

# PROPOSAL: EXECUTIVE OFFICE

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## Background

The South African Orthotic and Prosthetic Association (SAOPA) has gone through several changes in its management structures during recent years. Most of these changes have yielded positive results and significant progress has been made with respect to the management of the association.

However, progress is usually accompanied by greater strategic imperatives and these typically demand the allocation of more resources. In addition, the South African private healthcare industry is in a state of flux that is being caused by increasing focusses on aspects such as:

- Changes in the national healthcare policy coupled with a strong drive toward National Health Insurance (NHI);
- The affordability of healthcare within all sectors, including medical schemes, the Road Accident Fund and the Compensation for Occupational Injuries and Diseases Fund;
- The rationing of care through increasing emphases on evidence-based medicine and clinical best practices;
- The regulation of prices of professional services as well as medicines, medical devices and equipment; and
- Optimisation of health outcomes and movements toward value-based purchasing.

All the above are likely to have profound impacts on the daily lives of healthcare practitioners that are in private practice, including Orthotists and Prosthetists (MOP's). But, with respect to MOP's the situation is complicated further by the fact that the tariff structures and price files used by MOP's have run into disfavour by the medical schemes industry especially. The disfavour is of the extent that the price files used to date are fast becoming unusable, necessitating a transition to alternative coding and benchmark tariff structures. Although the transition is already underway, several challenges are being faced:

- The MOP's were never part of the erstwhile "Scale of Benefits" structures that eventually became the National Health Reference Price List (NHRPL) structures, meaning that, unlike the other healthcare professions, the MOP's have never had industry standard coding structures and benchmark tariffs. The so-called A&L structures is the only structure that has been available to MOP's and it is this structure that has fallen into disfavour for several reasons;
- The current structure does not contain comprehensive and/or clear billing rules and guidelines that can be used by MOP's when compiling their accounts and/or healthcare funders when assessing accounts;
- The pricing structures that pertain to components and materials are being perceived as insufficiently transparent, leading to a broad range of allegations regarding unacceptable business practices;
- Components and materials are not well enough categorised to enable the creation of clinical relationships between products used and the clinical pictures of patients; and

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- Potentially most importantly, because of the above each medical scheme and/or its administrator has its own approach toward the handling of accounts pertaining to orthotic and prosthetic services, making it almost impossible to establish a discipline-specific or industry-standard approach.

The MOP profession is a relatively small profession and the risk is high that it either gets marginalised in its attempts to participate in the industry developments and/or addressing the profession-specific issues, or policies will simply be imposed on the MOP's. The only way to address this significant threat to the long-term sustainability of the MOP profession, is by adopting a properly structured strategic thinking and management approach.

## Current situation

The current situation is that the SAOPA leadership are all full-time private practitioners who are elected into leadership positions, as they should be. However, the fact that they are in full-time private practice means that they understandably have insufficient time to fully engage the issues outlined above and/or to represent the profession at the various forums at which the profession must be represented. This necessarily negatively impacts the levels of engagement that can take place and the level of strategic leadership that is being provided. It is very important to point out that these statements are not intended as criticism or accusations against the current leadership. They are statements of fact and the purpose of this document is to propose a solution to the current reality.

To address the current reality, SAOPA retains the services of two service providers:

- ProfNet Medical who are hosting and managing the SAOPA membership system; and
- Clinical Governance Services (Pty) Ltd (CGS) which are providing secretarial services, administrative support and strategic advice to SAOPA.

There are a few operational issues that are being addressed at a different level, but the main issue in the context of this document is that the SAOPA service providers do not employ a MOP and are dependent upon the active inputs by the SAOPA leadership to represent the profession with respect to profession-specific matters. This issue has been discussed on several occasions and to date the upshot was that a suitably qualified individual was not available and that it would not be viable to employ such a person on a full-time basis.

## Proposal

An opportunity has arisen whereby a senior member of the MOP profession has indicated a desire to contribute to the profession by making herself available for one day per week to support CGS at a profession-specific level. CGS has indicated that it is prepared to employ this individual on a part-time basis and to expand its service offering to SAOPA accordingly. This will obviously require a substantial review of the current contract between SAOPA and CGS, but it is believed that a planned consolidation of the services currently provided by CGS and ProfNet Medical under separate contracts will minimise the budgetary impact of such an appointment.

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Given the opportunity that has arisen, the following is proposed:

1. That the CGS contract is amended to include a part-time executive position that will be filled by a qualified MOP who must still be in private practice, albeit not full time. Broadly speaking, this executive will have the following duties:
  - Overseeing of the achievement of the strategic objectives set by the SAOPA membership and elected leadership;
  - Oversee the setting of operational priorities and development of annual budgets;
  - Representation of the profession at the appropriate forums;
  - Providing practical inputs toward the development and finalisation of the Orthotic and Prosthetic specific coding structures, benchmark tariffs and billing rules and guidelines;
  - Accreditation of Continued Professional Development (CPD) events;
  - Coordinating of peer review processes; and
  - Overseeing the professional aspects of the to be enhanced SAOPA member communication strategy and value-based proposition.
2. The elected leadership (Exco) adopts a non-executive function by:
  - Providing strategic leadership representing the interests of the profession; and
  - Ensuring good governance of the association.

In terms of this proposal the elected leadership should not be required to attend more than six meetings per annum:

- Strategic planning session
- Annual General Meeting
- Four executive committee/board meetings of which two can be synchronised with the above meetings

It is hoped that this proposal will make it possible for senior members of the MOP profession to become willing to provide strategic leadership to the Orthotic and Prosthetic Profession.

## Next steps

The following next steps with respect to this proposal are envisaged:

- The proposal must be considered by the sitting SAOPA Executive Committee;
- If adopted in its current or amended format, the sitting Executive Committee must table a motion at the coming Annual General Meeting; and
- The Executive Office must develop a budget for approval by the to be elected Executive Committee.