



SASCI

South African Society of
Cardiovascular Intervention

MEMORANDUM ON WHETHER A SPECIALIST PHYSICIAN CAN PERFORM INTERVENTIONS IN THE FIELD OF CARDIOLOGY

23 June 2020

1. BACKGROUND

Some members of SASCI is facing a long-standing dispute with medical aid schemes. Medical Aids is disputing payment of certain claims relating to interventional cardiology procedures on the basis that members are not registered as a Cardiology sub-specialist but rather as a general Physician (018).

Cardiology seems to have been only recognised as a sub-specialty by the HPCSA in mid 1980's and up to that time, all that was required to practise cardiology was 2 years cardiology training in a recognised training facility after registering as a Physician. Such a generation of practitioners were recognised but hardly registered as such by the HPCSA.

Member requests from SASCI guidance on the rules and regulations relating to the provision of such interventional cardiology procedures.

2. HEALTH PROFESSIONS ACT, 1974 AND REGULATIONS THERETO

The general scope of practice of ALL professionals registered by the HPCSA is found in section 17(1)(b)

– except in so far as it is authorised by legislation regulating health care providers and sections 33, 34 and 39 of this Act, any health profession the practice of which mainly consists of

- (i) the physical or mental examination of persons;
- (ii) the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in humankind;
- (iii) the giving of advice in regard to such defects, illnesses or deficiencies; or
- (iv) the prescribing or providing of medicine in connection with such defects, illnesses or deficiencies, unless he or she is registered in terms of this Act.

The scope detailed above is broad and recognises that many actions, not mentioned in other legislation, may form part of the scope of practice of a cardiologist. Subsection 1A further clarifies that one should not use subsection (1)(b) to prohibit the performance of acts deemed to be acceptable *“within the ordinary course of the practising of his or her profession”*.

The question is, with regards to general physicians, whether performing interventional cardiology procedures would be deemed to be acts within the ordinary course and scope of the profession.

Sections 34 and 39 that section 17 refers to also pertain to the current matter. Section 34 states that practitioners should all practice *“within any health profession the scope which has been defined by the Minister. Section 39 confirms that the registration entitled a professional to undertake “acts” to which that profession “pertain”*.

Section 33 gives the Minister the right to publish, in regulations, the *“scope of professions”*.

SASCI is a Special Interest Group of the SA Heart Association

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The Regulations Relating to the Specialities and Sub-specialities in Medicine and Dentistry GNR.590 of 29 June 2001, as amended, states, under the heading “*conditions of practicing as a specialist*” as follows:

14. (1) A medical practitioner or a dentist who holds registration as a specialist in terms of the Act, shall—

(a) ...

(b) in the case of a sub-speciality, confine his or her practice mainly to the sub-speciality in which he or she is registered, and the retention of his or her registration as a specialist in the relevant speciality, related specialities or sub-speciality shall be contingent on whether he or she so confines his or her practice.

(2) A specialist may charge fees for examinations or procedures which usually pertain to some other speciality only if such examinations or procedures are also recognised in his or her speciality, related specialities or sub-speciality as generally accepted practice...”

There is a scope of a profession for cardiologists. This means that there is a clear delineation as to what acts are exclusive to this profession.

The Regulations Relating to the Specialities and Sub-specialities in Medicine and Dentistry GNR.590 of 29 June 2001, as amended, states, under the heading “*General*” , “*Notwithstanding anything to the contrary in these regulations, the relevant subcommittee, subject to approval by the board, may register the speciality or subspeciality of a medical practitioner or dentist who complies substantially with the requirements of these regulations and who, in the opinion of the board, is competent to practise in such a speciality or subspeciality, and the applicant shall, at the request of the board, submit the documentary proof which the board determines in support of his or her application.*”

This effectively indicates that, competency can be a criteria upon which he/she may be registered as substantially complying with the requirements in order to perform interventional cardiology procedures.

3. THE HPCSA ETHICAL RULES, 2006

GNR.717 of 4 August 2006 contains Ethical Rules of Conduct for Practitioners registered under the Health Professions Act, 1974, as amended. Ethical rule 21 governs the behaviour of health care professionals such as the specific SASCI member and it provides that:

A practitioner shall perform, except in an emergency, only a professional act—

(a) for which he or she is adequately educated, trained and sufficiently experienced; and

(b) under proper conditions and in appropriate surroundings.

There is no evidence that the SASCI member is not adequately trained or sufficiently experienced and/or that the acts have not been performed under proper conditions and in appropriate surroundings.

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Should Medical Aid have different fee structures for cardiologists and non-cardiologists doing the same procedure, the SASCI member may have to register with the HPCSA as a cardiologist.

4. SASCI POSITION STATEMENT

Whilst it is evident that SASCI does not have the mandate to approve or prevent a person from practising, SASCI issued a positioning statement, “ *Who is qualified to perform Coronary Angiography and intervention*” dated 24 November 2016, attached herein as **ANNEXURE “A”**. Such a mandate rest with the HPCSA.

The positioning statement states that, “*We are aware that in our group are older practitioners who trained in a previous era where there was no special training in an early, evolving discipline. Many undertook training at high personal cost, often involving foreign travel. Of course, those who have grown up with this discipline, and maintained a high level of self-study and regular CME could be highly skilled and competent practitioners.*”

5. CONCLUSION

A specialist physician is a generalist in terms of internal medicine and may technically provide all services which one of their sub-specialists can do, e.g., cardiology, etc.

It is our view that, if the General Physician is trained and experienced in rendering the specific services, it would be irrational and unreasonable to prevent him/her from undertaking such services, in particular where patients require access to such life-saving interventions.

Medscheme can therefore not prohibit a professional service from being performed but may question the professional codes being used and the fees which the professional charges. We cannot say anything on the fees charged, however on the codes used, one would need to address this at SAMA.

Practising colleagues who underwent training before the Speciality was created but remain with an 018 registration, SASCI consider them to be recognised as fully qualified and should be reimbursed as such.

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