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SAMA Practice Cost Study Updated Final Report

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Statement of Confidentiality

The contents of this report for the SAMA Practice Cost Study is private and confidential. The proposal is intended for the specific purposes for which it was commissioned and intended solely for internal use and not for external consumption.

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1 Preamble

The South African Medical Association (SAMA) issued a request for proposal in February 2017 to perform a study to determine the actual costs associated with the running of General Practitioner and Specialist private medical practices in South Africa (the 2017 Practice Cost Study).

SAMA commissioned this study based on the need from the SAMA Private Practice Committee to understand the costs that their members incur in setting up and running a private practice. This review is being conducted at an important time, given the renewed focus on health care costs due to the Competition Commission Health Market Inquiry into the private health market. Dr Aaron Motsoaledi (The South African Minister of Health) has further to the Health Market Inquiry, announced an updated version of the National Health Insurance (NHI) White Paper, from which it is apparent that Government places emphasis on understanding the costs of running a private practice prior to embarking on any misguided efforts to set tariffs or contract with the private sector.

After an extensive process of evaluating proposals for the performance of the Practice Cost Study, the SAMA Practice Cost Study was assigned to a Consortium comprising of Health Management & Networking Services (Pty) Ltd (“HealthMan”), Professional Provider Organisation Services (Pty) Ltd (“PPO Serve”) and Medical Practice Consulting (Pty) Ltd (“MPC”).

The Service Level Agreement (SLA) between SAMA and the Consortium was signed on the 28th of August 2017, with a project start date of 01 August 2017 and with the intent of having the 1st draft report submitted to SAMA by the 30th of November 2017. However, due to a very slow response rate on the surveys from both General Practitioners and Specialists, the due date of the Final Report was extended to the final delivery date of the 30th of April 2018.

The Consortium companies, their role in the project and the project leaders were as follows:



A private consultancy company specialising in the management & administration of Doctors & other provider healthcare networks & representative bodies

Project responsibilities – Development of survey questionnaires, use of the HealthMan database, manual, faxed and e-mailed data collection & verification, costing models & financial analysis.



A software solutions company operating in the healthcare industry & owns the educational & compliance risk management tool TRISCOMS™

Project responsibilities – Development of online surveys & databases, use of the MPC database and data collection & verification of electronic data.



A shared services company that provides systems, analytical & support services to healthcare practitioners working in teams – branded as Integrated Clinical Consortia™ (ICC's™)

Project responsibilities - Project Management, review of methodology & report writing.

2 Executive Summary

2.1 Project Objective

The main objective of the Practice Cost Study (PCS) was to understand the **costs of running a private practice** in 2017 in South Africa.

To provide relevant context a **Scope of Practice analyses** was undertaken to provide background to the financial results. In addition, two detailed analysis on **Salaries and Equipment cost** were undertaken as these elements are often under reported within practice cost studies and were deemed as significant contributors.

Therefore, this PCS contains the following elements:

- Scope of Practice
- Cost Analyses:
 - Financial Analysis
 - Salary Costs
 - Equipment Costs

SAMA appointed the Consortium (HealthMan, MPC and PPO Serve) to do a study of the costs involved in running a private medical practice in South Africa. This included General Practitioners (GPs) and all Specialist disciplines, with the exception of Radiology and Pathology. Due to their complex business structures, Oncology was excluded in the study.

2.2 Project Methodology & Approach

The Consortium solicited the support of all GP and Specialists Societies/Associations, IPAs and Management Groups for the study and they all sent out communications to their respective members to encourage them to participate.

The project methodology followed a voluntary sample approach. Surveys were sent out to all Doctors in the SAMA, HealthMan and MPC databases; totalling over 8 000 Doctors. Participation rates were lower than expected. After numerous initiatives to solicit participation, 121 GPs and 552 Specialists participated in the study. However, this was sufficient to produce statistically sound results for most disciplines.

Response bias and the effects thereof on the PCS was considered. Based on the variation in costs received, no obvious participation bias was identified.

Statistical validity of the results were determined by the variation between the costs of different participating Doctors in each discipline. Where there was little variation, lower participation rates were required. Where there was higher levels of variation, a higher volume of participating Doctors would be required. The representative sample size per discipline is displayed in Section 7, where the detailed results per discipline can be found.

All results were collected at an individual Doctor level. Data collected from group practices, was broken down to an individual Doctor level to allow like-for-like comparison.

All data was extracted from Annual Financial Statements or completed Financial Survey forms. The results of the study provides for a fair representation of the actual costs of running a private practice. No higher level of assurance applied to financial information can be obtained to support a study of this nature.

The data for this PCS was gathered as follows:

- **Scope of Practice Analysis:** data was collected via a survey which was completed by the medical practice and submitted online, electronically or via paper.
- **Cost Analysis:**
 - **Financial Analysis:** data was collected via the submission of Annual Financial Statements or the completion of a financial survey which was submitted electronically or via paper.
 - **Salary Analysis:** data was collected via a survey which was completed by the medical practice and submitted online, electronically or via paper.
 - **Equipment Analysis:** data was collected via desktop research by an external consultant, which was also reviewed by the various societies for validation.

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The following four steps were followed in the project approach:

- **Step 1:** Agreement to participate from Societies, Representative Organisations and IPAs
- **Step 2:** Model development & sample approach
- **Step 3:** Data Analysis and application of the methodology
- **Step 4:** Preparation and submission of the Final Report

As a final validation exercise, this PCS was compared to the National Department of Health (NDoH) 2008/9 Practice Cost Studies (PCS).

2.3 Results

2.3.1 Scope of Practice

There was participation from Doctors across all provinces and geographical areas e.g. rural, big town, big city and metro councils (metro).

Within the GP discipline, most of the participants practiced in family practices as sole practitioners and single shareholder incorporated practices. The largest portion of GPs see between 24 and 36 patients per day.

As with the GPs, most Specialist practices are sole practitioners or single shareholder incorporated practices. Specialists are generally hospital based and the majority of the participants see less than 12 patients a day. Some Specialist disciplines were better represented than others. For more information in this regard refer to the results section, Section 6 of this report.

2.3.2 Operating Cost of Running a Practice

a) Financial Analysis

The total operating costs of running a practice varies between disciplines. The average operating cost of running a practice is as follows (note figures below do not include Doctor's remuneration):

General Practitioners¹ | R 858 201

Anaesthetists² | R 509 494
 ENTs¹ | R 1 282 704
 General Surgeons (consolidated)¹ | R 1 617 593
(Incl. Cardio Thoracic Surgeons, Neuro Surgeons & Plastic Surgeons)
 Gynaecologist/ Obstetricians¹ | R 1 672 791
 Ophthalmologists² | R 2 222 150
 Orthopaedic Surgeons² | R 1 607 757
 Paediatricians (consolidated)¹ | R 1 004 176
(Incl. Paediatric Cardiologists)
 Physicians (consolidated)² | R 1 487 112
(Incl. Cardiologists, Dermatologists, Gastroenterologists, Neurologists, Pulmonologists & Rheumatologists)
 Psychiatrists¹ | R 872 323
 Urologists² | R 1 221 068

All Consulting Specialists¹ | R 1 155 626
(Incl. Cardiologists, Dermatologist, Gastroenterologists, Neurologist, Paediatrics, Paediatric Cardiologists, Physicians, Pulmonologists, Psychiatrists & Rheumatologists)

All Surgical Specialists¹ | R 1 631 632
(Incl. Cardio Thoracic, ENT, General Surgeons, Neuro Surgeons, Obstetrician/ Gynaecologist, Ophthalmologists, Orthopaedics, Plastic Surgeons & Urologist)

As noted, costs above do not include Doctor's remuneration. Doctor's remuneration is however an important component of the cost of running a practice and therefore a benchmark was required. A standardised GP and Specialist salary was selected from the published 2017 DPSA salary scales and incorporated in the results per discipline section, in Section 7 of this report. It must be noted that a Doctor has no guarantee that they would generate enough revenue to be able to earn this remuneration.

b) Salary Survey

There was variation in the number of staff a practice employs and their salary scales. This was not explained by provincial or urban versus rural variables, and seems to be based on each individual Doctor's preference and how they choose to run their practices. Even in the same geographical area these variations existed.

¹ Statistically representative sample

² Not statistically sound due to low participation – for information only

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Eleven different job types were identified, ranging from Doctors, to practice staff and support staff such as tea ladies and gardeners. The different job types and their comparative salaries are shown in Section 7.3 of this report.

c) Equipment Analysis

Equipment is unique per discipline with large variations between sub-disciplines. Equipment needed within a practice is largely based on the Doctor's unique chosen scope of practice. Variations also exist based on the chosen manufacturers and brands used.

Not all Doctors' Annual Financial Statements reflect the cost of equipment, because it has more often than not been fully depreciated. The equipment cost noted in the results section is therefore underestimated.

2.4 Findings

2.4.1 Participation

In our opinion there were varying degrees of indifference and despondency amongst Doctors in participating in this PCS, which resulted in lower than anticipated participation rates.

Some Doctors verbalised their pessimism in practice cost studies in general, noting that they felt that participation in the previous National Department of Health (NDoH) 2008/9 PCS made no difference. Some Doctors were just non responsive.

Despite the Societies' support and other initiatives employed to get more participants, participation remained below stakeholder expectations. Note that even when no statistically valid sample was obtained, the data was still shown in this report for information purposes only.

2.4.2 Cost Analysis Results

Costs variation exists between disciplines. It is clear that Surgical disciplines have a higher cost base due to the use of equipment and higher malpractice risk insurance and indemnity costs. Anaesthetists³, GPs and Psychiatrists have the lowest cost base.

When compared to the NDoH 2008/9 PCS results, costs have consistently increased between Consumer Price Index (CPI) as published by StatsSA and CPI+2% across all disciplines. It is therefore anticipated that the costs of running a practice will continue with this trend in future.

Cost fluctuations are also seen between provinces and geographical areas within individual disciplines, but due to data confidentiality of the participating Doctors, provinces with less than 10 participants per discipline were not published separately in this report.

The operating costs in this section reflects the national averages per discipline. More details per province, where participation volumes were high enough can be found in Section 7 of this report.

The following two tables reflect a high level summary of the findings of this PCS.

³ Numbers not representative

a) Overall Findings per discipline (Operating Costs per Individual Doctor, excluding Doctor remuneration)

Financial Survey Results

Discipline Grouping	Annual Operating Costs	Sample Achieved	Discipline	Annual Operating Costs
GP	R 858 201	✓	GP	R 858 201
Anaesthetists	R 509 494	x	Anaesthetists	R 509 494
Consulting disciplines	R 1 155 626	✓	Paediatricians	R 1 004 176
		x	Consolidated Physicians	R 1 487 112
		✓	Psychiatrists	R 872 323
		✓	ENT	R 1 282 704
		✓	Consolidated General Surgeons	R 1 617 593
Surgical disciplines	R 1 631 632	x	Orthopaedic Surgeons	R 1 607 757
		✓	Gynaecologists/ Obstetricians	R 1 672 791
		x	Ophthalmologists	R 2 222 150
		x	Urologists	R 1 221 068

Scope of Practice Survey Results

Type of Practices	Working day	Patients seen per day	Years in Practice
Freestanding in family practice	46% 8–10 hours	24–36 patients per day	Equal spread of experience
Hospital based	40% 8–10 hours	12 patients per day	A participation bias towards younger specialists compared to the databases

Observations

There is variation in Operating Costs between disciplines. GPs together with Anaesthetists⁴ and Psychiatrists have the lowest overall costs, whereas the Surgical disciplines have the highest Operating Costs of running a practice. This is driven by higher malpractice risk insurance and indemnity cost, higher staff costs and more equipment. The GP Scope of Practice Survey shows a fairly homogenous population, mostly practicing in family medicine as a sole practitioner at a free standing practice or independent Medical Centre. In this PCS, GPs were represented across all provinces and geographic areas. Most GPs are indemnified by Medical Protection Society (MPS) with an even spread across the years they are in private practice. It is interesting to note that there is slightly less GPs who have been practicing between 11 and 20 years, which could be attributed to the first decade following the country's first democratic elections that brought high levels of emigration and a drop in the number of people entering the profession.

Specialists were also represented across all provinces and geographic areas. The Freestate proportionally to the database had a much higher participation rate, with Gauteng showing a much lower participation rate than expected (based on the number of Specialists practicing in Gauteng). Most Specialists work as sole practitioners and are mostly hospital based. A large portion of Specialists see less than 12 patients per day in their consulting rooms. On average, specialists spend most of their time seeing patients in hospitals wards and in theatre rather than their consulting rooms.

⁴ Numbers not representative

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b) Findings on Individual Cost Components (Operating Costs per Individual Doctor, including Doctor remuneration⁵)

Total Cost Summary	Actual GP Costs 2017	Actual Consulting Specialists Costs 2017	Actual Surgical Specialist Costs 2017	Difference between Consulting Specialist & GP	Difference between Surgical Specialist & GP	Cost Drivers
Personnel cost (indirect labour)	472 118	625 162	833 969	153 055	361 851	Number of staff
Premises	146 802	121 813	147 356	(24 000)	554	High GP rental costs
Practice management & admin	126 415	229 250	264 937	102 835	138 522	Specialists have higher transport High malpractice risk insurance and indemnity
Financing & insurance costs	67 030	89 844	218 889	22 814	151 859	
Indirect material	849	2 453	1 925	1 604	1 076	
Sundry expenses	14 894	14 974	14 146	80	(748)	
Equipment costs	30 093	72 131	150 410	42 038	120 317	Specialists have more equipment
Total Operating Costs	R 858 201	R 1 155 626	R 1 631 632	297 425	773 431	
Doctor Remuneration ³	1 200 000	1 500 000	1 500 000	300 000	300 000	
Total Practice Costs	R2 058 201	R 2 655 626	R 3 131 632	597 425	1 073 431	

Observations

A standardised GP and Specialist salary was selected from the published DPSA salary scales, to provide for a benchmarked Doctor remuneration. This cost component could not be excluded from the study as it represents a large and inherent cost of running a practice. It is important to note that there is no guarantee that Doctors would earn this income. Doctor's remuneration will depend on the Doctor's ability to generate enough revenue to cover operating costs as well as earn a market related income. Specialists, and the Surgical practices in particular, employ more staff than GPs and therefore have higher indirect labour costs. GPs have higher rental costs than Specialists, who benefit from affordable rental space offered by hospitals. Most Specialists are hospital based. Specialists, particularly the Surgical disciplines, have high malpractice risk insurance or indemnity premiums and more specialised equipment to account for, hence their higher overall costs. Note all three groupings in the table above was statistically representative sample.

⁵ Based on 2017 DPSA salary scales

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As explained in the report, malpractice risk insurance or indemnity premiums are under-represented in these costs due to the accounting practices of Doctors. Many Doctors account for their malpractice risk insurance or indemnity premiums in their personal income tax returns, which means their malpractice risk insurance or indemnity premiums are not reflected on their practice Annual Financials Statements. Equipment is also under represented, as many of the longer practising-Doctors have already fully depreciated their equipment. To obtain a clearer understanding of the individual equipment costs per discipline refer to Annexure G.

c) Findings of Individual Cost Components as a Percentage of Costs per Individual Discipline

	GP	Anaesthetists	ENT	Consolidated Surgeons	Gynaecologists / Obstetricians	Ophthalmologists	Orthopaedic Surgeons	Consolidated Paediatricians	Consolidated Physicians	Psychiatrists	Urologists
Personnel cost	55%	50%	54%	51%	49%	49%	55%	54%	57%	46%	50%
Premises	17%	5%	9%	9%	6%	12%	8%	11%	9%	16%	10%
Practice mx/ admin	15%	27%	19%	18%	14%	13%	18%	20%	18%	25%	20%
Financing/ insurance	8%	14%	10%	13%	24%	7%	15%	8%	8%	8%	11%
Indirect material	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Sundry expenses	2%	1%	1%	1%	1%	1%	1%	1%	2%	1%	2%
Equipment costs	4%	3%	8%	8%	6%	19%	3%	6%	7%	5%	6%
Total Operating Costs	R858 201	R509 494	R 1 282 704	R 1 617 593	R 1 672 791	R 2 222 150	R 1 607 757	R 1 004 176	R 1 487 112	R872 323	R 1 221 068
GP Remuneration	1 200 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000
Total Practice Costs	R2 058 201	R 2 009 494	R 2 782 704	R 3 117 593	R 3 172 791	R 3 722 150	R 3 107 757	R 2 504 176	R 2 987 112	R 2 372 323	R 2 721 068

d) Findings of Individual Cost Components as Comparison of the Costs Components between Disciplines

	GP	Anaesthetists	ENT	Consolidated Surgeons	Gynaecologists / Obstetricians	Ophthalmologists	Orthopaedic Surgeons	Consolidated Paediatricians	Consolidated Physicians	Psychiatrists	Urologists
Personnel cost	472 118	252 492	698 321	830 454	811 949	1 087 972	889 064	540 243	847 045	398 173	615 355
Premises	146 802	27 001	113 503	141 707	96 151	272 011	126 909	109 118	129 560	135 980	120 546
Practice mx/ admin	126 415	139 567	237 434	284 787	238 703	283 805	281 378	203 476	265 250	219 655	247 643
Financing/ insurance	67 030	69 495	125 043	218 348	408 089	148 165	248 934	78 833	112 398	72 170	138 319
Indirect material	849	1 795	2 468	1 663	1 921	3 167	865	2 805	2 757	1 078	1 076
Sundry expenses	14 894	3 599	8 088	18 457	9 733	11 851	16 935	11 213	24 473	5 539	19 458
Equipment costs	30 093	15 545	97 846	122 176	106 244	415 179	43 672	58 488	105 629	39 728	78 672
Total Operating Costs	858 201	509 494	1 282 704	1 617 593	1 672 791	2 222 150	1 607 757	1 004 176	1 487 112	872 323	1 221 068
GP Remuneration	1 200 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000	1 500 000
Total Practice Costs	R2 058 201	R 2 009 494	R 2 782 704	R 3 117 593	R 3 172 791	R 3 722 150	R 3 107 757	R 2 504 176	R 2 987 112	R 2 372 323	R 2 721 068

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Observations

Personnel costs make up about half of all Operating Costs. Note that personnel costs reflect the indirect labour costs, therefore costs relating to staff and not including the Doctors remuneration. Personnel costs make up an average of 54% for Consulting Specialists, 51% for Surgical Specialists and 55% for GPs. A strong correlation exists on the personnel cost line for all disciplines.

As a percentage of overall costs, the Anaesthetists⁶ have the highest proportional Practice Management and Administration costs, however the actual costs for this category is lower than all the other Specialist disciplines. The Gynaecologists/ Obstetricians have the highest proportional (and actual) Financing/ Insurance costs due to high malpractice risk insurance or indemnity cover. It must be noted that this study did not differentiate between Gynaecologists and Obstetricians, as there is no differentiation of the discipline types.

The Ophthalmologists⁷ have the highest proportional and actual Equipment costs compared to any other discipline. It is a requirement for an Ophthalmology practices to have access to high cost equipment. They also have higher personnel and premises cost. This is due to the fact that their practices have higher reliance on additional clinical staff such as Ophthalmic assistants and equipment that require large consulting and procedure rooms.

Proportionally the personnel costs for Psychiatrists are the lowest, as they employ less staff. Anaesthetists, Psychiatrists and Urologists⁸ have comparatively higher Practice Management and Administrative cost components, because they spend less in the other categories. Due to the nature of Psychiatry as a discipline, their consulting rooms tend to be predominantly in urban areas and many have rooms outside of hospitals, driving up the Premises cost component.

⁶ Numbers not representative

⁷ Numbers not representative

⁸ Numbers not representative

3 Introduction

3.1 Project Objectives

As noted in the preamble, SAMA appointed the Consortium to deliver this Practice Cost Study (from here on referred to as “the PCS”) with the following objectives:

- The PCS document must provide insight into the **actual costs associated with the running of a private medical practice**;
- The PCS must include an analysis of **all relevant cost data**, associated with medical practices;
- Reasonable, scientifically based **projections of future annual increases** to these costs must form part of the PCS;
- The PCS must incorporate medical practices across the **range of geographical and socioeconomic spectrum** and include **all medical disciplines**, including General Practitioners and all Specialist disciplines, excluding Radiology and Pathology;
- The size of the PCS should be a **scientifically defensible sample size**, including national footprint and ensure adequate representation of all specified disciplines **to provide a meaningful PCS** and
- A proposal to clarify the methodology and follow a step-wise approach with detailed project plan.

The items that were specified by SAMA for inclusion and analysis are set out below:

- Overhead expenses;
- Malpractice risk insurance and indemnity costs;
- Insurance, license and registration fees;
- Labour costs;
- Materials costs;
- Pharmaceutical expenses;
- Locum fees;
- Bad debts;
- Financial and legal services costs and
- Discipline specific equipment costs (in respect of the Specialist disciplines).

3.2 Outputs of Practice Cost Study (PCS)

The submission was requested in the following two formats:

- Final report in PDF format and

- Power Point Presentation incorporating key points from the findings.

3.3 Prior PCSs in South Africa

Previous cost studies were commissioned by the Council for Medical Schemes (CMS) in 2005/6 for limited disciplines. The results thereof were published by the CMS and resulted in certain disciplines receiving an increase of up to 35% in their disciplines National Health Reference Price List (NHRPL) tariffs. This increase in tariffs was accepted by all Medical Schemes and are still applicable.

The National Department of Health (NDoH) then commissioned a further PCS in 2008/9. SAMA, as the representative body of medical practitioners in South Africa, in partnership with various Medical Professional Societies, appointed HealthMan to conduct the study.

The intent of the previous PCSs was not only to determine the cost of running a practice, but also to determine a fair remuneration for Doctors. The scope of this PCS does not include the determination of a remuneration to a Doctor due to changes in laws and regulations prohibiting the publication of such data elements.

4 Research Methodology

4.1 Research Approach

This PCS study was performed using a quantitative approach. Data was collected via the completion of surveys, the use of Annual Financial Statements and desktop research to determine the recommended retail price of equipment.

4.2 Definition of the Population

For the purpose of this study, the word “Doctor” refers to all medical practitioners. All Doctors working in private practice as contained within the SAMA, HealthMan and MPC databases were used in this PCS. These databases totalled to a population of over 8 000 Doctors. Doctors could belong to more than one of these databases and therefore Doctors could be duplicated. The advantage of this is that they are more likely to have received the PCS communications.

On receipt of the completed surveys, unique ID numbers were used to ensure that no duplications were captured in the cost models.

To see a summary of the population with the number of Doctors per discipline for each database, refer to Annexure A. The estimated population totals to 8 066.

4.3 Unit of Analysis

The unit of analysis used in this PCS was an individual Doctor within a discipline. Where group practices participated the costs were equally divided amongst the individual Doctors (except for where a breakdown was provided) to reflect a cost per individual Doctor. Very few group practices participated. No corporate groups such as Medicross, Intercare or NHC participated in this PCS.

4.4 Sampling Method

The Consortium followed a random sample approach, sending the surveys out to the entire population. The intent was a stratified random sample approach, but due to the low response rate, this additional approach was not feasible.

4.5 Sample Size

Participation rates were lower than expected, after numerous initiatives to solicit participation, only 673 Doctors participated in the study. This was however sufficient responses to produce results for most of the disciplines.

Based on the number of participants and the limited cost variation most disciplines had an adequate statistical sample. To determine the minimum accepted sample size for each discipline the following methodology was used.

Acceptable minimum sample sizes for data collection and inference was calculated the following standard formula:

$$n = \left\{ \frac{Z_{\alpha} \sigma}{d} \right\}^2$$

Where n is the minimum sample size to be calculated, Z_{α} is the value of the cumulative standard normal distribution at the α level (a two sided confidence interval at 5% would yield $Z_{2.5\%}$ as 1.96), σ is the standard deviation of the population, estimated by the standard deviation of the sample if the variance of the population is unknown, and d is the precision of the estimate required (in other words it is the width of the confidence interval). d can be specified as a fixed amount, or some proportion of the estimated average value.

What is immediately clear from this formula is that the sample size required for a given precision and width of confidence interval does not depend on the size of the population. While this is true for large populations with small sampling rates, it does not hold true for smaller populations or where high proportions of the population are being sampled (say above 5%).

In these cases a correction needs to be made. This adjustment is called the finite population correction factor. In these cases then, the standard error of the sample (equal to σ/\sqrt{n}) must be multiplied by the correction factor :

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$$\sqrt{\frac{(N-n)}{(N-1)}}$$

where **N** is the size of the population and **n** is the size of the sample. This reduces the sample standard error and confidence interval width, and consequently also reduces the required sample size for the same level of precision.

The calculation for the required sample size is then:

$$n = \frac{N(Z_{\alpha} \sigma)^2}{(N-1)d^2 + (Z_{\alpha} \sigma)^2}$$

By way of an example consider a certain Doctor grouping with 279 distinct practices, overhead costs with standard deviation of R125,473, and a tolerance of error (**d**) equal to R26,544. This leads to a finite population corrected sample size required of 66; uncorrected for the finite population the sample size required would be 86.

It must be stressed that these formulae and sample sizes give results for the minimum sample size required given the other parameters. All other things equal it is always better to collect more data than less. As the number of data points increases, the confidence interval narrows and confidence in the estimate increases. Therefore this methodology gives a more accurate result with less variation.

All surveys are subject to the risk of certain bias. Response bias may exist due to:

- Bias in selection of participant database or only encouraging certain groups to participate.
- Bias in methods used to collect data.
- Subjective biases e.g. attitude of respondents.

Stakeholders carrying out these types of studies should ensure that the entire process of selecting participants, the data collection process, and the actual responses are auditable. It is not only the accuracy of the data that is received that should be audited, but also the process followed in obtaining and processing the data.

4.6 Data Gathering Process

Data was collected in four specific areas:

- **Scope of Practice** to understand the type of practice, geographic details etc. to compare like with like.
- **Financials** to understand the actual cost of running a private practice.
- **Staff Salaries** to understand what type of staff is employed and at what cost.
- **Equipment** to understand the type and cost of equipment in a typical medical practice.

The Scope of practice results were used as an additional reference source to verify the financial costs. Two surveys were designed, one for GPs and another for Specialists.

After collaboration with the Specialist Societies, further customised Scope of Practice Surveys were designed for the Anaesthetists and the Oncologists. Unfortunately, too few Anaesthetists completed the Scope of Practice Surveys and the Consortium is therefore unable to publish their Scope of Practice results.

After intense deliberations with the Radiation Oncologists, the Consortium concluded that it was not feasible to include them in the PCS, due to the complex corporate structures of most of the practices. Three Oncology practices represent over 50% of the Oncologists in the country. The afore mentioned resembles the structures of Pathology and Radiology, which was excluded from the PCS. Oncology was therefore also excluded from the PCS review

All data was extracted from Annual Financial Statements or completed Financial Surveys. The results of the study provides for a fair representation of the actual costs of running a private practice. No higher level of assurance applied to financial information can be obtained to support a study of this nature.

Survey requests were only sent to Doctors with private BHF practice numbers. It was communicated that this was a study for private practicing Doctors. Note that this might still include Doctors who work in the public sector that also run a private practice.

4.7 Data Analysis

A cost model was defined based on the cost of running a practice obtained from Annual Financial Statements and other financial returns. As noted in the previous sections of this report, the costs received were grouped into similar categories. The results of this PCS was also compared to the NDoH 2008/9 PCS results as an extra validation and comparison.

The methodology and application thereof is further explained in Section 7.1 of this report.

4.8 Research Limitations

4.8.1 Type of Data Collected

This PCS focused solely on the costs of running a private practice at an individual Doctor level. No revenue data was considered.

Data was also collected using the BHF practice number to identify their Speciality, which meant that no differentiation could be made between Doctors with the same practice number type e.g. Gynaecologists and Obstetricians. Sometimes differences in the chosen Scope of Practice of individual Doctors can drive certain costs. The cost of malpractice risk insurance or indemnity cover for Obstetricians are significantly higher than that of Gynaecologists.

Unfortunately the Scope of Practice Surveys could not be used to differentiate between these practices as not all Doctors submitted both the Scope of Practice surveys and Annual Financial Statements. This would have further reduced the number of participants if only those participating in both surveys were considered.

4.8.2 Use of Annual Financial Statements

The best data available to determine the cost of running a practice, is the Annual Financial Statements of a practice. Variation is often found in Annual Financial Statements and the HealthMan accountants accommodated for this through detailed review of all Annual Financial Statements to ensure that expenses were categorised in the cost models in the same way across all practices. Using Annual Financial Statements did however mean that the following limitations were incurred:

a) Variation in the Accounting Practice of Malpractice Risk Insurance or Indemnity Cover

There is significant variation in the way that malpractice risk insurance or indemnity cover is accounted for. Some Doctors include their malpractice risk insurance or indemnity cover in their general practice insurance or subscriptions where others account for it as part of their personal income tax returns.

b) Variation in Equipment used

There would also seem to be significant variation in the sophistication of equipment (and in many cases the equipment itself) utilised. Variations also exist based on the chosen manufacturers and brands used. Not all Doctors' Financial Statements reflect the cost of equipment, because more often than not, their equipment has been fully depreciated.

The equipment cost noted in the results section is therefore underestimated and the costs of running a practice cannot be used in determining the cost of setting up a new practice.

c) Lack of Bad Debt Category in Financials

Bad debt costs are limited in the Annual Financial Statements as most practices reverse bad debts against their revenue and is not disclosed as an expense.

4.8.3 Natural Variations in Costs

There was large variation in indirect labour costs e.g. staff salaries, rent and transport costs. Some of this variation in costs may be due to variation in business model employed by the Doctors (in terms of location, clientele, level of specialisation and possibly other characteristics such as the level of technology used).

Note that even specialist services are not – and should not be – entirely homogenous: different levels of care, knowledge and technology may be applied, as long as these are always above a professional minimum.

4.8.4 Cost of Chargeable Items

There are items in a practice that can be charged directly to a patient, these are called chargeable items. These items are clearly identified per individual practice and generally have tariff codes under which Doctors can charge these expenses as and when they occur against an individual patient.

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Direct Materials and Consumables

Direct materials are those materials consumed in the practice that can be recovered from the patient as part of a specific chargeable procedure of service as direct materials. These consumables and materials are recoverable through billing codes 0200 and 0201 matched by a NAPPI code and descriptor. These direct materials were therefore excluded as part of the cost of running a practice. A good example is Intra ocular lenses used by Ophthalmologists. It is a large expense, but recoverable as part of a normal claim.

a) Assistant Doctor Fees

Most of the Surgical Specialists make use of either General Practitioners or Specialist Assistants to assist

during surgery. In all instances these costs will be recovered through billing codes 0008 & 0009 directly to the individual patient on which the procedure took place. These costs are therefore not regarded as costs relating to the overheads of a practice and were excluded from the results.

The study therefore does not consider the cashflow requirements of running a practice, but rather concerns itself with the actual costs of running a practice.

5 Project Execution

5.1 Project Approach

The PCS followed a 4-step process, which is illustrated below:

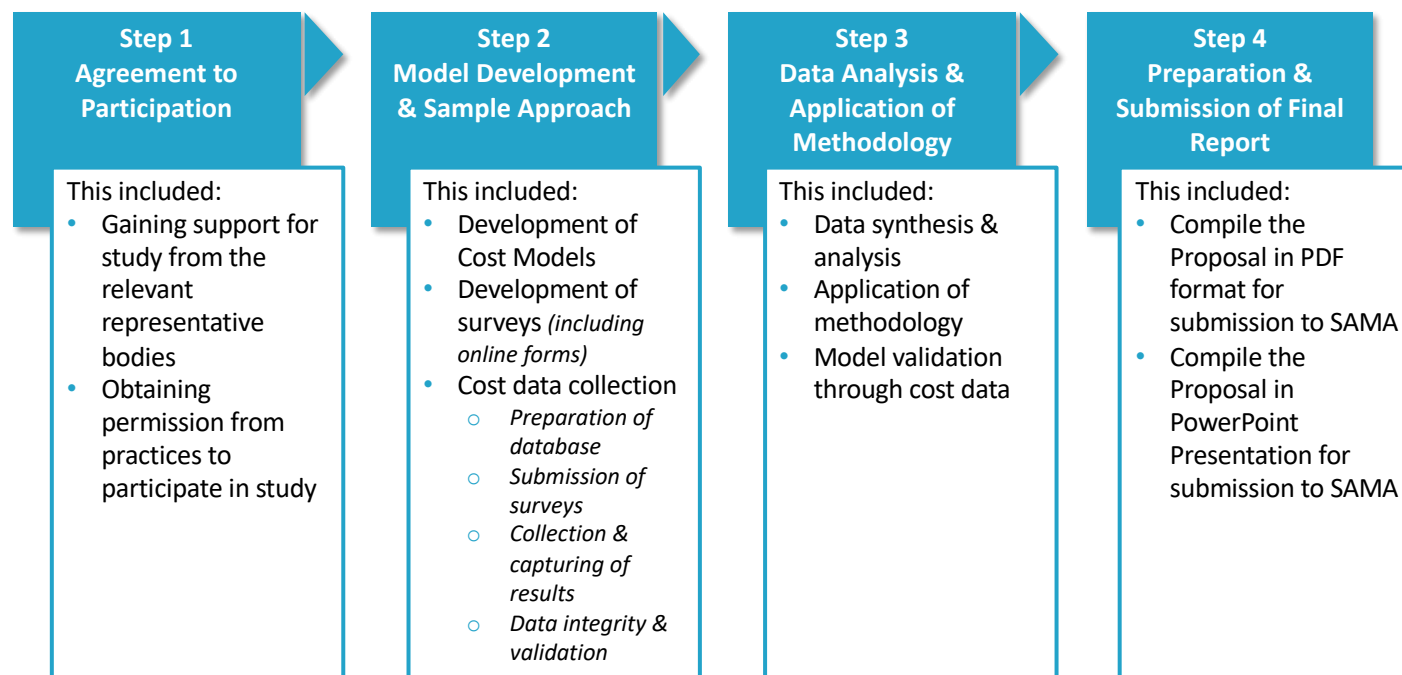


Figure 1: Project Approach

5.1.1 Step 1 – Agreement to Participation & Society Buy-in

The first step of the PCS involved obtaining support from the various representative Societies and Management Groups within the General Practitioner (GP) and Specialist communities, to promote the PCS to achieve a higher response rate to the surveys

One of the strengths of the Consortium lies in is their large Doctor databases that assisted the team to obtain buy-in and support. HealthMan and MPC each have their own database of GPs and Specialists, and together with the SAMA database, make up most of the Doctors in the private sector across the whole geographical and socio-economic spectrum.

Note that there is a possibility of the duplication of members in these databases, as Doctors could be members of HealthMan, MPC and SAMA. All representative Societies, with the exception of the Medical Oncologist and Cardio Thoracic groups, supported the project and actively engaged with their members to solicit participation in the PCS.

See the database of Doctors that was used in this PCS, attached in *Annexure A* and list a list of participating Societies in *Annexure B*.

5.1.2 Step 2 – Model Development & Development of Surveys

The second step involved a parallel approach of (a) preparing the different types of databases in which the data would be captured and then (b) preparing the actual surveys and ensuring that it reaches a representative sample of Doctors. This approach enabled the Consortium to take both a top down (using a Cost Model that defines the cost of running a practice based on a simulated approach) and a bottom up (using the survey results) approach in the collection of data for this report.

a) Preparing the Databases & Develop Cost Models

The data collected from the surveys was captured into two databases to enable appropriate analysis of data sets. The Scope of Practice Survey results were captured and consolidated in a database with MPC, whilst all Salary Survey and Financial Survey results were captured and consolidated in separate databases

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by HealthMan. Due to the high variation in the financial practices of Doctors and how their Annual Financial Statements are compiled, HealthMan allocated accountants to capture and verify all cost financial data.

The Practice Cost Model was designed using the previous Model conducted in NDoH 2008/9 PCS as a reference. The model allows for a simulated approach with the main categories of costs - Indirect Labour (Personnel costs), Indirect Materials and Operating Overhead costs. Standard Doctor remuneration packages were added to more accurately reflect the cost of running a practice; which is regarded as Direct Labour costs.

b) Preparing the Surveys and Data Collection

The surveys were sent to all the Doctors in all three databases (HealthMan, MPC and SAMA databases) via email. Doctors were then given various options they could use to complete the surveys.

- **Online capture** via the MPC database - many Doctors already use the MPC database for CPD compliance and could therefore just use their normal login details to complete the surveys. Only Doctors who were not registered had to complete the registration process to validate their identity and registration with Health Professions Council of South Africa (HPCSA).
- **Electronic capture** via Excel - the surveys could be completed directly on special designed Excel templates and emailed to surveys@healthman.co.za where they were imported and consolidated into the relevant central database.
- **Completion on paper** - Doctors could complete the surveys on paper by printing them and then either faxing it to HealthMan on fax number 011 782 0270, or scanning and emailing the completed surveys to HealthMan on surveys@healthman.co.za.

Doctors also had the option of simply submitting their Annual Financial Statements instead of completing the Financial Survey. In the end most of the Doctors, who participated, sent their Annual Financial Statements for processing by HealthMan.

Please see the cover letter sent to all Doctors attached in *Annexure C*, and the surveys attached in *Annexure D*.

Both HealthMan and MPC provided continuous support to the Doctors via email. HealthMan created the dedicated email addresses surveys@healthman.co.za and gpsurveys@healthman.co.za, and MPC samapcs@mpiconsulting.co.za specifically for the PCS. Doctors could also call 011 340 9000 for any telephonic support.

The online nature of the Scope of Practice Survey meant that the data was automatically imported into the MPC database. Where Doctors completed the Scope of Practice Surveys on Excel or via paper, this was captured by HealthMan and sent to MPC to import into their database for further analysis.

