MINES BENEFIT SOCIETY PRACTICE

SOME ASPECTS OF ITS ECONOMICS

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In the Brakpan - Springs area the panel doctors of the Mines Benefit Society (MBS) have additional sources of income from appointments and from private practice, including medical aid society practice. It is difficult, if not impossible, to calculate what proportion each benefit society contributes to the total costs of running the practice. If any practice were to consist solely of MBS panel patients it would be a simple matter to assess the cost to the doctor for each member of the panel. No such practice exists, but from practical experience and after discussion with many colleagues in the area I feel that such a practice could be constructed in theory, and valuable deductions could result.

An attempt will be made to answer the following questions:

1. What should be an average day's work of a doctor in solus practice?
2. What remuneration should he reasonably expect for this amount of work?
3. What size of panel will keep a doctor fully occupied?
4. What are the expenses of running such a practice?
5. What panel fee should he receive?

1. A Day's Work in the Brakpan - Springs Area

Consulting sessions: 2 hours, both morning and afternoon. The usual sessions are from 10.30 a.m. to 12.30 p.m. and from 4 p.m. to 6 p.m. Although some patients will require 20 - 30 minutes, there are others who can be dealt with in 4 - 5 minutes (e.g. repeat attendances, certificates, or requests for simple prescriptions for headache tablets, etc.). A considerable proportion of each session is occupied on the telephone in answering queries from patients, or in discussions with specialists. I find that on an average I can see about 6 patients per hour, i.e. a total of 24 patients during the consulting sessions.

Hospital rounds: 1½ hours per day, including operations.
Calls: 3½ hours, about 10 calls (limits 5 - 20).
After hours: 4 calls (limits 1 - 8).
Week-ends and holidays: 6 calls per day (limits 3 - 20).

Injuries received on duty are also treated during the day (see para. 5 below).

The usual 'working' day is 8 a.m. — 6 p.m., allowing 1 hour for lunch. Calls made after 6 p.m. are considered to be 'after hours'.

2. Suitable Remuneration

A useful comparison is the new post of 'principal' medical officer in many Transvaal hospitals. The salary is R4,800 *per annum* for a suitably experienced general practitioner. (In this area practically every panel doctor is widely experienced, having been in practice for many years.) The usual period of duty is 7 hours per day and there may or may not be an occasional night or week-end duty. There are sick leave and travel privileges, 50 days annual leave (including public holidays), a holiday bonus of R120 *p.a.*, in some cases quarters and board at low rates, rail concessions and a pension scheme.

With this post as a yardstick the hard-working panel doctor perpetually on call is surely entitled to an income 50% above that of the hospital medical officer, after making provision for some of the latter's privileges? Thus it is submitted that his net income should be R600 per month, and allowance for the privileges mentioned will be made under the heading of expenses in para. 4.

3. Size of Panel

If the MBS patient is to receive full attention from his doctor in his own house, in the doctor's consulting room, and in hospital, I do not consider that the panel doctor can undertake to care for more than 600 families (1,500 individuals). When I commenced practice in this area 16 years ago, the practitioners were able to cope with far bigger panels than this, but the practice of medicine appears to have changed for the better, and doctors are now devoting far more time to each patient in the examination (including special examinations), in record-taking, and in the follow-up. With the increasing complexity of medicine far more discussions than previously are being held with specialists, and much time is

wasted in obtaining specialists' consent for items omitted from the pathetically inadequate and outdated schedule of drugs. I shall refrain from commenting further on the frustrations experienced — it is difficult to assess compensation in terms of money!

4. Monthly Expenses

Rooms	R80-00
Receptionist	100-00
Electricity	16-00
Telephones (including residence)	20-00
Stationery, etc.	6-00
Car (1,500 miles)	60-00
Allowance for receptionist's leave and bonus	10-00
Share of office boy	16-00
Leave allowance (R440 *p.a.*)	36-00
Pension allowance (see para. 2)	50-00
Insurance (public liability, sickness and accident, fire and burglary)	20-00
Depreciation of furniture, equipment, etc. (R1,500 at 10% *p.a.*)	12-00
Interest on capital (R1,500 at 7%)	9-00
'Emergency' telephone service	4-00
Miscellaneous	12-00
	R451-00

5. Panel Fee

It was postulated in paragraph 2 that the panel doctor should receive for his services a monthly income of R600. As the expenses are R451, the total panel fees should be R1,051. Since the panel has 600 members the panel fee per member will be R1-75.

However, the Rand Mutual Insurance Company pays a fee of 12½ cents for each member in employment on a gold mine or ancillary organization, under the provisions of the Workmen's Compensation Act; most families have a member in such employment (exceptions are widow members and continuation members). Since the doctor's working hours, as outlined in paragraph 1, make provision for the treatment of work injuries, the fee paid by the Rand Mutual (less 2½c to make allowance for families without insured workers) should be deducted from the fee paid by the MBS.

Thus the panel fee to the doctor is to be allocated as follows:

MBS	R1-65
Rand Mutual	R0-10
Total	R1-75

There may be additional income from midwifery and anaesthetic fees. However, this will entail extra work not allowed for in paragraph 1 (operations on the doctor's own patients are allowed for, but not procedures on behalf of colleagues). Thus the additional work involved will cut into his leisure time. Moreover, since he is not compelled to undertake this additional work, it is not considered that any such (doubtful) additional income merits consideration.

6. Conclusions

The present panel fee paid by the MBS is R0-70. Sixteen years ago it was 4/6 (+ 10d. in lieu of anaesthetic and assistance fees) and since R2 is now worth only about one-third of the 1945 £1, the panel fee should accordingly be 3 x 4/6 = R1-35. As pointed out in paragraph 3, the panel doctor can now cope with fewer patients than previously and hence the panel fee of R1-65 as derived in paragraph 5 is consistent with this alternative approach to the problem.

This theoretical discussion can be applied to existing mixed practices. As an example (where a doctor devotes 1/3 of his time to a panel of 200 members):

Expenses for 200 members = 1/3 of R451 (para. 4) = R150
Income from MBS and Rand Mutual =
(200 x R0-70) + (200 x R0-05) = R150

It is evident that it is uneconomic for panel doctors, whether they have large or small panels, to accept the present membership fee of R0-70 per family. A case has been presented for the raising of the fee to R1-65.