

# SAMA INSIDER

OCTOBER 2013

**Trade Union  
Congress 2013**

**Quality healthcare  
in our lifetime**



PUBLISHED AS A SERVICE TO ALL MEMBERS OF  
THE SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA)

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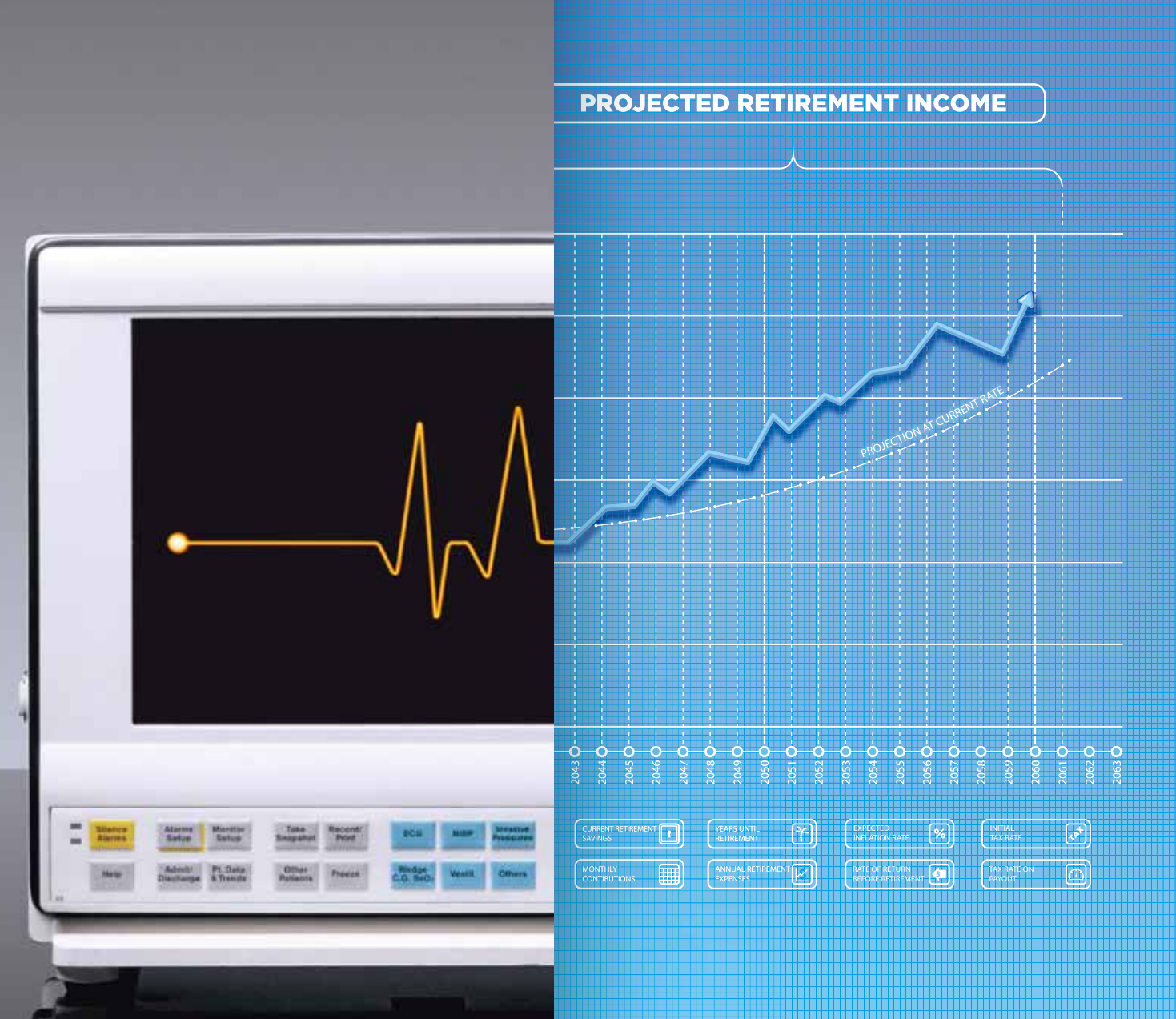
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Thinking ahead

## EDITOR'S NOTE OCTOBER 2013



Conrad Strydom  
Editor: *SAMA INSIDER*

### A luta continua

When Minister of Home Affairs Naledi Pandor walked into the packed venue of SAMA's first elective Trade Union Congress, it was hard not to notice a sense of surprise underlying her (expertly kept) composure. Minister Pandor grew up in a politicised household – her grandfather was ZK Matthews – and she is no doubt used to the sight of large gatherings singing struggle songs. But this occasion was different – the singing, toyi-toying crowd were nothing less than an august body of medical doctors.

Inexplicably, the arrival of the SAMA Trade Union has flown under the radar of many casual observers – and even some SAMA members. Those with their finger on the pulse of local healthcare will, however, have taken notice. For the first time, doctors are able to exert concerted pressure in the public domain and have their concerns directly addressed. For the first time, doctors are being represented at the highest levels of decision-making by an activist body that can already claim a long list of victories.

In this edition of the *SAMA Insider*, we present some of the highlights of the Trade Union Congress. We also check in with Dr Mzu Nodikida to examine the (strangely-underreported) experience of studying medicine in Cuba. Also included for our members' benefit is a new course list by one of SAMA's most eminent affiliates, the Foundation for Professional Development.

Please feel free to email me (conrads@samedical.org) with any queries, complaints and submissions. Until next time, pleasant practice!

*Erratum: In the September issue of the SAMA Insider, we published the sixth in a series of articles on risk management without crediting its source, the Medical Protection Society. We apologise for the mistake.*

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Design: Health & Medical Publishing Group (HMPG)

Block F, Castle Walk Corporate Park,  
Nossob Street,  
Erasmuskloof Ext 3, Pretoria

Published by the Health & Medical Publishing Group (HMPG)  
www.hmpg.co.za | publishing@hmpg.co.za | Printed by Creda Communications

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## Prof. van der Spuy bids members farewell



Prof. Zephne van der Spuy, President, SAMA

This will be my last contribution to the *Insider* as president of SAMA and I would like to review some of the work and experiences of the past year.

Undoubtedly this has been a challenging year for SAMA. We have needed to register our new MOI and in addition our trade union sector has had to be registered as a trade union. This has provided challenges and considerable debate within the membership and these documents are now completed and have been lodged with the appropriate authorities. The trade union now operates as a separate branch of SAMA and had its first congress from 30 August to 1 September. We will have to develop a working relationship between the different branches of SAMA and going forward the trade union will often be the voice of the public sector doctors.

