



**RADIOLOGICAL SOCIETY
OF SOUTH AFRICA**

*The Professional Association of Radiologists
in South Africa, Namibia and Botswana*

19 February 2013

Dr B Mjamba-Matshoba
Registrar/CEO
HPCSA
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Dear Dr Mjamba-Matshoba

PROPOSED GUIDELINES TARIFFS FOR MEDICAL PRACTITIONERS AND DENTISTS

COMMENT BY THE RADIOLOGICAL SOCIETY OF SOUTH AFRICA

1. The Radiological Society of South Africa (RSSA) is a non-statutory professional body that represents radiologists in South Africa, Namibia and Botswana.
2. The RSSA has no official connection with any other professional association and is completely independent of the South African Medical Association (SAMA).
3. The RSSA requests clarification of the intended use of the proposed guidelines. From your document: *'The Board intends to embark on a new process to determine and publish a tariff of fees as contemplated in section 53(3)(d) of the Health Professions Act, 56 of 1974 ("the Act") for medical practitioners and dentists registered in terms of the Act ('Guideline tariffs') Once determined and published, the guideline tariffs will be used as a norm*

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Executive Committee:- President: Dr C Sperryn | **Vice-President:** Dr S Godinho | **Secretary:** Dr M Velleman | **Treasurer:** Dr T Mngoma
University Representative: Prof. C de Vries | **Congress Chairman:** Prof. L Janse van Rensburg | **Member Without Portfolio:** Dr A Ranchod
Co-opted Members: Dr G Buchanan, Dr B Alheit, | **Executive Director:** Dr Richard Tuft

for the determination as contemplated in section 53(3)(a) of the Act, of amounts which, in the opinion of the professional board, should have been charged by a practitioner to which the application relates to professional services rendered by such practitioner to the patient concerned'

This suggests that the tariff will only be used for the assessment of the appropriateness of the type and quantum of the fee charged if an application for adjudication is made by the public?

4. From the above, we request answers to the following questions:
 - a. Will the guidelines only be used for adjudication of complaints from the public?
 - b. If not, will the guidelines be used, in addition, as a benchmark by the profession for the negotiation of benefits from the funders?
 - c. If used as a benchmark does the board see this as the only benchmark tariff to be published?
 - d. If a benchmark tariff is to be developed, does the board intend to make this a statutory maximum fee for funded patients?
5. The RSSA's view is that; if the guidelines are only to be used for adjudication of complaints, they are best developed by another body, with the board deciding on a multiplier of the baseline to be used as a maximum reasonable fee.
6. If, however, it is intended and legally permissible for the board to develop and publish a benchmark to be used by the whole profession, the RSSA would support this as long as the process has the support of the majority of the profession and its representative bodies.
7. The RSSA does not support the use of the 2006 National Reference Price list as it has been discredited in a court of law, is inappropriate for most of our professional colleagues (slightly less so for radiology), is out of date and even with inflationary adjustments is not related to current cost of providing service.

8. The RSSA developed a completely new 5 digit coding system in 2003. This met with the approval of both the funders and the CMS and has been the *de facto* benchmark coding system for radiology used by the profession and funders since its introduction in 2004. The RSSA coding system was developed from a zero base with input from both academic and private radiologists. The methodology was cost and time based with input from consulting accountants and actuaries. It has be updated and modified annually since then to cope with changes in radiology but has not been published due to the constraints imposed by the Competition Commission. The RSSA has no copyright or intellectual property claim to this work and it has been in the public domain since 2004.

9. If the conditions above are met the RSSA proposes that the RSSA coding system be used as the basis for a HPCSA benchmark coding system and tariff. Under these circumstances we would provide the coding system and all necessary resources to work through the methodology with your tariff committee in a completely transparent manner.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Tuft', followed by a horizontal line.

Richard Tuft
MB, BS, FRCS, FRCR, FFRad(D)(SA)
Executive Director