The following was done to encourage participation in the PCS:

- Communications with links to the surveys were sent out multiple times to all Doctors within all three databases. The first emails were sent towards the end of August 2017, this was repeated twice during September 2017, in early December 2017, at the end of January 2018, again during February 2018 and March 2018.
- Participating Societies also sent out communications on Society letterheads to their members and from their own databases, requesting support for the PCS on a number of occasions. These Societies, Associations and Management Groups included:
 - **SAPPF** (South African Private Practitioners Forum) which represents all the Bodies administered by HealthMan
 - **SASA** (South African Society of Anaesthesiologists)
 - **IPAF** (Independent Practitioners Association Foundation)
 - **ASAIPA** (Alliance of South African Independent Practitioners Associations)
 - **SA Heart** (South African Heart Foundation)
 - **SAOA** (South African Orthopaedic Association)

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- The PCS was raised at all Society and Management Group meetings and conferences that took place during the course of the study to discuss the importance of the PCS and solicit participation.
- The PCS was communicated and the importance thereof was raised at various SAMA forums such as the regional SAMA Indaba sessions. Project videos were made featuring Dr Mzukisi Grootboom (SAMA Chairperson), Dr Chris Archer (SAPPF CEO) and Dr Anton Prinsloo (National Health Care IPA MD, previous ASAIPA CEO). They explained the importance of the PCS, ensured their members and participants of the confidentiality protocols and solicited support from all Doctors. These videos were sent out via email and posted on SAMA's social media sites.
- Regular notices of the PCS and requests for participation were placed on all SAMA social media platforms such as Facebook and Twitter.
- Doctors who previously participated in the NDoH 2008/9 PCS were contacted telephonically to request participation with the aim of providing a comparable basis for the PCS as far possible.
- Various financial and/or medical bureaus were approached to assist in data collection. Some cost data from Annual Financial Reports were collected where bureaus managed to obtain permission from their Doctor clients to participate in the PCS.
- The closing date of the PCS was extended from November 2017 to 30 April 2018 to provide more time for better participation.

It is clear that there is a great deal of despondency amongst Doctors in South Africa. This was not found to be discipline specific, although the General Practitioners seemed to be the most discontent. Due to the lack of any actionable output being achieved from the previous PCS conducted in NDoH 2008/9 PCS, many Doctors were not willing to participate in the 2017/2018 PCS.

There was noted indifference amongst Doctors. Many were just non responsive and despite the Societies' support and other initiatives employed to get more participants, participation remained below stakeholder expectations.

5.1.3 Step 3 – Data Analysis and Application of Methodology

As previously noted, all costing data (obtained from the Salary Surveys, Financial Surveys and Annual Financial Reports) was captured directly into the Cost Models per discipline.

The study focused solely on the costs of running a private practice. No revenue data or billing practices were considered in this PCS. The costing models therefore only included costs and followed the same methodology across all disciplines consistently. The cost categories in the costing models were grouped as follows:

- **Indirect Labour** which includes personnel costs
- **Indirect Materials** which includes clinical materials and consumables.
- **Overhead Costs** which makes up the biggest component and include costs relating to the premises, practice management, practice administration, financing, insurance, standard equipment and sundry expenses.

During this phase of the PCS validation of data was required. This effectively means that data that appeared out of order was verified by calling the Doctors, their practice managers or accountants to verify the amount and the cost category. In many instances this involved reallocating costs to the appropriate categories as defined in the PCS methodology.

In some instances data had to be normalised, in limited cases where it was found that the data clearly did not resemble the cost of running a practice. Normalisation of data took place only for absolute outlier cases as described below.

- **Vehicle Expenses** was checked against a reasonable Automobile Association (AA) rate per annum. Any expenses that exceeded this rate was first verified with the practice. Excessive outliers, e.g. in one instance an aircraft was allocated, was excluded.
- **International Conference Spend** was reduced to domestic conferences only, as International Conference spend is predominantly sponsored. An example of this included a specialist that spent

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close to R 1 000 000 on attendance of international conferences.

- **Practice Manager Cost (within Personnel costs)** where salary costs were clearly outliers, the salary was first verified with the practice. Where the practice manager cost was for a doctor or his spouse, the costs were normalised. For example a spouse who was employed as a practice manager and earned an annual salary of R850 000.
- **Rental Spend** was adjusted to the discipline average, where rental costs were clearly outliers. An example of this included a few Doctors who had significant rental costs paid towards personal property.

During this step, the accountants who were allocated to each discipline, validated all outlier data sets with the relevant Doctors or their accountants and auditors telephonically and by email, to ensure that the costs were correctly re-allocated to the appropriate categories.

During the analysis phase additional external industry data sources and desktop research was used to enhance and validate the survey data. This included the following:

- **Verified Lists of Equipment used per Discipline** was compiled by Medical Equipment Consultants (MEC) to obtain an independent view of the recommended retail price and type of equipment used by each discipline. Two quotes for all items over R 50 000 in value was obtained.
- **DPSA Salary Scales** from the Department of Public Service and Administration (DPSA) salary scales. This enabled the Consortium to set a standard salary scale for Doctors based on their years of experience as per the salary scales used in the public sector. The 2017 DPSA salary scales were used.

5.1.4 Step 4 – Preparation and Submission of Final Report

PPO Serve played a project management role in the execution of the study to evaluate the methodology and approach. The compilation of the Final Report was done through all Consortium members. This enabled an objective review of the findings of the study.

5.2 Other important points to note

Other important points that must be highlighted include the following:

a) Scope of Study – Disciplines Excluded

The original intent was to include all medical disciplines as identified by the Board of Healthcare Funders (BHF) practice types used in private practice for billing purposes.

The Radiology (practice type 038), Nuclear Medicine (practice type 025) and Pathology (practice type 052) disciplines were not included in the tender process, due to their complex corporate and financial structures. As noted in this report, this also applied to the Radiation Oncologists (practice type 040).

The Medical Oncologists (practice type 023) were not included in the study due to the non-responsiveness by their Society, the South African Society of Medical Oncology (SASMO). Only one Medical Oncologist participated in the PCS process and was therefore excluded from the PCS.

The intent of the study was to only include Doctors in full time private practice. A limited number of Doctors working in the public sector who also run a private practice could have been included. Where it was found that a Doctor runs a limited practice, due to Remuneration for Work Outside the Public Sector (RWOPS), they were excluded.

See the list of Doctor disciplines included in this Practice Cost Study in *Annexure E*.

b) Year of Analysis

The objective of the Practice Cost Study was to determine the actual costs of running a practice in 2017. Where data was received for years prior to 2017, the standard CPI inflation rate, as published by StatsSA, was used to adjust the data to 2017. The annual CPI rates are listed below:

2014 | 6.1 %
2015 | 4.6 %
2016 | 6.4 %

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c) DPSA Salary Scales used as Remuneration

A standardised GP and Specialist salary was selected from the published 2017 DPSA salary scales and incorporated in the results per discipline section, in Section 7 of this report. Doctor remuneration makes up a significant component of costs and could therefore not be left out.

It must however be noted that a Doctor has no guarantee that they would generate enough revenue to be able to earn this remuneration.

d) Financial Statements Used

All data was extracted from Annual Financial Statements. The results of the study provides for a fair representation of the actual costs of running a private practice. No higher level of assurance applied to financial information can be obtained to support a study of this nature.

e) Parameters Used

Within the cost models the following financial parameters (market indicators) are used:

• Prime Overdraft Rate	10.25%
• NCD Rate – 3 months	7.11%
• Consumer Price Index 2017	5.3%
• Value Added Tax	15%
• Bad Debt Provision	2.5%
• Company Tax Rate	28%
• GP tax rate & mark-up	34.09%
• Specialist tax rate & mark-up	35.47%

The following assumptions were made:

- All figures are rounded to the nearest Rand.
- Obvious errors in classification of expenses were identified, investigated and corrected.
- If it became apparent that other costs were included in a particular category, the Doctor, Practice manager, Practice accountant or Auditor was contacted telephonically or by email.
- Where group practices participated in the survey, the costs were equally apportioned amongst the number of Doctors in the practice.

In terms of equipment costs the following assumptions were made:

- The costs of equipment has been established for all major items and confirmed by independent consultants (MEC).
- Life span used is generally 3 to 6 years as per SA Revenue Services amortization periods.
- Equipment costs, that is considered standard for a discipline, was included in the overheads. Special equipment on the other hand, for example equipment used for procedures falling outside of those considered standard practice for a given discipline, was treated separately. These equipment costs can be found in Annexure G.

Note, in this report, only actual data was used to determine the Financial Survey Results.

f) Potential Participation Bias

All surveys are subject to the risk of certain bias. Response bias may exist due to:

- Bias in selection of participant database or only encouraging certain groups to participate.
- Bias in methods used to collect data.
- Subjective biases e.g. attitude of respondents.

Communication on PCS was sent to all Doctors within all databases used. No selection bias was present in this PCS.

With regards to methods used in data collection, visits to Doctors are the most expensive and most accurate way to collect data. This is followed by phone calls, physical postage and lastly email - which are the easiest surveys to carry out, but have low responses. This PCS made use of all modes mentioned above. Annual Financial Statements were submitted via email, fax, traditional post and delivered by hand. In some instances accounting bureaus were used to collect financial data, thereby eliminating response bias.

One of the reasons for lower than expected response rates may be attributable to an inherent subjective bias, which is due to the market perception. The Scope of Practice Surveys in this PCS reflected an even spread of participating disciplines, Doctor age and rural versus urban variables.

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The Consortium ensured that the entire process of selecting participants, the data collection process, and the actual responses are auditable. To eliminate response bias, it is not only the accuracy of the data that is received that should be audited, but also the process followed in obtaining and processing the data.

g) Ensuring Data Confidentiality and Data Security

All cost and financial data was exclusively handled by HealthMan. HealthMan accountants were responsible for capturing and verification of all disciplines' financial data to ensure data confidentiality. Each Cost Model was password protected to ensure limited access to information.

All Scope of Practice information submitted online to MPC was done after the successful validation of the user's information with the HPCSA. Data submissions were conducted through 256-bit SSL encrypted to a secure server that complies with ISO and CE certifications for data hosting. The MPC hosting environment is also compliant with the requirements of the South African Protection of Personal Information (POPI) Act.

The only staff with access to Scope of Practice information at MPC are senior data analysts with more than 25 years' experience in the financial services sectors. Staff at MPC complete POPI certifications as part of their commitment to compliance.

The risk of information requested on financial survey were minimised by not including any personal details or

banking information. HealthMan was the only member of the Consortium that worked with the individual or practice financial data received.

Each discipline was captured independently to ensure data confidentiality. No individual data was shared with any other party and financial reviews were done by Mr. Casper Venter.

The risk of personal information contraventions were mitigated by the following controls implemented by the Consortium:

- Only one of the Consortium members (HealthMan) had access to Doctor-level financial information;
- All staff members at HealthMan working with Doctor-level financial information are adequately qualified and trained financial accountants that understand the importance of confidentiality and professional behaviour, that act with integrity and with a commitment to professional competence and due care.

The Consortium will destroy all financial data six (6) months after the submission of the final report, as per the Practice Cost Study agreement signed with SAMA. The 6-month period merely allows auditing of results, should it be required.

6 PCS Scope of Practice Results

6.1 How this Section Works

The purpose of the Scope of Practice survey was to understand the profile of Doctors participating in the SAMA Practice Cost Study. This enables an understanding of the context in which the financial results take place.

Different surveys were designed for General Practitioners (GPs) and Specialists, as the context within which they work differs greatly. A total of 117 GPs and 387 Specialists completed the Scope of Practice Surveys.

6.2 GP Scope of Practice Survey Results

6.2.1 Demographics

a) Province

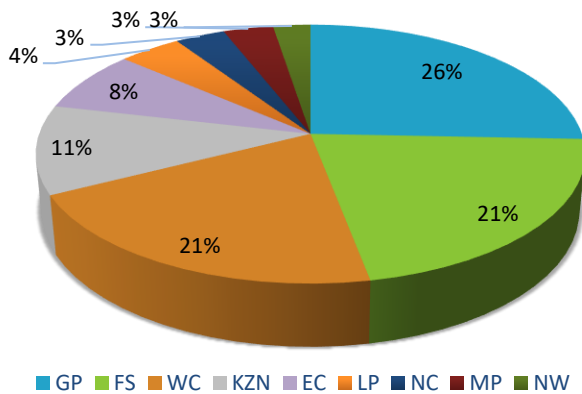


Figure 2: GP participants per province

The GP respondents showed a fair representation across all provinces. The highest number of respondents came from Gauteng, followed by Freestate, Western Cape and Kwazulu Natal.

When compared to the total database, Freestate had a higher than expected participation rate, disproportionate to their overall proportion of GPs in the databases population. Kwazulu Natal and Gauteng, on the other hand, had a much lower participation rate.

⁹ City of Johannesburg, City of Tshwane, Ekurhuleni, Cape Town, eThekweni, Nelson Mandela Bay, Buffalo City & Bloemfontein

	Total Database	PCS Participants
Gauteng	31.3%	26.0%
Western Cape	19.8%	21.0%
Kwazulu Natal	19.1%	11.0%
Eastern Cape	8.3%	8.0%
Limpopo	6.1%	4.0%
Mpumalanga	4.7%	3.0%
Free State	4.2 %	21.0%
North West	4.1%	3.0%
Northern Cape	2.4%	3.0%

b) Type of Area

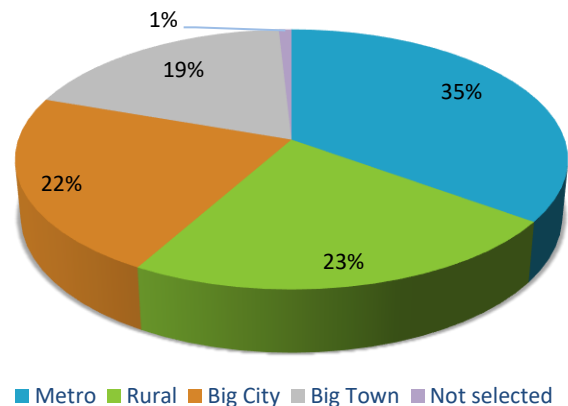


Figure 3: GP participants per type of area

The surveys were representative of Doctors practising across all types of areas, with the majority of the participants practising in Metro areas⁹. The next biggest group was Rural Doctors, followed by Big City and Big Towns.

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6.2.2 Type of Practice

a) The Scope of Practice of GPs

General Consulting/ Family Practice	 88.2%
Assist others with surgical procedures	2.5%
GP Anaesthetics	2.5%
Surgical procedures in theatre by self	1.7%
Trauma & Casualty Unit	1.7%
Not Selected	1.7%
Obstetrics	0.85%
Other	0.85%

Of the GPs who participated in the surveys, 88%, practiced as traditional consulting practices, making this group fairly homogenous.

b) Type of Legal Entity of GPs

Sole Practitioners	 58.2%
Incorporated practice (1 shareholder)	 17.1%
Incorporated practice (2+ shareholders)	9.4%
Partnerships (2+ partners)	8.5%
Partnerships (2 partners)	3.4%
Incorporated practice (2 shareholders)	3.4%

In line with the previous NDoH 2008/9 PCS, the majority of GP practices, 75%, still operate as sole practitioners or 1 shareholder incorporated practices.

6.2.3 Practice Set Up

a) Practice Location of GPs

Free-standing	 52%
Independent Medical Centre	 19%
Mediclinic hospital	 8.5%
Practice at residence	 7.5%
Netcare hospital	 4%
Other	 9%

Most GPs have independent standing practices, with 78.5% of practices either being free-standing, as part of an independent Medical Centre or at a Doctor's residence.

Only a few individual Doctors from corporate groups such as Medicross and NHC, completed the Scope of Practice Survey, however, none of them participated in the financial survey.

b) GPs Sharing Admin Staff with Other Doctors

Yes	 30.77%
No	 69.23%

Most GPs do not share administrative staff with other Doctors.

c) Insurer/Broker Used

Medical Protection Society	 79%
AON South Africa (Brokerage)	 13%
Other Insurers/Brokerages	 5%
Uninsured	 3%

Medical Protection Society (MPS) remains the single largest provider of malpractice risk insurance or indemnity cover for GPs.

6.2.4 Doctor Profile

a) GPs Years in Private Practice

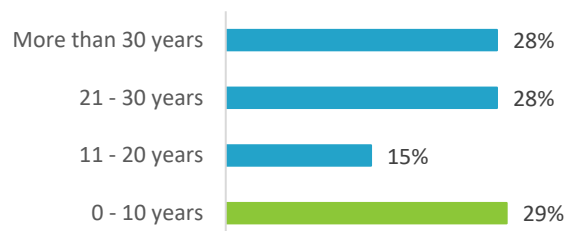


Figure 4: Number of years in private GP practice

Responses were received across all ranges of experience. It is interesting to note that the number of participating Doctors who have been in practice for a period of 11 – 20 years, are much lower than the other ranges. This could be attributed to the first decade following the country's first democratic elections that brought high levels of emigration and a drop in the number of people entering the profession.

b) Physical Size of GP Practice

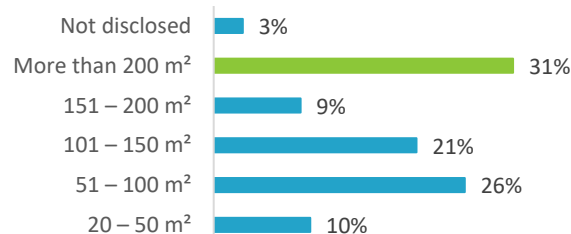


Figure 5: Square meter size of GP practice

GPs results were fairly evenly spread across the different sizes in practice facilities, with 57% consulting in rooms less than 150 m². Interestingly, this was not affected by Urban or Rural locations. Rural areas were as likely as Metros to have small or large practices.

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c) Average Patients GPs see in Consulting Rooms

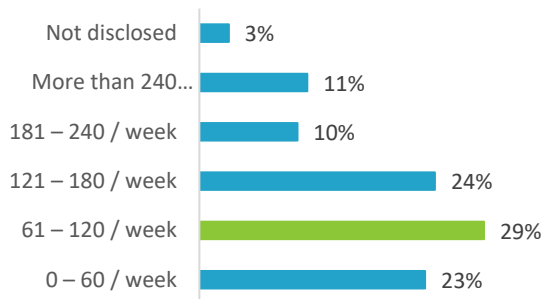


Figure 6: Average patients seen by GPs in consulting rooms per week

Most GPs see around 24 to 36 patients per day, with 76% of GPs seeing less than 36 patients a day. When considering a 5-day-8-hours-a-day work week, this can be translated to a consultation time of 15 to 20 minutes per patient. This is tight, considering that the average GP spends around an hour a day on Medical Scheme Administration.

d) Number of Patients GPs see per Year

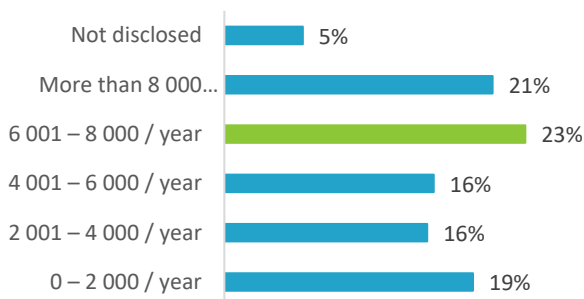


Figure 7: Average patients seen by GPs per year

There is a large variation between the number of patients seen with a similar number of GPs seeing less than 2 000 patients a year compared to those seeing more than 8 000 patients a year. The same trend is observed whether Doctors practice in Metro or Rural areas. If one considers a 220 day working year, this also works out to around 26 to 36 patients per day.

e) Duration of Typical GP Work Day (hours per day)

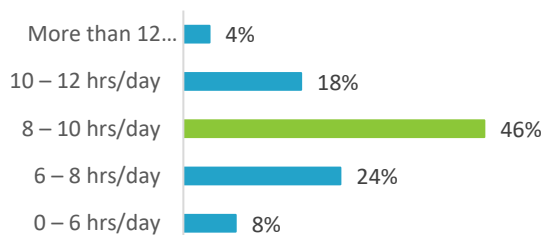


Figure 8: Average GP work day in hours

68% of the surveyed GPs work more than a standard working day of 8 hours per day.

f) GP hours Spent on Medical Scheme Administration e.g. Motivations

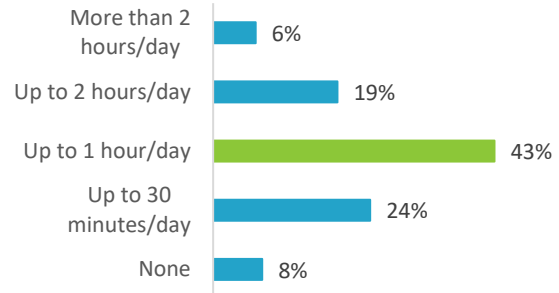


Figure 9: Time spent on Medical Scheme administration per day

A significant amount of time is spent on Medical Scheme administration work, with 67% of GPs spending up to an hour on such activities. This includes obtaining pre-authorisations, completing chronic application forms and writing motivations. Not all of this time is billable.

6.2.5 Conclusions

GP results were received from all 9 provinces and were representative of areas based on population density. Most GPs practice as sole practitioners in traditional consulting practices with a workload of around 24 to 36 patients a day.

Due to GPs working predominantly as sole practitioners, it was expected that overheads such as rental and staff costs would need to be covered through increased revenue, which could be seen from the longer working hours of most of the population.

The trend of young Doctors choosing the route to specialise with the added impact of emigrating, does bring a concern whether the ageing GP population will be able to serve the high number of patients in the medium to longer term and whether the trend of patients going directly to specialists will be exacerbated.

6.3 Specialist Scope of Practice Survey Results

6.3.1 Demographics

a) Province

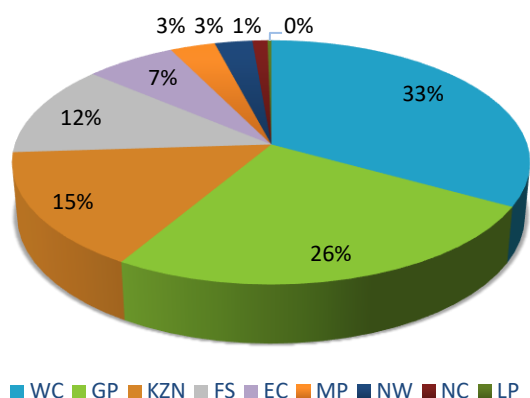


Figure 10: Specialist participants per province

As seen above, the Specialist respondents showed a fair representation across all provinces. The highest response rate was from Western Cape, followed closely by Gauteng, Kwazulu Natal and the Free State.

	Total Database	PCS Participants
Gauteng	42.2%	25.5%
Western Cape	24.5%	33.1%
Kwazulu Natal	16.6%	15.4%
Eastern Cape	5.1%	6.5%
Free State	4.0%	12%
North West	2.7%	2.7%
Mpumalanga	2.2%	3.4%
Limpopo	1.9%	0.3%
Northern Cape	0.8%	1.1%

As seen with the GPs, when compared to the total database, Freestate had a higher than expected participation rate, which is disproportionate to the overall proportion of Specialists in the databases.

Western Cape also had a higher participation rate with Gauteng and Kwazulu Natal showing much lower than expected participation rates. Gauteng in particular showed a poor response to the PCS.

b) Type of Area

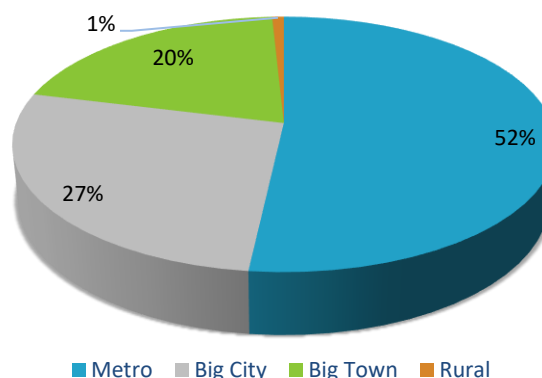


Figure 11: Specialist participants per type of area

As expected from Specialists, the majority of the participants were from Metro areas¹⁰, this was followed by, Big City, Big Towns, and very few in Rural areas which is expected compared to the overall spread of Specialists.

6.3.2 Type of Practice

a) Type of Specialists Who Responded

General Surgeons	22%
Orthopaedic Surgeons	14%
Physicians	11%
Ophthalmologists	11%
Obstetrics & Gynaecology	10%
Otorhinolaryngology (ENT)	10%
Paediatrics	8%
Urologists	7%
Psychiatrists	4%
Anaesthetists	1.9%

General Surgeons provided the largest contribution to the PCS, followed by Orthopaedic Surgeons, Physicians and Ophthalmologists.

b) Type of Legal Entity of Specialists

Sole Practitioners	65%
Incorporated practice (1 shareholder)	22%
Incorporated practice (2+ shareholders)	3%
Partnerships (2+ partners)	6%
Partnerships (2 partners)	1%
Incorporated practice (2 shareholders)	2.5%
Not Selected	0.5%

As with the GP Scope of Practice Survey, most Specialists, 87%, practice either as sole practitioners or

¹⁰ City of Johannesburg, City of Tshwane, Ekurhuleni, Cape Town, eThekweni, Nelson Mandela Bay, Buffalo City & Bloemfontein

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1 shareholder incorporated practices. Only a small portion of the participants were group practices.

6.3.3 Practice Set Up

a) Practice Location of Specialists

Mediclinic hospital	27%
Life Health	23%
Netcare Hospital	22%
Free-standing/ at residence	10%
Other Private Hospital	6%
Medical Centres	2%
Specialist Clinics/Hospitals	4%
Other	6%

As expected, the majority of Specialist participants, 72%, have practices situated in one of the three main hospital groups e.g. Mediclinic, Life Healthcare and Netcare.

b) Insurer/Broker Used

Medical Protection Society (MPS)	82%
AON South Africa (Brokerage)	6%
Ethiqal/Constantia Insurers	4%
Hollard - Insurers	1%
NatMed(Brokerage)	3%
Other/Not applicable	4%

As with the GPs, Medical Protection Society (MPS) remains the single largest provider of malpractice risk indemnity for Specialists.

c) Specialists Sharing Administration Staff with Other Doctors

Yes	24%
No	76%

Specialists are less inclined than GPs to share practice staff with other Doctors, with only 24% sharing admin staff with other Doctors.

d) Total Number of Staff Employed

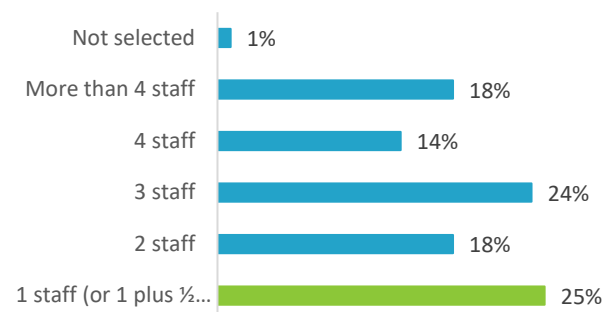


Figure 12: Total number of staff employed by Specialist

Specialist practices generally seem to have 3 or less staff members. This trend is evident amongst all Specialists, irrespective whether they are in a Metro, Big City or Big Town.

6.3.4 Doctor Profile

a) Specialists Years in Practice

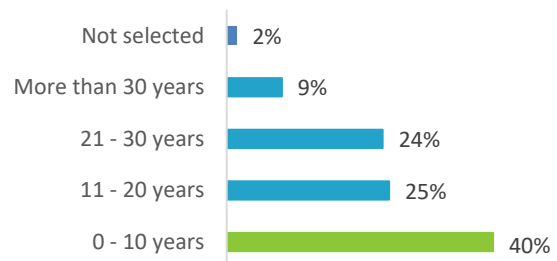


Figure 13: Number of years in Specialist private practice

41% of the Specialists who participated in the PCS have been in practice for less than 10 years. When this is compared to the Specialists in the population database, it is clear that there is a bias towards younger specialists. It seems that the longer Specialists are in private practice, the less likely they are to participate in Practice Cost Studies.

	Total Database	PCS Participants
0 – 10 years	15%	42%
11 – 20 years	31%	25%
21 – 30 years	29%	25%
More than 30 yrs	25%	8%

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b) Average Patients seen in Consulting Rooms

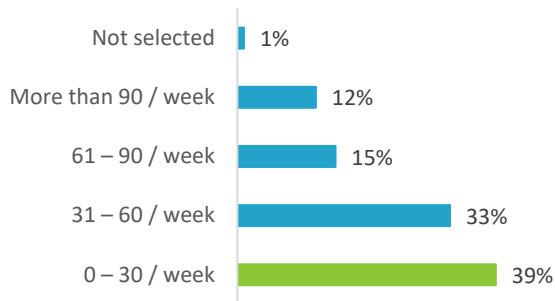


Figure 14: Average patients seen by Specialists in consulting rooms per week

Most Specialists see less than 60 patients a week. It is expected from Specialists to see less patients than GPs due to the longer time periods spent per patient and the time spent on doing procedures.

c) Duration of Typical Specialist Work Day (hours/day)

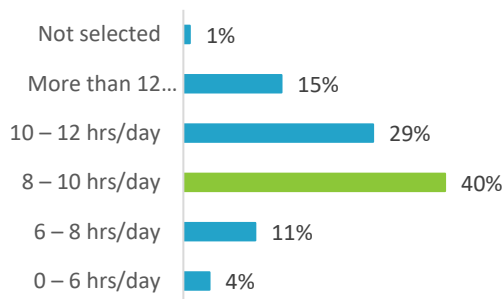


Figure 15: Average Specialist work day in hours

Most Specialists, 84%, work longer than 8 hours a day.

d) Specialist hours Spent on Medical Scheme Administration e.g. Motivations

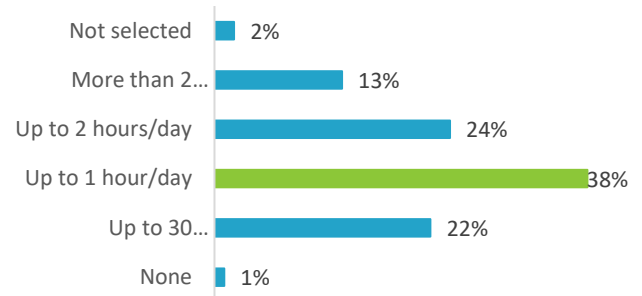


Figure 16: Time spent on Medical Scheme administration per day

Specialists spend similar amounts of time on Medical Scheme Administration activities than the GPs, which remains a significant amount of time per day, which cannot be billed for.

6.3.5 Conclusions

Specialist were represented across all provinces. Most Specialists work as sole practitioners, and as with GPs, this means that rental and staff costs would need to be covered through increased revenue.

There was some bias towards younger specialists with older specialist showing less interest in participating .

7 Cost of Running a Private Practice Results

7.1 How this Section Works

This section shows the costs of running a private practice which was compiled based on the actual data gathered through the financial surveys and Annual Financial Statements received from Doctors. This data can be used to build a virtual practice cost model with objective inputs such as industry average liability premiums, equipment costs, rentals, salaries, etc.

7.1.1 Notes on costing model

As noted in the earlier sections of this report, the costs received from the Financial Surveys and Annual Financial Reports were grouped into the categories illustrated in the figure below.

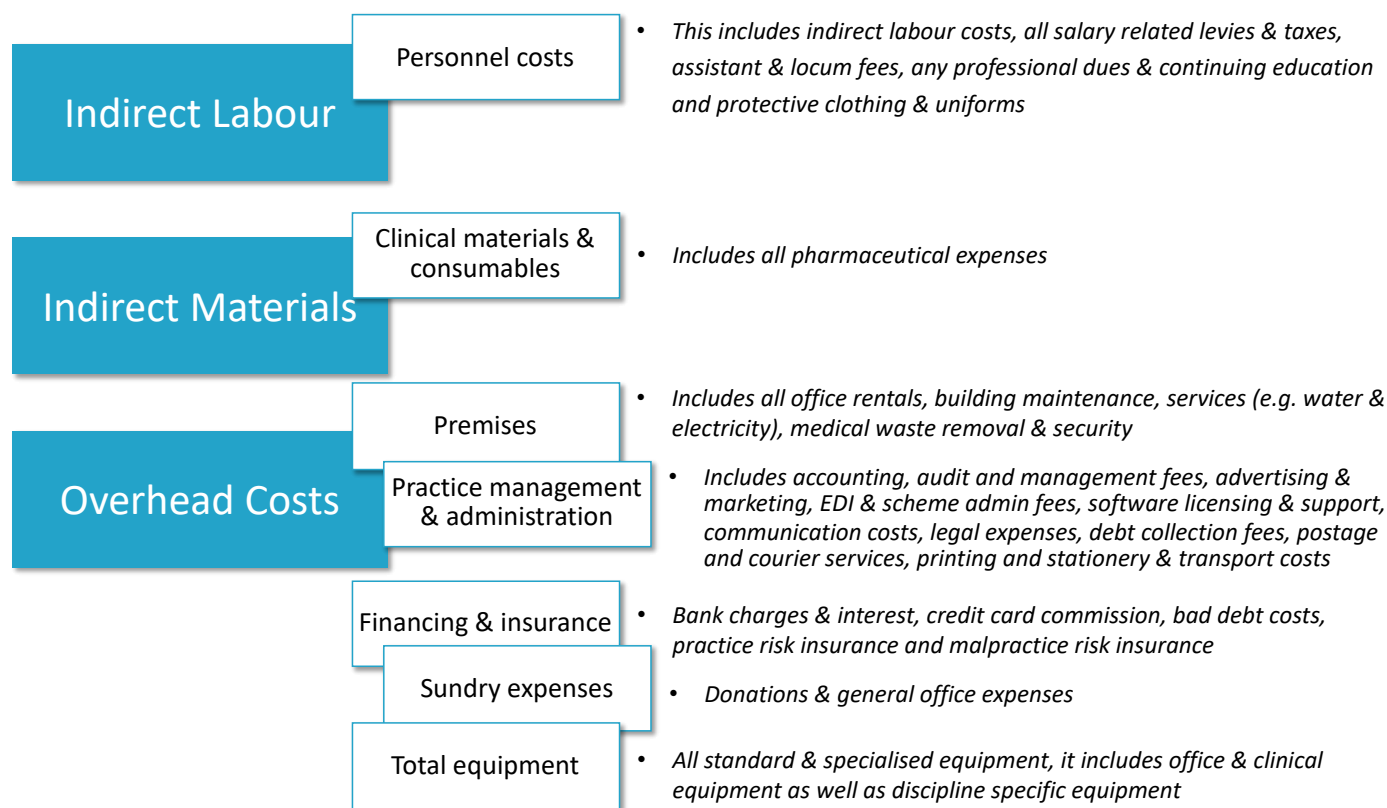


Figure 17: Practice costing model Operating Cost categories

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a) Indirect Labour versus Direct Labour

Indirect Labour is the cost of administration and other support staff that is not directly involved in patient care.

These costs were obtained from the Annual Financial Statements and validated against the scope of practice and salary surveys. In certain instances where salaries appeared excessive the practice was contacted and information verified.

In many instances, especially in Incorporated Practices, personnel costs also included the Doctor's remuneration package and had to be excluded to ensure a consistent approach. Director salaries were also excluded.

Direct Labour was not obtained from the Annual Financial Statements. Doctor remuneration, if found on the Annual Financial Statements was excluded from the results, and an appropriate professional remuneration was allocated instead. The expected annual remuneration of the Doctor was based on the salary packages paid in the public sector for equivalent qualified Doctors.

As a general rule, the package value at the upper end of the applicable scale was used in the calculations due to the responsibilities that the Doctors in private practice carry. For General Practitioners a "Medical Officer Grade 3, level 14 to 15" was used, which came to a total remuneration package of R 1 200 000 per annum. For Specialists, the "Medical Specialist Grade 3, levels 10 to 16" was used, which came to a total of R 1 500 000 per annum.

The salary package was calculated as Total Cost to Employer. It must however be noted that there is no guarantee that Doctors would earn this type of income, as income would depend on the revenue that each Doctor is able to generate in his/her practice.

Our studies have indicated that the use of locums is limited, as locums are not available in a market where some disciplines have a shortage of Doctors, especially in the Specialist market.

Most of the Surgical Specialists make use of either General Practitioner or Specialist assistants to assist

during surgery. In most instances these costs will be recovered through billing codes 0008 & 0009 and is therefore not a true cost to the practice. These costs have therefore been eliminated from our results.

b) Indirect versus Direct Materials

Indirect Materials includes clinical materials and consumables and are those materials that cannot be charged for in addition to a procedure on a medical claim. These minor materials (e.g. swabs, etc.) are best handled as indirect materials and accounted for as part of the allocated overheads.

In practical terms, direct materials are those materials consumed in the practice that can be recovered from the patient as part of a specific chargeable procedure of service as direct materials.

These consumables and materials are recoverable through billing codes 0200 and 0201 matched by a NAPPI code and descriptor. These direct materials were therefore excluded as part of the cost of running a practice. A good example is Intra ocular lenses used by Ophthalmologists. It is a large expense, but recoverable as part of a normal claim.

c) Overhead Costs

i. Office Expenses

The major component of the Overhead cost category was office rental. There were no major variances, but adjustments were made for material variances where it was obvious that there was an inter-related third party involved.

ii. Practice Management and Administration

More Doctors also now outsource billing and certain administration functions to 3rd parties. Outsourced administration was included in the personnel grouping of expenses under the Indirect Labour cost category.

iii. Motor Vehicle/ Transport Costs

Excessive motor vehicle expenses was checked against the Automobile Association (AA) rate per annum. Any expenses that exceeded this rate was first verified with the practice. Excessive outliers, e.g. in one instance an aircraft was allocated, was excluded.