This has been a difficult year for planning and progress given that in August last year it was determined that the elected representatives would only be in place for one year. Elections would need to be repeated just less than 14 months later given the timetable of SAMA meetings. This has been a particular challenge to the board of directors of SAMA, the EXCO and all the members of the various constituent committees.

As president, I have had the privilege of attending many committee meetings and have seen the interactions and input of colleagues who are involved in them. I remain deeply impressed by the commitment of the chairman, Dr Mzukisi Grootboom and the vice chairman

Dr Mark Sonderup, and their colleagues in terms of the input they have given and the expertise they have shared over the past year. In particular Dr Grootboom has undoubtedly provided extraordinary input into SAMA's processes and his regular meetings with the central office in Pretoria have been appreciated and recognised. He has been a wise councillor, a committed contributor to all SAMA processes and has given enormous input despite his personal professional responsibilities.

Important highlights over the past year have included the WMA meeting in Cape Town at the end of 2012 to discuss the revision of the Declaration of Helsinki. This was a very well attended meeting, was highly rated by our colleagues from abroad and certainly moved the process forward. Subsequent meetings in Japan and the USA to revise the Declaration of Helsinki have been attended by Dr Mark Sonderup and Prof Ames Dhai. We are particularly excited about the fact that the WMA General Assembly in 2014 will be held in Durban. SAMA is tasked with putting together a scientific programme which will be presented during that meeting. This is undoubtedly a reflection of the contributions of our chairman and vice chairman to WMA activities in recent years and we will all benefit from the WMA General Assembly in South Africa.

**“We have to remain the voice of the public sector doctors to ensure they have a safe and protected working environment”**

I had the privilege of attending a WMA meeting in Bali earlier this year when we were tasked with asking WMA to assist us in recruiting support for Professor Cyril Karabus who was detained in the UAE. Dr Grootboom's presentation of the situation, his refusal to accept anything but a statement which condemned the UAE process and his passionate debate went a long way towards

the WMA condemnation of the UAE position. He is to be congratulated on his diplomatic but very powerful arguments.

We have numerous challenges in SAMA and these include the conditions of employment for our colleagues in the public sector, the interaction of colleagues in the private sector with the various private medical schemes and the interaction with the NHI. We have to remain the voice of the public sector doctors to ensure they have a safe and protected working environment. In addition, in situations where salaries are not paid there has to be a force that can intervene on their behalf. Intervention between private sector GPs and specialists and various medical schemes is also important and ideally we need to build bridges and arrange ongoing and worthwhile interactions which support the needs of the patient and recognise the problems and challenges of the doctors.

I should like to take this opportunity to thank all my colleagues with whom I have interacted in the various committees, the Board and EXCO. In addition I would like to recognise the significant contributions of the SAMA Central Office. Everyone there from the acting GM, the company secretary, the legal department, the heads of the various departments and the administrative staff have played a day to day role in ensuring that our Association remains on target and serves our members. They are often under-appreciated by all of us but certainly deserve our support, a vote of thanks and many compliments for dealing with the challenges they face every day on our behalf.

To the incoming president, Professor Ames Dhai, and to the newly elected committees after the first-quarter 2014 election I pass my good wishes and the hope that they will continue to build on the work which has been done by their predecessors and indeed the most recent committees. SAMA is important to all of us within the profession. We need to support it, both in the regions and centrally and we need to encourage our junior colleagues to embrace SAMA membership. If we wish SAMA to perform adequately within the profession we need to recognise that we are SAMA and ultimately we determine how well SAMA can perform. A strong medical association undoubtedly strengthens our profession and will help to influence and support healthcare for everyone in South Africa.

# SAMA Trade Union holds first elective congress

*"To accomplish great things, we must not only act, but also dream; not only plan, but also believe." – Anatole France*

There was an air of expectancy as the SAMA Trade Union hosted its first elective Trade Union Congress from 30 August to 31 September at the Birchwood Hotel and Conference Centre in Boksburg. Doctors were filing into the conference hall, but with a different attitude than one normally associates with members of the medical profession. From the first moment of the Congress, the attendees displayed a vitality and dedication to activism, singing struggle songs at full volume and greeting each other with the well-known phrases of the liberation struggle.

**"SAMA is a progressive movement"**

According to the movers and shakers behind the event, which carried the theme 'Quality public healthcare in our lifetime – for the benefit of the poor and working class', the congress had been a long time in the making. "In 2009 we embarked on a series of disastrous public sector strikes, which caused many of

our members to lose confidence in SAMA's ability to represent their interests," said Dr Phophi Ramathuba, the SAMA Trade Union's president. "It was then that we decided to adopt a new constitution, to counter the view that we are 'toothless'."

**"Today health is only accessible to the one with a fat wallet"**

The event also served as an opportunity for doctors to engage with the prominent health industry decision makers who attended, including Home Affairs Minister Naledi Pandor, who also chairs the ANC's national executive committee for health; Deputy Health Minister Gwen Ramokgopa and COSATU's second deputy president Zingiswa Losi. Also attending were representatives from SAMA's national branches and subcommittees, including the Junior Doctors Association of South Africa (JUDASA), the Senior Doctors Association of South Africa (SEHDASA), the South African Registrars Association (SARA) and the Academic Doctors Association of South Africa (ADASA).



Trade Union president Dr Phophi Ramathuba

During her opening address, Dr Ramathuba emphasised that, "given the insurmountable challenges we are currently battling with, we have reached a stage in our medical revolution that we have to adapt or die, swim or sink, fight or flight and engage or be engulfed." She lamented the fact that, nearly twenty years after the country's first democratic elections, new inequalities were being revealed, particularly between rich and poor South Africans.

"What pains me today," Dr Ramathuba said, "is that as we are meeting here a woman is



SARA's Dr Mary Adam



SAMA's marketing and communications manager Zali Mbombo with acting head of public practice Adv Daniel Madiba



SAMA stalwarts Sibongile Langa and Girly Moseki hold the fort at Birchwood

giving birth through caesarean section in a private hospital surrounded by five doctors,

**From the first moment of the Congress, the attendees displayed a vitality and dedication to activism**

including a gynaecologist with an assistant, a paediatrician, and an anaesthetist with an assistant while another woman is dying, giving birth either in the labour ward or on a theatre table because a community service doctor with no experience is forced to perform the functions of a gynaecologist, paediatrician and anaesthetist. Both these women marched together to the Union Buildings in 1956, but today health is only accessible to the one with a fat wallet."

In her speech on the first day of the Congress, Minister Naledi Pandor wasted no time in extending an invitation to the Trade Union's leadership to sit down and discuss their concerns with the ANC's NEC for Health – an offer which was greeted

with much applause. Minister Pandor also called on the members of the newly-formed Trade Union to maintain their professional character and integrity when engaging with the government about issues. "Be very wary of what the status of the union can do to the character of your profession," she cautioned.

