Association wrote to all medical scheme administrators informing them of this decision. To assist the medical schemes in their determination of the level of consultation fees for the discipline, it was pointed out that the fee should be at a level of consulting specialist physician fees, this being a consulting discipline.

What remains now, is for the Academy of Family Physicians to take responsibility for the implementation of this undertaking by the CMS by doing the following:

1. Form a committee dedicated to private practice matters. This committee should preferably be driven by specialists in full private practice.
2. This committee is to support members in their negotiation of fees with medical schemes.
3. The Academy should inform all its members of this development by communiqué, website and SAFP Journal article

The committee is to be tasked to formulate frameworks for the private practice of specialist physicians in family medicine. This to address:

- Remuneration and engagement with medical schemes
- Relationship with other family doctors in private practice (GPs, Family Physicians who are not specialists) and relationship with other specialist disciplines.
- Patient referrals between disciplines
- Specialist physicians in group practice with other non specialist family doctors
- Contracting arrangements with medical schemes and provider networks

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