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iv. International Conference Expenses

This was a significant expense in a few practices. The cost of conferences was reduced to domestic conferences only, as International Conference spend is predominantly sponsored. South Africa has enough local conferences in order for Doctors to comply with CPD requirements of the Health Professions Council of South Africa (HPCSA).

v. Malpractice Risk Insurance and Indemnity Cover

In many instances malpractice risk insurance or indemnity costs were not recorded as a line-item in the Annual Financial Statements. Often it was included in insurance or as subscriptions, in which case we reallocated the current MPS charge from these line items to the malpractice risk insurance costs. In most instances, the results record an understatement of these costs. The Scope of Practice Survey indicated MPS as the preferred indemnifier in the market and we therefore used their premiums for 2017 as the reference base.

vi. Bad Debt Costs

Bad debt costs are limited in the Annual Financial Statements as most practices reverse bad debts against revenue and is not disclosed as an expense.

vii. Donations

Excessive donations were ignored for this PCS.

viii. Equipment Costs

Equipment costs were recorded as it appeared in the Annual Financial Statements. This was a combination of depreciation, rental, finance charges, maintenance and lease charges. Rental charges where equipment is shared was included. Where identified, motor vehicle depreciation and finance charges were not taken into account and reallocated. Where identified, major charges to Family Trusts and like parties were ignored.

Medical Equipment Consultants (MEC) were contracted to survey the actual costs of purchasing new equipment and set up a practice in 2017. The results are included in Annexure G.

d) Other Notes

All data was captured per discipline, per line item and per province. The summaries are averages, i.e. at a 50% level of participating Doctors.

We have only reported on costs per province, with 10 or more participants. The summarised expenditure is included in Annexure F.

7.1.2 Inputs that could be used in a Virtual Model

A Virtual Practice model attempts to provide a more objective view of the costs in setting up and running a private practice.

There are of course certain elements that Doctors can influence that can result in cost savings, such as his/her ability to manage bad debt, improving the practice structure and/or staff performance, ability to attract large volume of patients that will enable economies of scale more effectively etc. From the Consortium's perspective, a Virtual Model could provide an average cost of running a practice.

Our results reflect an average cost over each discipline and has removed all material variances in costs. It also allows for costs that are not realistic, for example malpractice costs and equipment costs to be inserted. Our category costs could therefore easily be used in a Virtual Model.

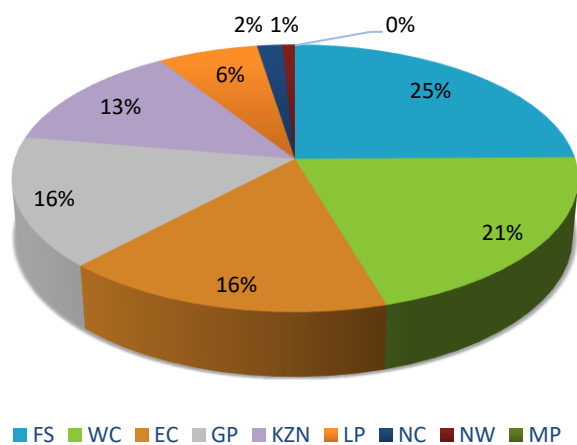
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7.2 Financial Survey Results – Actual Average Cost of Running a Practice

7.2.1 General Practitioners discipline 014/015

Sample size & conclusion			
No of Doctors survey was sent to	3 495	Average Operating Cost per Doctor	R 858 201
No of respondents	121	Standard deviation	R 365 815
Sample required (as per cost model)	68	Confidence interval (95%)	R 65 180
		Confidence interval (as % of mean)	7.60%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 001 766
FreeState	866 705
Western Cape	813 593
Eastern Cape	776 151
Kwazulu Natal	750 441
...	...
National Average¹¹	R 858 201

There were not enough responses to show all provinces details without potentially compromising participants' confidentiality. Provinces show variation. To view the results per province where there were enough participants to do so, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017	Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
Personnel cost	472 118	506 583	262 383	452 348	534 999
Premises	146 802	157 518	79 375	136 843	161 846
Practice management & admin	126 415	135 643	129 022	222 434	263 076
Financing & insurance costs	67 030	71 923	46 180	79 614	94 161
Indirect material	849	911	9 918	17 099	20 223
Sundry expenses	14 894	15 982	5 543	9 556	11 302
Equipment costs	30 093	32 290	56 444	97 309	115 089
Total Operating Costs	R 858 201	R 920 849	R 588 865	R 1 015 204	R 1 200 696
GP Remuneration ¹²	1 200 000	1 287 600	601 100	1 036 296	1 225 643
Total Practice Costs	R2 058 201	R 2 208 449	R 1 189 965	R 2 051 500	R 2 426 339

¹¹ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

¹² Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour Personnel costs

	Average (per Doctor)
Indirect labour costs	438 599
Salary related levies & taxes	10 016
Assistant/Locum fees	-
Professional dues & education	22 026
Protective clothing & uniforms	1 477
Total Personnel	R472 118

Indirect Materials Clinical materials & consumables

	Average (per Doctor)
Indirect material	849
Total Indirect Materials	R 849

Overhead costs Practice management & administration Sundry expenses

	Average (per Doctor)
Accounting, audit & mx fees	17 077
Advertising & marketing	9 129
Software licensing & support	33 777
Communication costs	32 189
Legal expenses	645
Debt Collection Fees	2 155
Printing & stationery	13 401
Transport costs	18 043
Total Practice Mx & Admin	R 126 415
Donations	2 520
General office expenses	12 375
Total Sundry expenses	R 14 894

Financing & insurance Total equipment Premises

	Average (per Doctor)
Bank charges & interest	20 474
Credit card commission	5 573
Bad debt costs	-
Practice risk insurance	19 729
Malpractice risk insurance	21 254
Total Finance & insurance	R 67 030
Total Equipment	R 30 093
Rental of space	103 064
Building maintenance & repair	9 638
Services	22 073
Medical waste & cleaning	7 664
Security	4 361
Total Premises	R 146 802

Observations

There were enough GP participants to reflect a representative sample. According to the costing model, when considering variation in costs, 68 participants were required to reflect a representative sample, with 121 GPs participating.

As expected, GPs have the lowest overall cost of running a practice, totalling R 2 058 201 per annum, which includes a market related salary of R1 200 000 for the Doctor. Other than the GP's salary, indirect labour (personnel costs) make up the majority of costs totalling 23% of overall cost, even though they employ less staff than most Specialist disciplines. This was followed by the overhead expenses of premises and practice management & admin costs, which respectively totals to 7.1% and 6.1%.

Premises are mainly driven by high rental costs and related services. This appears high because many Specialists have rooms in hospitals, which is secured at more competitive rates. Other than Ophthalmologists, GPs are paying the highest rental fees. Their practice management & admin costs are driven by software and communication

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(telephone, printing, postage etc.) expenses, which is driven by Medical Scheme administration, as this correlates with the Scope of Practice Survey results which show that most GPs spend more than an hour on Medical Scheme administration every day.

GP equipment costs are less than the average Specialist equipment cost. It is important to note that due to the wide range of years-in-practice, a significant number of GPs have not accounted for any equipment costs in their Annual Financial Statements. Although equipment costs for GPs are fairly standard, new GPs obviously have initial practice set up costs, which would have been included in their financials. Doctors who have been in practice for a longer period would not have these expenses reflected.

GPs have less transport costs than Specialists, because they don't need to visit patients in hospital as often. Malpractice risk insurance or indemnity cover is also lower than the average Specialist. The average malpractice risk insurance or indemnity cover for GPs as reflected in the costs above, seem to be in line with industry benchmarks, except for Rural, Big Town and Big City practices where GPs also deliver obstetric services.

The cost of running a GP practice has remained fairly stable and compares to the cost of running a practice calculated during the NDoH 2008/9 PCS increased with CPI.

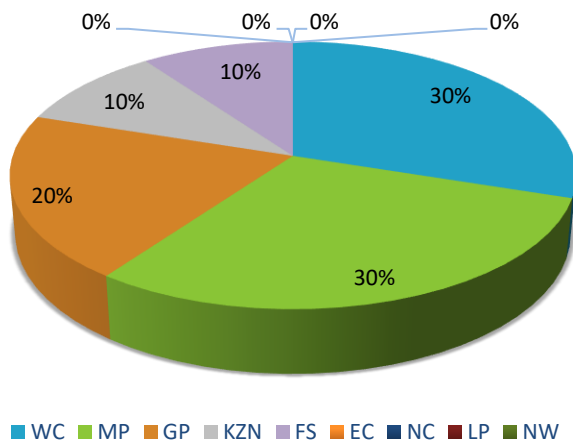
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7.2.2 Anaesthetists discipline 010

Sample size & conclusion

No of Doctors survey was sent to	589	Average Operating Cost per Doctor	R 509 494
No of respondents	10	Standard deviation	R 206 871
Sample required (as per cost model)	57	Confidence interval (95%)	R 128 218
		Confidence interval (as % of mean)	25.17%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



National Average

R 509 494

Anaesthetists were the lowest participating Specialist group. Due to limited data and poor participation rates no data per province could be shown. Although figures across all provinces of participating Doctors are similar. Only sole practitioners participated in the study, no Anaesthetist group practices submitted financial data.

Total Cost Summary

	Actual per Doctor 2017
Personnel cost	252 492
Premises	27 001
Practice management & admin	139 567
Financing & insurance costs	69 495
Indirect material	1 795
Sundry expenses	3 599
Equipment costs	15 545
Total Operating Costs	R 509 494
Specialist Remuneration ¹³	1 500 000
Total Practice Costs	R 2 009 494

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
270 924	-	-	-
28 972	-	-	-
149 756	-	-	-
74 568	-	-	-
1 926	-	-	-
3 862	-	-	-
16 680	-	-	-
R 546 687	R	R	R
1 609 500			
R 2 156 187	R	R	R

¹³ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Average (per Doctor)
Indirect labour costs		223 078
Salary related levies & taxes		-
Assistant/Locum fees		-
Professional dues & education		29 024
Protective clothing & uniforms		390
Total Personnel		R 252 492

Indirect Materials		Average (per Doctor)
Indirect material		1 795
Total Indirect Materials		R 1 795

Overhead costs		Average (per Doctor)
Accounting, audit & mx fees		28 594
Advertising & marketing		14 665
Software licensing & support		14 401
Communication costs		21 468
Legal expenses		70
Debt Collection Fees		373
Printing & stationery		3 185
Transport costs		56 812
Total Practice Mx & Admin		R 139 567
Donations		2 000
General office expenses		1 599
Total Sundry expenses		R 3 599

Premises		Average (per Doctor)
Rental of space		10 254
Building maintenance & repair		7 261
Services		4 653
Medical waste & cleaning		1 887
Security		2 946
Total Premises		R 27 001
Equipment		Average (per Doctor)
Total Equipment		R 15 545
Bank charges & interest		14 527
Credit card commission		20
Bad debt costs		-
Practice risk insurance		5 633
Malpractice risk insurance		49 314
Total Finance & insurance		R 69 495

Observations * Not statistically valid & for information only*

The number of Anaesthetists required to obtain a representative sample was not achieved. According to the costing model, when considering the variation in costs, 57 participants were required, however only 10 Doctors participated in the end.

Although a representative sample was not received from the Anaesthetists, what we can see from the data is that Anaesthetists have the lowest overall cost of running a practice of the Specialist disciplines, totalling to a cost of R 2 009 494 per annum, which includes a market related salary of R1 500 000 for the Specialist Anaesthetist. Other than the Anaesthetist's salary, indirect labour (personnel costs) make up the majority of costs totalling to 12.6% of their overall cost. They tend to employ less staff than any other Specialist discipline. This was followed by practice management & admin and finance & insurance costs, which respectively totals to 6.9% and 3.5% of their overall costs.

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Practice management & admin costs are mainly driven by high travel expenses as a percentage of overheads, even though it is in line with other Specialists' travel cost. Other than salaries and transport costs, malpractice risk insurance or indemnity cover is the highest individual cost category for Anaesthetists. As with other disciplines, not all Anaesthetists account for their malpractice risk insurance or indemnity cover in their Annual Financial Statements, which means that the figure displayed above is slightly understated. The industry benchmark for Anaesthetists' malpractice risk insurance or indemnity cover ranges between R 50 000 and R 60 000.

Lastly, Anaesthetists have the lowest rental fees, even their software licensing and communication costs are much less than any other Specialist discipline.

No comparison could be made to the 2008/9 PCS as Anaesthetists did not participate in that study.

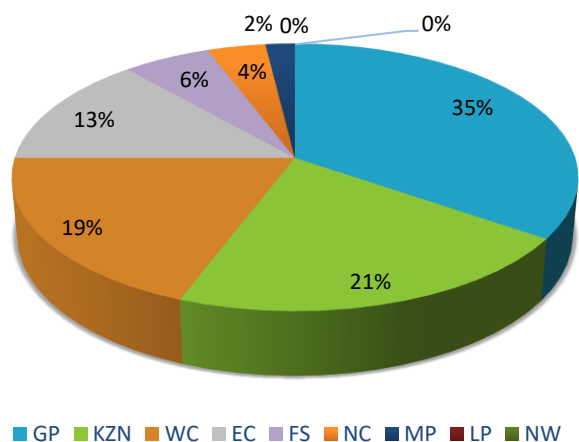
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7.2.3 ENTs Otorhinolaryngology discipline 030

Sample size & conclusion

No of Doctors survey was sent to	200	Average Operating Cost per Doctor	R 1 282 704
No of respondents	52	Standard deviation	R 435 576
Sample required (as per cost model)	36	Confidence interval (95%)	R 118 389
		Confidence interval (as % of mean)	9.23%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 359 831
Kwazulu Natal	1 245 439
Western Cape	1 156 049
...	...
National Average¹⁴	R 1 282 704

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. It can be confirmed that the results were similar in all provinces, even those without Metros. To view the results per province, see *Annexure F*.

Total Cost Summary

	Actual per Doctor 2017
Personnel cost	698 321
Premises	113 503
Practice management & admin	237 434
Financing & insurance costs	125 043
Indirect material	2 468
Sundry expenses	8 088
Equipment costs	97 846
Total Operating Costs	R 1 282 704
Specialist Remuneration ¹⁵	1 500 000
Total Practice Costs	R 2 782 704

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
749 298	310 313	534 980	632 728
121 789	58 625	101 070	119 536
254 767	154 003	265 501	314 012
134 171	64 438	111 091	131 389
2 648	9 681	16 690	19 740
8 678	4 292	7 399	8 751
104 989	105 849	182 484	215 826
R 1 376 341	R 707 201	R 1 219 215	R 1 441 983
1 609 500	858 600	1 480 226	1 750 685
R 2 985 841	R 1 565 801	R 2 699 441	R 3 192 668

¹⁴ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

¹⁵ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Indirect Materials	
	Average (per Doctor)		Average (per Doctor)
Indirect labour costs	622 856	Indirect material	2 468
Salary related levies & taxes	14 582		
Assistant/Locum fees	-		
Professional dues & education	58 479		
Protective clothing & uniforms	2 404		
Total Personnel	R 698 321	Total Indirect Materials	R 2 468

Overhead costs		Premises	
	Average (per Doctor)		Average (per Doctor)
Accounting, audit & mx fees	44 707	Rental of space	78 944
Advertising & marketing	19 634	Building maintenance & repair	13 555
Software licensing & support	30 754	Services	9 807
Communication costs	55 906	Medical waste & cleaning	7 328
Legal expenses	1 401	Security	3 870
Debt Collection Fees	10 791	Total Premises	R 113 503
Printing & stationery	22 166		
Transport costs	52 075	Total Equipment	R 97 846
Total Practice Mx & Admin	R 237 434		

Donations	2 704	Bank charges & interest	35 698
General office expenses	5 384	Credit card commission	3 722
Total Sundry expenses	R 8 088	Bad debt costs	-
		Practice risk insurance	41 710
		Malpractice risk insurance	43 913
		Total Finance & insurance	R 125 043

Observations

There were enough ENT participants to reflect a representative sample. According to the costing model, when considering the variation in costs, 36 participants were required to reflect a representative sample with 52 Doctors participating.

Together with the Urologists, ENTs have the lowest overall cost of running a practice of all Surgical disciplines, totalling to R 2 782 704 per annum, which includes a market related salary of R1 500 000 for the ENT Surgeon. Other than the ENT's salary, indirect labour (personnel costs) make up the majority of costs totalling to 25% of their overall cost. This was followed by practice management/admin costs totalling to 8.5% of their overall costs, followed by Finance/Insurance costs and Premises, which total 4.5% and 4% of overall costs respectively.

As with all other Specialist disciplines, practice management costs are mainly driven by high travel expenses, communication and software licensing costs. Rental space for ENTs is lower than most Specialist disciplines and their malpractice risk insurance or indemnity cover are much less than any other Surgical discipline.

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ENT equipment costs are in line with the other Surgical disciplines, except for the Ophthalmologists who are outliers. As with other disciplines, those ENTs who have been in practice longer have less equipment costs than newly qualified ENTs. To obtain a view of the actual cost of setting up a new practice, the equipment costs as illustrated in Annexure G need to be considered.

When the cost of running a ENT practice is compared to the NDoH 2008/9 PCS, costs have remained fairly stable, showing an increase between CPI and CPI+2%.

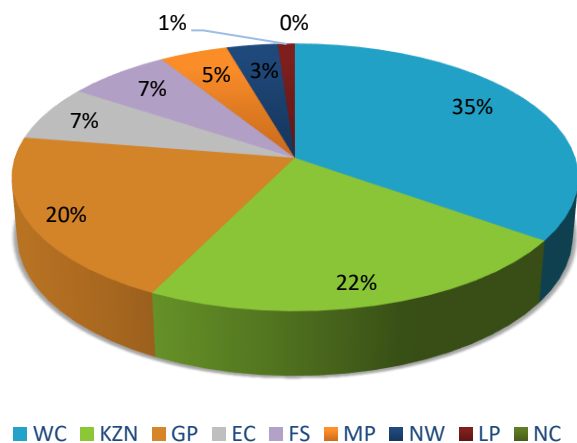
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7.2.4 General Surgeons discipline 042 (Including Cardio Thoracic Surgeons 044, Neuro Surgeons 024 & Plastic Surgeons 036)

Sample size & conclusion

No of Doctors survey was sent to	533	Average Operating Cost per Doctor	R 1 617 593
No of respondents	89	Standard deviation	R 682 900
Sample required (as per cost model)	61	Confidence interval (95%)	R 141 876
		Confidence interval (as % of mean)	8.77%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 731 179
Western Cape	1 674 398
Kwazulu Natal	1 412 907
...	...
National Average¹⁶	R 1 617 593

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results per province, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	830 454
Premises	141 707
Practice management & admin	284 787
Financing & insurance costs	218 348
Indirect material	1 663
Sundry expenses	18 457
Equipment costs	122 176
Total Operating Costs	R 1 617 593
Specialist Remuneration ¹⁷	1 500 000
Total Practice Costs	R 3 117 593

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
891 077	318 503	549 099	649 428
152 052	76 770	132 351	156 534
305 576	185 421	319 666	378 073
234 287	80 419	138 642	163 974
1 785	6 270	10 809	12 785
19 805	4 583	7 901	9 345
131 095	70 841	122 130	144 445
R 1 735 677	R 742 807	R 1 280 599	R 1 514 583
1 609 500	858 600	1 480 226	1 750 685
R 3 345 177	R 1 601 407	R 2 760 826	R 3 265 269

¹⁶ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

¹⁷ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Indirect Materials	
	Average (per Doctor)		Average (per Doctor)
Indirect labour costs	760 296	Indirect material	1 663
Salary related levies & taxes	15 555		
Assistant/Locum fees	-		
Professional dues & education	52 134		
Protective clothing & uniforms	2 468		
Total Personnel	R 830 454	Total Indirect Materials	R 1 663

Overhead costs		Premises	
	Average (practice)		Average (practice)
Accounting, audit & mx fees	42 293	Rental of space	94 115
Advertising & marketing	33 521	Building maintenance & repair	18 783
Software licensing & support	65 522	Services	12 589
Communication costs	57 215	Medical waste & cleaning	14 100
Legal expenses	2 749	Security	2 119
Debt Collection Fees	5 636	Total Premises	R 141 707
Printing & stationery	23 342		
Transport costs	54 510	Total Equipment	R 122 176
Total Practice Mx & Admin	R 284 787		
		Bank charges & interest	21 512
Donations	5 505	Credit card commission	5 749
General office expenses	12 952	Bad debt costs	-
Total Sundry expenses	R 18 457	Practice risk insurance	38 983
		Malpractice risk insurance	152 104
		Total Finance & insurance	R 218 348

Observations

Due to low participation rate, some disciplines were grouped to obtain a representative sample. General Surgeons have similar costs to Cardio Thoracic Surgeons, Neuro Surgeons and Plastic Surgeons and were therefore grouped together. Once grouped, the variation in spend was of such nature that only 61 participants were required to achieve a representative sample size. In total 89 Doctors participated.

The grouped Surgeons cost of running a practice totalled to R 3 117 593 per annum, which makes it the 3rd highest costing discipline after Ophthalmology and Gynaecology/Obstetrics. As with all other disciplines, the indirect labour (personnel costs) was the highest cost category, totalling to 26.6% of their total cost excluding the market related salary of R 1 500 000 for the General Surgeon. This was followed by practice management & admin and financing & insurance costs, respectively totalling to 9.1% and 7.0% of their overall costs. The Surgeons practice management/admin costs are mainly driven by software licensing, which is the highest than any other discipline, together with transport costs.

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As with all other Specialist disciplines, practice management costs are mainly driven by high travel expenses, communication and software licensing costs. Premises costs seem to be in line with other disciplines.

Malpractice risk insurance and indemnity cover is higher than other disciplines, as would be expected of a surgical discipline. As with other disciplines, malpractice risk insurance or indemnity cover is underreported in the actual costs reflected. Some Doctors choose to account for their malpractice risk insurance or indemnity cover in their personal finances. The benchmark malpractice risk insurance or indemnity premium in the industry for most of the surgical disciplines range from R 170 000 to R 240 000 per annum, with the exception of Neuro Surgeons who have a much higher premium ranging between R 410 000 and R 530 000 per annum.

Surgical equipment costs vary between these disciplines and it is therefore more appropriate to calculate each disciplines' equipment fees separately. To obtain a view of the actual cost of setting up a new practice, the equipment costs as illustrated in Annexure G need to be considered.

Similar to other disciplines, the cost of running a typical Surgeon practice has remained fairly stable when compared to the NDoH 2008/9 PCS, with costs increasing by CPI + 2%.

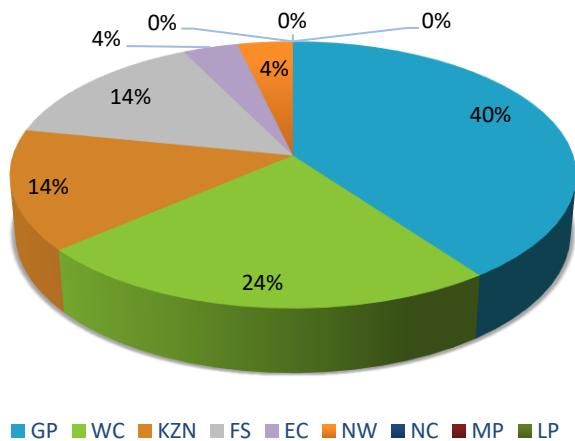
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7.2.5 Gynaecologist/Obstetricians discipline 016

Sample size & conclusion

No of Doctors survey was sent to	520	Average Operating Cost per Doctor	R 1 672 791
No of respondents	55	Standard deviation	R 609 980
Sample required (as per cost model)	47	Confidence interval (95%)	R 161 206
		Confidence interval (as % of mean)	9.64%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 870 458
Western Cape	1 327 864
...	...
National Average¹⁸	R 1 672 791

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results per province, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	811 949
Premises	96 151
Practice management & admin	238 703
Financing & insurance costs	408 089
Indirect material	1 921
Sundry expenses	9 733
Equipment costs	106 244
Total Operating Costs	R 1 672 791
Specialist Remuneration ¹⁹	1 500 000
Total Practice Costs	R 3 172 791

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
871 221	312 997	539 607	638 201
103 170	71 807	123 795	146 414
256 128	166 792	287 549	340 089
437 880	101 461	174 918	206 879
2 061	16 642	28 691	33 933
10 444	6 034	10 403	12 303
114 000	105 945	182 649	216 022
R 1 794 904	R 781 678	R 1 347 613	R 1 593 841
1 609 500	858 600	1 480 226	1 750 685
R 3 404 404	R1 640 278	R 2 827 839	R 3 344 527

¹⁸ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

¹⁹ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Indirect Materials	
	Average (per Doctor)		Average (per Doctor)
Indirect labour costs	736 733	Indirect material	1 921
Salary related levies & taxes	14 458		
Assistant/Locum fees	-		
Professional dues & education	58 563		
Protective clothing & uniforms	2 195		
Total Personnel	R 811 949	Total Indirect Materials	R 1 921

Overhead costs		Premises	
	Average (per Doctor)		Average (per Doctor)
Accounting, audit & mx fees	48 936	Rental of space	62 677
Advertising & marketing	24 576	Building maintenance & repair	10 846
Software licensing & support	39 519	Services	10 966
Communication costs	53 707	Medical waste & cleaning	8 501
Legal expenses	890	Security	3 161
Debt Collection Fees	6 944	Total Premises	R 96 151
Printing & stationery	21 656		
Transport costs	42 475	Total Equipment	R 106 244
Total Practice Mx & Admin	R 238 703		
		Bank charges & interest	47 563
Donations	1 722	Credit card commission	11 099
General office expenses	8 011	Bad debt costs	-
Total Sundry expenses	R 9 733	Practice risk insurance	52 048
		Malpractice risk insurance	297 380
		Total Finance & insurance	R 408 089

Observations

There were enough Gynaecologist/Obstetrician participants to reflect a representative sample. According to the costing model, when considering the variation in costs, 47 participants were required to reflect a representative sample, with 55 Doctors participating.

After the Ophthalmologists, the Gynaecologist/Obstetrician discipline has the highest costs of running a practice, totalling to R 3 172 791 per annum. Although this cost is driven by the high malpractice risk insurance or indemnity cover of Obstetrics, the amount stated in the table above is significantly understated. As noted with the other disciplines, many Doctors account for malpractice risk insurance or indemnity cover in their personal capacity as opposed to in their practice financials. The industry benchmark for malpractice or indemnity premiums for Obstetricians have significantly increased in the last decade and now averages between R 820 000 and R 1 050 000 per annum, as opposed to Gynaecologists' malpractice premiums which is more in line with the Surgical disciplines, ranging between R 170 000 and R250 000 per annum.

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Even with the high malpractice risk insurance and indemnity costs, indirect labour (personnel costs) still remains the highest cost category, totalling 25.6% of total spend excluding the market related salary of R 1 500 000 for the Gynaecologist/Obstetrician. This was followed by financing/insurance costs (including the malpractice risk insurance or indemnity cover category) that totalled to 7.5% of their overall costs, followed by practice management/admin costs which totalled to 7.5% of their overall costs.

Gynaecology/Obstetrician practice management/admin costs are mainly driven by communication and transport costs as per other disciplines. Although it is worthwhile noticing that together with Ophthalmologists, Gynaecologist/Obstetricians have the highest spend in the communications category. This is driven by activities relating to Medical Scheme administration as well as non-refundable time spent dealing with litigation queries.

The Gynaecology/Obstetrician discipline has the 2nd highest equipment costs. As noted with the other disciplines there is high variation between Doctors based on years spent in practice and differences in type of practice. Gynaecologists/Obstetricians with ultrasound machines will have higher equipment costs. The equipment costs above, as obtained in the cost analysis above, is therefore understated and it would be more accurate to consider the costs of equipment as per equipment tables illustrated in Annexure G.

Similar to other disciplines, the cost of running a typical Gynaecologist/Obstetrician practice has remained fairly stable, compared to the NDoH 2008/9 PCS, with an increase remaining between CPI and CPI+2%. It is important to highlight that malpractice risk insurance and indemnity cover did of course increase significantly, but this is not reflected in the tables of this section due to the practices reflecting malpractice risk insurance or indemnity cover in their personal income tax returns rather than practice Annual Financial Statements.

Even though there are a few new entries into the liability insurance and indemnity cover market, MPS remains dominant. Premiums continue to escalate at an alarming rate and is threatening to cripple the continued private practice of Obstetrics and Spinal Surgery. The compounded average annual increase in premiums across all disciplines vary between 19.5% to 101.1%. Figure 18 is a reflection of the continuous increase in malpractice risk insurance or indemnity cover premiums.

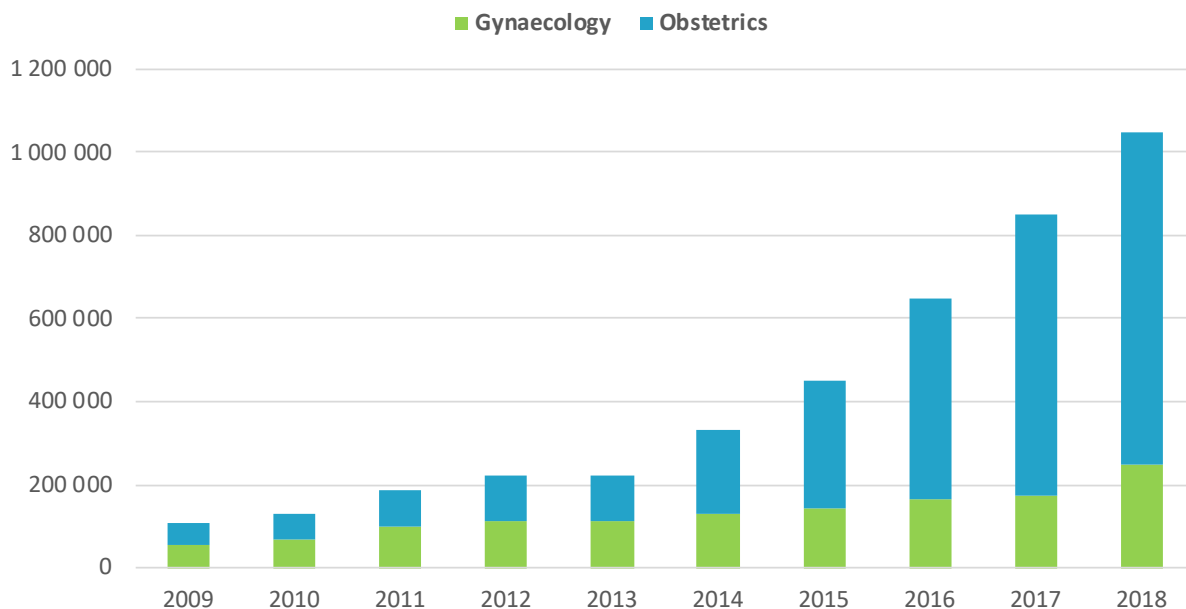


Figure 18: Malpractice risk insurance or indemnity cover increases (Source: Insight Actuaries & Consultants)

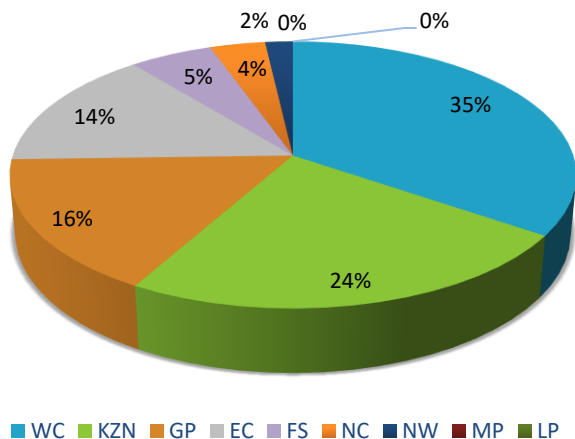
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7.2.6 Ophthalmologists discipline 026

Sample size & conclusion

No of Doctors survey was sent to	221	Average Operating Cost per Doctor	R 2 222 150
No of respondents	55	Standard deviation	R 1 065 690
Sample required (as per cost model)	63	Confidence interval (95%)	R 281 642
		Confidence interval (as % of mean)	12.67%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Western Cape	2 053 798
Kwazulu natal	1 975 752
...	...
National Average²⁰	R 2 222 150

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results for the two provinces above, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017	Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
Personnel cost	1 087 972	1 167 394	395 599	682 013	806 626
Premises	272 011	291 868	130 611	225 173	266 316
Practice management & admin	283 805	304 522	202 976	349 931	413 868
Financing & insurance costs	148 165	158 982	93 394	161 011	190 430
Indirect material	3 167	3 398	17 726	30 560	36 143
Sundry expenses	11 851	12 716	11 407	19 666	23 259
Equipment costs	415 179	445 487	273 773	471 985	558 223
Total Operating Costs	R 2 222 150	R 2 384 367	R 1 125 486	R 1 940 338	R 2 294 866
Specialist Remuneration ²¹	1 500 000	1 609 500	858 600	1 480 226	1 750 685
Total Practice Costs	R 3 722 150	R 3 993 867	R 1 984 086	R 3 420 564	R 4 045 551

²⁰ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

²¹ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Average (per Doctor)
Indirect labour costs	965 348	
Salary related levies & taxes	38 054	
Assistant/Locum fees	-	
Professional dues & education	79 244	
Protective clothing & uniforms	5 326	
Total Personnel	R 1 087 972	

Indirect Materials		Average (per Doctor)
Indirect material	3 167	
Total Indirect Materials	R 3 167	

Overhead costs		Average (per Doctor)
Accounting, audit & mx fees	51 289	
Advertising & marketing	33 141	
Software licensing & support	48 648	
Communication costs	64 831	
Legal expenses	1 547	
Debt Collection Fees	1 286	
Printing & stationery	28 902	
Transport costs	54 161	
Total Practice Mx & Admin	R 283 805	
Donations	6 569	
General office expenses	5 282	
Total Sundry expenses	R 11 851	

Premises		Average (per Doctor)
Rental of space	204 266	
Building maintenance & repair	21 554	
Services	28 259	
Medical waste & cleaning	11 898	
Security	6 034	
Total Premises	R 272 011	
Total Equipment		Average (per Doctor)
Bank charges & interest	41 542	
Credit card commission	7 029	
Bad debt costs	-	
Practice risk insurance	48 676	
Malpractice risk insurance	50 917	
Total Finance & insurance	R 148 165	

Observations * Not statistically valid & for information only*

The number of Ophthalmologists required to obtain a representative sample was not achieved. According to the costing model, when considering the variation in costs, 63 participants were required, however only 55 Doctors participated in the end. The response rate of Gauteng Doctors in particular was poor, considering that it is the province with the highest number of private practising Ophthalmologists. The tables above reflect the average cost of running a practice as determined by the analysed cost results.

The Ophthalmologists have the highest costs of running a practice, totalling to R 3 722 150 per annum although there is a large variation in operating cost that is driven by high indirect labour and equipment costs. The indirect labour (personnel costs), excluding the Specialist salary of R 1 500 000, totals to 29.2% and equipment totals to 11.2% of their overall practice costs. Ophthalmologists employ more staff than other Surgical disciplines. Additional staff includes Ophthalmic Assistants and in some cases Optometrists.

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Ophthalmologists have the highest professional dues & education fees, mainly made up of high Society fees. As with other disciplines, equipment costs in the study is under represented. To obtain the cost of setting up a new Ophthalmology practice equipment attached in Annexure G needs to be considered.

The practice management/admin and premises costs follow, respectively totalling to 7.6% and 7.3% of their total overheads. Ophthalmologists also have higher than average communication costs, as well as costs relating to accounting, audit and management fees. This could be driven by activities relating to Medical Scheme administration and larger practices to administer.

Ophthalmologists have the highest rental costs and are a clear outlier, paying more than double any other practice. This is due to the fact that many Ophthalmologists operate in Specialist Eye Clinics, which have more expensive per square meter costs. The costs are also higher due to the larger premises needed to accommodate their equipment. Even loose standing practices show higher rental costs than other surgical disciplines.

Similar than other disciplines, the cost of running a typical Ophthalmology practice has remained fairly stable, compared to the NDoH 2008/9 PCS, with overall costs increasing between CPI and CPI+2%.