She acknowledged that the ANC is accountable to the people, and in the spirit of accountability offered up an overview of the government's achievements to date. Among the government's notable victories are the HIV/AIDS prevention and awareness programmes, which have reduced the disease to manageable levels, a notable rise in life expectancy over the last twenty years and the end of hostile factionalism in the country's health sector. However, South Africa still had many difficulties to overcome, including the state of public healthcare, unacceptably high TB infection levels, a lack of researchers and a lack of focus on mental health issues, which the minister indicated might prove to be an "unrecognised epidemic".

The next speaker was Deputy Health Minister Dr Gwen Ramokgopa, who addressed the critical topics of NHI and public health. Dr Ramokgopa emphasised that progress can only be achieved by means of co-operation, and echoed the call for greater co-operation between the different parts of the health sector.

She outlined the government's ambitious health goals as set out in the National Development Plan (NDP),



COSATU's Second Deputy President Zingiswa Losi

but expressed disappointment at the government's failure to meet many of those requirements, including the maternal and child health goals the South African government agreed to when it signed the Millennium Development Goals. On the NHI, the minister was bullish: "The WHO recommends that every country should have a form of NHI," she said.

Dr Ramokgopa did not mince words about the excessive cost of private healthcare, and the fact that profits made in the private sector are rarely pushed back into health. "The key issue we [the Health Department] will focus on in the coming years is the rebuilding of the public health system," she announced. She also called on provinces to standardise their RWOPS policies.

**"The WHO recommends that every country should have a form of NHI"**

The Second Deputy President of COSATU, Zindiswa Losi, fired up the gathering with revolutionary rhetoric. She welcomed SAMA to the Trade Union fold and outlined various focus areas in the health sector that COSATU

was concerned about. She outlined the various reasons an organisation might decide to unionise and highlighted the benefits trade unions experience, the most important of which was the unity it afforded members. While individuals would often be unable to put enough pressure on an organisation to achieve their desired outcomes, an organised body is able to exert an amount of pressure that cannot be ignored.

In her acceptance speech, after being elected as the Trade Union's first president, Dr Phophi Ramathuba called on SAMA to unite doctors under a banner of greater unity. She also stipulated that much needed to be done to empower women in health. "SAMA is a progressive movement," she told the assembled doctors. The Trade Union adopted various practical resolutions on the way it will deal with pressing issues such as RWOPS, the rise in malpractice litigation and NHI, before adjourning until the next congress, tentatively scheduled for 2016.

#### National office bearers

The SAMA Trade Union announced its newly elected national office bearers on the last day of the Trade Union Congress. They are:

**President:** Dr Phophi Ramathuba  
**1st Deputy President:** Dr Shailendra Sham  
**2nd Deputy President (EDOPS):** Dr Thabo Maleka  
**General Secretary:** Dr Mahlane Phalane  
**Treasurer:** Dr Langelani Mbodi

#### From the COSATU website:

"The Congress of South African Trade Unions (COSATU) congratulates its affiliate, the South African Medical Association (SAMA), on its bold decision to form a fully-fledged trade union within SAMA.

"Doctors have the same rights to decent pay and safe working conditions as any other worker, and it is in the interests of all South Africans to create the best possible conditions for them so that they can provide the best possible service to the people.

"COSATU wishes the new union success and pledges its full support for the demands they will be making for the transformation of our healthcare sector and better pay and conditions for their members."



SAMA Trade Union General Secretary Mahlane Phalane at the gala dinner on 31 August



SAMA's Kwazulu-Natal branch received an award for best performing branch



Deputy Minister of Health Dr Gwen Ramokgopa

## Our man from Havana

Dr Mzu Nodikida is a member of the national executive of the Junior Doctors' Association of South Africa (JUDASA). He serves as JUDASA's head of international relations, a portfolio which was created to accommodate junior doctors who study abroad, and he is well qualified for the task, as he completed much of his medical training in Cuba. *SAMA Insider* sat down with him to ask him about his Cuban experience.

#### What were your first impressions of Cuba?

Wow, it was a real culture shock! It's hard to describe – literally everything is different over there. For us South Africans, probably the weirdest part was realising that all the farm labourers were white! The weather is also different; it gets terribly hot. But it is a wonderful place. I wouldn't mind going back to visit occasionally.

#### How do the Cuban medical schools compare to South African ones?

People seem to assume that we are taught wildly different things in Cuba. Actually, the curriculum is identical. The only real difference is that you are taught in Spanish; during the first six months of your stay in Cuba, you do nothing besides learning the lingo. The Cuban academics are also much closer to their students than our local ones. They are much more likely to identify and help out students who struggle. It is true that, because of their lower crime rate, Cuban doctors don't have to deal with nearly as many trauma injuries as their South African counterparts, but trauma care is something you quickly pick up when you return to South Africa. Also, some of the Spanish medical terms don't translate easily into English. One

thing must be said: you cannot study in Cuba without gaining a lot of respect for their approach to medicine. South African doctors only rectify a problem after it has occurred. Cuban medicine is preventative – they make sure that the problem doesn't occur.

#### Did the Cuban emphasis on practical training equip you to better deal with patients?

Certainly. People are more clued up about health issues in Cuba, so they are much more likely to go to the doctor for regular checkups. As a result, medical students experience a broad range of patients long before they have to complete an internship. You treat all sorts of people.

#### Cuba provides free healthcare for all its citizens. Do you think doctors who trained in Cuba will find it easier to adapt to the NHI?

Well, it is a little-known fact that much of the Department of Health's proposed NHI programme is based on the model they use in Brazil, which is itself a copy of the Cuban system. So in that sense you might say that Cuban trainees have first-hand experience of NHI, and I certainly think that if NHI is applied in the way it is in Cuba, it will be a tremendous success.

The Cubans have managed to eradicate many of the diseases that plague South Africa to this day, such as cholera and severe forms of tuberculosis. In fact, Cuba has a TB rate of seven infections per 100 000 people – that's incredible! They achieved this by focusing on prevention, especially at primary care level, and if South Africa wants to repeat that success we have to make primary care the basis of our system as well.

#### Can you recommend studying in Cuba to prospective medical students?

Look, in all honesty medicine is one of the last things you should study overseas. It is always best to study medicine in the country in which you are going to practice it, and that is why I am thankful that Cuban trainees still complete some of their training in South Africa.

**"South African doctors only rectify a problem after it has occurred. Cuban medicine is preventative – they ensure that the problem doesn't occur"**

However, the Cuban programme is absolutely essential. Those who clamour for it to be disbanded should consider the severe lack of doctors we experience in our country. We are unfortunately still stuck with a higher education system that was designed to serve the needs of 10% of our population, so our annual output of medical graduates remains very low – something like 1 300 a year. Until we can rectify this situation, programmes such as the Cuban one will have to continue.