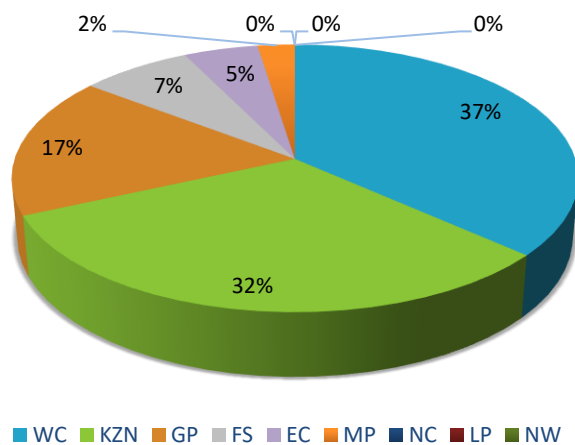
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7.2.7 Orthopaedic Surgeons discipline 028

Sample size & conclusion

No of Doctors survey was sent to	430	Average Operating Cost per Doctor	R 1 607 757
No of respondents	41	Standard deviation	R 603 115
Sample required (as per cost model)	48	Confidence interval (95%)	R 184 611
		Confidence interval (as % of mean)	11.48%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Western Cape	1 696 796
Kwazulu Natal	1 375 149
...	...
National Average²²	R 1 607 757

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results for the two provinces above, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017	Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
Personnel cost	889 064	953 965	334 613	576 873	682 276
Premises	126 909	136 174	79 628	137 279	162 361
Practice management & admin	281 378	301 919	223 530	385 366	455 778
Financing & insurance costs	248 934	267 106	60 548	104 385	123 457
Indirect material	865	928	11 474	19 781	23 395
Sundry expenses	16 935	18 171	8 077	13 925	16 469
Equipment costs	43 672	46 860	77 142	132 993	157 293
Total Operating Costs	R 1 607 757	R 1 725 124	R 795 012	R 1 370 601	R 1 621 029
Specialist Remuneration ²³	1 500 000	1 609 500	858 600	1 480 226	1 750 685
Total Practice Costs	R 3 107 757	R 3 334 624	R 1 653 612	R 2 850 827	R 3 371 715

²² Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

²³ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Indirect Materials	
	Average (per Doctor)		Average (per Doctor)
Indirect labour costs	818 919	Indirect material	865
Salary related levies & taxes	12 653		
Assistant/Locum fees	-		
Professional dues & education	52 736		
Protective clothing & uniforms	4 756		
Total Personnel	R 889 064	Total Indirect Materials	R 865

Overhead costs		Premises	
	Average (per Doctor)		Average (per Doctor)
Accounting, audit & mx fees	53 538	Rental of space	87 330
Advertising & marketing	33 989	Building maintenance & repair	14 047
Software licensing & support	42 645	Services	14 541
Communication costs	60 267	Medical waste & cleaning	7 861
Legal expenses	1 068	Security	3 130
Debt Collection Fees	14 938	Total Premises	R 126 909
Printing & stationery	16 459		
Transport costs	58 472	Total Equipment	R 43 672
Total Practice Mx & Admin	R 281 378		
		Bank charges & interest	26 918
Donations	1 910	Credit card commission	7 337
General office expenses	15 025	Bad debt costs	-
Total Sundry expenses	R 16 935	Practice risk insurance	24 389
		Malpractice risk insurance	190 290
		Total Finance & insurance	R 248 934

Observations * Not statistically valid & for information only*

The number of Orthopaedic Surgeons required to obtain a representative sample was not achieved. According to the costing model, when considering the variation in costs, 48 participants were required where only 41 Doctors participated in the end. As with Ophthalmology, the response from Gauteng in particular was poor. The tables above reflect the average cost of running a practice as determined by the analysed cost results.

The Orthopaedic Surgeons had the 4th highest overall cost of running a practice, totalling to R 3 107 757 per annum, which includes a market related salary of R1 500 000 for the Orthopaedic Surgeon. Indirect labour (personnel costs) make up the majority of costs totalling to 28.6% of their overall cost. This was followed by practice management/admin and Financing/insurance costs, respectively totalling to 9.1% and 8.0% of their overall costs. Communication, software licenses and transport costs were the highest contributing categories. Orthopaedic Surgeons have the highest communication costs of all disciplines, this could be due to the nature of their work resulting in increased Medical Scheme administration required. A large component of their surgery relates to elective surgery and Prescribed Minimum Benefits (PMBs) which is often scrutinised by Medical Schemes who require additional motivation for authorisation of surgery.

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Orthopaedic Surgeons have the 2nd highest malpractice risk insurance and indemnity cover costs. This is under reported in the tables of this section, due to accounting practices. The industry benchmark for Orthopaedic malpractice risk insurance and indemnity cover ranges between R 180 000 and R 240 000, and up to R 530 000 for spinal surgery.

Equipment for Orthopaedic Surgeons, does not reflect the cost of setting up a new practice. To calculate such costs, the equipment costs illustrated in Annexure G needs to be considered. It is important to note that Orthopaedic Surgeons do not include the costs of prosthesis used in surgery, as this is billed under the hospital accounts.

When the cost of running a Orthopaedic Surgery practice is compared to the NDoH 2008/9 PCS, costs have remained fairly stable, increasing between CPI and CPI+2%.

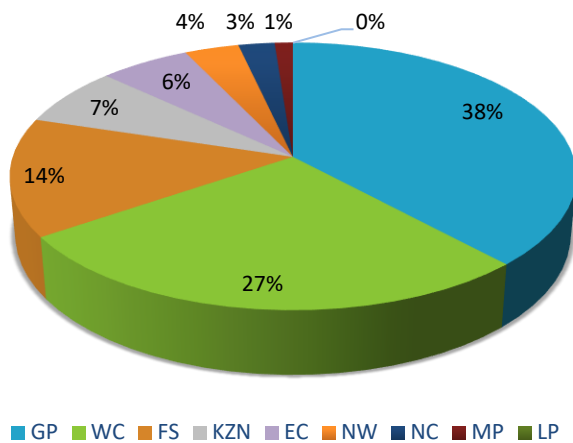
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7.2.8 Paediatricians discipline 032 (Including Paediatric Cardiologists 033)

Sample size & conclusion

No of Doctors survey was sent to	424	Average Operating Cost per Doctor	R 1 004 176
No of respondents	84	Standard deviation	R 467 945
Sample required (as per cost model)	70	Confidence interval (95%)	R 100 070
		Confidence interval (as % of mean)	9.97%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 055 790
Western Cape	935 596
Freestate	830 640
...	...
National Average²⁴	R 1 004 176

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results for the three provinces above, see *Annexure F*.

Total Cost Summary

	Actual per Doctor 2017
Personnel cost	540 243
Premises	109 118
Practice management & admin	203 476
Financing & insurance costs	78 833
Indirect material	2 805
Sundry expenses	11 213
Equipment costs	58 488
Total Operating Costs	R 1 004 176
Specialist Remuneration ²⁵	1 500 000
Total Practice Costs	R 2 504 176

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
579 680	306 575	528 535	625 106
117 083	51 350	88 527	104 703
218 329	164 085	282 883	334 569
84 588	47 151	81 288	96 141
3 010	8 195	14 128	16 710
12 032	4 498	7 755	9 171
62 758	76 077	131 157	155 121
R 1 077 481	R 657 931	R 1 134 273	R 1 341 521
1 609 500	858 600	1 480 226	1 750 685
R 2 686 981	R 1 516 531	R 2 614 499	R 3 092 207

²⁴ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

²⁵ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour	Personnel costs
	Average (per Doctor)
Indirect labour costs	487 128
Salary related levies & taxes	8 458
Assistant/Locum fees	-
Professional dues & education	41 198
Protective clothing & uniforms	3 458
Total Personnel	R 540 243

Indirect Materials	Clinical materials & consumables
	Average (per Doctor)
Indirect material	2 805
Total Indirect Materials	R 2 805

Overhead costs	Practice management & administration	Sundry expenses
	Average (per Doctor)	
Accounting, audit & mx fees	38 620	
Advertising & marketing	15 623	
Software licensing & support	32 252	
Communication costs	41 807	
Legal expenses	1 747	
Debt Collection Fees	15 315	
Printing & stationery	13 778	
Transport costs	44 334	
Total Practice Mx & Admin	R 203 476	
Donations	4 406	
General office expenses	6 808	
Total Sundry expenses	R 11 213	

Financing & insurance	Total equipment	Premises	Average (per Doctor)	
Rental of space			75 207	
Building maintenance & repair			6 697	
Services			13 230	
Medical waste & cleaning			10 173	
Security			3 811	
Total Premises				R 109 118
Total Equipment				R 58 488
Bank charges & interest			18 510	
Credit card commission			4 240	
Bad debt costs			-	
Practice risk insurance			20 226	
Malpractice risk insurance			35 857	
Total Finance & insurance				R 78 833

Observations

There were enough Paediatrician participants to reflect a representative sample. Only 2 Paediatric Cardiologists participated in the study. Due to the similarities in the costs and physical nature of their practices they, were grouped with Paediatricians in this report. According to the costing model, when considering the variation in costs, 70 participants were required to reflect a representative sample with 84 Doctors participating.

The cost of running a Paediatrician practice totals to R 2 504 176 per annum, which includes a market related salary of R1 500 000 for the Paediatrician. Other than the Paediatrician's salary, indirect labour (personnel costs) make up the majority of costs totalling to 21.6% of their overall cost. This was followed by practice management/admin costs totalling to 8.1% of their overall costs.

As with other Specialist disciplines, practice management costs were mainly driven by high travel expenses, communication and software licensing costs, although on average the Paediatricians show much lower average fees than the other disciplines in these categories. Rental space and malpractice risk insurance or indemnity cover for Paediatricians are also relatively low compared to other Specialists disciplines.

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Malpractice risk insurance and indemnity cover is under represented in the table of this section due to accounting practices. Paediatricians have relatively low malpractice risk insurance indemnity cover rates compared to other Specialists

with an industry benchmark between R 65 000 and R 85 000.

When the cost of running a Paediatrician practice is compared to the NDoH 2008/9 PCS, costs have remained fairly stable, increasing by just over CPI.

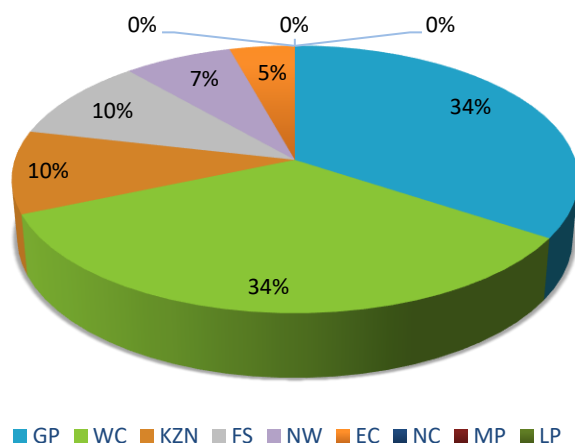
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7.2.9 Physicians discipline 018 (Including Cardiologists 021, Dermatologists 012, Gastroenterologists 019, Neurologists 020, Pulmonologists 017 & Rheumatologists 031)

Sample size & conclusion

No of Doctors survey was sent to	1 108	Average Operating Cost per Doctor	R 1 487 112
No of respondents	70	Standard deviation	R 687 328
Sample required (as per cost model)	76	Confidence interval (95%)	R 161 014
		Confidence interval (as % of mean)	10.83%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 673 743
Western Cape	1 244 414
...	...
National Average²⁶	R 1 487 112

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results for the two provinces above, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	847 045
Premises	129 560
Practice management & admin	265 250
Financing & insurance costs	112 398
Indirect material	2 757
Sundry expenses	24 473
Equipment costs	105 629
Total Operating Costs	R 1 487 112
Specialist Remuneration ²⁷	1 500 000
Total Practice Costs	R 2 987 112

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
908 879	279 693	482 191	570 294
139 018	63 908	110 177	130 308
284 613	144 760	249 566	295 166
120 603	46 029	79 354	93 853
2 959	8 754	15 092	17 849
26 259	5 567	9 598	11 351
113 340	66 885	115 310	136 379
R 1 595 671	R 615 596	R 1 061 288	R 1 255 200
1 609 500	858 600	1 480 226	1 750 685
R 3 205 171	R 1 474 196	R 2 541 514	R 3 005 886

²⁶ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

²⁷ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour		Personnel costs
	Average (per Doctor)	
Indirect labour costs	780 610	
Salary related levies & taxes	12 262	
Assistant/Locum fees	-	
Professional dues & education	49 199	
Protective clothing & uniforms	4 973	
Total Personnel	R 847 045	

Indirect Materials		Clinical materials & consumables
	Average (per Doctor)	
Indirect material	2 757	
Total Indirect Materials	R 2 757	

Overhead costs		Practice management & administration	Sundry expenses
	Average (per Doctor)		
Accounting, audit & mx fees	58 066		
Advertising & marketing	26 044		
Software licensing & support	45 647		
Communication costs	53 608		
Legal expenses	1 236		
Debt Collection Fees	9 025		
Printing & stationery	25 728		
Transport costs	45 894		
Total Practice Mx & Admin	R 265 250		
Donations	4 638		
General office expenses	19 835		
Total Sundry expenses	R 24 473		

		Financing & insurance	Total equipment	Premises
	Average (per Doctor)			
Rental of space	92 145			
Building maintenance & repair	13 563			
Services	10 014			
Medical waste & cleaning	8 867			
Security	4 970			
Total Premises	R 129 560			
Total Equipment	R 105 629			
Bank charges & interest	35 013			
Credit card commission	3 841			
Bad debt costs	-			
Practice risk insurance	37 760			
Malpractice risk insurance	35 784			
Total Finance & insurance	R 112 398			

Observations * Not statistically valid & for information only*

Due to the similarity in practice setups in the smaller sub-special disciplines, Physician disciplines were grouped. Specialist Physicians have similar costs to Cardiologists, Dermatologists, Gastroenterologists, Neurologists, Pulmonologists and Rheumatologists. We therefore grouped these disciplines together. Once grouped, the variation in costs was of such nature that 76 participants were required to achieve a representative sample. This was just missed with only 70 Doctors participating. A representative sample was therefore not achieved. The result was effected by a poor response rate from Kwazulu Natal. The tables above reflects the average cost of running a practice as determined by the actual analysed cost result.

The grouped Physicians' average cost of running a practice was R 2 987 112 per annum, bringing it in line to the other consulting disciplines. As with other disciplines, the indirect labour (personnel costs) was the highest cost category, totalling to 28.4% of their total cost excluding the market related salary of R 1 500 000 for the Specialist Physician.

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This was followed by practice management/admin costs, totalling to 8.9% of their overall costs. This cost category was mainly driven by communication, software licenses and transport costs. The communication costs make up a significant component of costs in this category, which is likely to be driven by Medical Scheme administration, which includes activities such as the completion of chronic medication application forms and requests relating to the Prescribed Minimum Benefits (PMBs).

As with the other disciplines, malpractice risk insurance and indemnity cover is underreported in the actual costs reflected above, as some Doctors chose to account for their malpractice risk insurance or indemnity cover in their personal finances. The benchmark malpractice risk insurance or indemnity cover premium in the industry for these type of Physician disciplines are between R 50 000 and R 70 000 per annum.

Physicians equipment costs vary between these disciplines and it is therefore more appropriate to calculate each disciplines' equipment fees separately. To obtain a view of the actual cost of setting up a new practice, the equipment costs as illustrated in Annexure G need to be considered.

Similar to other disciplines, the cost of running a typical Physician practice has remained fairly stable when compared to the NDoH 2008/9 PCS, increasing by CPI+2%.

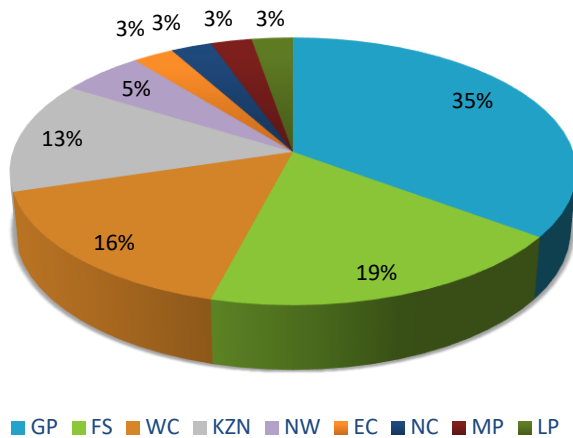
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7.2.10 Psychiatrists discipline 022

Sample size & conclusion

No of Doctors survey was sent to	368	Average Operating Cost per Doctor	R 872 323
No of respondents	37	Standard deviation	R 253 648
Sample required (as per cost model)	30	Confidence interval (95%)	R 81 729
		Confidence interval (as % of mean)	9.37%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	896 370
...	...
National Average²⁸	R 872 323

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. Only one province could be shown as attached in *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	398 173
Premises	135 980
Practice management & admin	219 655
Financing & insurance costs	72 170
Indirect material	1 078
Sundry expenses	5 539
Equipment costs	39 728
Total Operating Costs	R 872 323
Specialist Remuneration ²⁹	1 500 000
Total Practice Costs	R 2 372 323

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
427 240	178 235	307 277	363 421
145 906	70 590	121 697	143 933
235 690	141 633	244 175	288 790
77 438	38 635	66 607	78 777
1 157	3 039	5 239	6 197
5 944	3 771	6 501	7 689
42 628	38 717	66 748	78 944
R 936 003	R 474 620	R 818 245	R 967 750
1 609 500	858 600	1 480 226	1 750 685
R 2 545 503	R 1 333 220	R 2 298 471	R 2 718 436

²⁸ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

²⁹ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour	Personnel costs
	Average (per Doctor)
Indirect labour costs	339 318
Salary related levies & taxes	5 535
Assistant/Locum fees	-
Professional dues & education	52 071
Protective clothing & uniforms	1 249
Total Personnel	R 398 173

Indirect Materials	Clinical materials & consumables
	Average (per Doctor)
Indirect material	1 078
Total Indirect Materials	R 1 078

Overhead costs	Practice management & administration	Sundry expenses
	Average (per Doctor)	
Accounting, audit & mx fees	31 434	
Advertising & marketing	21 159	
Software licensing & support	22 037	
Communication costs	42 913	
Legal expenses	-	
Debt Collection Fees	22 955	
Printing & stationery	14 702	
Transport costs	64 454	
Total Practice Mx & Admin	R 219 655	
Donations	1 635	
General office expenses	3 904	
Total Sundry expenses	R 5 539	

Premises	Financing & insurance	Total equipment
	Average (per Doctor)	
Rental of space	94 433	
Building maintenance & repair	16 449	
Services	9 892	
Medical waste & cleaning	11 017	
Security	4 188	
Total Premises	R 135 980	
Total Equipment	R 39 728	
Bank charges & interest	21 461	
Credit card commission	2 602	
Bad debt costs	-	
Practice risk insurance	30 858	
Malpractice risk insurance	17 248	
Total Finance & insurance	R 72 170	

Observations

There were enough Psychiatrist participants to reflect a representative sample. According to the costing model, when considering the variation in costs, 30 participants were required to reflect a representative sample with 37 Doctors participating.

Except for Anaesthetists, Psychiatrists have the lowest overall cost of running a practice, totalling to R 2 372 323 per annum, which includes a market related salary of R1 500 000 for the Psychiatrist. Psychiatrists have the lowest overall indirect labour (personnel costs), which makes up 16.8% of their overall costs. This is followed by practice management/admin costs, which make up 9.3% of their total costs. Communication and transport costs make up the highest portion of this category. Psychiatrists generally do not have rooms in hospitals and therefore have higher travel costs.

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Psychiatrists also have the lowest malpractice risk insurance and indemnity cover costs, with industry benchmarks averaging between R 18 000 to R 20 000 per annum. Psychiatrists have the second lowest equipment costs. The equipment category includes basic office and IT equipment, but have no specialist equipment in their practices.

The Psychiatrists' cost of running a practices has increased with CPI when compared to the NDoH 2008/9 PCS.

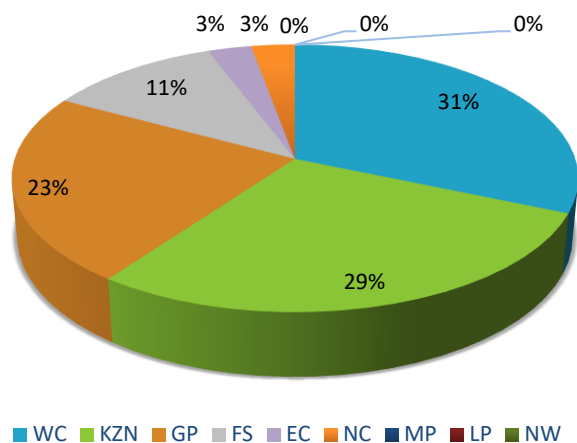
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7.2.11 Urologists discipline 046

Sample size & conclusion

No of Doctors survey was sent to	178	Average Operating Cost per Doctor	R 1 221 068
No of respondents	35	Standard deviation	R 595 936
Sample required (as per cost model)	61	Confidence interval (95%)	R 197 430
		Confidence interval (as % of mean)	16.17%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Western Cape	1 221 962
Kwazulu Natal	925 436
...	...
National Average³⁰	R 1 221 068

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results for the two provinces above, see *Annexure F*.

Total Cost Summary

	Actual per Doctor 2017
Personnel cost	615 355
Premises	120 546
Practice management & admin	247 643
Financing & insurance costs	138 319
Indirect material	1 076
Sundry expenses	19 458
Equipment costs	78 672
Total Operating Costs	R 1 221 068
Specialist Remuneration ³¹	1 500 000
Total Practice Costs	R 2 721 068

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
660 276	310 172	534 737	632 441
129 345	64 938	111 953	132 409
265 721	174 530	300 890	355 867
148 416	66 003	113 789	134 580
1 154	15 300	26 377	31 197
20 879	7 303	12 590	14 891
84 415	70 425	121 413	143 597
R 1 310 206	R 708 671	R 1 221 749	R 1 444 980
1 609 500	858 600	1 480 226	1 750 685
R 2 919 706	R 1 567 271	R 2 701 975	R 3 195 666

³⁰ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

³¹ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour	Personnel costs
	Average (per Doctor)
Indirect labour costs	520 923
Salary related levies & taxes	43 372
Assistant/Locum fees	-
Professional dues & education	48 048
Protective clothing & uniforms	3 012
Total Personnel	R 615 355

Indirect Materials	Clinical materials & consumables
	Average (per Doctor)
Indirect material	1 076
Total Indirect Materials	R 1 076

Overhead costs	Practice management & administration	Sundry expenses
	Average (per Doctor)	
Accounting, audit & mx fees	33 466	
Advertising & marketing	26 519	
Software licensing & support	35 215	
Communication costs	49 248	
Legal expenses	1 602	
Debt Collection Fees	38 657	
Printing & stationery	16 198	
Transport costs	46 737	
Total Practice Mx & Admin	R 247 643	
Donations	3 190	
General office expenses	16 268	
Total Sundry expenses	R 19 458	

Premises	Financing & insurance	Total equipment
	Average (per Doctor)	
Rental of space	88 735	
Building maintenance & repair	11 102	
Services	6 495	
Medical waste & cleaning	9 818	
Security	4 396	
Total Premises	R 120 546	
Total Equipment	R 78 672	
Bank charges & interest	20 607	
Credit card commission	8 878	
Bad debt costs	-	
Practice risk insurance	28 590	
Malpractice risk insurance	80 243	
Total Finance & insurance	R 138 319	

Observations * Not statistically valid for & information only*

There number of Urologist participants was significantly under the required sample size to obtain a representative sample. According to the costing model, when considering the variation in costs, 61 participants were required and only 35 Doctors participated in the end. As with other disciplines, this was as a result of a poor response rate from Gauteng, as well as the impact of three large group practices that had much lower individual costs and therefore contributed to higher variation in costs per individual and therefore increasing in required sample size. The tables in this section reflects the average cost of running a practice as determined by the analysed cost results.

For those Urologists who participated, the costs of running a practice, totalled to R 2 721 068 per annum. As with the other disciplines, this was driven by high indirect labour and equipment costs, which totalled to 22.6% of their overall costs, followed by practice management/admin and finance/insurance costs respectively totalling to 9.1% and 5.1%.

Similar to other disciplines, the cost of running a Urologist practice has remained fairly stable when compared to the NDoH 2008/9 PCS, with overall costs increasing by CPI.

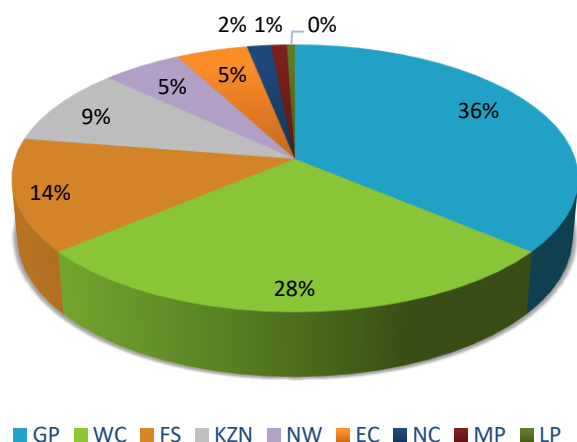
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7.2.12 All Consulting disciplines (Includes Cardiologists, Dermatologist, Gastroenterologists, Neurologist, Paediatrics, Paediatric Cardiologists, Physicians, Pulmonologists, Psychiatrists & Rheumatologists)

Sample size & conclusion

No of Doctors survey was sent to	1 900	Average Operating Cost per Doctor	R 1 155 626
No of respondents	191	Standard deviation	R 587 931
Sample required (as per cost model)	95	Confidence interval (95%)	R 83 379
		Confidence interval (as % of mean)	7.22%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 240 695
Kwazulu Natal	1 232 727
Western Cape	1 052 770
North West	1 183 542
Free State	1 015 489
...	...
National Average³²	R 1 155 626

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results per province, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	625 162
Premises	121 813
Practice management & admin	229 250
Financing & insurance costs	89 844
Indirect material	2 453
Sundry expenses	14 974
Equipment costs	72 131
Total Operating Costs	R 1 155 626
Specialist Remuneration ³³	1 500 000
Total Practice Costs	R 2 655 626

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
670 799	-	-	-
130 706	-	-	-
245 985	-	-	-
96 402	-	-	-
2 632	-	-	-
16 067	-	-	-
77 396	-	-	-
R 1 239 987	-	-	-
1 609 500	-	-	-
R 2 849 487	-	-	-

³² Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

³³ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour	Personnel costs
	Average (per Doctor)
Indirect labour costs	566 054
Salary related levies & taxes	9 286
Assistant/Locum fees	-
Professional dues & education	46 237
Protective clothing & uniforms	3 586
Total Personnel	R 625 162

Indirect Materials	Clinical materials & consumables
	Average (per Doctor)
Indirect material	2 453
Total Indirect Materials	R 2 453

Overhead costs	Practice management & administration	Sundry expenses
	Average (per Doctor)	
Accounting, audit & mx fees	44 355	
Advertising & marketing	20 514	
Software licensing & support	35 182	
Communication costs	46 346	
Legal expenses	1 222	
Debt Collection Fees	14 490	
Printing & stationery	18 337	
Transport costs	48 804	
Total Practice Mx & Admin	R 229 250	
Donations	3 954	
General office expenses	11 020	
Total Sundry expenses	R 14 974	

Financing & insurance	Total equipment	Premises	Average (per Doctor)	
Rental of space			85 139	
Building maintenance & repair			11 102	
Services			11 405	
Medical waste & cleaning			9 858	
Security			4 309	
Total Premises			R 121 813	
Total Equipment			R 72 131	
Bank charges & interest			25 130	
Credit card commission			3 776	
Bad debt costs			-	
Practice risk insurance			28 712	
Malpractice risk insurance			32 225	
Total Finance & insurance			R 89 844	

Observations

Overall practice costs are less for the Consulting than the Surgical disciplines. Overall practice costs for Consulting disciplines for 2017 is R 2 655 626. This includes an average Specialist salary of R 1 500 000 as per the market related benchmark of the 2017 DPSA salary scales.

The lower cost can mainly be attributed to lower personnel costs, lower equipment and lower malpractice risk insurance or indemnity cover premiums.

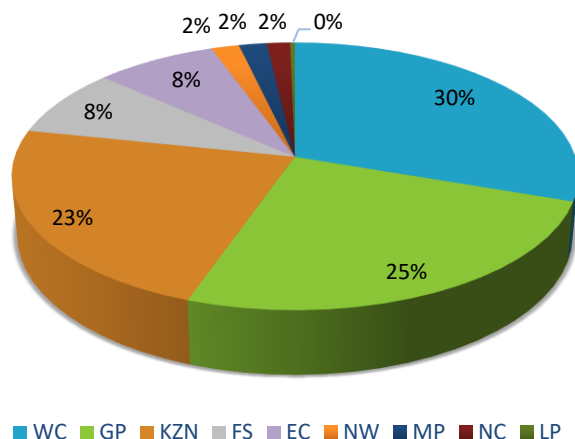
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7.2.13 All Surgical disciplines (Includes Cardio Thoracic, ENT, General Surgeons, Neuro Surgeons, Obstetrician/ Gynaecologist, Ophthalmologists, Orthopaedics, Plastic Surgeons & Urologist)

Sample size & conclusion

No of Doctors survey was sent to	2 082	Average Operating Cost per Doctor	R 1 631 632
No of respondents	327	Standard deviation	R 764 037
Sample required (as per cost model)	81	Confidence interval (95%)	R 82 811
		Confidence interval (as % of mean)	5.08%
		Alpha	5%
		Error as % of sample	10%

Participant distribution



	Average (per Doctor)
Gauteng	1 713 909
Western Cape	1 602 472
Free State	1 561 300
Kwazulu Natal	1 461 179
...	...
National average³⁴	R 1 631 632

There were not enough responses to show the other provinces' details without potentially compromising participants' confidentiality. To view the results per province, see *Annexure F*.

Total Cost Summary	Actual per Doctor 2017
Personnel cost	833 969
Premises	147 356
Practice management & admin	264 937
Financing & insurance costs	218 889
Indirect material	1 925
Sundry expenses	14 146
Equipment costs	150 410
Total Operating Costs	R 1 631 632
Specialist Remuneration ³⁵	1 500 000
Total Practice Costs	R 3 131 632

Projected 2018	NDoH 2008/9 PCS Costs	Adjusted to 2017 CPI	Adjusted to 2017 CPI + 2%
894 848	-	-	-
158 113	-	-	-
284 278	-	-	-
234 868	-	-	-
2 065	-	-	-
15 179	-	-	-
161 390	-	-	-
R 1 750 741	-	-	-
1 609 500	-	-	-
R 3 360 241	-	-	-

³⁴ Note that the National Average is based on all provinces. Only provinces with 10 or more participants, is shown above, and therefore the provinces shown will not necessarily add up to the National Average of the discipline.

³⁵ Based on 2017 DPSA Salary Scales to provide a market related indication of Doctor remuneration.

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Indirect Labour	Personnel costs
	Average (per Doctor)
Indirect labour costs	750 695
Salary related levies & taxes	21 613
Assistant/Locum fees	-
Professional dues & education	58 422
Protective clothing & uniforms	3 238
Total Personnel	R 833 969

Indirect Materials	Clinical materials & consumables
	Average (per Doctor)
Indirect material	1 925
Total Indirect Materials	R 1 925

Overhead costs	Practice management & administration	Sundry expenses
	Average (per Doctor)	
Accounting, audit & mx fees	45 773	
Advertising & marketing	29 054	
Software licensing & support	46 669	
Communication costs	57 228	
Legal expenses	1 686	
Debt Collection Fees	10 645	
Printing & stationery	22 179	
Transport costs	51 704	
Total Practice Mx & Admin	R 264 937	
Donations	3 904	
General office expenses	10 242	
Total Sundry expenses	R 14 146	

Financing & insurance	Total equipment	Premises	Average (per Doctor)	
Rental of space			103 515	
Building maintenance & repair			15 667	
Services			14 102	
Medical waste & cleaning			10 470	
Security			3 602	
Total Premises				R 147 356
Total Equipment				R 150 410
Bank charges & interest			32 099	
Credit card commission			7 076	
Bad debt costs			-	
Practice risk insurance			40 302	
Malpractice risk insurance			139 411	
Total Finance & insurance				R 218 889

Observations

Overall practice costs are higher for the Surgical than the Consulting disciplines. Overall practice costs for Surgical disciplines for 2017 is R 3 131 632. This includes an average Specialist salary of R 1 500 000 as per the market related benchmark of the 2017 DPSA salary scales.

Higher costs are driven by employing more staff, higher premises fees, more equipment and higher malpractice risk insurance or indemnity cover premiums.

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7.3 Salary Survey Results

7.3.1 Staff Salary Results Overall

The data below was obtained from completion of the Salary Surveys and shows annual salaries per job category.

	Number of Positions	Average Annual Salary	25 th Percentile	Mean	75 th Percentile	90 th Percentile
Medical Doctors	98	1 018 895	540 000	888 000	1 253 990	2 034 284
Technologist/ Medical Assistant	82	231 740	144 715	223 529	301 431	366 461
Nursing Sister	99	201 774	119 520	186 912	264 000	319 377
Practice Manager	149	298 474	211 513	267 907	369 200	452 963
Accountant	85	156 083	59 473	128 100	240 000	707 823
Invoicing Clerk	93	163 349	102 921	156 000	205 440	266 732
Debtors Clerk	111	156 497	105 050	156 014	192 102	234 947
Front Office	144	183 356	129 320	179 202	228 979	284 630
Reception	292	145 879	103 000	138 964	181 709	229 008
Tea Lady/ Cleaner	179	38 869	23 757	38 251	52 525	65 994
Janitor/ Gardener	21	40 429	17 160	24 727	76 662	81 097

Observations

There overall results above are shown per job category and includes all disciplines. Even after outliers were removed using the interquartile range method, there was still a significant variation in salaries within each job category, between disciplines and within each discipline. Variations are usually the result of the period of employment within the practice. New staff can usually be employed at much lower salaries.

Salaries per province was only showed if there was at least 10 salaries submitted for the specific job type in that province. Although there was a variation between provinces, the variation per job type was fairly low.

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7.3.2 Staff Salary Results per Province³⁶

Medical Doctors	# of Positions	Average	Mean	Technologist/ Medical Assistant	# of Positions	Average	Mean
Gauteng	23	971 998	840 000	Western Cape	37	214 019	188 500
Western Cape	20	871 294	814 000	Gauteng	18	253 386	236 052
Eastern Cape	19	1 071 218	1 133 463				
Kwazulu Natal	14	1 490 756	1 185 241				
National average	98	1 018 895	888 000	National average	82	231 740	223 529

Nursing Sisters	# of Positions	Average	Mean	Practice Managers	# of Positions	Average	Mean
Eastern Cape	21	203 173	216 421	Gauteng	37	314 194	280 800
Gauteng	16	258 858	233 036	Western Cape	33	306 414	277 840
Western Cape	15	195 325	180 000	Eastern Cape	24	319 559	293 420
Northern Cape	11	141 095	114 582	Freestate	14	232 373	253 499
Kwazulu Natal	10	22 552	262 640	Kwazulu Natal	13	282 639	235 456
National average	99	201 774	186 912	National average	149	298 474	267 907

Accountants	# of Positions	Average	Mean	Invoicing Clerk	# of Positions	Average	Mean
Western Cape	24	149 459	125 371	Gauteng	25	167 605	163 721
Kwazulu Natal	17	162 284	211 964	Western Cape	19	201 781	205 440
Gauteng	14	159 502	96 078	Kwazulu Natal	13	168 654	158 200
				Eastern Cape	12	148 581	151 034
National average	85	156 083	128 100	National average	93	163 349	156 000

Debtors Clerk	# of Positions	Average	Mean	Front Office	# of Positions	Average	Mean
Western Cape	32	155 474	159 197	Gauteng	36	204 417	205 300
Gauteng	29	147 142	134 059	Western Cape	35	201 702	204 812
Eastern Cape	15	167 417	163 721	Eastern Cape	21	170 749	172 250
Kwazulu Natal	11	177 846	188 500	Freestate	13	143 531	127 373
				Kwazulu Natal	12	134 019	122 035
National average	111	156 497	156 014	National average	144	183 356	179 202

Reception	# of Positions	Average	Mean	Tea Lady/ Cleaner	# of Positions	Average	Mean
Western Cape	72	146 306	153 192	Gauteng	41	39 267	34 968
Gauteng	63	162 809	157 996	Western Cape	35	39 997	40 575
Eastern Cape	40	164 012	151 848	Freestate	34	35 121	36 000
Freestate	40	135 776	145 365	Eastern Cape	24	42 056	52 042
Kwazulu Natal	29	117 796	115 099				
National average	292	145 879	138 964	National average	179	38 869	38 251

Janitor/ Gardener	# of Positions	Average	Mean
	21	40 429	24 727

³⁶ Salaries were only shown if there was at least 10 salaries submitted for the specific job type in the particular province.

7.3.3 Staff Salary Results per Discipline

	Anesthesiology	Consolidated General Surgery	Consolidated Physicians	ENTs	General Practitioners	Obstetrics & Gynecology	Ophthalmology	Orthopaedic Surgery	Consolidated Pediatrics	Psychiatry	Urology
Medical Doctors	Limited Data	1,434,101	1,032,677	Limited Data	749,912	966,559	1,100,910	906,813	1,017,925	Limited Data	1,348,722
Technologist/Medical Assistant	n/a	341,474	240,634	Limited Data	Limited Data	302,479	207,257	Limited Data	Limited Data	n/a	n/a
Nursing Sister	n/a	190,021	246,190	Limited Data	183,822	272,717	197,314	Limited Data	Limited Data	Limited Data	Limited Data
Practice Manager	Limited Data	358,574	320,965	266,404	248,781	354,694	336,291	329,873	242,779	225,202	226,593
Accountant	n/a	190,118	94,570	100,433	123,432	239,490	170,591	190,829	129,680	134,591	Limited Data
Invoicing Clerk	Limited Data	176,846	Limited Data	146,199	129,249	117,646	178,645	200,020	Limited Data	Limited Data	195,589
Debtors Clerk	Limited Data	167,220	132,352	Limited Data	134,310	155,080	173,089	165,031	159,676	151,275	Limited Data
Front Office Administrator	n/a	200,177	181,618	159,324	148,579	201,058	214,517	165,058	165,593	193,377	203,553
Receptionist / Telephonist	n/a	157,832	151,342	140,885	122,690	165,602	165,437	148,539	127,085	130,751	181,398
Tea Lady / Cleaner	Limited Data	43,522	43,030	24,700	34,234	46,802	35,113	Limited Data	42,489	37,196	50,007
Janitor / Gardener	Limited Data	55,610	n/a	n/a	29,746	n/a	Limited Data	n/a	Limited Data	Limited Data	n/a

7.4 Overall Equipment Results

An accurate picture of equipment per discipline could not be obtained in the financial analysis, as there is too much variation in the way that practices account for their equipment. In addition, many Doctors who have been in practice for a number of years have already purchased and fully depreciated their equipment, whereas newly qualified Doctors are still setting up their practices. What equipment is being purchased, and when, is a personal preference. It depends on the particular Doctor's practice preferences and type of patients he/she sees.

The table below shows the highest costing overall equipment items.