Dr Mzu Nodikida (second from left) is a member of the national executive of the Junior Doctors' Association of South Africa (JUDASA)

# CCSA 2014 available online

For those of you who do not know, SAMA's Private Practice Department has launched its manual – the Complete CPT® for South Africa (CCSA). It consists of the American Medical Association's Physicians' Current Procedural Terminology (CPT®), which is a systematic listing and coding of procedures and services performed by medical practitioners. Linked to these procedures and services is the Medicare resource-based Relative Value Scale, which consist of relative value units for facilities and non-facilities, where appropriate.

Each procedure or service is identified with a five-digit code. The use of these CPT® codes greatly simplifies the reporting of services. With this coding and recording system, the procedure or service rendered by the medical practitioner is accurately defined.

Inclusion of a descriptor and its associated specific five-digit identifying code number in CPT® is generally based upon the procedure being consistent with contemporary medical practice and being performed by many medical practitioners in clinical practice in multiple locations.

Within each section are subsections with anatomic, procedural, condition, or description subheadings. The procedures and services with their identifying codes are presented in numeric order with one exception – the entire Evaluation and Management section (99201-99499) has been placed at the beginning of the listed procedures. These items are used by most medical practitioners in reporting a significant portion of their services. The Medicine (procedures) section follows on the section for Pathology and Laboratory. A sub-

section entitled Special Services and Reports appears at the end of the Medicine section and includes information on after hour services and travel costs.

It should be noted that every effort needs to be made to code as accurately as possible even if third party funders do not grant benefits for all services rendered. In these cases patients should be held responsible for payment for services where benefits were not granted by third party funders. Please remember that third parties may elect not to directly remunerate the medical practitioner for the services rendered and make the payment for the service (even at the benefit amount) directly to the patient (their member).

The CCSA book sets are available from the SAMA website ([www.samedical.org/products.html](http://www.samedical.org/products.html)) via credit card from upwards of R685. An electronic version is also available from R250.

# Member profile: Dr Anith Chacko



Dr Anith Chacko

Dr Anith Chacko was honoured at the recent SAMA Trade Union gala dinner with an award recognising his groundbreaking radiological research. Dr Chacko is currently a registrar in radiology at the University of Pretoria.

**Please describe your research interests?**

Well, I do a lot of case reports and articles for medical journals, but my main research

touches on the interface between the fields of orthopaedic surgery and radiology.

Here's the background: fractures of the acetabulum – the hip joint – are often treated as severe because they usually require a massive operation. Orthopaedic surgeons have to insert a screw into the acetabulum, but until recently this was not a precise art.

We have developed a new technique whereby we can determine via a CT scan what size and length of screw the surgeons should use. We have also tailored our research to the South African practice environment, incorporating our ethnically diverse population into the equation and thereby giving South African surgeons a more accurate idea of what to expect during the actual operation.

**Has your research been successful?**

After nearly 50 successful operations utilising our technique, I think we can safely say it has been an overwhelming success. It works just fine.

The preliminary results of our research have been well-documented and were presented by myself recently at a meeting of the Radiological Society of South Africa's

Congress. The results were reasonably well received by the Society.

**Your current role as a registrar places you in the thick of public health. What are some of the most pressing issues facing doctors in South Africa today?**

As a registrar, I can tell you that I am very worried about the lack of training support we receive. Because of our country's inadequate training facilities, a lack of equipment – and broken equipment – and a lack of personnel, there is currently a lot of difficulty involved in training specialists.

The sad thing is, there is already such a lack of specialists – it's not like we can afford not to train them!

Also, there is a tremendous lack of research funding and support in South Africa. When interesting and valuable research projects are undertaken, very few people outside of the medical or scientific communities get to hear about it; there is a lack of communication between potential funders and the people who could benefit from them.

Most funds are established with a very specific focus. What we really need is research funding with a broader focus for a broader variety of research applications.



# FPD releases new course list

Foundation for Professional Development

The Foundation for Professional Development (FPD) have released a list of courses that they currently offer. The FPD offers continuing professional development (CPD) courses that allow medical professionals to remain informed and up-to-date. Although a nominal fee is charged, FPD courses are extremely cheap and are offered primarily as a service to the medical community.

| COURSE                                                              | TARGET GROUP                                                                  | CERTIFICATION         | NQF | CEUS | DURATION (MONTHS) |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----|------|-------------------|
| NATIONAL QUALIFICATIONS FRAMEWORK ACCREDITED COURSES OFFERED BY FPD |                                                                               |                       |     |      |                   |
| Post-Graduate Diploma in General Practice                           | Registered Physicians                                                         | Post Graduate Diploma | 7   | 60   | 24                |
| Advanced Diploma in Aesthetic Medicine                              | Medical Practitioners                                                         | Advanced Diploma      | 7   | 60   | 24                |
| SHORT COURSES FOR CLINICIANS OFFERED BY FPD                         |                                                                               |                       |     |      |                   |
| Clinical management of allergies                                    | Healthcare practitioners                                                      | Certificate           | -   | 30   | 2                 |
| Anesthesiology refresher course                                     | GPs and candidates for the Diploma in Anaesthetics in the College of Medicine | Certificate           | -   | 30   | 2                 |
| Rational use of antibiotics                                         | Healthcare professionals and pharmacists                                      | Certificate           | -   | 23   | 2                 |
| Management of asthma                                                | Healthcare practitioners                                                      | Certificate           | -   | 17   | 1.5               |
| Management of cardiovascular disease                                | GPs                                                                           | Certificate           | -   | 28   | 2                 |
| Course in the management of common vascular diseases                | Healthcare practitioners                                                      | Certificate           | -   | 23   | 1.5               |
| Clinical management of dermatology                                  | GPs                                                                           | Certificate           | -   | 16   | 1                 |
| Diabetes mellitus management                                        | GPs                                                                           | Certificate           | -   | 27   | 2                 |
| Clinical management of epilepsy                                     | GPs and Specialist other than Neurologists                                    | Certificate           | -   | 28   | 2                 |
| Clinical management of gastro-esophageal disease (GORD)             | Healthcare professionals                                                      | Certificate           | -   | 17   | 1                 |
| HIV/AIDS Management course                                          | Medical professionals                                                         | Certificate           | -   | 30   | 3                 |
| Clinical management of irritable bowel syndrome                     | GPs                                                                           | Certificate           | -   | 14   | 1                 |
| Clinical management of malaria                                      | Healthcare professionals                                                      | Certificate           | -   | 26   | 2                 |
| Mental health course                                                | GPs                                                                           | Certificate           | -   | 30   | 3                 |
| Practice pathology course                                           | GPs                                                                           | Certificate           | -   | 30   | 2                 |
| Rheumatology management course                                      | GPs                                                                           | Certificate           | -   | 30   | 2                 |
| Course in severe sepsis                                             | All medical specialist                                                        | Certificate           | -   | 17   | 1                 |
| Management of tuberculosis                                          | Medical practitioners                                                         | Certificate           | -   | 30   | 2                 |
| Diagnostic ultrasound                                               | GPs                                                                           | Certificate           | -   | 30   | 2                 |
| Clinical management of urinary incontinence                         | Health practitioners                                                          | Certificate           | -   | 20   | 1                 |
| SHORT COURSES OFFERED FOR REGISTERED NURSES BY FPD                  |                                                                               |                       |     |      |                   |
| Management of diabetes mellitus for professional nurses             | Professional nurses                                                           | Certificate           | -   | -    | 2                 |
| HIV/AIDS management for professional nurses                         | Professional nurses                                                           | Certificate           | -   | -    | 3                 |
| Muscular dystrophy                                                  | Professional nurses                                                           | Certificate           | -   | -    | 1                 |
| Tuberculosis for professional nurses                                | Professional nurses                                                           | Certificate           | -   | -    | 2                 |
| Palliative care for professional nurses                             | Professional nurses                                                           | Certificate           | -   | -    | One Year          |
| Integrated management of HIV/STI/TB for nurses                      | Professional nurses                                                           | Certificate           | -   | -    | 3                 |

| COURSE                                                                         | TARGET GROUP                                                              | CERTIFICATION   | NQF | CEUS | DURATION (MONTHS) |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------|-----|------|-------------------|
| MULTI-DISCIPLINARY SHORT COURSES OFFERED BY FPD                                |                                                                           |                 |     |      |                   |
| Advanced voluntary confidential counselling and testing                        | All healthcare practitioners                                              | Certificate     | -   | 30   | 3                 |
| Clinical trial course                                                          | Healthcare professionals in clinical trials                               | Certificate     | -   | 30   | 2                 |
| HIV/AIDS in the workplace                                                      | Healthcare professionals and others managing AIDS in the workplace        | Certificate     | -   | 30   | 2                 |
| HIV/AIDS refresher seminar                                                     | FPD/SAHIVCS Alumni who have completed the HIV/AIDS management course      | Certificate     | -   | 6    | 1                 |
| Clinical management of obesity                                                 | Medical professionals                                                     | Certificate     | -   | 30   | 2                 |
| Palliative care in HIV/AIDS                                                    | All healthcare practitioners working in the clinical field                | Certificate     | -   | 25   | 1                 |
| SHORT COURSES FOR OTHER HEALTHCARE WORKERS OFFERED BY FPD                      |                                                                           |                 |     |      |                   |
| Anti-retroviral drug and compliance workshop for non-medical professionals     | All lay counsellors                                                       | Certificate     | -   | -    | 2                 |
| HIV/AIDS Counselling, prevention and education programme for community workers | All lay counsellors                                                       | Certificate     | -   | -    | 2                 |
| Management of HIV for lay counsellors                                          | Supporters, care givers, lay counsellors.                                 | Certificate     | -   | -    | 3                 |
| Management of TB for lay counsellors                                           | Lay counsellors. Community workers, home based care givers and supporters | Certificate     | -   | -    | 2                 |
| PRACTICE SUPPORT SHORT COURSES OFFERED BY FPD                                  |                                                                           |                 |     |      |                   |
| Anatomy course for no-health professionals                                     | All medically trained staff working in a medical environment              | Certificate     | -   | -    | 1                 |
| ICD10 Coding course                                                            | All health care practitioners working in the clinical field               | Certificate     | -   | -    | 1                 |
| Medical terminology course                                                     | All non-medically trained staff working in a medical environment          | Certificate     | -   | -    | 1                 |
| Seminar on starting a private specialist practice                              | Persons entering a private specialist practice in the next two years      | Certificate     | -   | 30   | 2                 |
| DISTANCE EDUCATION SHORT COURSES OFFERED BY FPD                                |                                                                           |                 |     |      |                   |
| Anatomy course for non-health care professionals                               | All non-medically trained staff working in a medical environment          | Certificate     | -   | -    | 6                 |
| Dispensing course                                                              | Health care workers who are authorised prescribers                        | HSA Certificate | -   | 30   | 6                 |
| Clinical management of epilepsy                                                | GPs and specialist other than neurologists                                | Certificate     | -   | 16   | 6                 |
| Advanced medical ethics                                                        | All medical practitioners                                                 | Certificate     | -   | 54   | 6                 |
| Evaluation of professional drivers                                             | GPs                                                                       | Certificate     | -   | 18   | 6                 |
| ICD10 Coding course                                                            | All health care practitioners working in the clinical field               | Certificate     | -   | 27   | 6                 |
| Clinical management of irritable bowel syndrome                                | GPs                                                                       | Certificate     | -   | 8    | 6                 |
| Medical terminology course                                                     | All non-medically trained staff working in a medical environment          | Certificate     | -   | -    | 6                 |
| Mental health course                                                           | GPs                                                                       | Certificate     | -   | 25   | 6                 |
| Optometry course Volume 1                                                      | Optometrists                                                              | Certificate     | -   | 22   | 6                 |
| Dispensing opticians course                                                    | Dispensing opticians                                                      | Certificate     | -   | 6    | 6                 |
| Ethics for Optometrists                                                        | Optometrists                                                              | Certificate     | -   | 8    | 6                 |
| Optometry course Volume 2                                                      | Optometrists                                                              | Certificate     | -   | 22   | 6                 |
| Practice pathology course                                                      | GPs                                                                       | Certificate     | -   | 14   | 6                 |
| Rheumatology management course                                                 | All health care practitioners                                             | Certificate     | -   | 24   | 6                 |