	Quoted Unit Price (2017)	Value Increase (Since 2008/9)	Increase (Since 2008/9)	Avg % Increase (Over 9 years)
Ultrasound on trolley with Cardiac Probe & Printer (Cardioyhorasics)	750 000	60 327	8,7%	1,0%
Exercise System - Computerised	205 000	21 153	11,5%	1,3%
EMG machine, 941BK, Including Laptop & accessories	395 000	45 000	12,9%	1,4%
Gynae couch electric, height adjustable	35 000	5 238	17,6%	2,0%
Analysers for Skin Moles Computerised	175 000	32 000	22,4%	2,5%
Vital Signs Monitor with NIBP, ECG & SPO2 on mobile stand	39 627	14 538	57,9%	6,4%
Body Box, Lung Function	985 000	367 150	59,4%	6,6%
Audiometer, Diagnostic Automatic	75 650	29 900	65,4%	7,3%
Ambulatory pH System	165 000	69 786	73,3%	8,1%
Ultrasound - Physiotherapy treatment	43 400	18 400	73,6%	8,2%
ECG 24 Hr Recorder	48 000	21 165	78,9%	8,8%
Ultrasound (General Surgery)	750 000	344 220	84,8%	9,4%
Traction Package	65 000	30 000	85,7%	9,5%
Colposcope with Video Camera & Image analysis	250 000	125 000	100,0%	11,1%
Shortwave, Treatment Unit	120 000	69 000	135,3%	15,0%
Vital Signs Monitor, NIBP, SPO2, Temp	63 000	36 470	137,5%	15,3%
Esophageal Manometry System - Stationary	725 000	430 598	146,3%	16,3%
Defibrillator With Monitor External	85 000	51 733	155,5%	17,3%
Ultrasound Unit (Gastro Enterology)	650 000	447 836	221,5%	24,6%
Autoclave 20L, Table top	110 000	78 195	245,9%	27,3%
Treatment Chair ENT - Hydraulic for treatment	60 000	43 400	259,3%	28,8%
Uroflowmeter, Automatic, Digital	221 630	195 318	742,3%	82,5%
		AVERAGE	127.1%	14.1%
		Mean	81.8%	9.1%

Observations

Most equipment has increased significantly more than CPI in the last 9 years. Equipment that can be used to calculate the costs to set up a practice per discipline is set out in Annexure G. The average annual increase in the cost of capital equipment is 14.1% with a mean increase of 9.1%.

Annexure A – Doctor Databases Used

The Consortium was formed in part to ensure access to as wide a database of medical disciplines as possible. Three databases were used for this purposes;

- HealthMan client database,
- SAMA database of members that are in private practice, and
- MPC database of Doctors registered to their online website (that provides training and CPD compliance tools).

The surveys were submitted to all Doctors within all databases with no bias or exclusions. The table below provides a view of the number of unique Doctors within each of the databases.

Discipline	Practice Type	Estimated Doctors in private *	HealthMan	MPC	SAMA
General Practitioners	14/15	7 673	271	5 375	3 495
Anaesthetists	10	855	27	589	293
Cardio thoracic surgeons	44	90	0	26	21
Cardiologists	21	134	7	64	58
Dermatologists	12	278	229	60	57
Gastroenterologists	19	152	144	23	33
General surgeons	42	516	262	182	175
Gyneacologists	16	735	520	331	285
<i>Medical Oncologists</i>	23	12	0	13	12
Neuro surgeons	24	138	75	35	48
Neurologists	20	105	65	45	24
Ophthalmologists	26	294	221	105	98
Orthopaedic surgeons	28	536	0	430	129
Otorhinolaryngologists (ENT)	30	251	200	64	28
Paediatric Cardiologists	33	12	0	19	3
Paediatricians	32	453	405	234	232
Physicians	18	841	166	150	376
Plastic Surgeons	36	139	170	42	40
Psychiatrists	22	465	368	133	115
Pulmonologists	17	200	169	17	13
<i>Radiation Oncologists</i>	40	125	0	45	38
Rheumatologists	31	31	61	13	15
Urologists	46	193	178	62	61
TOTAL		14 228	3 538	8 057	5 649

* Based on Econex 2013 report (generally 70% of specialists are assumed to be in private practice)

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Annexure B – Participating Societies and Management Groups

To encourage as much support as possible, the societies representing the majority of Doctors within each discipline was approached. The list of societies who supported the study is shown below.

Discipline	Practice Type	Society acronym	Society Name
General Practitioners	14/15	GPMG	General Practitioners Management Group
		IPAF	Independent Practitioners Forum
Anaesthetist	10	SASA	South African Society of Anaesthesiologists
Cardio thoracic surgeons	44	SCTSSA	Society of Cardiothoracic Surgeons of South Africa
Cardiologists	21	SA Heart	South African Heart Association
Dermatologists	12	DSSA	Dermatology Society of South Africa
Gastroenterologists	19	SAGES	South African Gastroenterology Society
General surgeons	42	Surgicom	Surgicom
		ASSA	Association of Surgeons of South Africa
Gyneacologists	16	GMG	Gynaecological Management Group
		SASOG	South African Society of Obstetrics & Gynaecology
Medical Oncologists	23	SASMO	South African Society of Medical Oncology
Neuro surgeons	24	SNSA	Society of Neuro Surgeons of South Africa
Neurologists	20	NASA	Neurological Society of South Africa
Ophthalmologists	26	OMG	Ophthalmology Management Group
		OSSA	Ophthalmological Society of South Africa
Orthopaedic surgeons	28	SAOA	South African Orthopaedic Society
Otorhinolaryngologists	30	ENT	ENT Society
		ENR	ENT Management Group
Paediatric Cardiologists	33	SA Heart/ PMG	Represented by SA Heart & PMG
Paediatricians	32	PMG	Paediatric Management Group
Physicians	18	FCPSA	Faculty of Consulting Physicians of South Africa
Plastic Surgeons	36	APRSSA	Association of Plastic Surgeons of South Africa
Psychiatrists	22	PsychMG	Psychiatry Management Group
		SASOP	South African Society of Psychiatry
Pulmonologists	17	SATS	South African Thoracic Society
Radiation Oncologists	40	SASCRO	South African Society of Clinical and Radiation Oncology
Rheumatologists	31	SARAA	South African Rheumatism Arthritis Association
Urologists	46	SAUA	South African Urological Association

All Societies and Management Groups approached have been very supportive and cooperative, with the exception of the Medical Oncology group SASMO who were non-responsive to the study.

Annexure C – Survey cover letter sent to all Doctors

Dear Doctor,

RE: Completion of SAMA Practice Cost Study Surveys

By now you would have received various communications that the South African Medical Association (SAMA) has commissioned HealthMan, PPO Serve and Medical Practice Consulting (MPC) (“the consortium”) to conduct an independent Practice Cost Study on General Practitioners and Specialists in private practice.

Please complete all 3 surveys below. This includes: A) Scope of Practice survey, B) Financial survey and C) Salary survey. Instructions are below.

We will update you on a regular basis of progress and responses received. Any queries can be sent to surveys@healthman.co.za and any personal questions can also be sent to casperv@healthman.co.za.

Please note that Radiology, Pathology and Nuclear Medicine are not participating in the practice cost studies.

A. HIGH LEVEL SCOPE OF PRACTICE SURVEY

This survey helps to identify the type of practices that will be participating in the study and gives high level demographic, practice and certain financial details. **Please note that there are separate surveys for Specialists and General Practitioners.** You can complete the survey in one of three ways:

OPTION 1 - Online version (PREFERRED OPTION)

The online Scope of Practice Survey tool is housed at MPC. It will take no longer than 10 minutes to complete and is totally on-line and electronic. If you are not already registered on the MPC database, you will be required to provide certain practice details for identification and verification purposes.

To complete the online Scope of Practice Survey [click here](#).

OPTION 2 - Excel version

This format of the survey has been done in excel format and is also submitted electronically by merely clicking on the **email button** at the top of the survey. It will automatically be sent to surveys@healthman.co.za. This option has the advantage that you can print, save and review your survey and even resubmit it if there are any errors or changes to be made. **Please note that certain Excel problems could cause distortions on the questionnaire. If you experience these distortions it will be better to complete the online version**

Instructions to complete the Excel survey:

To access the Specialist Survey [click here](#).

To access the General Practitioner Survey [click here](#).

- Click to OPEN
- On opening you will be prompted, click ENABLE EDITING on prompt
- Then click on the next prompt ENABLE CONTENT

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- You are now ready to start
- Please complete all fields - you will notice that the questions change to green once answered
- On completion, click on the e mail button and it will email direct to surveys@healthman.co.za. If you receive a Microsoft Excel Compatibility Checker prompt, click on continue.
- You can save the survey on your desk top by clicking on the save button.

OPTION 3 – Paper Version

You can use the Excel version above to print out and complete manually. The completed survey must be scanned and email to surveys@healthman.co.za or can be faxed to 011 782 0270 (HealthMan fax).

Instructions to complete a paper version

To access the Specialist Survey [click here](#).

To access the General Practitioner Survey [click here](#).

- Click to OPEN
- On opening you will be prompted, click ENABLE EDITING on prompt
- Then click on the next prompt ENABLE CONTENT
- Print out the version and complete

B. FINANCIAL SURVEY

This second survey is the most important. It relates to the core purpose of this Practice Cost Study; financial information. You can complete the survey in one of two ways:

OPTION 1 – Submit Financial Statements (PREFERRED OPTION)

The easiest and fastest option is to send your latest annual financial statements directly to us either by email to surveys@healthman.co.za or via fax on 011 782 0270. If you wish to do so, you can blank out the turnover/revenue and profit sections in your Financial Statements. Alternatively you can send your Detailed Income Statement page of your Financial Statements to us – this is usually a one pager.

OPTION 2 – Complete Financial Survey in Excel

Only an Excel version is available in this option. The full two-page summary of your practice expenses must be completed. The survey can be completed in Excel and emailed to surveys@healthman.co.za, or printed out and completed manually, and then scanned and emailed to surveys@healthman.co.za or faxed to 011 782 0270 (HealthMan fax).

To complete the Financial Survey [click here](#).

Please ensure that your Practice Name is on all documents that you send to us as we are doing the surveys per discipline and per region. We also need to be able to contact practices if we have any aspects to follow up. Please note that the consortium will keep this financial data completely confidential. All financial data is aggregated to determine the cost of running a practice for various disciplines, and will be destroyed 6 months after completion of the project.

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C. SALARY SURVEY

The purpose of the Salary Survey is to determine the types of staff you have in your practice and the associated costs thereof. Salaries are often the biggest cost in many practices and we will require more information on this expense item. We will continue to update this survey every 2 years and publish the results thereof. Many practitioners make use of it in their annual salary reviews or when appointing new staff.

You can complete the survey in one of two ways:

OPTION 1 - Online Version (PREFERRED OPTION)

There is an online Salary Survey on the MPC website. Accessible the same way as the Practice Cost Study.

To complete the online Scope of Practice Survey [click here](#).

OPTION 2 – Complete Salary Survey in Excel

The survey can be completed in Excel and emailed to surveys@healthman.co.za, or printed out and completed manually, and then scanned and emailed to surveys@healthman.co.za or faxed to 011 782 0270 (HealthMan fax).

To complete the Salary Survey [click here](#).

JUST A NOTE ON EQUIPMENT

Equipment is an expensive part of many practices. This is a specialised field and we have sub-contracted this review to experts in the field. We will discuss the contents of the results with your various Exco Committees and may send some disciplines a survey to test what level of equipment you have and to what extent you share equipment.

YOUR PARTICIPATION IS IMPORTANT

We ask that you please complete the surveys to the best of your ability. If you have any questions or questions, please feel free to email surveys@healthman.co.za. We will also send continuous e-mail and SMS reminders to encourage participation in the project, so please bear with us.

CONSORTIUM CONTACT DETAILS

Contact details for the Consortium project leaders are as follows:



Casper Venter
Peet Kotze

Tel: 011 340 9000
Fax 011 782 0270



Lorné Liebenberg

Tel: 010 900 4726



Werner Swanepoel

Email: samapcs@mpconsulting.co.za
(support desk with call-back)

We hereby thank you in advance for your participation in this very important project to protect the future of private practice in South Africa.

Regards,

The Consortium

(HealthMan, PPO Serve & MPC)

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Annexure D – Survey Questionnaires

1. Scope of Practice Survey – General Practitioners


SCOPE OF PRACTICE SURVEY FOR GENERAL PRACTITIONERS




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Survey Details

Practice Survey Introduction by Dr Mzukisi Grootboom



Why we need your financials by Dr Chris Archer



The South African Medical Association (SAMA) has after an open bidding process, commissioned Healthman, PPO Serve and Medical Practice Consulting (MPC) to conduct a Practice Cost Study (PCS) on General Practitioners and Specialists in private practice on behalf of the organisation and its members. The purpose of the PCS is to conduct and publish a study into the actual costs associated with the running of a private medical practice in 2017.

SAMA's involvement in the PCS is limited to that of a funder – the entire PCS is conducted independently of SAMA, its board, its member committees, its members and/or any staff employed by SAMA. The crux of the PCS is that it is conducted by independent third parties. The segregation of the PCS function from SAMA ensures that the results are free from interests within certain specialities or groups, and provides for fair representation of research results.

The results of the PCS will be used to establish the health of private medical practices in South Africa and whether it can be expected that our private medical doctors will be able to operate sustainably in the future without intervention.

We urge all medical doctors practicing in the private healthcare sector of South Africa to participate in the 2017 PCS.

Yours Faithfully,

Dr Selaelo Mametja
Acting General Manager
South African Medical Association
Tel 012 4812079
selaelom@samedical.org

If you want to complete the survey manually, please click [here](#) to download the survey. Once downloaded, please complete the survey and send it to the following email address: gpsurveys@healthman.co.za

To complete the Scope of Practice Survey for General Practitioners online, click on the **Continue** button below to access the survey.

[Continue](#)

SCOPE OF PRACTICE SURVEY FOR GENERAL PRACTITIONERS



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To complete this questionnaire, simply follow the instructions per question and click on the option/s that you wish to select. Once you have clicked an option, it will become green, indicating that it has been selected and that your selection has been saved to the database.

Once you have completed the survey, you may submit your results by clicking on the "Complete" button at the end of the questionnaire. Any unanswered questions will be highlighted in red upon submission, to assist you in completing the entire questionnaire. Once started, you may return at any time to complete the survey prior to the closing date since your progress is saved during the process.

Please remember that an option to complete the questionnaire on Excel is also available, should you experience any problems with your internet connection. The Excel file may be obtained from the survey menu page.

Section 1: Practice Scope

1. Type of practice: What is your Scope of Practice (You may select more than one option if applicable)

- A. General Consulting Only - Family Practice
- B. Obstetrics
- C. GP Anaesthetics
- D. Trauma & Casualty Unit
- E. Surgical procedures in theatre by yourself
- F. Assist Specialists and/or other GPs with surgical procedures
- G. Other

Section 2: Practice Type

2. Type of practice: What is the legal entity of your practice?

- A. Sole practitioner
- B. Incorporated practice - 1 shareholder
- C. Incorporated practice - 2 shareholders
- D. Incorporated practice - more than 2 shareholders
- E. Partnership - 2 partners
- F. Partnership - more than 2 partners

Section 3: Demographic Information

3. Practice Location: In what Province is your practice located? (You may select more than one option if applicable)

- A. Eastern Cape
- B. Free State
- C. Gauteng
- D. Kwazulu Natal
- E. Limpopo
- F. Mpumalanga
- G. Northern Cape
- H. North West
- I. Western Cape

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4. Practice Location: What is your practice location?

(You may select more than one option if applicable)

- A. Metro Council (Cape Town -, eThekwinI, JHB-, Nelson Mandela-, Tshwane Metro)
- B. Big City - Urban
- C. Big Town
- D. Rural

5. Practice Location: Where is your practice located?

(You may select more than one option if applicable)

- A. Netcare Hospital
- B. Mediclinic Hospital
- C. Life Health
- D. National Hospital Network
- E. Mediacross
- F. NHC
- G. HealthWorx
- H. Intercare
- I. Independent Medical Centre
- J. Practice at Residence
- K. Free-standing Practice

6. Practice Location: Do you practice from more than one location?

- A. Yes
- B. No

7. Patient admissions: Where do you admit most of your patients?

(You may select more than one option if applicable)

- A. I don't admit patients
- B. Netcare Hospital
- C. Mediclinic Hospital
- D. Life Health Hospital
- E. National Hospital Network
- F. Other Hospitals
- G. Public Sector Hospital
- H. More than one Hospital

Section 4: Practice & Employment Information

8. Through which insurer/broker do you place your malpractice insurance?

- A. Alexander Forbes (brokerage)
- B. AON South Africa (brokerage)
- C. Ethiqal/Constantia - Insurers
- D. Medical Protection Society (MPS)
- E. Hollard - Insurers
- F. NatMed(brokerage)
- G. Other
- H. Not applicable - Uninsured

9. How many years have you been in private practice?

- A. 0 - 5 years
- B. 6 - 10 years
- C. 11 - 15 years
- D. 16 - 20 years
- E. 21 - 25 years
- F. 26 - 30 years
- G. More than 30 years

10. What is the extent of your private practice?

- A. Full private practice
- B. Half-day private practice
- C. Semi-retired or limited private practice
- D. Public Sector with limited private practice (RWOPS)
- E. Public Sector with no private practice

11. Do you employ medical doctors in your practice on a salaried/fee basis? (NOT partners or shareholders in the practice)

- Yes
- No

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12. If you do employ medical doctors, how many doctors do you employ?

- A. Not Applicable
- B. One
- C. Two**
- D. Three
- E. Four
- F. Five
- G. More than five

13. Administration Expenses: Do you share administration staff with other doctors?

- Yes
- No

14. Do you make use of a Bureau or Billing agent?

- Yes
- No

15. If you share staff, with how many doctors do you share overheads?

- A. Not Applicable
- B. One
- C. Two
- D. Three
- E. Four
- F. Five
- G. More than five

Do you employ?

16.1. Dedicated receptionist only

- Yes
- No

16.2. Dedicated accounts staff only

- Yes
- No

16.3. Reception and accounts combined

- Yes
- No

16.4. Practice manager

- Yes
- No

16.5. Nursing sister

- Yes
- No

16.6. Technical/Medical/ Assistant

- Yes
- No

16.7. A spouse or direct family member

- Yes
- No

17. What is the total number of administration staff employed?

- A. One
- B. One plus half-day
- C. Two
- D. Three
- E. Four
- F. Five
- G. More than five

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18. What is your share of total administration salary cost per month – cost to employer, inclusive of benefits?

(Only include costs directly incurred for staff working at the practice)

- A. R 0 – R 5 000
- B. R 5 001 – R 10 000
- C. R 10 001 – R 15 000
- D. R 15 001 – R 20 000
- E. R 20 001 – R 25 000
- F. R 25 001 – R 30 000
- G. R 30 001 – R 35 000
- H. R 35 001 – R 40 000
- I. R 40 001 – R 45 000
- J. R 45 001 – R 50 000
- K. R 50 001 – R 55 000
- L. R 55 001 – R 60 000
- M. R 60 001 – R 65 000
- N. R 65 001 – R 70 000
- O. More than R 70 000

19. What is the total size of your practice area?

- A. 20 – 30 sqm
- B. 31 – 50 sqm
- C. 51 – 75 sqm
- D. 76 – 100 sqm
- E. 101 – 125 sqm
- F. 126 – 150 sqm
- G. 151 – 200 sqm
- H. More than 200 sqm

20. What is your rental per square metre?

- A. R 50 or less
- B. R 51 – R 75
- C. R 76 – R 100
- D. R 101 – R 125
- E. R 126 – R 150
- F. R 151 – R 175
- G. R 176 – R 200
- H. More than R 200
- I. Free – Subsidised by Hospital Group



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21. What is the average number of patients you see in your consulting rooms per week for consultations? (codes 0190 to 0193 only)

- A. 0 – 30
- B. 31 – 60
- C. 61 – 90
- D. 91 – 120
- E. 121 – 150
- F. 151 – 180
- G. 181 – 210
- H. 211 – 240
- I. 241 – 270
- J. 271 – 300
- K. More than 300

22. What is the total number of patients your practice has seen over the last year?

- A. Less than 2 000
- B. 2 001 – 3 000
- C. 3 001 – 4 000
- D. 4 001 – 5 000
- E. 5 001 – 6 000
- F. 6 001 – 7 000
- G. 7 001 – 8 000
- H. More than 8 000

23. What is the duration of your average appointment booking?

- A. 10 minutes apart
- B. 15 minutes apart
- C. 20 minutes apart
- D. 25 minutes apart
- E. 30 minutes apart
- F. More than 30 minutes apart

Section 5: Productivity Information

24. What is the duration of your typical working day?

- A. Less than 5 hours
- B. 5 – 6 hours
- C. 6 – 7 hours
- D. 7 – 8 hours
- E. 8 – 9 hours
- F. 9 – 10 hours
- G. 10 – 11 hours
- H. 11 – 12 hours
- I. More than 12 hours

25. Do you generally work on weekends?

- A. No I do not work over Weekends?
- B. Yes – 1 day per month
- C. Yes – 2 days per month
- D. Yes – 3 days per month
- E. Yes – 4 days per month
- F. Yes – 5 days per month
- G. Yes – 6 days per month
- H. Yes – more than 6 days per month

26. Does your practice make use of locum services when you are on annual leave?

- Yes
- No

27. How many working days per year do you spend attending CPD activities? (excluding weekends and evenings)

- A. Nil
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. More than 6 days



PPO Serve
Better Care. Lower Cost. Improved Outcomes.

mac
Member of Practice Consulting
Group

SAMA Practice Cost Study Final Report 2018

28. How many weeks' annual leave do you take per annum?

- A. Nil
- B. 1 week
- C. 2 weeks
- D. 3 weeks
- E. 4 weeks
- F. 5 weeks
- G. 6 weeks
- H. More than 6 weeks

29. How many hours per day do you spend discussing patient care with hospital staff for which you DO NOT bill?

- A. Nil
- B. Up to 1 hour
- C. Up to 2 hours
- D. Up to 3 hours
- E. More than 3 hours

30. How many hours per day on average do you spend writing reports on patients, pre-authorisation chronic medication forms and review/completion of ICD-10 codes for which you cannot bill?

- A. Nil
- B. Up to 30 minutes
- C. Up to 1 hour
- D. Up to 2 hours
- E. Up to 3 hours
- F. More than 3 hours

31. How much time per day do you spend travelling between your practice and the hospital where you admit patients, including emergency visits?

- A. Nil
- B. 30 minutes
- C. 60 minutes
- D. 90 minutes
- E. 120 minutes
- F. More than 120 minutes

32. How many theatre lists on average do you have per week

(morning = 1; afternoon = 1)

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5
- F. 6
- G. 7
- H. 8
- I. Only a consulting practice

33. How much time per week on average do you spend seeing pharmaceutical or other reps?


- A. Nil
- B. 30 minutes
- C. 1 hour
- D. 2 hours
- E. 3 hours

Comments

Complete ✓


SAMA Practice Cost Study Final Report 2018

2. Scope of Practice Survey – Specialists




SCOPE OF PRIVATE PRACTICE SURVEY FOR SPECIALISTS


[← Back](#)

 **Survey Details**

Practice Survey Introduction by Dr Mzukisi Grootboom



Why we need your financials by Dr Chris Archer



The South African Medical Association (SAMA) has after an open bidding process, commissioned Healthman, PPO Serve and Medical Practice Consulting (MPC) to conduct a Practice Cost Study (PCS) on General Practitioners and Specialists in private practice on behalf of the organisation and its members. The purpose of the PCS is to conduct and publish a study into the actual costs associated with the running of a private medical practice in 2017.

SAMA's involvement in the PCS is limited to that of a funder – the entire PCS is conducted independently of SAMA, its board, its member committees, its members and/or any staff employed by SAMA. The crux of the PCS is that it is conducted by independent third parties. The segregation of the PCS function from SAMA ensures that the results are free from interests within certain specialities or groups, and provides for fair representation of research results.

The results of the PCS will be used to establish the health of private medical practices in South Africa and whether it can be expected that our private medical doctors will be able to operate sustainably in the future without intervention.

We urge all medical doctors practicing in the private healthcare sector of South Africa to participate in the 2017 PCS.

Yours Faithfully,

Dr Selaelo Mametja
Acting General Manager
South African Medical Association
Tel 012 4812079
selaelom@samedical.org

If you want to complete the survey manually, please click [here](#) to download the survey. Once downloaded, please complete the survey and send it to the following email address: surveys@healthman.co.za

To complete the Scope of Private Practice Survey for Specialists online, click on the **Continue** button below to access the survey.

[Continue →](#)

SAMA Practice Cost Study Final Report 2018

SCOPE OF PRIVATE PRACTICE SURVEY FOR SPECIALISTS



[← Back](#)

To complete this questionnaire, simply follow the instructions per question and click on the option/s that you wish to select. Once you have clicked an option, it will become green, indicating that it has been selected and that your selection has been saved to the database.

Once you have completed the survey, you may submit your results by clicking on the "Complete" button at the end of the questionnaire. Any unanswered questions will be highlighted in red upon submission, to assist you in completing the entire questionnaire. Once started, you may return at any time to complete the survey prior to the closing date since your progress is saved during the process.

Please remember that an option to complete the questionnaire on Excel is also available, should you experience any problems with your internet connection. The Excel file may be obtained from the survey menu page.

Section 1: Practice Scope

Discipline: *from Selection of Specialists*

- o 44 – Cardio Thoracic Surgeons
- o 21 – Cardiologists
- o 12 – Dermatologists
- o 19 – Gastroenterologists
- o 42 – General Surgeons
- o 16 – Obstetricians & Gynaecologists
- o 23 – Medical Oncologist
- o 24 – Neurosurgeons
- o 20 – Neurologists
- o 26 – Ophthalmologists
- o 28 – Orthopaedic Surgeons
- o 30 – Otorhinolaryngologists
- o 33 – Paediatric Cardiologists
- o 30 – Paediatricians
- o 18 – Physicians (including Endocrinologists & Nephrologists)
- o 36 – Plastic & Reconstructive Surgeons
- o 22 – Psychiatrists
- o 17 – Pulmonologists
- o 40 – Radiation Oncologists
- o 31 – Rheumatologists
- o 46 – Urologists

1. Are you a Sub-Specialists in your discipline?

- A. Yes
- B. No

SAMA Practice Cost Study Final Report 2018

Section 4: Practice & Employment Information

8. Through which insurer/broker do you place your malpractice insurance?

- A. Alexander Forbes (Brokerage)
- B. AON South Africa (Brokerage)
- C. Ethiqal/Constantia Insurers
- D. Medical Protection Society (MPS)
- E. Hollard - Insurers
- F. NatMed(Brokerage)
- G. Other
- H. Not applicable - Uninsured

9. How many years have you been in private practice as a specialist?

- A. 0 – 5 years
- B. 6 – 10 years
- C. 11 – 15 years
- D. 16 – 20 years
- E. 21 – 25 years
- F. 26 – 30 years
- G. More than 30 years

10. What is the extent of your private practice?

- A. Full private practice
- B. Half-day private practice
- C. Semi-retired or limited private practice
- D. Public Sector with limited private practice (RWOPS)
- E. Public Sector with no private practice

11. Administration Expenses: Do you share administration staff with other doctors?

- A. Yes
- B. No

12. Do you make use of a Bureau or Billing agent?

- A. Yes
- B. No

13. If you share staff, with how many doctors do you share overheads?

- A. Not Applicable
- B. One
- C. Two
- D. Three
- E. Four
- F. Five
- G. More than five

Do you employ?

14.1. Dedicated receptionist only

- A. Yes
- B. No

14.2. Dedicated accounts staff only

- A. Yes
- B. No

14.3. Reception and accounts combined

- A. Yes
- B. No

14.4. Practice manager

- A. Yes
- B. No

14.5. Nursing sister

- A. Yes
- B. No

14.6. Technical/Medical/Ophthalmic Assistant

- A. Yes
- B. No

14.7. A spouse or direct family member

- A. Yes
- B. No

SAMA Practice Cost Study Final Report 2018

15. What is the total number of administration staff employed?

- A. One
- B. One plus half-day
- C. Two
- D. Three
- E. Four
- F. Five
- G. More than five

16. What is your share of total administration salary cost per month – cost to employer, inclusive of benefits?

(Only include costs directly incurred for staff working at the practice)

- A. R 0 – R 5 000
- B. R 5 001 – R 10 000
- C. R 10 001 – R15 000
- D. R 15 001 – R 20 000
- E. R 20 001 – R 25 000
- F. R 25 001 – R 30 000
- G. R 30 001 – R 35 000
- H. R 35 001 – R 40 000
- I. R 40 001 – R 45 000
- J. R 45 001 – R 50 000
- K. R 50 001 – R 55 000
- L. R 55 001 – R 60 000
- M. R 60 001 – R 65 000
- N. R 65 001 – R 70 000
- O. More than R 70 000

17. What is the total size of your practice area?

- A. 20 – 30 sqm
- B. 31 – 50 sqm
- C. 51 – 75 sqm
- D. 76 – 100 sqm
- E. 101 – 125 sqm
- F. 126 – 150 sqm
- G. 151 – 200 sqm
- H. More than 200 sqm

18. What is your rental per square metre?

- A. R 50 or less
- B. R 51 – R 75
- C. R 76 – R 100
- D. R 101 – R 125
- E. R 126 – R 150
- F. R 151 – R 175
- G. R 176 – R 200
- H. More than R 200
- I. Free – Subsidised by Hospital Group

19. What is the average number of patients you see in your consulting rooms per week for consultations? (codes 0190 to 0193 or 0161 to 0164 only)

- A. 0 – 15
- B. 16 – 20
- C. 21 – 25
- D. 26 – 30
- E. 31 – 40
- F. 41 – 50
- G. 51 – 60
- H. 61 – 70
- I. 71 – 80
- J. 81 – 90
- K. 91 to 100
- L. More than 100

20. What is the average number of post-operative patient visits you do in-hospital AND at your consulting rooms per week for which you DO NOT charge?

- A. 0 – 10
- B. 11 – 15
- C. 16 – 20
- D. 21 – 25
- E. 26 – 30
- F. 31 – 40
- G. 41 – 50
- H. 51 – 60
- I. More than 60
- J. Not applicable / consulting practice



SAMA Practice Cost Study Final Report 2018

Section 5: Productivity Information

21. What is the duration of your typical working day?

- A. Less than 5 hours
- B. 5 – 6 hours
- C. 6 – 7 hours
- D. 7 – 8 hours
- E. 8 – 9 hours
- F. 9 – 10 hours
- G. 10 – 11 hours
- H. 11 – 12 hours
- I. More than 12 hours

22. Do you generally work on weekends?

- A. No I do not work over Weekends?
- B. Yes – 1 day per month
- C. Yes – 2 days per month
- D. Yes – 3 days per month
- E. Yes – 4 days per month
- F. Yes – 5 days per month
- G. Yes – 6 days per month
- H. Yes – more than 6 days per month

23. Does your practice make use of locum services when you are on annual leave?

- A. Yes
- B. No

24. How many working days per year do you spend attending CPD activities? (excluding weekends and evenings)

- A. Nil
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. More than 6 days

25. How many weeks' annual leave do you take per annum?

- A. Nil
- B. 1 week
- C. 2 weeks
- D. 3 weeks
- E. 4 weeks
- F. 5 weeks
- G. 6 weeks
- H. More than 6 weeks

26. How many hours per day do you spend discussing patient care with hospital staff for which you DO NOT bill?

- A. Nil
- B. Up to 1 hour
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- D. Up to 3 hours
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27. How many hours per day on average do you spend writing reports on patients, pre-authorisation chronic medication forms and review/completion of ICD-10 codes for which you cannot bill?

- A. Nil
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28. How much time per day do you spend travelling between your practice and the hospital where you admit patients, including emergency visits?

- A. Nil
- B. 30 minutes
- C. 60 minutes
- D. 90 minutes
- E. 120 minutes
- F. More than 120 minutes



SAMA Practice Cost Study Final Report 2018

29. How many theatre lists on average do you have per week

(morning = 1; afternoon = 1)

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5
- F. 6
- G. 7
- H. 8
- I. Only a consulting practice

30. How much time per week on average do you spend seeing pharmaceutical or equipment reps?

- A. Nil
- B. 30 minutes
- C. 1 hour
- D. 2 hours
- E. 3 hours


Comments

Complete ✓

SAMA Practice Cost Study Final Report 2018

3. Salary Survey (online)

SALARY SURVEY





[← Back](#)

Survey Details

Practice Survey Introduction by Dr Mzukisi Grootboom

Why we need your financials by Dr Chris Archer



The South African Medical Association (SAMA) has after an open bidding process, commissioned Healthman, PPO Serve and Medical Practice Consulting (MPC) to conduct a Practice Cost Study (PCS) on General Practitioners and Specialists in private practice on behalf of the organisation and its members. The purpose of the PCS is to conduct and publish a study into the actual costs associated with the running of a private medical practice in 2017.

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Dr Selaelo Mameja
Acting General Manager
South African Medical Association
Tel 012 4812079
selaelom@samedical.org

If you want to complete the survey manually, please click [here](#) to download the survey. Once downloaded, please complete the survey and send it to one of the following email addresses: gpsurveys@healthman.co.za | surveys@healthman.co.za

To complete the Salary Survey online, click on the **Continue** button below to access the survey.

SAMA Practice Cost Study Final Report 2018

SALARY SURVEY



[← Back](#)

To complete this questionnaire, simply follow the instructions per question and click on the option/s that you wish to select. Once you have clicked an option, it will become green, indicating that it has been selected and that your selection has been saved to the database.

Once you have completed the survey, you may submit your results by clicking on the "Complete" button at the end of the questionnaire. Any unanswered questions will be highlighted in red upon submission, to assist you in completing the entire questionnaire. Once started, you may return at any time to complete the survey prior to the closing date since your progress is saved during the process.

Please remember that an option to complete the questionnaire on Excel is also available, should you experience any problems with your internet connection. The Excel file may be obtained from the survey menu page.

Practice Details

Practice Name:

Provider Name/s:

MP Number

Name and designation of person completing the questionnaire:

Please indicate your specialist discipline: e.g

Paediatrician.

Province

Postal Code

Contact Details

Contact Number

Email Address

Increases

Please indicate the past and expected salary increases your practice applied:

Staff Level

Medical Staff

Last Increase - 2018

Projected Increase - 2019

Administrative Staff

Support Staff



SAMA Practice Cost Study Final Report 2018

Position Descriptions

This survey covers 12 positions which are described as follows:

MED01 - Medical Doctors	The practice employs a full time medical doctor, as yourself (excludes partners and shareholders)
MED02 - Technologist/Ophthalmic Assistant/Medical Assistant	Responsible for samples testing, other medical tests on patients as an assistant helping Doctors with patients
MED03 - Nursing Sister	A registered nurse responsible for providing support to the Specialist. Ensures examination / consulting room is stocked and prepared. May provide assistance during examination / consultation.
ADM01 - Practice Manager	Responsible for the overall, efficient management of the practice (generally in group practices or large practices).
ADM02 - Accountant	Responsible for financial management of the practice. Produces financial reports, ensures statutory payments are made. Responsible for debtor and creditors function. Does not include payment to an external accountant or auditor.
ADM03 - Invoicing Clerk (codes re. tariffs)	Responsible for varied financial and clerical duties such as invoicing patients, processing and recording payments and routine banking / financial tasks.
ADM04 - Debtors Clerk (outstanding accounts)	Responsible for all aspects of the debtors function. This includes reconciling the appropriate list of outstanding accounts and following up on medical schemes and patients.
ADM05 - Front Office Administrator	Responsible for all clerical and secretarial functions. Provides personal assistance to the medical specialist. Does invoicing and outstanding accounts.
ADM06 - Receptionist / Telephonist	Responsible for operating switchboard, receiving and directing patients and keeping records or messages.
SUP01 - Tea Lady / Cleaner	Responsible for providing beverages to employees and visitors. Clears away and cleans work areas. Responsible for cleaning material and a clean environment by cleaning offices.
SUP02 - Janitor / Gardener	Responsible for general maintenance in and around the building (DIY repairs) and/or maintaining the gardens.
OTH01 - Other	Please define, Any position not included in the above. (Please add all other positions in a separate line) <input type="text"/>

Total Package & Short Term Incentives




"Please provide the following details for each person matching a role description contained in Point 3. Position Descriptions above. If there is more than one incumbent in a position, please provide the details of all incumbents."

Years Employed in Practice	Position Number	Gross Monthly Salary	Short term incentives paid during last 12 months (Rand)	Total Package
<input type="text"/>	-- Please select --	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="display: flex; justify-content: space-between; align-items: center;"> + - </div>				

Complete ✓

SAMA Practice Cost Study Final Report 2018

4. Salary Survey (excel)

2017/18

Practice Salary Survey

QUESTIONNAIRE

PRINT SURVEY	PRINT BLANK
SAVE	EMAIL

1. Practice Details

Practice Name:

Provider Name/s:

MP Number/s (at least one valid professional number is required):

Name and designation of person completing the questionnaire:

Please indicate your specialist discipline: e.g Paediatrician, ENT, etc.

Please indicate your Province

Please indicate your Postal Code

Contact Details

Telephone

E-mail address

Return Survey to:

1. Email to surveys@healthman.co.za by clicking the EMAIL button above or

2. Fax to 011 782 0270

2. Increases

Please indicate the past and expected salary increases your practice applied:

<u>Staff level</u>	Last % increase - 2017	Projected % increase - 2018
Medical Staff		
Administrative Staff		
Support Staff		

3. Position Descriptions, Total Package & Short Term Incentives

Please provide the following details for each person matching a role description contained in the Position Descriptions below. Should you have more employees than the space provided, please use as many survey forms as required.

If there is more than one incumbent in a position, please provide the details of each incumbent.