| COURSE                                                                    | TARGET GROUP                                                                       | CERTIFICATION | NQF | CEUS | DURATION (MONTHS) |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------|-----|------|-------------------|
| DISTANCE EDUCATION SHORT COURSES OFFERED BY FPD                           |                                                                                    |               |     |      |                   |
| Course in severe sepsis                                                   | All intensivists who need to acquire knowledge on the management of this condition | Certificate   | -   | 11   | 6                 |
| Clinical management of urinary incontinence                               | All health practitioners                                                           | Certificate   | -   | 14   | 6                 |
| E-LEARNING PROGRAMMES OFFERED BY FPD                                      |                                                                                    |               |     |      |                   |
| Clinical management of urinary incontinence                               | Health practitioners                                                               | Certificate   | -   | 14   | 3                 |
| Clinical management of epilepsy                                           | GPs and Specialist other than Neurologists                                         | Certificate   | -   | 16   | 3                 |
| HIV/AIDS management for professional nurses                               | Professional nurses                                                                | Certificate   | -   | -    | 3                 |
| Tuberculosis for professional nurses                                      | Professional nurses                                                                | Certificate   | -   | -    | 3                 |
| HIV/AIDS management course                                                | Medical professionals                                                              | Certificate   | -   | 30   | 3                 |
| Certificate in practice management                                        | Practice managers and all health practitioners in private practice                 | Certificate   | 5   | 60   | 8                 |
| OTHER NATIONAL QUALIFICATIONS FRAMEWORK ACCREDITED COURSES OFFERED BY FPD |                                                                                    |               |     |      |                   |
| Certificate in Advanced Health Management                                 | All healthcare managers                                                            | Certificate   | 6   | 60   | 12                |
| Certificate in Practice Management                                        | Practice managers and all healthcare managers in private practice                  | Certificate   | 5   | 60   | 8                 |
| Certificate in Risk Assessment and Management                             | Managers in healthcare and case managers                                           | Certificate   | 5   | 60   | 12                |
| Diploma in Risk Assessment and Management                                 | Managers in healthcare and case managers                                           | Certificate   | 5   | 60   | 12                |
| Diploma in Advanced Health Management                                     | All healthcare managers                                                            | Diploma       | 6   | 60   | 12                |

SHOULD YOU BE INTERESTED IN ANY OF OUR COURSES PLEASE COMPLETE THIS SECTION AND FAX TO 012 807 7165

NAME:

TELEPHONE:

FAX:

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NAME OF COURSE:

For detailed information on any of the courses, please contact the FPD at:

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## IMASA serves local communities

The Islamic Medical Association of South Africa (IMASA) was founded in 1979 as a non-profit, public benefit organisation to provide health and medical care to disadvantaged and underprivileged communities. In 2012 it was recognised by the South African Medical Association as an affiliate.

Main branches are based in Durban, Johannesburg, Cape Town and Klerksdorp which facilitate sub-branch activities in Ladysmith, Port Shepstone, Tshwane, Westrand, Roshnee and Polokwane.

### The IMASA cataract project earned the order of Khanyisa award which is given to those who improve the quality of healthcare and social services for the people of Gauteng

Dedicated Muslim doctors and allied health professionals are committed to serving and giving back especially in the underprivileged communities. Aside from caring for the medical needs of just over 7 000 patients per month, IMASA is also a professional medical body consisting of 1 500 members. A further 4 000 non-members are on their database, all of whom are qualified health professionals and medical students.

Clinics are run predominantly in Malagazi in rural KZN where IMASA are currently embarking on a very exciting project – the establishment of the Ahmed Al-Kadi hospital to be launched in 2015. This hospital will operate with an Islamic ethos and will be open to people of all races and religions.

Among the many projects that IMASA has undertaken, a very successful one is the cataract project driven by the Johannesburg Branch. IMASA and the Gauteng Department of Health have partnered in this project and it has been expanded to other branches as well. Since April 2005 numerous cataract operations have been performed on a monthly basis at various hospitals, bringing light to those who have cataract blindness. The Cataract Removal Project in KZN began in 2010 in partnership with St Aidans Hospital and Muslim Darul Yatamawal Maskeen.

In 2010 the cataract project earned the order of Khanyisa award which is given to those who improve the quality of healthcare and social services for the people of Gauteng. Thousands of successful cataract operations have given sight to those less fortunate and have shortened the waiting lists of the public hospitals.

The male circumcision project, initiated in KZN, has successfully performed 1 500 circumcisions since inception in 2002 and other IMASA branches are eagerly following suit to make this a national service. Without the assistance of many voluntary surgeons, this project would not be possible. IMASA Cape Town has also recently established their first clinic, situated in Langa, which focuses primarily on prevention of disease, diabetes and circumcisions.

The association also actively participate in international relief projects – be it collecting and offering monetary support or members going out to assist in disaster areas. The Durban branch, together with the Iqraa Trust, has established a Renal Dialysis Unit at the Nu Shifaa Hospital and the Johannesburg branch has partnered with the World Memon Organisation to offer funding and medical support to patients who cannot afford these services.

IMASA has grown in leaps and bounds since 1979 and together with the above mentioned projects, have so much more to offer:

- Home based care treatment
- Air mercy project
- Food garden project
- HIV/Aids unit facilitated by the Muslim Aids Programme
- School projects
- CPR/AED project for members of the Masaajid, Madaaris and Islamic Schools



Dr Shoyab Wadee, president of IMASA

- Zakaat eligible projects during the month of Ramadan
- Soup kitchen
- Frail-care workshops and renting of medical equipment
- Support groups – cancer, HIV/Aids affected patients and family members
- Free medical screening in underprivileged communities
- Accredited continuous medical education programmes
- Annual conferences (KZN, JHB, Cape Town)
- Mini congresses
- Annual graduations for Muslim graduates from the various medical faculties (KZN, Jhb, Cape Town and Tshwane)
- Bursaries funded by IMASA members and facilitated through SANZAF
- Radio programmes and information to the public
- Television health programmes – ITV
- IMASA publications

As a SAMA member, would you like to give back to your community by volunteering an hour or two serving indigent patients in your area and become an active member of this organisation?

If so kindly Contact Fathima on 031-207-2250 or email [imakzn@eastcoast.co.za](mailto:imakzn@eastcoast.co.za)

Like us on Facebook 'Islamic Medical Association' and Twitter @islamicmedical  
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## When two elephants fight it is the grass that suffers

The following is a statement by Ntandazo Puzi, a member of the South African Registrar's Association's (SARA) marketing team.

During May 2013 Dr Benny Malakoane, the Free State's Health MEC, urged truant doctors to come clean and confess their indiscretions. Malakoane said doctors could file written submissions or requests for amnesty, containing full disclosures, to the department by no later than 27 May. In his eagerness to stop what he refers to as an "abuse of privileges" he asked senior officials within the department to file a report on a system for monitoring remunerative work outside the public service (RWOPS). This situation is not only limited to the Free State – apparently there are doctors who abuse RWOPS in all other parts of the country. The one thing Malakoane could not produce was proof that any patients had been left unattended or untreated.

The government's stance on RWOPS (a system which they instituted) has caused more harm than good, especially to the already ailing public health sector. It is now threatening even the much awaited co-operation between private and public health sectors promised by the National Health Insurance (NHI). Many hard working and poorly paid doctors felt unappreciated and unwanted in the public sector. In fact, they have been likened to thieves who "were stealing equipment and consumables to treat private patients" and called "RWOPS criminals" whose departure should be celebrated.

Since April 2013, after the first brutal attacks against doctors, we saw an exodus of specialists to the private sector. Their reasons for leaving the public sector was not only due to financial reasons but also the mental burn out that many doctors face in a healthcare system that demands more than what a normal professional can give. The amount of sacrifice that many doctors make by being at hospitals for extended periods of time with little to show for it resulted in many medical professionals being demoralised.

Most doctors will tell you that it is much better to work in private practice than for the state. As busy as life in private practice is, it is much better to work in an accepting, respecting and appreciative environment where you don't feel you are

a criminal by responsibly adjusting your day to suit what your specialty demands and avoiding burnout. And it is much better to work with timely-serviced machinery and good equipment (which the government frequently borrows as a perk of the RWOPS agreement), than to be constantly surveyed by the Hawks.

RWOPS was created as a way to retain doctors who wanted to stay in the public sector but had financial constraints. It meant that doctors who were forced to work in private to cover debts incurred during their many years of training were now able to assist patients in the public sector and make additional incomes. Having specialists retained in the public sector is very crucial and also affects our ability to train future specialists. The HPCSA specifies a reasonable number of registrars that can be trained at any institution based on the number of specialists available in that institution. If we are losing specialists at the current rate, it means we can't train many registrars to be specialists in the future.

All these will impact on the healthcare of the country and result in poor healthcare for the ordinary citizen if people in power don't find amicable solutions. As the old African proverb has it: "When two elephants fight it is the grass that suffers".

### SAMA's stance on RWOPS:

SAMA supports the principles of RWOPS which condemn any form of abuse of RWOPS at the expense of poor patients. SAMA supports all its hard-working members who perform RWOPS within the prescripts of the law and objects to any form of withdrawal of RWOPS, which would be equivalent to denying doctors their rights as South African workers who are entitled to the benefits the government promised them. A withdrawal of RWOPS would result in a massive exodus of specialists into full-time private practice, crippling the already burdened public health sector and jeopardising the implementation of the NHI programme. Furthermore, it would be disastrous to the ongoing teaching, research and patient care activities of our public facilities.



# Discussing climate change at SAMA conference



Bernard Mutsago, SAMA Health Policy Researcher

There was a brief moment of 'green talk' at the 2013 SAMA Conference when about 100 doctors participated in a lunchtime dialogue led by a panel of two climate change experts who unpacked the 'health side' of the climate change discourse in South Africa and the world. According to the Lancet May 2009 series, climate change is known to be the biggest global health threat of the 21st century.

The presenters committed themselves to leading the discussion at the invitation of SAMA. The event was a great breakthrough for SAMA as it was the first time in a succession of SAMA climate change activities that the subject was discussed at a national gathering of the association. The only other platform where climate change has been discussed significantly is at the SAMA Health Policy Committee, which has since produced a Draft SAMA Policy on Climate Change and Health (available online at [www.groundwork.org.za/ClimateHealthRoundtables](http://www.groundwork.org.za/ClimateHealthRoundtables)). The SAMA board of directors has yet to make a decision on the draft policy.

Mr Tristen Taylor and Mr Rico Euripidou jointly delivered the presentation, where attention was focused on the health consequences of dirty energy choices in South Africa. Mr Taylor, who works for an organisation called Earthlife Africa, gave a general overview on climate change while Mr Euripidou concentrated on health-specific issues. Mr Euripidou works for an organisation called Groundwork which

is affiliated to a global network known as Healthcare without Harm (CWH).

The presentation interrogated the pertinent question about costs versus benefits of South Africa's energy policy, environment choices and health of people. Both speakers legitimately stressed the catastrophe of South Africa's heavy reliance on coal energy. It was highlighted that each step in the coal life cycle generates pollution. Coal combustion releases numerous air-borne pollutants, including particulate matter, sulphur dioxide, carbon dioxide, mercury, arsenic, chromium, nickel, uranium and thorium. These pollutants can have a profound effect on the health of communities, especially children, the elderly, pregnant women, and those suffering from asthma and lung disease in urban areas. Coal emissions can travel long distances and even affect people living far away from power plants.

Witbank, situated in Mpumalanga province, was cited as an area where people lived with compromised air quality. Witbank is a region where much of South Africa's electricity is generated by Eskom, from the combustion of coal, and where some of the highest atmospheric concentrations of poisonous metals and gases in South Africa have been measured by a European Union team of scientists over the past two years. The air quality in Witbank was found to be extremely bad ever since continuous measurements have been undertaken by the Department of Environmental Affairs.

## Mercury pollution

Mr Euripidou also noted that the most anthropogenic source of mercury is coal. Most of the mercury ends up in the food chain (fish) and is a threat to human health. There is no mercury pollution control in coal-fired power stations in South Africa, a country which is estimated to release between 30-40 tonnes of mercury into the atmosphere per year. He mentioned that, under a new global treaty adopted in Geneva this year, mercury in healthcare will be regulated. The treaty will be ratified at a diplomatic conference to be held in Japan in 2013 and will come into effect once the requisite number of countries has signed.

## Health and energy policy roundtables

Mr Euripidou related that part of the strategy to sensitise the health sector to the challenge of

climate change and to enable the health sector to be more vested in energy choices has been the countrywide roundtable discussions. To date, two roundtables have been held in Cape Town and KwaZulu Natal. Another roundtable is planned for Gauteng in September 2013. SAMA (Gauteng south branch) working with the SAMA climate change task team has agreed to partner with the organisers. The roundtable will bring together health professionals, researchers and academics with energy policy experts to identify the health implications of current energy policy and systems in Gauteng and South Africa.

## Global Green and Healthy Hospitals

The presentation also cited a worldwide initiative called Global Green and Healthy Hospitals, which is devoted to reducing the ecological footprint of health institutions and promoting public environmental health. GroundWork has been trying to get South African hospitals to implement this initiative in local hospitals and believes that these are the type of initiatives that SAMA should be keen to take an interest in.

## Highlights from the presentation:

- Globally, the safe level (350 ppm) of carbon dioxide (CO<sub>2</sub>) in the atmosphere has been exceeded; it is currently at over 400ppm.
- The lifespan of CO<sub>2</sub> in the atmosphere is roughly one thousand years.
- South Africa, at 9 metric tonnes of CO<sub>2</sub> emitted per capita, was above the global average of 4.29 tonnes per capita as of 2009. The USA currently emits 23 metric tonnes and China 5 metric tonnes per capita.
- South Africa is already a water stressed country, even without climate change.
- In a US study, it was found that for every dollar spent complying with the Clean Air Act, \$25 was saved in health care costs due to a lower disease burden, including a reduction in premature deaths and cases of bronchitis, asthma and myocardial infarction.