	Years employed at practice	Number of employees	Gross Monthly Salary	Short term incentives paid during last 12 months (Rand)	Total Package (Rand per annum)
1. MED01 - Medical Doctors The practice employs a full time medical doctor, as yourself (excludes partners and shareholders)					
2. MED02 - Technologist/Ophthalmic Assistant/Medical Assistant Responsible for samples testing, other medical tests on patients as an assistant helping Doctors with patients					
3. MED03 - Nursing Sister A registered nurse responsible for providing support to the Specialist. Ensures examination / consulting room is stocked and prepared. May provide assistance during examination / consultation.					
4. ADM01 - Practice Manager Responsible for the overall, efficient management of the practice (generally in group practices or large practices).					
5. ADM02 - Accountant Responsible for financial management of the practice. Produces financial reports, ensures statutory payments are made. Responsible for debtor and creditors function. Does not include payment to an external accountant or auditor.					
6. ADM03 - Invoicing Clerk (codes re. tariffs) Responsible for varied financial and clerical duties such as invoicing patients, processing and recording payments and routine banking / financial tasks.					

SAMA Practice Cost Study Final Report 2018

7. ADM04 - Debtors Clerk (outstanding accounts) Responsible for all aspects of the debtors function. This includes reconciling the appropriate list of outstanding accounts and following up on medical schemes and patients.					
8. ADM05 - Front Office Administrator Responsible for all clerical and secretarial functions. Provides personal assistance to the medical specialist. Does invoicing and outstanding accounts.					
9. ADM06 - Receptionist / Telephonist Responsible for operating switchboard, receiving and directing patients and keeping records or messages.					
10. SUP01 - Tea Lady / Cleaner Responsible for providing beverages to employees and visitors. Clears away and cleans work areas. Responsible for cleaning material and a clean environment by cleaning offices.					
11. SUP02 - Janitor / Gardener Responsible for general maintenance in and around the building (DIY repairs) and/or maintaining the gardens.					
12. OTH01 - Other Please define, Any position not included in the above					
TOTALS					

Definition of Terms

Basic Salary is the fixed guaranteed all inclusive payment made to an employee on a monthly basis. Cost to Practice Package.




Short term incentive payments are the annual individual non-guaranteed bonus payments made in respect of an individual or team and refer to incentives that are applicable for up to one year, bonus and commissions. These incentive payments would include cash payments that are awarded in recognition of performance. An example would be a % paid for debtors clerk's efficient debt collection. This includes a fixed bonus and/or 13th cheque.

Total Package is the total annual cost to a practice of employing an incumbent. The cost includes the total annual salary / fixed guaranteed cash payment made to an employee, typically monthly (i.e. basic salary), plus non-cash fringe benefits. Typically these include company car; pension or provident fund and medical aid contributions; group life and accident insurance; practice assistance or subsidies; low interest loans and any other benefits.

Thank you for taking the time to complete the questionnaire.

SAMA Practice Cost Study Final Report 2018

5. Financial Survey



2017/18
Financial Survey
QUESTIONNAIRE

PRINT SURVEY	PRINT BLANK
SAVE	EMAIL

1. Practice Details

Doctor / Practice Name:

Number of Doctors in Practice:

MP Number/s (please use at least one Provider's Number):

Name and designation of person completing the questionnaire:

Please indicate your specialist discipline: e.g Paediatrician, ENT, etc.

Please indicate your Province

Please indicate your Postal Code

Contact Details

Telephone

E-mail address

2016	2017
<input type="checkbox"/>	<input type="checkbox"/>

Please indicate with an "X" the Financial Year that is included in this submission

Return Survey to:

1. Email to surveys@healthman.co.za by clicking the EMAIL button above or
2. Fax to 011 782 0270

NOTES FOR COMPLETION

1. This survey consists of 2 printed pages on one working sheet.
2. Please ensure both pages are completed.
3. Alternatively you may email or fax a copy of your last Audited Financials, Management Accounts or Expenditure Section of your Income Statement to the above information.
4. If you prefer to use this template the document must first be saved in excel, completed and returned to the indicated email address. You may also use the print friendly PDF version, complete it by hand, scan & email or fax it to the indicated fax number.
5. Use actual data and not estimated as the data is subjected to review by HealthMan Staff to test reasonability of data submitted.
6. **All information should pertain to your 2016 or 2017 Financial year, ONLY.**
7. All information should be VAT Exclusive.
8. All information is received by HealthMan, **will remain confidential** and **will be destroyed within 6 months** after the completion of the
9. **Please return these documents ASAP, BUT by no later than 31 October 2017.**

SAMA Practice Cost Study Final Report 2018

Expenditure for the Financial Year (12 Months) Ended	R
Accounting and auditing (Paid to an external company)	
Advertising/Promotion/Marketing/Entertainment	
Assistant/Consultant/Locum fees	
Bad debts	
Bank costs (Exclude overdraft interest)	
Computer expenses/Internet & ADSL (Excluding Software License Fees)	
Congress expenses - Local (Includes CPD & other training expenses)	
- International (Includes CPD & other training expenses)	
Consumables - materials (NOT recovered from patient)	
- medicines (NOT recovered from patient)	
- materials /medicines (Recovered from patient)	
Credit Card Transaction Costs / Commission	
Debt Collection Fees (Not included as Legal Fees)	
Donations	
Equipment costs	
* Finance charges	
* Maintenance	
* Rental	
* Depreciation	
Insurance (Exclude MPS & Personal)	
Interest - overdraft (Practice overdraft only)	
Journals (For Professional Purposes)	
Legal Fees (Excluding debt collection)	
Malpractice Insurance (MPS, Alexander Forbes, AON, Ethiqal by Constantia Insurers, NatMed, etc)	
Motor vehicle and travelling expenses	
Office expenses	
* Rental	
* Electricity and Water	
* Cleaning/Laundry and sundry office	
* Maintenance (exclude equipment)	
* Medical waste removal	
Salaries (Includes UIF, PAYE, Medical Aid and Pension)	
* Reception	
* Accounting	
* Credit Control / Billing	
* Practice Manager	
* Other Administration Staff	
* Medical / Nursing Staff	
* Cleaning / Messenger / Gardening Staff	
* Staff dedicated to Specialist Equipment	
* Other Salary Related Expenses (e.g. Skills Development Levies)	
Security expenses (Alarms and armed response)	
Software license fees (e.g. HealthFocus, HealthBridge, Medsolve, Switch)	
Stationery and Printing	
Subscriptions (HPCSA, SAMA, Profesional Societies, Management Groups & Other Professional Oranisations)	
Telephone, Postage, Fax, Paging and Cell phone	
Uniforms and Protective clothing	
Other/Sundry (detail)	
Management fees	
TOTAL	-

Thank you for taking the time to complete the questionnaire.

SAMA Practice Cost Study Final Report 2018

Annexure E – List of Doctor Disciplines Included in the Study

The following disciplines were include in the study, shown with their BHF practice type.

010	Anaesthetists	016	Gyneacologists	032	Paediatricians
044	Cardio Thoracic Surgeons	024	Neuro Surgeons	018	Physicians
021	Cardiologists	020	Neurologists	036	Plastic Surgeons
012	Dermatologists	026	Ophthalmologists	022	Psychiatrists
019	Gastroenterologists	028	Orthopaedic Surgeons	017	Pulmonologists
014	General Practitioners	030	Otorhinolaryngologists	031	Rheumatologists
042	General Surgeons	033	Paediatric Cardiologists	046	Urologists

Due to lower participation rates, practice setup and cost similarities some of the disciplines were grouped together. These include:

044	Cardio Thoracic Surgeons	»	Consolidated General Surgeons
042	General Surgeons		
024	Neuro Surgeons		
036	Plastic Surgeons		
033	Paediatric Cardiologists	»	Consolidated Paediatricians
032	Paediatricians		
021	Cardiologists	»	Consolidated Physicians
012	Dermatologists		
019	Gastroenterologists		
020	Neurologists		
018	Physicians		
017	Pulmonologists		
031	Rheumatologists		

Annexure F – Financial Survey Results per Province

Note that the National Average of the Operating costs are based on all provinces. Only the results of provinces with 10 or more participants have been included in this study.

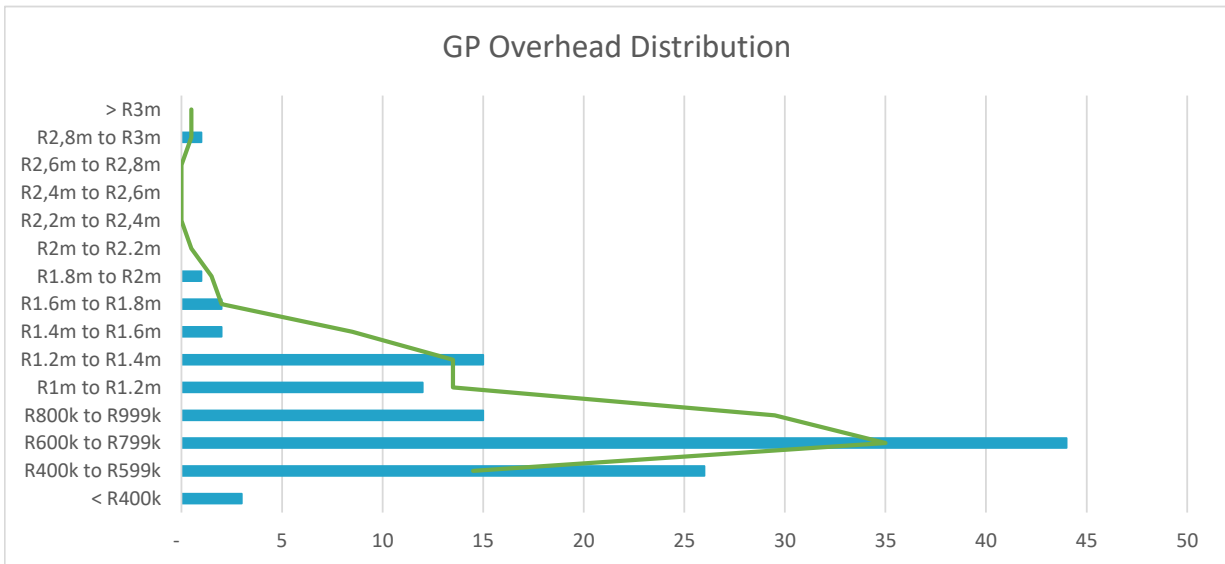
Annexure F		19	25	20	16	30	
		Provincial					
General Practitioners		National	Gauteng	Western Cape	Eastern Cape	Kwazulu Natal	Free State
Overheads	Description	Average (Provider)	R	R	R	R	R
Personnel costs							
	Indirect labour costs	438,599	463,116	421,886	456,064	338,928	434,918
	Salary related levies & taxes	10,016	23,179	8,231	15,804	8,220	2,277
	Assistant/Locum fees	-	-	-	-	-	-
	Professional dues & continuing education	22,026	17,143	18,543	16,763	42,593	17,825
	Protective clothing and uniforms	1,477	356	312	647	1,931	3,519
Premises							
	Rental of space	103,064	174,639	124,196	78,453	42,269	89,071
	Building maintenance & repairs	9,638	9,317	8,971	11,585	6,182	7,551
	Services	22,073	21,775	18,172	18,025	5,939	34,130
	Medical waste removal and cleaning	7,664	10,268	4,969	4,291	6,961	10,873
	Security	4,361	6,592	2,548	3,359	8,055	3,707
Practice Management & Administration							
	Accounting, audit and management fees	17,077	24,255	11,210	14,974	14,159	21,725
	Advertising & marketing	9,129	6,873	10,737	6,406	6,225	11,757
	EDI and medical scheme administration fees	-	-	-	-	-	-
	Software licensing & support	33,777	36,273	28,282	20,560	42,750	41,418
	Communication costs	32,189	39,076	32,138	23,739	28,585	29,609
	Legal expenses	645	1,494	-	1,096	-	247
	Debt Collection Fees	2,155	255	2,808	486	302	4,591
	Postage and courier services	-	-	-	-	-	-
	Printing and stationery	13,401	15,912	13,126	12,591	9,898	12,052
	Transport costs	18,043	27,473	18,642	4,230	9,398	27,941
Financing & Insurance costs							
	Bank charges & interest	20,474	19,900	25,637	12,174	11,323	25,614
	Credit card commission	5,573	15,255	424	7,285	6,671	2,105
	Bad debt costs	-	-	-	-	-	-
	Practice risk insurance	19,729	24,845	22,536	12,843	20,747	20,069
	Malpractice risk insurance	21,254	7,947	10,895	12,006	62,009	19,601
Indirect material							
	849	849	-	426	-	2,677	1,602
Sundry expenses							
	Donations	2,520	4,429	747	188	2,061	5,458
	General office expenses	12,375	27,102	2,444	19,945	24,665	3,840
Standard Equipment							
	30,093	30,093	24,291	25,714	22,638	47,892	35,202
TOTAL		858,201	1,001,766	813,593	776,151	750,441	866,705

NOTE

All overhead costs should be exclusive of VAT

GP Overhead Distribution	
Minimum	356,658
10th Percentile	544,070
25th Percentile	604,798
Mean	739,171
75th Percentile	1,046,306
90th Percentile	1,333,060
Max	2,861,020

GP Overhead Distribution	
< R400k	3
R400k to R599k	26
R600k to R799k	44
R800k to R999k	15
R1m to R1.2m	12
R1.2m to R1.4m	15
R1.4m to R1.6m	2
R1.6m to R1.8m	2
R1.8m to R2m	1
R2m to R2.2m	-
R2,2m to R2,4m	-
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	1
> R3m	-
Total	121

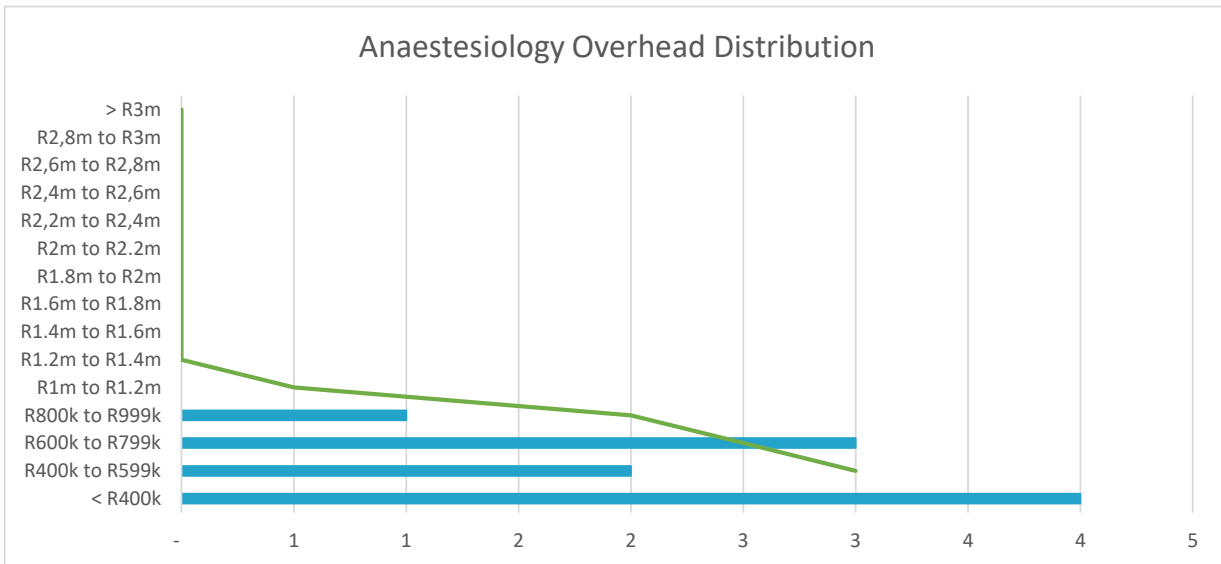


Annexure F	
Anaesthesiology	
Overheads	National
Description	Average (Provider)
Personnel costs	
Indirect labour costs	223,078
Salary related levies & taxes	-
Assistant/Locum fees	-
Professional dues & continuing education	29,024
Protective clothing and uniforms	390
Premises	
Rental of space	10,254
Building maintenance & repairs	7,261
Services	4,653
Medical waste removal and cleaning	1,887
Security	2,946
Practice Management & Administration	
Accounting, audit and management fees	28,594
Advertising & marketing	14,665
EDI and medical scheme administration fees	
Software licensing & support	14,401
Communication costs	21,468
Legal expenses	70
Debt Collection Fees	373
Postage and courier services	
Printing and stationery	3,185
Transport costs	56,812
Financing & Insurance costs	
Bank charges & interest	14,527
Credit card commission	20
Bad debt costs	-
Practice risk insurance	5,633
Malpractice risk insurance	49,314
Indirect material	1,795
Sundry expenses	
Donations	2,000
General office expenses	1,599
Standard Equipment	15,545
TOTAL	509,494

NOTE
All overhead costs should be exclusive of VAT

Anaesthesiology Overhead Distribution	
Minimum	256,129
10th Percentile	262,689
25th Percentile	358,538
Mean	508,048
75th Percentile	641,825
90th Percentile	684,617
Max	914,164

Anaesthesiology Overhead Distribution	
< R400k	4
R400k to R599k	2
R600k to R799k	3
R800k to R999k	1
R1m to R1.2m	-
R1.2m to R1.4m	-
R1.4m to R1.6m	-
R1.6m to R1.8m	-
R1.8m to R2m	-
R2m to R2.2m	-
R2,2m to R2,4m	-
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	-
> R3m	-
Total	10



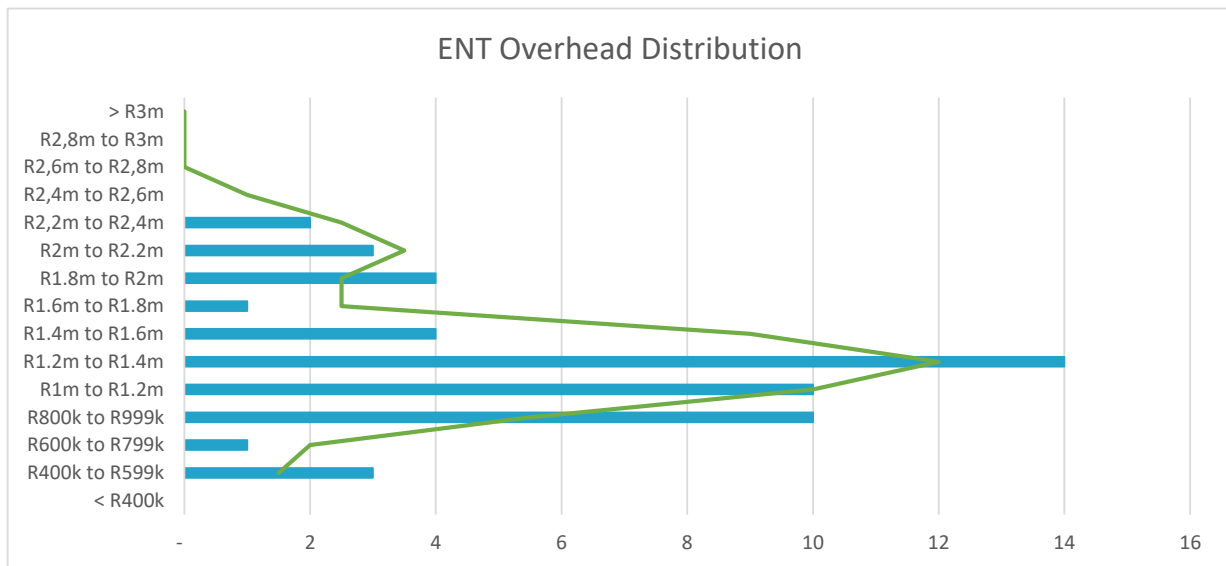
Annexure F		18	10	11
ENT		Provincial		
Overheads	National	Gauteng	Western Cape	Kwazulu Natal
Description	Average (Provider)	R	R	R
Personnel costs				
Indirect labour costs	622,856	652,233	623,648	568,771
Salary related levies & taxes	14,581	19,594	7,358	24,395
Assistant/Locum fees	-	-	-	-
Professional dues & continuing education	58,479	66,406	44,608	55,358
Protective clothing and uniforms	2,404	2,589	1,253	2,262
Premises				
Rental of space	78,944	72,803	92,388	79,665
Building maintenance & repairs	13,555	16,584	2,761	10,589
Services	9,807	11,100	3,569	17,027
Medical waste removal and cleaning	7,328	6,794	4,477	7,858
Security	3,870	6,385	1,500	1,268
Practice Management & Administration				
Accounting, audit and management fees	44,707	44,824	32,616	42,587
Advertising & marketing	19,634	29,081	18,743	15,960
EDI and medical scheme administration fees				
Software licensing & support	30,754	22,740	24,827	19,821
Communication costs	55,906	62,123	48,912	62,110
Legal expenses	1,401	3,898	75	179
Debt Collection Fees	10,791	12,039	5,675	6,390
Postage and courier services				
Printing and stationery	22,166	29,927	13,239	14,817
Transport costs	52,075	50,006	51,099	49,914
Financing & Insurance costs				
Bank charges & interest	35,698	40,448	27,830	40,790
Credit card commission	3,722	532	6,433	6,663
Bad debt costs	-	-	-	-
Practice risk insurance	41,710	53,835	22,846	31,487
Malpractice risk insurance	43,913	47,429	49,898	57,207
Indirect material	2,468	1,618	5,969	770
Sundry expenses				
Donations	2,704	178	1,386	8,658
General office expenses	5,384	9,685	3,609	994
Standard Equipment	97,846	96,980	61,332	119,899
TOTAL	1,282,704	1,359,831	1,156,049	1,245,439

NOTE

All overhead costs should be exclusive of VAT

ENT Overhead Distribution	
Minimum	528,227
10th Percentile	836,799
25th Percentile	990,899
Mean	1,235,160
75th Percentile	1,411,845
90th Percentile	1,956,124
Max	2,226,237

ENT Overhead Distribution	
< R400k	-
R400k to R599k	3
R600k to R799k	1
R800k to R999k	10
R1m to R1.2m	10
R1.2m to R1.4m	14
R1.4m to R1.6m	4
R1.6m to R1.8m	1
R1.8m to R2m	4
R2m to R2.2m	3
R2,2m to R2,4m	2
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	-
> R3m	-
Total	52



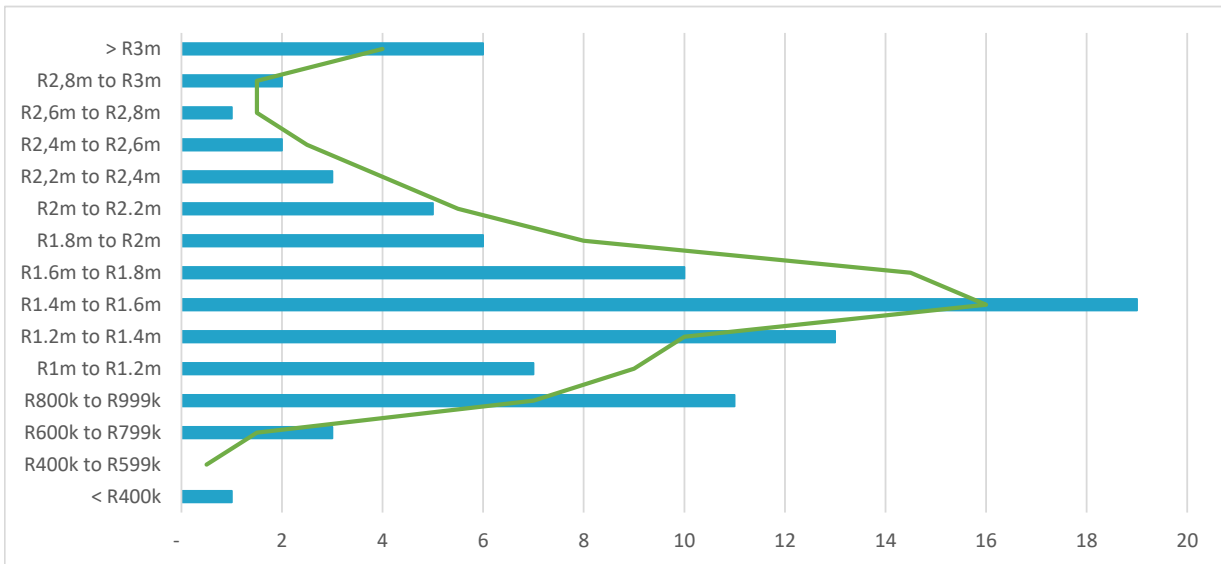
Annexure F Consolidated Surgical		18	31	20
		Provincial		
Overheads	National	Gauteng	Western Cape	Kwazulu Natal
Description	Average (Provider)	R	R	R
Personnel costs				
Indirect labour costs	760,296	740,699	780,982	722,526
Salary related levies & taxes	15,555	26,884	13,490	16,536
Assistant/Locum fees	-	-	-	-
Professional dues & continuing education	52,134	70,345	49,864	61,832
Protective clothing and uniforms	2,468	2,622	2,998	2,298
Premises				
Rental of space	94,115	70,875	112,886	54,688
Building maintenance & repairs	18,783	11,414	21,885	10,159
Services	12,589	19,815	10,498	12,258
Medical waste removal and cleaning	14,100	8,004	23,114	3,372
Security	2,119	1,419	1,689	1,976
Practice Management & Administration				
Accounting, audit and management fees	42,293	51,403	42,034	20,155
Advertising & marketing	33,521	37,593	45,703	15,827
EDI and medical scheme administration fees	-	-	-	-
Software licensing & support	65,522	59,703	77,277	65,736
Communication costs	57,215	75,927	55,958	35,990
Legal expenses	2,749	-	2,863	5,285
Debt Collection Fees	5,636	17,713	2,146	3,427
Postage and courier services	-	-	-	-
Printing and stationery	23,342	35,354	23,060	15,237
Transport costs	54,510	46,754	43,209	53,600
Financing & Insurance costs				
Bank charges & interest	21,512	15,901	25,028	23,068
Credit card commission	5,749	8,655	7,671	4,612
Bad debt costs	-	-	-	-
Practice risk insurance	38,983	53,244	36,516	43,493
Malpractice risk insurance	152,104	182,976	156,638	136,915
Indirect material	1,663	495	1,656	1,864
Sundry expenses				
Donations	5,505	7,168	2,382	6,735
General office expenses	12,952	8,420	16,542	5,658
Standard Equipment				
	122,176	177,797	118,306	89,661
TOTAL	1,617,593	1,731,179	1,674,398	1,412,907

NOTE

All overhead costs should be exclusive of VAT

Consolidated General Surgery Overhead Distribution	
Minimum	302,847
10th Percentile	907,897
25th Percentile	1,204,559
Mean	1,424,681
75th Percentile	1,971,136
90th Percentile	2,623,558
Max	3,494,547

Consolidated General Surgery Overhead Distribution	
< R400k	1
R400k to R599k	-
R600k to R799k	3
R800k to R999k	11
R1m to R1.2m	7
R1.2m to R1.4m	13
R1.4m to R1.6m	19
R1.6m to R1.8m	10
R1.8m to R2m	6
R2m to R2.2m	5
R2,2m to R2,4m	3
R2,4m to R2,6m	2
R2,6m to R2,8m	1
R2,8m to R3m	2
> R3m	6
Total	89



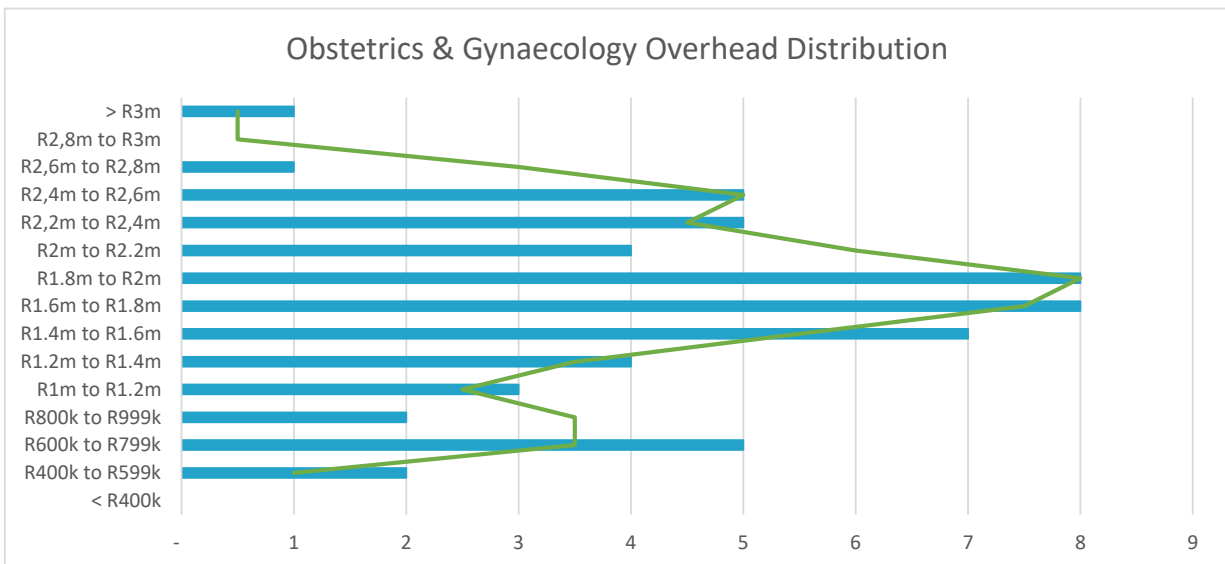
Annexure F Obstetrics & Gynaecology		22	13	
		Provincial		
Overheads		National	Gauteng	Western Cape
Description		Average (Provider)	R	R
Personnel costs				
	Indirect labour costs	736,733	830,789	548,774
	Salary related levies & taxes	14,458	23,765	7,406
	Assistant/Locum fees	-	-	-
	Professional dues & continuing education	58,563	62,393	60,019
	Protective clothing and uniforms	2,195	2,528	196
Premises				
	Rental of space	62,677	58,517	67,375
	Building maintenance & repairs	10,846	16,197	6,484
	Services	10,966	7,675	6,817
	Medical waste removal and cleaning	8,501	10,498	8,307
	Security	3,161	1,894	2,199
Practice Management & Administration				
	Accounting, audit and management fees	48,936	56,348	38,203
	Advertising & marketing	24,576	24,691	42,901
	EDI and medical scheme administration fees			
	Software licensing & support	39,519	39,048	44,917
	Communication costs	53,707	64,198	39,511
	Legal expenses	890	198	718
	Debt Collection Fees	6,944	12,709	974
	Postage and courier services			
	Printing and stationery	21,656	29,366	16,481
	Transport costs	42,475	38,361	16,264
Financing & Insurance costs				
	Bank charges & interest	47,563	58,416	50,273
	Credit card commission	11,099	12,302	16,513
	Bad debt costs	-	-	-
	Practice risk insurance	52,048	52,736	71,579
	Malpractice risk insurance	297,380	326,121	179,149
Indirect material		1,921	397	2,914
Sundry expenses				
	Donations	1,722	1,347	1,340
	General office expenses	8,011	8,847	3,382
Standard Equipment		106,244	131,118	95,170
TOTAL		1,672,791	1,870,458	1,327,864

NOTE

All overhead costs should be exclusive of VAT

Obstetrics & Gynaecology Overhead Distribution	
Minimum	521,853
10th Percentile	756,346
25th Percentile	1,242,713
Mean	1,739,151
75th Percentile	2,077,978
90th Percentile	2,479,823
Max	3,132,429

Obstetrics & Gynaecology Overhead Distribution	
< R400k	-
R400k to R599k	2
R600k to R799k	5
R800k to R999k	2
R1m to R1.2m	3
R1.2m to R1.4m	4
R1.4m to R1.6m	7
R1.6m to R1.8m	8
R1.8m to R2m	8
R2m to R2.2m	4
R2,2m to R2,4m	5
R2,4m to R2,6m	5
R2,6m to R2,8m	1
R2,8m to R3m	-
> R3m	1
Total	55



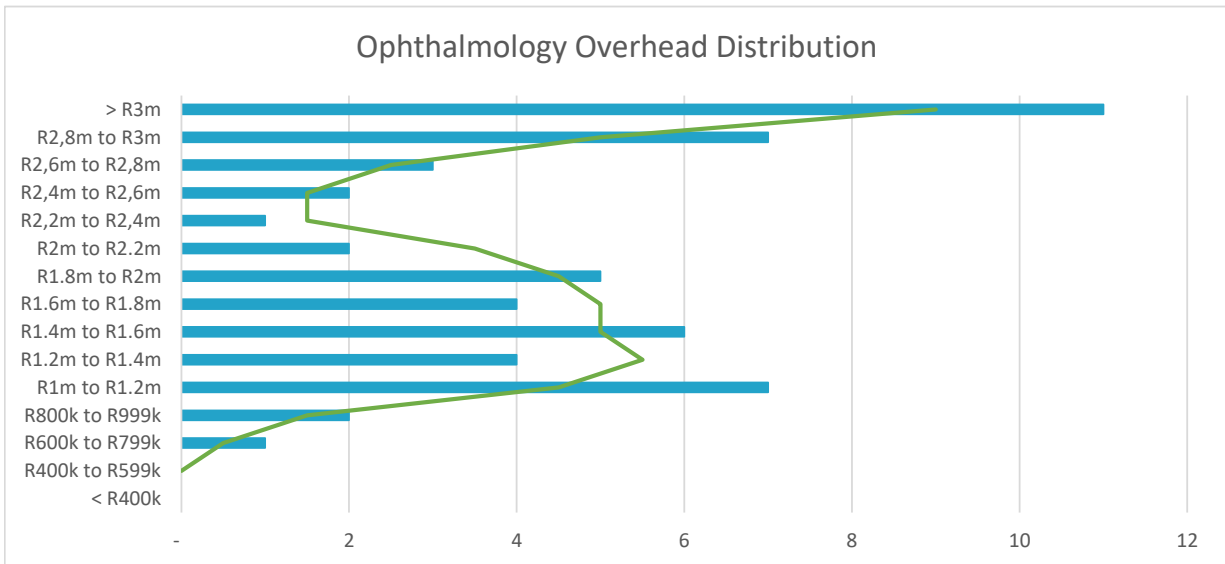
Annexure F		19	13	
		Provincial		
Ophthalmology				
Overheads		National	Western Cape	Kwazulu Natal
Description		Average (Provider)	R	R
Personnel costs				
	Indirect labour costs	965,348	879,768	860,001
	Salary related levies & taxes	38,054	37,436	87,534
	Assistant/Locum fees	-	-	-
	Professional dues & continuing education	79,244	95,456	77,024
	Protective clothing and uniforms	5,326	4,880	6,777
Premises				
	Rental of space	204,266	187,648	80,370
	Building maintenance & repairs	21,554	16,457	13,483
	Services	28,259	43,005	17,980
	Medical waste removal and cleaning	11,898	12,547	3,744
	Security	6,034	6,742	5,158
Practice Management & Administration				
	Accounting, audit and management fees	51,289	39,201	64,028
	Advertising & marketing	33,141	26,830	38,226
	EDI and medical scheme administration fees			
	Software licensing & support	48,648	51,103	38,311
	Communication costs	64,831	61,584	47,225
	Legal expenses	1,547	326	231
	Debt Collection Fees	1,286	2,664	1,154
	Postage and courier services			
	Printing and stationery	28,902	30,177	18,738
	Transport costs	54,161	33,735	86,600
Financing & Insurance costs				
	Bank charges & interest	41,542	37,303	30,822
	Credit card commission	7,029	6,708	3,001
	Bad debt costs	-	-	-
	Practice risk insurance	48,676	37,492	50,948
	Malpractice risk insurance	50,917	46,924	44,676
Indirect material		3,167	5,281	815
Sundry expenses				
	Donations	6,569	3,293	10,303
	General office expenses	5,282	7,655	663
Standard Equipment		415,179	379,582	387,941
TOTAL		2,222,150	2,053,798	1,975,752

NOTE

All overhead costs should be exclusive of VAT

Ophthalmology Overhead Distribution	
Minimum	740,428
10th Percentile	1,110,020
25th Percentile	1,399,609
Mean	1,928,841
75th Percentile	2,930,601
90th Percentile	3,445,763
Max	5,679,462

Ophthalmology Overhead Distribution	
< R400k	-
R400k to R599k	-
R600k to R799k	1
R800k to R999k	2
R1m to R1.2m	7
R1.2m to R1.4m	4
R1.4m to R1.6m	6
R1.6m to R1.8m	4
R1.8m to R2m	5
R2m to R2.2m	2
R2,2m to R2,4m	1
R2,4m to R2,6m	2
R2,6m to R2,8m	3
R2,8m to R3m	7
> R3m	11
Total	55