# Photography competition winners announced

Congratulations to all our winners who entered the 2013 SAMA/MPS Photography Competition. SAMA

and MPS would like to thank everyone who took the time to enter their photographs and made the competition possible. All

winners and entries can be viewed at [www.samedical.org](http://www.samedical.org). We hope to see more entries in 2014.

| Emotions                                                           | Environment                                                                          | Nature/Wild Life                                                  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Winner:</b> Dr Ilani Torlage – Rough Day                        | <b>Winner:</b> Dr Jacobus Johannes Christiaan La Grange – The Radiographer           | <b>Winner:</b> Dr Basil Stathoulis – Umhlanga Rocks Lighthouse    |
| <b>First Runner-up:</b> Dr Kamlin Ekambaram – My First Medical Kit | <b>First Runner-up:</b> Dr Johnno Frith – 30 Hours and Counting                      | <b>First Runner-up:</b> Dr Basil Stathoulis – Tembe Elephant Dust |
| <b>Second Runner-up:</b> Dr Natasha Dole – Birthday Dance          | <b>Second Runner-up:</b> Dr Jacobus Johannes Christiaan La Grange – The Anaesthetist | <b>Second Runner-up:</b> Dr Howard Klaaste – Dragonfly Closeup    |



Rough day. Winner: Emotions by Dr Ilani Torlage



The Radiographer. Winner: Work Environment by Dr Jacobus Johannes Christiaan La Grange



Umhlanga Rocks Lighthouse. Winner: Nature by Dr Basil Stathoulis



**My first medical kit.** Runner-up: Emotions by Dr Kamlin Ekambaram



**30 hours and counting.** Runner-up: Work environment by Dr Johnno Frith



**Tembe Elephant dust.** Runner-up: Nature by Dr Basil Stathoulis



Left: **Birthday dance.** Second runner-up: Emotions by Dr Natasha Dole



Above: **The Anaesthetist.** Second runner-up: Work environment by Dr Jacobus Johannes Christiaan la Grange



Above right: **Dragonfly close-up.** Second runner-up: Nature by Dr Howard Klaaste



## SAME Foundation needs your help

The South African Medical and Education Foundation (SAME Foundation) is a non-profit organisation based in both the Western Cape and Gauteng. Our sole mission is to create equal healthcare for all South Africans.

We strive to create an environment where quality healthcare and education is available to everyone. We do this by supplying the medical services of South Africa with the equipment they vitally need to enhance the treatment they already offer to state patients.

We are committed to helping the citizens of South Africa have equal access to healthcare no matter what their situation in life. The clinics and hospitals we work with are responsible for the health of over 85% of the population of our country. Poverty and illness is rife and mortality rates are too high.

The SAME Foundation is constantly involved in upliftment projects. Its current

projects include the refurbishment of Kalafong Hospital's Accident and Emergency Unit, which is too small to handle their patient load (they have had a 34% increase in patients over the last ten years). The unit sees over 4 000 patients a month and around 300 of these patients have to be resuscitated. Our doctors have a very short time to stabilise and save a patient; without the correct medical equipment this is impossible.

Kalafong is also a tertiary hospital. This is where we are training our future doctors but again without equipment it is impossible to give them the training they should be getting. The Foundation is also deeply concerned about the state of Leratong Hospital in Gauteng. The hospital serves previously disadvantaged citizens and has a bed capacity of 800, but because of a lack of equipment not all beds are being utilised – only 755 beds are in use.

Both hospital's key health problems are HIV/Aids, TB and violent trauma. Leratong hospital is well known among emergency services for not having sufficient equipment to deal with trauma patients. The lack of equipment in the Trauma Unit means patients have to be referred to hospitals that are not in their area.

Leratong is also in dire need of an upgraded maternity ward, a project that is likely to cost R4.5 million. Both Kalafong and Leratong require lifesaving medical equipment to function properly as healthcare centres.

We call on the corporate community and charity organisations to open their coffers to help us bring quality healthcare to the people. Please do not hesitate to contact us at [donations@samefoundation.org.za](mailto:donations@samefoundation.org.za) or visit our website at [www.samefoundation.org.za](http://www.samefoundation.org.za).

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Making life better



Eastern Cape and Border Coastal join march on DoH

On Friday 13 September, SAMA's Border Coastal and Eastern Province branches took part in a march by the Eastern Cape Health Crisis Action Coalition (EHCAC). The goal of the march was to present a memorandum of grievances to the Eastern Cape MEC of Health, Sicelo Gqobana. Nearly 2 000 people from the 14 organisations that make up the EHCAC joined the march, which left Bhisho stadium at 11h00 and arrived the local Department of Health (DoH) branch office at 13h00.

Before handing over their memorandum to newly-appointed superintendent-general Thobile Mbengashe – MEC Gqobana had declined to be present – the marchers

were addressed by the Treatment Action Campaign's general secretary Vuyiseka Dubula and COSATU's Zwelinzima Vavi, who spoke – in his capacity as a citizen – about the horrific state of Eastern Cape health. Other speakers included the secretary-general of DENOSA and Mark Heywood, the director of the Aids Law Project.

Among the concerns raised by SAMA is the fact that doctors are not being paid the wages agreed to in their contracts; that a severe lack of doctors – partly caused by administrative incompetence – is causing ward closures and the denial of basic health services to the poor; the poor state of the province's health facilities and a lack of essential drugs and equipment.

"It was a well-organised, peaceful protest march," said Border Coastal branch chairperson Dr Anthea Klopper, "and we highlighted the fact that we were keen to work with the department of health. Unfortunately, we also learned that the department had sent out a memo on Friday morning asking for the names of those doctors who planned to attend the march."

Superintendent-general Thobile Mbengashe pledged to take the memorandum of grievances very seriously. Although his department's track record in this regard is exceedingly poor, one does hope that this will indeed be the case.

Free State and SAPS host fitness challenge

The Free State branch of the South African Medical Association (SAMA), along with the Junior Doctors Association of South Africa (JUDASA) and the South African Police Service (SAPS), hosted a fitness challenge on Saturday 14 September.

The event was held at Pellies Park sports grounds on the campus of the University of

the Free State (UFS) in Bloemfontein. SAMA hosted the event as a means to create awareness about the need for a fit, healthy lifestyle among South Africans. With the rise in lifestyle diseases such as diabetes and obesity becoming a growing problem in this country, SAMA is keen to raise awareness and promote healthy living.

"All in all, the fitness challenge was very successful," said organiser Dr Mathabo Hlahane. "Everyone involved expressed interest in making it an annual event, and perhaps including other essential services in future." Besides members of the Free State branch and JUDASA, medical students from Wits and UP showed up to support the event.



The sponsors of the SAMA/SAPS fitness challenge. From left to right: Dr Mathabo Hlahane (JUDASA), Claire van Wyk (Discovery), Colonel Godfrey Ntlati (SAPS), Dr D Menge (FS branch chairperson), Stefan Botha (Supersport), Rudi van Schalkwyk (Supersport), Chris Fourie (SAMS), Dr Marian Herbst (JUDASA)

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