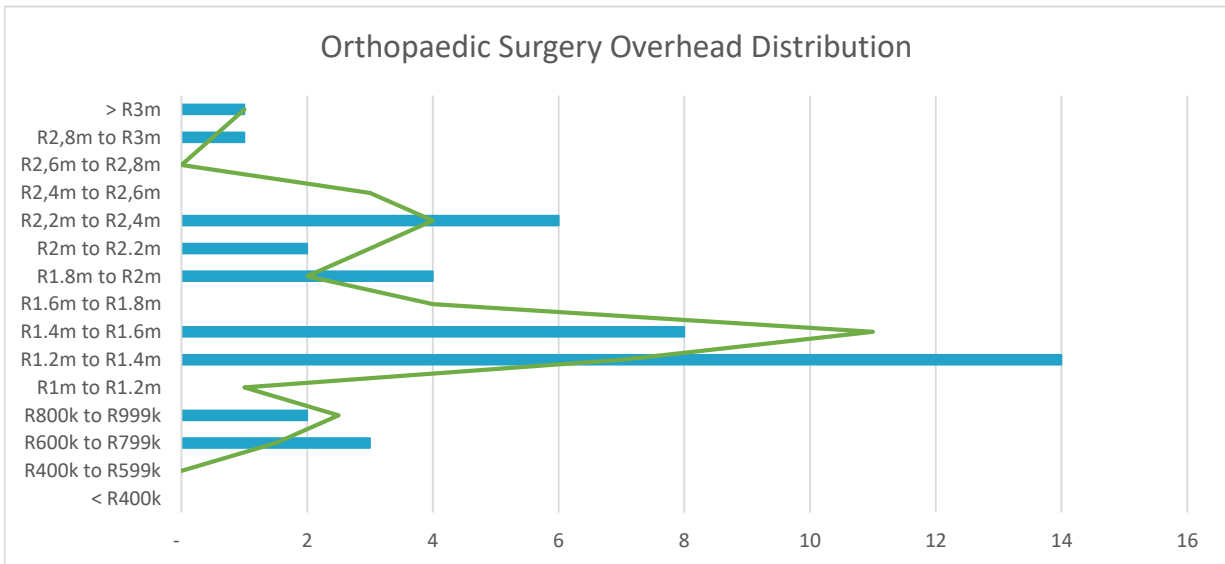
Annexure F Orthopaedic Surgery		15	13	
		Provincial		
Overheads		National	Western Cape	Kwazulu Natal
Description		Average (Provider)	R	R
Personnel costs				
	Indirect labour costs	818,919	883,166	671,102
	Salary related levies & taxes	12,653	5,973	22,045
	Assistant/Locum fees	-	-	-
	Professional dues & continuing education	52,736	59,829	56,852
	Protective clothing and uniforms	4,756	925	4,501
Premises				
	Rental of space	87,330	105,506	54,120
	Building maintenance & repairs	14,047	25,758	8,605
	Services	14,541	19,581	3,908
	Medical waste removal and cleaning	7,861	6,184	9,321
	Security	3,130	3,027	1,683
Practice Management & Administration				
	Accounting, audit and management fees	53,538	52,067	41,676
	Advertising & marketing	33,989	43,900	36,307
	EDI and medical scheme administration fees			
	Software licensing & support	42,645	40,365	51,334
	Communication costs	60,267	49,596	57,383
	Legal expenses	1,068	1,095	1,065
	Debt Collection Fees	14,938	32,361	488
	Postage and courier services			
	Printing and stationery	16,459	18,839	16,003
	Transport costs	58,472	55,530	51,550
Financing & Insurance costs				
	Bank charges & interest	26,918	17,974	14,069
	Credit card commission	7,337	13,179	552
	Bad debt costs	-	-	-
	Practice risk insurance	24,389	14,096	35,793
	Malpractice risk insurance	190,290	171,139	175,682
Indirect material		865	16	303
Sundry expenses				
	Donations	1,910	816	662
	General office expenses	15,025	36,339	4,500
Standard Equipment		43,672	39,536	55,645
TOTAL		1,607,757	1,696,796	1,375,149

NOTE

All overhead costs should be exclusive of VAT

Orthopaedic Surgery Overhead Distribution	
Minimum	614,687
10th Percentile	972,220
25th Percentile	1,213,880
Mean	1,491,200
75th Percentile	1,961,401
90th Percentile	2,323,020
Max	3,643,581

Orthopaedic Surgery Overhead Distribution	
< R400k	-
R400k to R599k	-
R600k to R799k	3
R800k to R999k	2
R1m to R1.2m	-
R1.2m to R1.4m	14
R1.4m to R1.6m	8
R1.6m to R1.8m	-
R1.8m to R2m	4
R2m to R2.2m	2
R2,2m to R2,4m	6
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	1
> R3m	1
Total	41



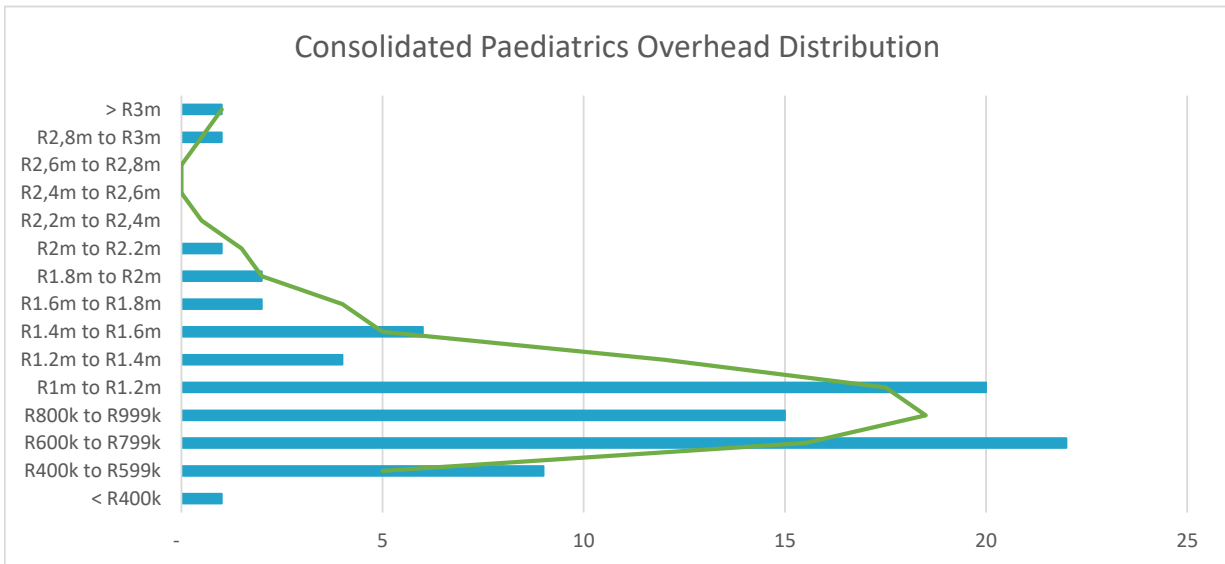
Annexure F		32	23	12
Consolidated Paediatrics		Provincial		
Overheads	National	Gauteng	Western Cape	Free State
Description	Average (Provider)	R	R	R
Personnel costs				
Indirect labour costs	487,128	514,912	449,442	388,937
Salary related levies & taxes	8,458	4,704	18,150	-
Assistant/Locum fees	-	-	-	-
Professional dues & continuing education	41,198	51,039	29,337	37,649
Protective clothing and uniforms	3,458	2,901	3,522	7,042
Premises				
Rental of space	75,207	69,357	60,348	60,818
Building maintenance & repairs	6,697	4,128	7,678	14,654
Services	13,230	14,183	5,640	17,267
Medical waste removal and cleaning	10,173	11,962	10,275	12,467
Security	3,811	4,447	2,556	1,996
Practice Management & Administration				
Accounting, audit and management fees	38,620	44,828	37,029	30,127
Advertising & marketing	15,623	16,210	21,956	6,958
EDI and medical scheme administration fees	-	-	-	-
Software licensing & support	32,252	27,963	45,241	13,375
Communication costs	41,807	48,016	43,311	30,536
Legal expenses	1,747	3,960	350	1,000
Debt Collection Fees	15,315	27,792	11,674	2,000
Postage and courier services	-	-	-	-
Printing and stationery	13,778	17,157	9,292	5,836
Transport costs	44,334	58,347	38,424	24,648
Financing & Insurance costs				
Bank charges & interest	18,510	23,595	18,460	7,186
Credit card commission	4,240	1,200	2,944	13,650
Bad debt costs	-	-	-	-
Practice risk insurance	20,226	21,233	23,837	3,702
Malpractice risk insurance	35,857	23,360	37,642	47,121
Indirect material				
Standard Equipment	2,805	3,046	2,938	2,109
Sundry expenses				
Donations	4,406	3,991	6,997	2,033
General office expenses	6,808	9,002	7,551	362
TOTAL				
	1,004,176	1,055,790	935,596	830,640

NOTE

All overhead costs should be exclusive of VAT

Consolidated Paediatrics Overhead Distribution	
Minimum	380,588
10th Percentile	507,196
25th Percentile	675,021
Mean	978,269
75th Percentile	1,153,565
90th Percentile	1,470,466
Max	3,000,922

Consolidated Paediatrics Overhead Distribution	
< R400k	1
R400k to R599k	9
R600k to R799k	22
R800k to R999k	15
R1m to R1.2m	20
R1.2m to R1.4m	4
R1.4m to R1.6m	6
R1.6m to R1.8m	2
R1.8m to R2m	2
R2m to R2.2m	1
R2,2m to R2,4m	-
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	1
> R3m	1
Total	84



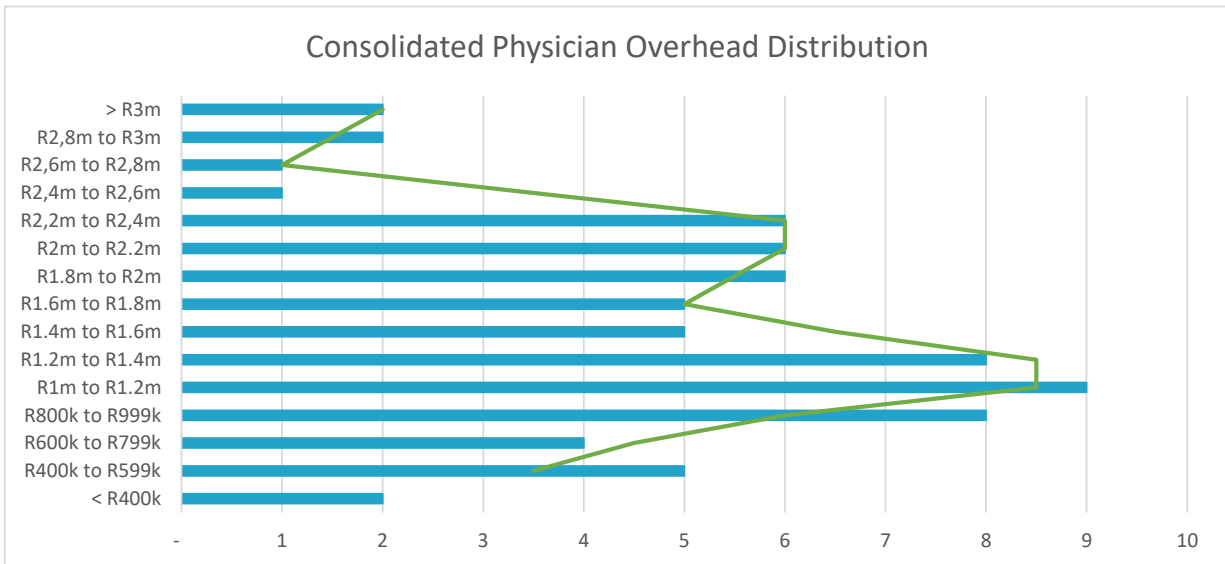
Annexure F		24	24	
		Provincial		
Consolidated Physicians		National	Gauteng	Western Cape
Overheads		Average	R	R
Description		(Provider)	R	R
Personnel costs				
	Indirect labour costs	780,610	898,864	656,255
	Salary related levies & taxes	12,262	10,558	22,187
	Assistant/Locum fees	-	-	-
	Professional dues & continuing education	49,199	54,714	51,710
	Protective clothing and uniforms	4,973	8,205	3,225
Premises				
	Rental of space	92,145	130,620	72,795
	Building maintenance & repairs	13,563	27,968	6,344
	Services	10,014	19,220	4,797
	Medical waste removal and cleaning	8,867	11,418	11,215
	Security	4,970	9,611	2,017
Practice Management & Administration				
	Accounting, audit and management fees	58,066	37,045	63,004
	Advertising & marketing	26,044	25,945	27,009
	EDI and medical scheme administration fees			
	Software licensing & support	45,647	41,834	49,812
	Communication costs	53,608	54,514	46,262
	Legal expenses	1,236	1,955	525
	Debt Collection Fees	9,025	14,731	8,990
	Postage and courier services			
	Printing and stationery	25,728	30,891	20,868
	Transport costs	45,894	37,882	41,295
Financing & Insurance costs				
	Bank charges & interest	35,013	37,318	29,380
	Credit card commission	3,841	6,285	4,109
	Bad debt costs	-	-	-
	Practice risk insurance	37,760	54,800	26,810
	Malpractice risk insurance	35,784	34,001	17,927
Indirect material		2,757	1,163	5,452
Sundry expenses				
	Donations	4,638	5,663	766
	General office expenses	19,835	12,729	9,718
Standard Equipment		105,629	105,809	61,941
TOTAL		1,487,112	1,673,743	1,244,414

NOTE

All overhead costs should be exclusive of VAT

Consolidated Physician Overhead Distribution	
Minimum	343,687
10th Percentile	700,832
25th Percentile	969,048
Mean	1,376,613
75th Percentile	2,013,044
90th Percentile	2,316,854
Max	3,144,380

Consolidated Physician Overhead Distribution	
< R400k	2
R400k to R599k	5
R600k to R799k	4
R800k to R999k	8
R1m to R1.2m	9
R1.2m to R1.4m	8
R1.4m to R1.6m	5
R1.6m to R1.8m	5
R1.8m to R2m	6
R2m to R2.2m	6
R2,2m to R2,4m	6
R2,4m to R2,6m	1
R2,6m to R2,8m	1
R2,8m to R3m	2
> R3m	2
Total	70



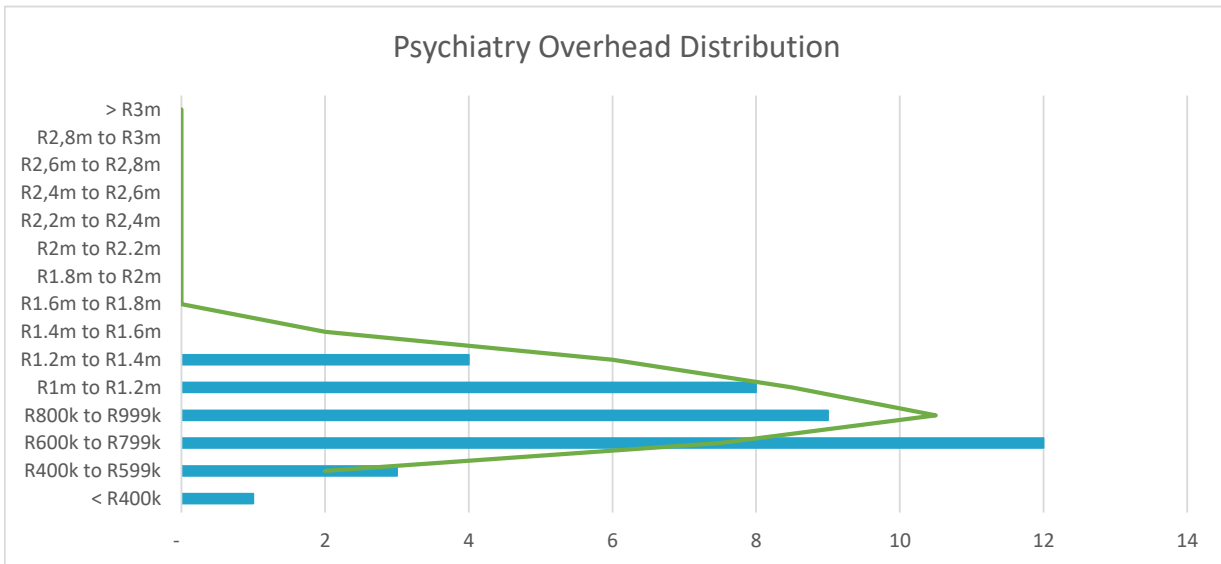
Annexure F Psychiatry		13	
		Provincial	
Overheads		National	Gauteng
Description		Average (Provider)	R
Personnel costs			
	Indirect labour costs	339,318	325,332
	Salary related levies & taxes	5,535	10,520
	Assistant/Locum fees	-	-
	Professional dues & continuing education	52,071	87,038
	Protective clothing and uniforms	1,249	2,516
Premises			
	Rental of space	94,433	116,529
	Building maintenance & repairs	16,449	18,862
	Services	9,892	2,704
	Medical waste removal and cleaning	11,017	5,182
	Security	4,188	2,780
Practice Management & Administration			
	Accounting, audit and management fees	31,434	33,148
	Advertising & marketing	21,159	20,828
	EDI and medical scheme administration fees		
	Software licensing & support	22,037	22,883
	Communication costs	42,913	47,907
	Legal expenses	-	-
	Debt Collection Fees	22,955	231
	Postage and courier services		
	Printing and stationery	14,702	16,211
	Transport costs	64,454	53,312
Financing & Insurance costs			
	Bank charges & interest	21,461	19,197
	Credit card commission	2,602	3,584
	Bad debt costs	-	-
	Practice risk insurance	30,858	43,398
	Malpractice risk insurance	17,248	17,940
Indirect material		1,078	1,302
Sundry expenses			
	Donations	1,635	2,129
	General office expenses	3,904	2,876
Standard Equipment		39,728	39,960
TOTAL		872,323	896,370

NOTE

All overhead costs should be exclusive of VAT

Psychiatry Overhead Distribution	
Minimum	385,091
10th Percentile	595,990
25th Percentile	698,230
Mean	807,641
75th Percentile	1,096,500
90th Percentile	1,202,072
Max	1,376,268

Psychiatry Overhead Distribution	
< R400k	1
R400k to R599k	3
R600k to R799k	12
R800k to R999k	9
R1m to R1.2m	8
R1.2m to R1.4m	4
R1.4m to R1.6m	-
R1.6m to R1.8m	-
R1.8m to R2m	-
R2m to R2.2m	-
R2,2m to R2,4m	-
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	-
> R3m	-
Total	37



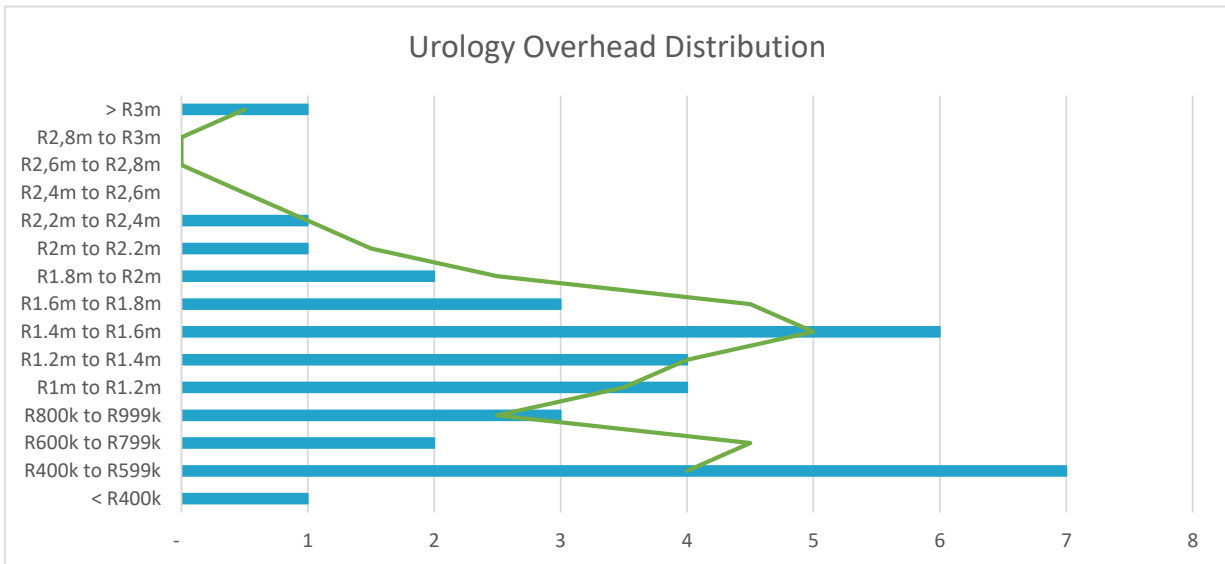
Annexure F		11	10	
		Provincial		
Urology				
Overheads		National	Western Cape	Kwazulu Natal
Description		Average (Provider)	R	R
Personnel costs				
	Indirect labour costs	520,923	478,918	396,056
	Salary related levies & taxes	43,372	127,301	5,198
	Assistant/Locum fees	-	-	-
	Professional dues & continuing education	48,048	18,182	75,051
	Protective clothing and uniforms	3,012	-	4,182
Premises				
	Rental of space	88,735	121,557	55,073
	Building maintenance & repairs	11,102	5,940	3,367
	Services	6,495	1,827	5,468
	Medical waste removal and cleaning	9,818	4,237	13,053
	Security	4,396	1,737	1,793
Practice Management & Administration				
	Accounting, audit and management fees	33,466	24,659	13,317
	Advertising & marketing	26,519	20,900	24,512
	EDI and medical scheme administration fees			
	Software licensing & support	35,215	19,139	30,247
	Communication costs	49,248	45,396	37,163
	Legal expenses	1,602	2,215	-
	Debt Collection Fees	38,657	122,218	-
	Postage and courier services			
	Printing and stationery	16,198	9,932	12,687
	Transport costs	46,737	43,291	42,355
Financing & Insurance costs				
	Bank charges & interest	20,607	16,942	16,043
	Credit card commission	8,878	11,804	-
	Bad debt costs	-	-	-
	Practice risk insurance	28,590	17,654	21,442
	Malpractice risk insurance	80,243	82,100	90,000
Indirect material		1,076	300	-
Sundry expenses				
	Donations	3,190	2,212	4,309
	General office expenses	16,268	4,795	3,948
Standard Equipment		78,672	38,706	70,175
TOTAL		1,221,068	1,221,962	925,436

NOTE

All overhead costs should be exclusive of VAT

Urology Overhead Distribution	
Minimum	397,391
10th Percentile	512,168
25th Percentile	650,864
Mean	1,220,360
75th Percentile	1,490,303
90th Percentile	1,883,628
Max	3,027,062

Urology Overhead Distribution	
< R400k	1
R400k to R599k	7
R600k to R799k	2
R800k to R999k	3
R1m to R1.2m	4
R1.2m to R1.4m	4
R1.4m to R1.6m	6
R1.6m to R1.8m	3
R1.8m to R2m	2
R2m to R2.2m	1
R2,2m to R2,4m	1
R2,4m to R2,6m	-
R2,6m to R2,8m	-
R2,8m to R3m	-
> R3m	1
Total	35

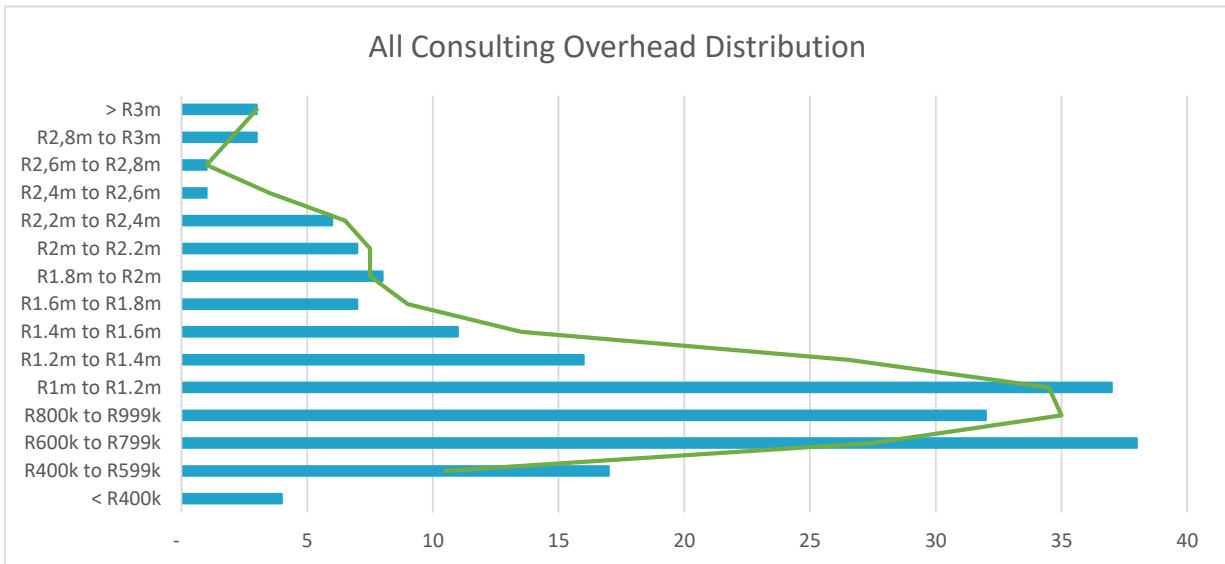


Annexure F Comparative	121	10	52	89	55	55	41	84	70	37	35	191	327
	Discipline												
	GP	Anaesthesiology	ENT	Consolidated General Surgery	Obstetrics & Gynaecology	Ophthalmology	Orthopaedic Surgery	Consolidated Paediatrics	Consolidated Physicians	Psychiatry	Urology	All Consulting Specialists	All Surgical Specialists
Overheads	GP	Anaesthesiology	ENT	Consolidated General Surgery	Obstetrics & Gynaecology	Ophthalmology	Orthopaedic Surgery	Consolidated Paediatrics	Consolidated Physicians	Psychiatry	Urology	All Consulting Specialists	All Surgical Specialists
Description	R	R	R	R	R	R	R	R	R	R	R	R	R
Personnel costs													
Indirect labour costs	438,599	223,078	622,856	760,296	736,733	965,348	818,919	487,128	780,610	339,318	520,923	566,054	750,695
Salary related levies & taxes	10,016	-	14,581	15,555	14,458	38,054	12,653	8,458	12,262	5,535	43,372	9,286	21,613
Assistant/Locum fees	-	-	-	-	-	-	-	-	-	-	-	-	-
Professional dues & continuing education	22,026	29,024	58,479	52,134	58,563	79,244	52,736	41,198	49,199	52,071	48,048	46,237	58,422
Protective clothing and uniforms	1,477	390	2,404	2,468	2,195	5,326	4,756	3,458	4,973	1,249	3,012	3,586	3,238
Premises													
Rental of space	103,064	10,254	78,944	94,115	62,677	204,266	87,330	75,207	92,145	94,433	88,735	85,139	103,515
Building maintenance & repairs	9,638	7,261	13,555	18,783	10,846	21,554	14,047	6,697	13,563	16,449	11,102	11,102	15,667
Services	22,073	4,653	9,807	12,589	10,966	28,259	14,541	13,230	10,014	9,892	6,495	11,405	14,102
Medical waste removal and cleaning	7,664	1,887	7,328	14,100	8,501	11,898	7,861	10,173	8,867	11,017	9,818	9,858	10,470
Security	4,361	2,946	3,870	2,119	3,161	6,034	3,130	3,811	4,970	4,188	4,396	4,309	3,602
Practice Management & Administration													
Accounting, audit and management fees	17,077	28,594	44,707	42,293	48,936	51,289	53,538	38,620	58,066	31,434	33,466	44,355	45,773
Advertising & marketing	9,129	14,665	19,634	33,521	24,576	33,141	33,989	15,623	26,044	21,159	26,519	20,514	29,054
EDI and medical scheme administration fees	-	-	-	-	-	-	-	-	-	-	-	-	-
Software licensing & support	33,777	14,401	30,754	65,522	39,519	48,648	42,645	32,252	45,647	22,037	35,215	35,182	46,669
Communication costs	32,189	21,468	55,906	57,215	53,707	64,831	60,267	41,807	53,608	42,913	49,248	46,346	57,228
Legal expenses	645	70	1,401	2,749	890	1,547	1,068	1,747	1,236	-	1,602	1,222	1,686
Debt Collection Fees	2,155	373	10,791	5,636	6,944	1,286	14,938	15,315	9,025	22,955	38,657	14,490	10,645
Postage and courier services	-	-	-	-	-	-	-	-	-	-	-	-	-
Printing and stationery	13,401	3,185	22,166	23,342	21,656	28,902	16,459	13,778	25,728	14,702	16,198	18,337	22,179
Transport costs	18,043	56,812	52,075	54,510	42,475	54,161	58,472	44,334	45,894	64,454	46,737	48,804	51,704
Financing & Insurance costs													
Bank charges & interest	20,474	14,527	35,698	21,512	47,563	41,542	26,918	18,510	35,013	21,461	20,607	25,130	32,099
Credit card commission	5,573	20	3,722	5,749	11,099	7,029	7,337	4,240	3,841	2,602	8,878	3,776	7,076
Bad debt costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Practice risk insurance	19,729	5,633	41,710	38,983	52,048	48,676	24,389	20,226	37,760	30,858	28,590	28,712	40,302
Malpractice risk insurance	21,254	49,314	43,913	152,104	297,380	50,917	190,290	35,857	35,784	17,248	80,243	32,225	139,411
Indirect material													
Sundry expenses	849	1,795	2,468	1,663	1,921	3,167	865	2,805	2,757	1,078	1,076	2,453	1,925
Standard Equipment													
Donations	2,520	2,000	2,704	5,505	1,722	6,569	1,910	4,406	4,638	1,635	3,190	3,954	3,904
General office expenses	12,375	1,599	5,384	12,952	8,011	5,282	15,025	6,808	19,835	3,904	16,268	11,020	10,242
Standard Equipment	30,093	15,545	97,846	122,176	106,244	415,179	43,672	58,488	105,629	39,728	78,672	72,131	150,410
TOTAL	858,201	509,494	1,282,704	1,617,593	1,672,791	2,222,150	1,607,757	1,004,176	1,487,112	872,323	1,221,068	1,155,626	1,631,632

NOTE
All overhead costs should be exclusive of VAT

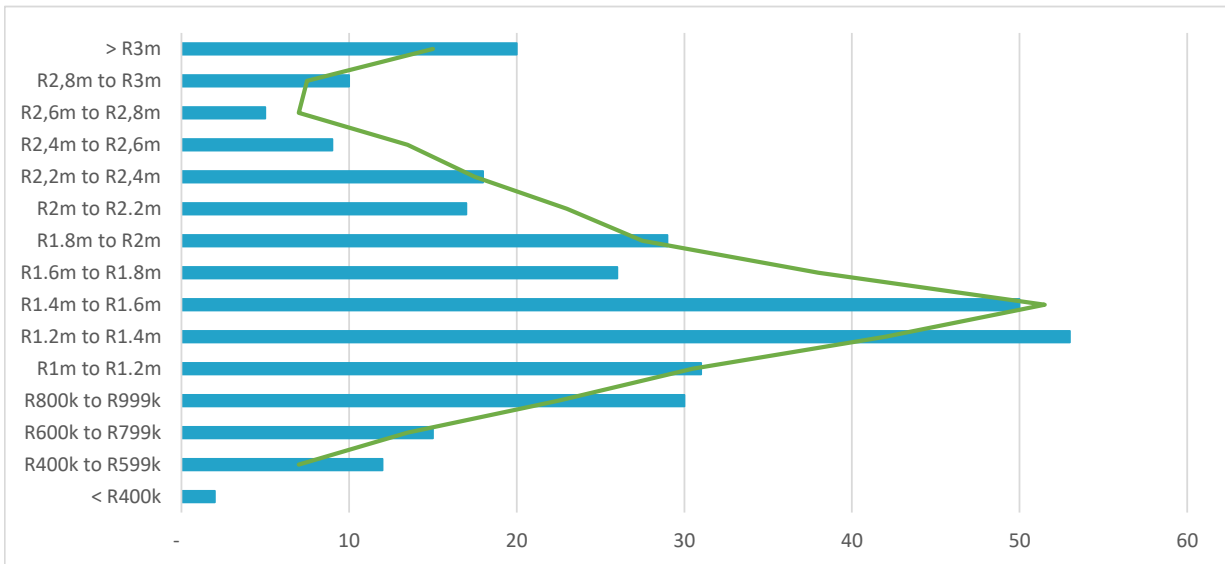
All Consulting Overhead Distribution	
Minimum	343,687
10th Percentile	532,528
25th Percentile	723,329
Mean	1,041,912
75th Percentile	1,376,613
90th Percentile	2,026,557
Max	3,144,380

All Consulting Overhead Distribution	
< R400k	4
R400k to R599k	17
R600k to R799k	38
R800k to R999k	32
R1m to R1.2m	37
R1.2m to R1.4m	16
R1.4m to R1.6m	11
R1.6m to R1.8m	7
R1.8m to R2m	8
R2m to R2.2m	7
R2,2m to R2,4m	6
R2,4m to R2,6m	1
R2,6m to R2,8m	1
R2,8m to R3m	3
> R3m	3
Total	191



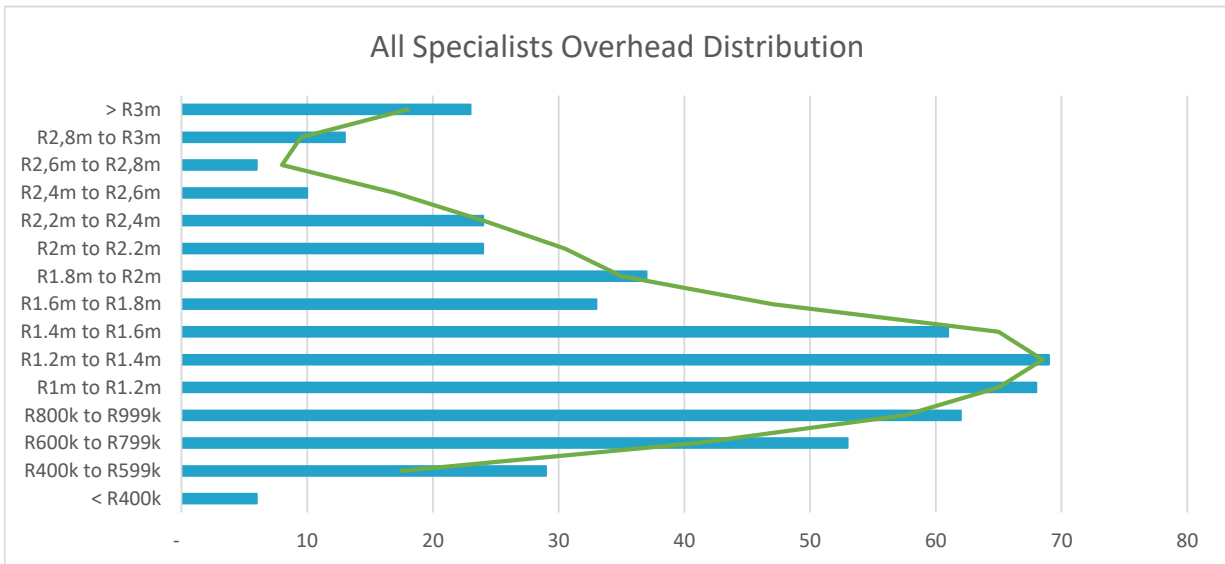
All Surgical Overhead Distribution	
Minimum	302,847
10th Percentile	835,518
25th Percentile	1,135,158
Mean	1,448,061
75th Percentile	1,974,780
90th Percentile	2,648,717
Max	5,679,462

All Surgical Overhead Distribution	
< R400k	2
R400k to R599k	12
R600k to R799k	15
R800k to R999k	30
R1m to R1.2m	31
R1.2m to R1.4m	53
R1.4m to R1.6m	50
R1.6m to R1.8m	26
R1.8m to R2m	29
R2m to R2.2m	17
R2,2m to R2,4m	18
R2,4m to R2,6m	9
R2,6m to R2,8m	5
R2,8m to R3m	10
> R3m	20
Total	327



All Specialists Overhead Distribution	
Minimum	302,847
10th Percentile	672,668
25th Percentile	943,019
Mean	1,305,751
75th Percentile	1,836,145
90th Percentile	2,398,678
Max	5,679,462

All Specialists Overhead Distribution	
< R400k	6
R400k to R599k	29
R600k to R799k	53
R800k to R999k	62
R1m to R1.2m	68
R1.2m to R1.4m	69
R1.4m to R1.6m	61
R1.6m to R1.8m	33
R1.8m to R2m	37
R2m to R2.2m	24
R2,2m to R2,4m	24
R2,4m to R2,6m	10
R2,6m to R2,8m	6
R2,8m to R3m	13
> R3m	23
Total	518



Annexure G – Equipment per discipline

Annexure G - Anaesthetics

ANAESTHETICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Mobile Ultrasound	1	R350,000	R 350,000
2	ECG Machine/Recorder, 12 Lead With Printer on trolley	1	R48,000	R 48,000
3	Vital Signs Monitor with NIBP, ECG and SPO2 on mobile stand	1	R39,627	R 39,627
4	TENS Unit	1	R25,000	R 25,000
5	Procedure Light on Mobile stand - GS300	1	R12,000	R 12,000
6	Haemoglobin meter, Digital	1	R9,500	R 9,500
7	Scale, Patient Stand On, Digital, With Height Measurement	1	R7,500	R 7,500
8	Diagnostic Set, Battery Type With Handle	1	R5,530	R 5,530
9	Locker, Bedside, With Drawer, S/S top	1	R3,800	R 3,800
10	Trolley, Dressing, Stainless Steel 46X91cms	2	R3,215	R 6,430
11	Couch, Examination, 2 Section	1	R2,300	R 2,300
12	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R2,300	R 2,300
13	Stool, Surgeon, Mobile	2	R2,150	R 4,300
14	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R2,085	R 4,170
15	Curtains with ceiling Tracks (per Metres)	6	R1,750	R 10,500
16	Bin, Wheelie White with lid	1	R1,200	R 1,200
17	Step, Couch Mounting, Double Step	1	R1,200	R 1,200
18	Glucometer, Battery Operated	1	R950	R 950
19	Stethoscope, Adult	1	R875	R 875
20	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R650	R 650
21	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R350	R 350
22	Dispenser, Paper Towel, Wall Mounted	1	R300	R 300
23	Hammer, Patella	1	R200	R 200
24	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R150	R 150
25	Bin, Sharps Disposal - 25'S	2	R140	R 280
26	Bowl, Stainless Steel, 85x150mm Diameter	1	R130	R 130
27	Dish, Kidney, Stainless Steel, 250x40mm	4	R120	R 480
28	Tray, Instruments, Stainless Steel	1	R110	R 110
29	Gallipot, Stainless Steel, 64x48mm	4	R50	R 200

ANAESTHETICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Tape Measuring, Linen, Patient	1	R15	R 15
	<i>Sub-total</i>			R 538,047
Workroom				
31	Cabinet, Drug, dpd, wall Mounted	1	R16,850	R 16,850
32	Table, S/S	1	R12,000	R 12,000
33	Freezer Chest	1	R7,500	R 7,500
34	Stool, Surgeon, Mobile	1	R2,150	R 2,150
35	Board, Dry Wipe 120X180Cms with Pens	1	R1,750	R 1,750
36	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R650	R 650
	<i>Sub-total</i>			R 40,900

TOTAL

R 578,947

Annexure G - ENT

ENT EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Treatment System ENT - Hydraulic for treatment	1	R 275,000	R 275,000
2	Autoclave 20L, Table top	1	R 110,000	R 110,000
3	Audiometer, Diagnostic Automatic	1	R 75,650	R 75,650
4	Diagnostic Microscope	1	R 72,000	R 72,000
5	Trolley Emergency with content	1	R 41,200	R 41,200
6	Suction Unit, Mobile	1	R 34,500	R 34,500
7	Treatment Chair ENT - Hydraulic for treatment	1	R 60,000	R 60,000
8	Cold Light Source	1	R 30,000	R 30,000
9	Model, ENT for demonstrating	1	R 26,000	R 26,000
10	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
11	Head Light with direct power source	2	R 12,700	R 25,400
12	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
13	Television Monitor for Displaying Digital X-Rays	1	R 10,000	R 10,000
14	Laryngoscope set - McIntosh Blades	1	R 9,310	R 9,310
15	Laryngoscope set - Miller Blades	1	R 9,310	R 9,310
16	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
17	Suture Pack	2	R 4,000	R 8,000
18	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
19	Dressing Pack	2	R 3,250	R 6,500
20	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
21	Stitch Removing Pack	2	R 3,000	R 6,000
22	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
23	Couch, Examination, 2 Section	2	R 2,300	R 4,600
24	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
25	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
26	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
27	Drip stand S/S, Mobile	1	R 1,950	R 1,950
28	Hollow ware - set examination room set	1	R 1,950	R 1,950
29	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200

ENT EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Glucometer, Battery Operated	1	R 950	R 950
31	Stethoscope, Adult	1	R 875	R 875
32	Torch, Penlight	1	R 735	R 735
33	Tuning Fork S/S 128 Hertz	1	R 375	R 375
34	Clock, with second hand, Battery operated, Wall mounted	1	R 150	R 150
35	Tray, Instruments, Stainless Steel	1	R 110	R 110

TOTAL

R 867,831

Annexure G - Consolidated General Surgery (Cardio Thoracic)

CARDIO-THORACICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
GENERAL EQUIPMENT				
1	Pacemaker Programmer	1		
2	Ultrasound on trolley with Cardiac Probe and Printer (Cardiothorasics)	1	R 750,000	R 750,000
	<i>Sub-total</i>			R 750,000
EXERCISE ROOM				
3	Exercise System - Computerized	1	R 205,000	R 205,000
4	Exercise System - Computerized	1	R 195,000	
5	ECG 24 Hr Recorder, Holter System	1	R 85,000	R 85,000
6	ECG Machine/Recorder, 12 Lead With Printer On trolley	1	R 48,000	R 48,000
7	ECG 24 Hr Recorder	1	R 42,500	
8	Vital Signs Monitor with NIBP, ECG and SPO2 on mobile stand	1	R 39,627	R 39,627
9	Spirometer - Computer based system	1	R 35,450	R 35,450
10	Couch, Examination, 2 Section	1	R 2,300	R 2,300
11	Peak Flow Meter, Adult	1	R 400	R 400
	<i>Sub-total</i>			R 415,777
EMERGENCY TROLLEY				
12	Defibrillator With Monitor External	1	R 85,000	R 85,000
13	Trolley Emergency with content	1	R 41,200	R 41,200
14	Laryngoscope set - Adult - 2 Blades	1	R 9,310	R 9,310
15	Suction Unit, Foot Operated	1	R 3,000	R 3,000
16	Sphygmomanometer, Aneroid, Hand Held With Adult/ Obese And Child Cuffs	1	R 2,300	R 2,300
17	Resuscitation bag, Adult with masks size 3 and 4	1	R 1,250	R 1,250
18	Resuscitation bag, paed's with masks size 3 and 5	1	R 1,250	R 1,250
19	Regulator, Flowmeter, O2, Single, Direct Probe Fitting	1	R 1,200	R 1,200
20	Pressure Infusor 500ml	1	R 900	R 900
21	Stethoscope	1	R 875	R 875
22	Forceps, Spencer Wells 18cm	1	R 750	R 750

CARDIO-THORACICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
23	Torch, Penlight	1	R 735	R 735
24	Forceps, Magill, Adult	1	R 695	R 695
25	Endotracheal Tubes - Set of 3	1	R 185	R 185
26	Bowl, Lotion, Stainless Steel, 150mm Diameter	1	R 150	R 150
27	Dish, Kidney, Stainless Steel, 250x40mm	2	R 120	R 240
28	Bite Block	1	R 75	R 75
29	Scissor, Bandage, 15cm	1	R 75	R 75
	<i>Sub-total</i>			R 149,190

TOTAL

R 1,314,967

Annexure G - Consolidated General Surgery (General Surgeons)

GENERAL SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Ultrasound (General Surgery)	1	R 750,000	R 750,000
2	Ultrasound (General Surgery)	1	R 495,000	
3	Flexible Scope, Colonoscope	1	R 200,000	R 200,000
4	Flexible Scope, Gastroscope	1	R 200,000	R 200,000
5	Flexible Scope, Sigmoidoscope	1	R 200,000	R 200,000
6	ScopeStack Including light source and monitors	1	R 150,000	R 150,000
7	Autoclave 20L, Table top	1	R 110,000	R 110,000
8	Sigmoidoscope, Anascope Setset	1	R 70,000	R 70,000
9	Vaginal Speculae, Light Source and Diposables	1	R 25,000	R 25,000
10	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
11	Head Light with direct power source	1	R 12,700	R 12,700
12	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
13	Haemoglobin meter, Digital	1	R 9,500	R 9,500
14	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
15	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
16	Suture Pack	2	R 4,000	R 8,000
17	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
18	Dressing Pack	2	R 3,250	R 6,500
19	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
20	Stitch Removing Pack	2	R 3,000	R 6,000
21	Couch, Examination, 2 Section	1	R 2,300	R 2,300
22	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
23	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
24	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
25	Drip stand S/S, Mobile	1	R 1,950	R 1,950
26	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
27	Bin, Wheelie White with lid	1	R 1,200	R 1,200
28	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
29	Glucometer, Battery Operated	1	R 950	R 950

GENERAL SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Stethoscope, Adult	1	R 875	R 875
31	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
32	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
33	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
34	Hammer, Patella	1	R 200	R 200
35	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
36	Bin, Sharps Disposal - 25'S	2	R 140	R 280
37	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
38	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
39	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
40	Tape Measuring, Linen, Patient	1	R 15	R 15

TOTAL

R 1,827,996

Annexure G - Consolidated General Surgery (Neurosurgery)

NEUROSURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	EEG Machine 32 Channel	1		
2	EMG Machine	1		
3	Autoclave 20L, Table top	1	R 110,000	R 110,000
4	ECG Machine/Recorder, 12 Lead With Printer On trolley	1		
5	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
6	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
7	Haemoglobin meter, Digital	1		
8	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
9	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
10	Suture Pack	2	R 4,000	R 8,000
11	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
12	Film Viewer, 1 Film, Wall Mounted	1	R 3,500	R 3,500
13	Dressing Pack	2	R 3,250	R 6,500
14	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
15	Stitch Removing Pack	2	R 3,000	R 6,000
16	Couch, Examination, 2 Section	1	R 2,300	R 2,300
17	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
18	Stool, Surgeon, Mobile	2		
19	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
20	Drip stand S/S, Mobile	1		
21	Hollow ware - set examination room set	1	R 1,950	R 1,950
22	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
23	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
24	Glucometer, Battery Operated	1		
25	Stethoscope, Adult	1	R 875	R 875
26	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
27	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
28	Hammer, Patella	1	R 200	R 200
29	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150

NEUROSURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Tray, Instruments, Stainless Steel	1	R 110	R 110
31	Instrument set (Neuro surgery)	4		

TOTAL

R 206,201

Annexure G - Consolidated General Surgery (Plastic & Reconstructive Surgery)

PLASTIC SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Autoclave 20L, Table top	1	R 110,000	R 110,000
2	Diathermy Unit/ Hyfrecator	1	R 65,000	R 65,000
3	Procedure Couch, Height Adjustable, 2 Section	1	R 30,000	R 30,000
4	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
5	Head Light with direct power source	1	R 12,700	R 12,700
6	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
7	Haemoglobin meter, Digital	1	R 9,500	R 9,500
8	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
9	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
10	Suture Pack	2	R 4,000	R 8,000
11	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
12	Film Viewer, 1 Film, Wall Mounted	1	R 3,500	R 3,500
13	Dressing Pack	2	R 3,250	R 6,500
14	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
15	Stitch Removing Pack	2	R 3,000	R 6,000
16	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
17	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
18	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
19	Drip stand S/S, Mobile	1	R 1,950	R 1,950
20	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
21	Bin, Wheelie White with lid	1	R 1,200	R 1,200
22	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
23	Glucometer, Battery Operated	1	R 950	R 950
24	Stethoscope, Adult	1	R 875	R 875
25	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
26	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
27	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
28	Hammer, Patella	1	R 200	R 200
29	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150

PLASTIC SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Bin, Sharps Disposal - 25'S	2	R 140	R 280
31	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
32	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
33	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
34	Tape Measuring, Linen, Patient	1	R 15	R 15

TOTAL

R 328,501

Annexure G - Obstetrics & Gynaecology

GYNAECOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Ultrasound Unit with abdominal and Gynae probes	1	R 1,500,000	R 1,500,000
2	Ultrasound Unit with abdominal and Gynae probes	1	R 740,000	
3	Ultrasound Unit with abdominal and Gynae probes	1	R 550,000	
4	Colposcope with Video Camera and Image analysis	1	R 250,000	R 250,000
5	Ultrasound software,	1	R 150,000	R 150,000
7	Autoclave 20L, Table top	1	R 110,000	R 110,000
6	Ultrasound software, annual licence fee	1	R 50,000	R 50,000
8	Trolley Emergency with content	1	R 41,200	R 41,200
9	Gynae couch electric, height adjustable	1	R 35,000	R 35,000
10	Suction Unit, Mobile	1	R 34,500	R 34,500
11	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
12	Head Light with direct power source	1	R 12,700	R 12,700
13	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
14	Slave TV Monitor for Ultrasound	1	R 10,000	
15	Haemoglobinometer, Digital	1	R 9,500	R 9,500
16	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
17	Vaginal Examination Pack	3	R 6,500	R 19,500
18	Virginal Examination Sets	4	R 6,500	R 26,000
19	Couch Gynecological	1	R 5,600	R 5,600
20	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
21	Suture Pack	2	R 4,000	R 8,000
22	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
23	Ultrasound Gel Warmer	1	R 3,500	R 3,500
24	Dressing Pack	2	R 3,250	R 6,500
25	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
26	Stitch Removing Pack	2	R 3,000	R 6,000
27	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
28	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
29	Stool, Surgeon, height adjustable, saddle type Mobile	2	R 6,000	R 12,000

GYNAECOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
31	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
32	Hollow ware - set examination room set	1	R 1,950	R 1,950
33	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
34	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
35	Glucometer, Battery Operated	1	R 950	R 950
36	Stethoscope, Adult	1	R 875	R 875
37	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
38	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
39	Clock, with second hand, Battery operated, Wall mounted	1	R 150	R 150
40	Tray, Instruments, Stainless Steel	1	R 110	R 110

TOTAL

R 2,357,451

Annexure G - Ophthalmology

OPHTHALMOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Heidelberg OCT	1	R 1,315,000	R 1,315,000
2	Heidelberg OCT	1	R 860,000	
3	Oculus AXL Pentacam Optical Biometry/ Corneal Topographer	1	R 699,500	R 699,500
4	Nidek RS-330 Duo with FAF, All-In-One Computer and Anterior Segmental Lens	1	R 590,000	R 590,000
5	Nidek GYC-500 Green Laser - Dual Port Single Shot	1	R 405,000	R 405,000
6	Oculus Pentacam Corneal Topographer	1	R 382,000	R 382,000
7	Optovue IVue OCT	1	R 375,000	
8	Optotek SLT Nano Laser	1	R 315,000	R 315,000
9	Nidek AL Scan with A Scan Probe Optical Biometry	1	R 305,000	
10	Nidek YC-1800 Yag Laser	1	R 288,000	R 288,000
11	Nidek US-4000 A/B Scan A Scan	1	R 206,500	R 206,500
12	Canon CR-2 AF Non Mydriatic Fundus Camera (excl computer & table)	1	R 159,500	R 159,500
13	Oculus Centrefield Field Analyser	1	R 155,000	R 155,000
14	Oculus Keratograph 5M Corneal Topographer	1	R 143,500	
15	CSA-9900 Video Slitlamp	1	R 132,500	R 132,500
16	Nidek ARK-1 Autorefractor/ Keratometer	1	R 93,000	R 93,000
17	Nidek US-500 A Scan	1	R 82,750	R 82,750
18	Frastema Newline Chair and Stand	1	R 79,500	R 79,500
19	AO Ultramatic Phoroptor	1	R 55,000	R 55,000
20	Heine Omega 500 Unplugged Indirect Ophthalmoscope	1	R 41,500	R 41,500
21	Nidek CP-770 Projector	1	R 27,000	R 27,000
22	Nidek SC-1600 with LED Screen Projector	1	R 25,000	
23	Nidek LM-7 Lensometer	1	R 21,500	R 21,500
24	CSO A-900 Applanation Tonometer Slitlamp Accessory	1	R 14,500	R 14,500
25	Heine Beta 200S Set Direct Ophthalmoscope/ Retinoscope	1	R 12,950	R 12,950
26	Trial Lens Set	1	R 11,500	R 11,500
27	Oculus Universal Trial Frame	1	R 5,600	R 5,600
28	Remote for Nidek SC-1600 with LED Screen Projector	1	R 4,200	R 4,200
29	ISO TL-200 Trial Lens Set	1	R 3,250	

OPHTHALMOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Bernell Randot Stereo Fly	1	R 2,720	R 2,720
31	Luneau Horizontal & Vertical Prism Bar Set	1	R 1,413	R 1,413
32	Magnon -24 Plate Ishihara Colour Set	1	R 1,050	R 1,050
TOTAL				<u>R 5,102,183</u>

Annexure G - Orthopaedic Surgery

ORTHOPAEDICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Autoclave 20L, Table top	1	R 110,000	R 110,000
2	Model, Knee, hip and shoulder	1	R 85,000	R 85,000
3	Surgical Supplies, Bandages, dressing Paks etc.	1	R 70,000	R 70,000
4	POP Saw, Electric	1	R 15,000	R 15,000
5	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
6	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
7	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
8	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
9	POP Trolley	1	R 4,000	R 4,000
10	Suture Pack	2	R 4,000	R 8,000
11	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
12	Dressing Pack	2	R 3,250	R 6,500
13	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
14	Stitch Removing Pack	2	R 3,000	R 6,000
15	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
16	Couch, Examination, 2 Section	2	R 2,300	R 4,600
17	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
18	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
19	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
20	Plaster Shear	1	R 2,000	R 2,000
21	Hollow ware - set examination room set	1	R 1,950	R 1,950
22	Plaster Spreader	1	R 1,850	R 1,850
23	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
24	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
25	Stethoscope, Adult	1	R 875	R 875
26	Plaster Knife	1	R 680	R 680
27	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
28	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
29	Hammer, Patella	1	R 200	R 200

ORTHOPAEDICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Clock, with second hand, Battery operated, Wall mounted	1	R 150	R 150
31	Tray, Instruments, Stainless Steel	1	R 110	R 110
TOTAL				R 390,331

Annexure G - Consolidated Paediatrics

PAEDIATRICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Ultrasound Unit (Paeds)	1		
2	Ultrasound Unit (Paeds)	1		
3	Autoclave 20L, Table top	1	R 110,000	R 110,000
4	Vital Signs Monitor, NIBP, SP02, Temp	1	R 63,000	R 63,000
5	Trolley Emergency with content	1	R 61,200	R 61,200
6	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
7	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
8	Haemoglobin meter, Digital	1	R 9,500	R 9,500
9	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
10	Toys	1	R 4,500	R 4,500
11	Suture Pack	2	R 4,000	R 8,000
12	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
13	Dressing Pack	2	R 3,250	R 6,500
14	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
15	Stitch Removing Pack	2	R 3,000	R 6,000
16	Scale Baby Digital	1	R 2,600	R 2,600
17	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
18	Couch, Examination, 2 Section	1	R 2,300	R 2,300
19	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
20	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
21	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
22	Drip stand S/S, Mobile	1	R 1,950	R 1,950
23	Hollow ware - set examination room set	1	R 1,950	R 1,950
24	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
25	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
26	Glucometer, Battery Operated	1	R 950	R 950
27	Stethoscope, Adult	1	R 875	R 875
28	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
29	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300

PAEDIATRICS EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Clock, with second hand, Battery operated, Wall mounted	1	R 150	R 150
31	Tray, Instruments, Stainless Steel	1	R 110	R 110
TOTAL				R 348,001

Annexure G - Consolidated Physicians (Cardiology)

CARDIOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
GENERAL EQUIPMENT				
1	Ultrasound on trolley with Cardiac Probe and Printer	1	R 565,000	R 565,000
2	Ultrasound on trolley with Cardiac Probe and Printer (Cardiology)	1	R 500,000	
3	Autoclave 20L, Table top	1	R 110,000	R 110,000
4	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
5	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
6	Haemoglobin meter, Digital	1	R 9,500	R 9,500
7	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
8	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
9	Suture Pack	2	R 4,000	R 8,000
10	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
11	Film Viewer, 1 Film, Wall Mounted	1	R 3,500	R 3,500
12	Dressing Pack	2	R 3,250	R 6,500
13	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
14	Stitch Removing Pack	2	R 3,000	R 6,000
15	Couch, Examination, 2 Section	1	R 2,300	R 2,300
16	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
17	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
18	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
19	Drip stand S/S, Mobile	1	R 1,950	R 1,950
20	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
21	Bin, Wheelie White with lid	1	R 1,200	R 1,200
22	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
23	Glucometer, Battery Operated	1	R 950	R 950
24	Stethoscope, Adult	1	R 875	R 875
25	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
26	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
27	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
28	Hammer, Patella	1	R 200	R 200

CARDIOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
29	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
30	Bin, Sharps Disposal - 25'S	2	R 140	R 280
31	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
32	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
33	Tray, Instruments, Stainless Steel	1	R 110	R 110
34	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
35	Tape Measuring, Linen, Patient	1	R 15	R 15
36	Pacemaker Programmer	1		
	<i>Sub-total</i>			R 788,906
EXERCISE ROOM				
37	Exercise System - Computerised	1	R 205,000	R 205,000
38	ECG 24 Hr Recorder	1	R 48,000	R 48,000
39	ECG 24 Hr Recorder	1	R 42,500	R 42,500
40	Vital Signs Monitor with NIBP, ECG and SPO2 on mobile stand	1	R 39,627	R 39,627
41	Spirometer - Computer based system	1	R 35,450	R 35,450
42	Exercise System - Computerised	1	R 19,500	
43	Couch, Examination, 2 Section	1	R 2,300	R 2,300
44	Peak Flow Meter, Adult	1	R 400	R 400
	<i>Sub-total</i>			R 373,277
EMERGENCY TROLLEY				
45	Defibrillator With Monitor External	1	R 85,000	R 85,000
46	Trolley Emergency with content	1	R 41,200	R 41,200
47	Laryngoscope set - Adult - 2 Blades	1	R 9,310	R 9,310
48	Suction Unit, Foot Operated	1	R 3,000	R 3,000
49	Sphygmomanometer, Aneroid, Hand Held With Adult/ Obese And Child Cuffs	1	R 2,300	R 2,300
50	Resuscitation bag, Adult with masks size 3 and 4	1	R 1,250	R 1,250
51	Resuscitation bag, pads with masks size 3 and 5	1	R 1,250	R 1,250
52	Regulator, Flowmeter, O2, Single, Direct Probe Fitting	1	R 1,200	R 1,200
53	Pressure Infuser 500ml	1	R 900	R 900

CARDIOLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
54	Stethoscope	1	R 875	R 875
55	Forceps, Spencer Wells 18cm	1	R 750	R 750
56	Torch, Penlight	1	R 735	R 735
57	Forceps, Magill, Adult	1	R 695	R 695
58	Endotracheal Tubes - Set of 3	1	R 185	R 185
59	Bowl, Lotion, Stainless Steel, 150mm Diameter	1	R 150	R 150
60	Dish, Kidney, Stainless Steel, 250x40mm	2	R 120	R 240
61	Bite Block	1	R 75	R 75
62	Scissor, Bandage, 15cm	1	R 75	R 75
	<i>Sub-total</i>			R 149,190

TOTAL

R 1,311,373

Annexure G - Consolidated Physicians (Dermatology)

DERMATOLOGY EQUIPMENT SURVEY 2017/18

NO.	Description	QTY.	Unit Price	Total Price
1	Analyser for Skin Moles Computerised	1	R 175,000	R 175,000
2	Autoclave 20L, Table top	1	R 110,000	R 110,000
3	Trolley Emergency with content	1	R 41,200	R 41,200
4	Suction Unit, Mobile	1	R 34,500	R 34,500
5	Chair ENT - Hydraulic for treatment	1	R 22,500	R 22,500
6	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
7	Head Light with direct power source	1	R 12,700	R 12,700
8	Hyfrecator	1	R 12,500	R 12,500
9	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
10	Haemoglobin meter, Digital	1	R 9,500	R 9,500
11	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
12	Liquid Nitrogen Storage Containers	1	R 6,630	R 6,630
13	Cryogenic System	1	R 6,160	R 6,160
14	Diagnostic Set, Battery Type With Handle	1	R 5,530	R 5,530
15	Stitching Pack	1	R 5,500	R 5,500
16	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
17	Suture Pack	2	R 4,000	R 8,000
18	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
19	Film Viewer, 1 Film, Wall Mounted	1	R 3,500	R 3,500
20	Dressing Pack	2	R 3,250	R 6,500
21	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
22	Stitch Removing Pack	2	R 3,000	R 6,000
23	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
24	Couch, Examination, 2 Section	1	R 2,300	R 2,300
25	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
26	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
27	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
28	Drip stand S/S, Mobile	1	R 1,950	R 1,950
29	Hollow ware - set examination room set	1	R 1,950	R 1,950

DERMATOLOGY EQUIPMENT SURVEY 2017/18				
NO.	Description	QTY.	Unit Price	Total Price
30	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
31	Bin, Wheelie White with lid	1	R 1,200	R 1,200
32	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
33	Glucometer, Battery Operated	1	R 950	R 950
34	Stethoscope, Adult	1	R 875	R 875
35	Torch, Penlight	1	R 735	R 735
36	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
37	Tuning Fork S/S 128 Hertz	1	R 375	R 375
38	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
39	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
40	Hammer, Patella	1	R 200	R 200
41	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
42	Bin, Sharps Disposal - 25'S	2	R 140	R 280
43	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
44	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
45	Tray, Instruments, Stainless Steel	2	R 110	R 220
46	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
47	Tape Measuring, Linen, Patient	1	R 15	R 15

TOTAL

R 551,796

Annexure G - Consolidated Physicians (Gastroenterology)

GASTROENTEROLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Esophageal Manometry System - Stationary	1	R 725,000	R 725,000
2	Ultrasound Unit (Gastro Enterology)	1	R 650,000	R 650,000
3	Ultrasound Unit (Gastro Enterology)	1	R 580,000	
4	Ambulatory pH System	1	R 165,000	R 165,000
5	Autoclave 20L, Table top	1	R 110,000	R 110,000
6	Trolley Emergency with content	1	R 41,200	R 41,200
7	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
8	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
9	Haemoglobinometer, Digital	1	R 9,500	R 9,500
10	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
11	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
12	Suture Pack	2	R 4,000	R 8,000
13	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
14	Dressing Pack	2	R 3,250	R 6,500
15	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
16	Stitch Removing Pack	2	R 3,000	R 6,000
17	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
18	Couch, Examination, 2 Section	1	R 2,300	R 2,300
19	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
20	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
21	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
22	Drip Stand, Mobile S/S	1	R 1,950	R 1,950
23	Hollow ware - set examination room set	1	R 1,950	R 1,950
24	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
25	Bin, Wheelie White with lid	1	R 1,200	R 1,200
26	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
27	Glucometer, Battery Operated	1	R 950	R 950
28	Stethoscope, Adult	1	R 875	R 875
29	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650

GASTROENTEROLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
31	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
32	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
33	Bin, Sharps Disposal - 25'S	2	R 140	R 280
34	Tray, Instruments, Stainless Steel	1	R 110	R 110

TOTAL

R 1,080,031

Annexure G - Consolidated Physicians (Neurology)

NEUROLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	EMG machine, 941BK, Including Laptop and accessories	1	R 395,000	R 395,000
2	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
3	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
4	Haemoglobin meter, Digital	1	R 9,500	R 9,500
5	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
6	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
7	Suture Pack	2	R 4,000	R 8,000
8	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
9	Dressing Pack	2	R 3,250	R 6,500
10	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
11	Stitch Removing Pack	2	R 3,000	R 6,000
12	Couch, Examination, 2 Section	1	R 2,300	R 2,300
13	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
14	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
15	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
16	Drip stand S/S, Mobile	1	R 1,950	R 1,950
17	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
18	Bin, Wheelie White with lid	1	R 1,200	R 1,200
19	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
20	Glucometer, Battery Operated	1	R 950	R 950
21	Stethoscope, Adult	1	R 875	R 875
22	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
23	Peak Flow Meter, Adult	1	R 400	R 400
24	Peak Flow Meter, Child	1	R 400	R 400
25	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
26	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
27	Hammer, Patella	1	R 200	R 200
28	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
29	Bin, Sharps Disposal - 25'S	2	R 140	R 280

NEUROLOGY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
31	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
32	Tray, Instruments, Stainless Steel	1	R 110	R 110
33	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
34	Tape Measuring, Linen, Patient	1	R 15	R 15

TOTAL

R 506,206

Annexure G - Consolidated Physicians (General Specialist Physician)

PHYSICIAN EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
2	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
3	Haemoglobin meter, Digital	1	R 9,500	R 9,500
4	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
5	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
6	Stethoscope, Adult	1	R 4,000	R 4,000
7	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
8	Film Viewer, 1 Film, Wall Mounted	1	R 3,500	R 3,500
9	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
10	Couch, Examination, 2 Section	1	R 2,300	R 2,300
11	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
12	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
13	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
14	Drip stand S/S, Mobile	1	R 1,950	R 1,950
15	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
16	Bin, Wheelie White with lid	1	R 1,200	R 1,200
17	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
18	Glucometer, Battery Operated	1	R 950	R 950
19	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
20	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
21	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
22	Hammer, Patella	1	R 200	R 200
23	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
24	Bin, Sharps Disposal - 25'S	2	R 140	R 280
25	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
26	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
27	Tray, Instruments, Stainless Steel	1	R 110	R 110
28	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
29	Tape Measuring, Linen, Patient	1	R 15	R 15

PHYSICIAN EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
	<i>Sub-total</i>			R 96,531
GENERAL EQUIPMENT				
EXERCISE ROOM				
30	Exercise System - Computerised	1	R 205,000	R 205,000
31	Exercise System - Computerised	1	R 195,000	
32	ECG 24 Hr Recorder	1	R 48,000	R 48,000
33	Vital Signs Monitor with NIBP, ECG and SPO2 on mobile stand	1	R 39,627	R 39,627
34	Spirometer - Computer based system	1	R 35,450	R 35,450
35	Couch, Examination, 2 Section	1	R 2,300	R 2,300
36	Peak Flow Meter, Adult	1	R 400	R 400
	<i>Sub-total</i>			R 330,777
EMERGENCY TROLLEY				
37	Defibrillator With Monitor External	1	R 85,000	R 85,000
38	Trolley Emergency with content	1	R 41,200	R 41,200
39	Laryngoscope set - Adult - 2 Blades	1	R 9,310	R 9,310
40	Suction Unit, Foot Operated	1	R 3,000	R 3,000
41	Sphygmomanometer, Aneroid, Hand Held With Adult/ Obese And Child Cuffs	1	R 2,300	R 2,300
42	Resuscitation bag, Adult with masks size 3 and 4	1	R 1,250	R 1,250
43	Resuscitation bag, paed's with masks size 3 and 5	1	R 1,250	R 1,250
44	Regulator, Flowmeter, O2, Single, Direct Probe Fitting	1	R 1,200	R 1,200
45	Pressure Infuser 500ml	1	R 900	R 900
46	Stethoscope	1	R 875	R 875
47	Forceps, Spencer Wells 18cm	1	R 750	R 750
48	Torch, Penlight	1	R 735	R 735
49	Forceps, Magill, Adult	1	R 695	R 695
50	Endotracheal Tubes - Set of 3	1	R 185	R 185
51	Bowl, Lotion, Stainless Steel, 150mm Diameter	1	R 150	R 150
52	Dish, Kidney, Stainless Steel, 250x40mm	2	R 120	R 240

PHYSICIAN EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
53	Bite Block	1	R 75	R 75
54	Scissor, Bandage, 15cm	1	R 75	R 75
	<i>Sub-total</i>			R 149,190

TOTAL

R 479,967

Annexure G - Consolidated Physicians (Pulmonology)

PULMONOLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
GENERAL EQUIPMENT				
1	Body Box, Lung Function	1	R 985,000	R 985,000
2	Ultrasound Unit	1	R 645,000	
3	Ultrasound Unit (Pulmonology)	1	R 630,000	R 630,000
4	Autoclave 20L, Table top	1	R 110,000	R 110,000
5	Nebulizer Ultrasonic	1	R 16,000	R 16,000
6	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
7	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
8	Haemoglobin meter, Digital	1	R 9,500	R 9,500
9	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
10	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
11	Suture Pack	2	R 4,000	R 8,000
12	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
13	Dressing Pack	2	R 3,250	R 6,500
14	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
15	Stitch Removing Pack	2	R 3,000	R 6,000
16	Couch, Examination, 2 Section	1	R 2,300	R 2,300
17	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
18	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
19	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
20	Drip stand S/S, Mobile	1	R 1,950	R 1,950
21	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
22	Bin, Wheelie White with lid	1	R 1,200	R 1,200
23	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
24	Glucometer, Battery Operated	1	R 950	R 950
25	Stethoscope, Adult	1	R 875	R 875
26	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
27	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
28	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300

PULMONOLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
29	Hammer, Patella	1	R 200	R 200
30	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
31	Bin, Sharps Disposal - 25'S	2	R 140	R 280
32	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
33	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
34	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
35	Tape Measuring, Linen, Patient	1	R 15	R 15
	<i>Sub-total</i>			R 1,851,296
EXERCISE ROOM				
36	Spirometer - Computer based system	1	R 900,000	R 900,000
37	Exercise System - Computerized	1	R 205,000	R 205,000
38	Exercise System - Computerized	1	R 195,000	
39	ECG 24 Hr Recorder	1	R 48,000	R 48,000
40	ECG 24 Hr Recorder	1	R 42,500	
41	Vital Signs Monitor with NIBP, ECG and SPO2 on mobile stand	1	R 39,627	R 39,627
42	Spirometer - Computer based system	1	R 35,450	R 35,450
43	Couch, Examination, 2 Section	1	R 2,300	R 2,300
44	Peak Flow Meter, Adult	1	R 400	R 400
	<i>Sub-total</i>			R 1,230,777
EMERGENCY TROLLEY				
45	Defibrillator With Monitor External	1	R 85,000	R 85,000
46	Trolley Emergency with content	1	R 41,200	R 41,200
47	Laryngoscope set - Adult - 2 Blades	1	R 9,310	R 9,310
48	Suction Unit, Foot Operated	1	R 3,000	R 3,000
49	Sphygmomanometer, Aneroid, Hand Held With Adult/ Obese And Child Cuffs	1	R 2,300	R 2,300
50	Resuscitation bag, Adult with masks size 3 and 4	1	R 1,250	R 1,250
51	Resuscitation bag, paed's with masks size 3 and 5	1	R 1,250	R 1,250
52	Regulator, Flowmeter, O2, Single, Direct Probe Fitting	1	R 1,200	R 1,200
53	Pressure Infusor 500ml	1	R 900	R 900

PULMONOLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
54	Stethoscope	1	R 875	R 875
55	Forceps, Spencer Wells 18cm	1	R 750	R 750
56	Torch, Penlight	1	R 735	R 735
57	Forceps, Magill, Adult	1	R 695	R 695
58	Endotracheal Tubes - Set of 3	1	R 185	R 185
59	Bowl, Lotion, Stainless Steel, 150mm Diameter	1	R 150	R 150
60	Dish, Kidney, Stainless Steel, 250x40mm	2	R 120	R 240
61	Bite Block	1	R 75	R 75
62	Scissor, Bandage, 15cm	1	R 75	R 75
	<i>Sub-total</i>			R 149,190

TOTAL

R 3,231,263

Annexure G - Consolidated Physicians (Rheumatology)

RHEUMATOLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Autoclave 20L, Table top	1	R 110,000	R 110,000
2	Cycle Ergometer	1	R 49,500	R 49,500
3	ECG Machine/Recorder, 12 Lead With Printer On trolley	1	R 48,000	R 48,000
4	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
5	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
6	Treadmill	1	R 12,000	R 12,000
7	Haemoglobin meter, Digital	1	R 9,500	R 9,500
8	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
9	Body Fat Analyser (150kg x 1kg)	1	R 5,500	R 5,500
10	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
11	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
12	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
13	Refrigerator - Under counter 120L	1	R 2,500	R 2,500
14	Couch, Examination, 2 Section	1	R 2,300	R 2,300
15	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
16	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
17	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
18	Drip stand S/S, Mobile	1	R 1,950	R 1,950
19	Hollow ware - set examination room set	1	R 1,950	R 1,950
20	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
21	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
22	Glucometer, Battery Operated	1	R 950	R 950
23	Stethoscope, Adult	1	R 875	R 875
24	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
25	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
26	Hammer, Patella	1	R 200	R 200
27	Clock, with second hand, Battery operated, Wall mounted	1	R 150	R 150

TOTAL

R 316,291

Annexure G - Urology

UROLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
1	Ultrasound (Urology)	1	R 580,000	R 580,000
2	Ultrasound (Urology)	1	R 405,780	
3	Flexible Fibre Optic scope with lightsource	1	R 240,000	R 240,000
4	Uroflowmeter, Automatic, Digital	1	R 221,630	R 221,630
5	Autoclave 20L, Table top	1	R 110,000	R 110,000
6	Table Microscope	1	R 60,000	R 60,000
7	Centrifuge	1	R 35,000	R 35,000
8	Urine Analyser	1	R 30,000	R 30,000
9	Diagnostic Set, Wall Mounted	1	R 13,066	R 13,066
10	Head Light with direct power source	1	R 12,700	R 12,700
11	Procedure Light on Mobile stand - GS300	1	R 12,000	R 12,000
12	Haemoglobin meter, Digital	1	R 9,500	R 9,500
13	Scale, Patient Stand On, Digital, With Height Measurement	1	R 7,500	R 7,500
14	X-Ray Viewing Box - Double film, Wall Mounted	1	R 5,000	R 5,000
15	Suture Pack	2	R 4,000	R 8,000
16	Locker, Bedside, With Drawer, S/S top	1	R 3,800	R 3,800
17	Dressing Pack	2	R 3,250	R 6,500
18	Trolley, Dressing, Stainless Steel 46X91cms	2	R 3,215	R 6,430
19	Stitch Removing Pack	2	R 3,000	R 6,000
20	Couch, Examination, 2 Section	1	R 2,300	R 2,300
21	Sphygmomanometer, Aneroid, Wall mounted with Adult/ Obese Cuffs	1	R 2,300	R 2,300
22	Stool, Surgeon, Mobile	2	R 2,150	R 4,300
23	Thermometer, Electronic, Digital - Ear, Braun Pro 4000	2	R 2,085	R 4,170
24	Drip stand S/S, Mobile	1	R 1,950	R 1,950
25	Curtains with ceiling Tracks (per Metres)	6	R 1,750	R 10,500
26	Bin, Wheelie White with lid	1	R 1,200	R 1,200
27	Step, Couch Mounting, Double Step	1	R 1,200	R 1,200
28	Glucometer, Battery Operated	1	R 950	R 950
29	Stethoscope, Adult	1	R 875	R 875

UROLOGY SURGERY EQUIPMENT SURVEY 2017/18				
No.	Description	QTY.	Unit Price	Total Price
30	Bin, Waste, Pedal Operated, Metal With Plastic Insert	1	R 650	R 650
31	Dispenser, Liquid Soap, Hand Operated, Wall Mounted	1	R 350	R 350
32	Dispenser, Paper Towel, Wall Mounted	1	R 300	R 300
33	Clock, Battery Operated, With Second Sweep Hand, Wall Mounted	1	R 150	R 150
34	Bin, Sharps Disposal - 25'S	2	R 140	R 280
35	Bowl, Stainless Steel, 85x150mm Diameter	1	R 130	R 130
36	Dish, Kidney, Stainless Steel, 250x40mm	4	R 120	R 480
37	Gallipot, Stainless Steel, 64x48mm	4	R 50	R 200
38	Tape Measuring, Linen, Patient	1	R 15	R 15

TOTAL

R 1,399,426