



SOUTH AFRICAN MEDICAL ASSOCIATION

# DIRECTOR'S REPORT 2020



UNITING DOCTORS  
FOR THE HEALTH  
OF THE NATION



# Table of Contents

<b>1</b>	Introduction - A tribute to Frontline workers.....	3
<b>2</b>	SAMA 2020 Highlights.....	5
<b>3</b>	Directors' Report.....	7
<b>4</b>	General Manager's Report.....	13
<b>5</b>	Auditors Report on SAMA Consolidated Financial Statements.....	20
<b>6</b>	Abridged Financial Statements 2020.....	24
<b>7</b>	The future of SAMA and the medical profession.....	28





# 1 Introduction

## Frontline Healthcare Workers

As 2020 dawned no-one could predict the events which would unfold in the weeks and months that followed, and the disruptive impact these events would have on the lives of everyone in the world. As COVID-19 spread across countries lives were altered forever. The situation in South Africa was no different and the country suffered greatly from the effects of SARS-Cov-2, effects which continued well into 2021. One group of people, however, stood on the frontline of the battle against the pandemic, often sacrificing their own safety for that of others: frontline healthcare workers.

South Africa's first case of SARS-Cov-2 was noted on 5 March and just over two weeks after the WHO's announcement of a worldwide pandemic, the South African government announced a nationwide lockdown on 26 March.

Much has been written about the mental and physical effects of the pandemic on healthcare workers but the true extent of the sacrifices, and enormous courage these workers displayed, is often not fully appreciated. South Africa's already stretched healthcare system was challenged but the people who make these systems function were stretched even further. Daily reports began emerging of doctors and nurses facing physical, emotional and psychological burnout. The long hours at work, the devastating impact of COVID-19 on patients, and the inability to effectively cope with the pernicious disease all exacted their toll.

This report is dedicated to those healthcare workers across the spectrum who made sacrifices to tend to patients, and who served the interests of humanity while performing their duties. Their contributions can never be entirely quantified, but we acknowledge them for the work they have done, and for their dedication to their profession. We further acknowledge the impact that dealing with the pandemic has had on their lives, and of the emotional and physical scars they may be carrying long into the future. This has not been an easy task, but without the commitment of healthcare workers in every healthcare institution across our country the burden of the disease would have been unbearable, and the victories, however small, would have been impossible.

---

**We cannot ignore that many of our colleagues have made the ultimate sacrifice during this period.**

---

---

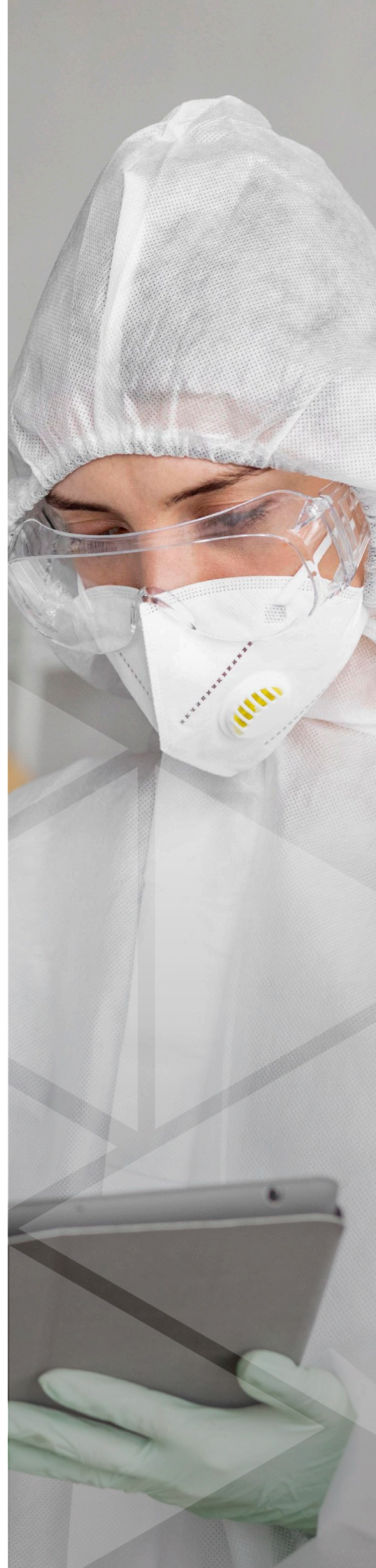
## This report must serve as a tangible reminder of our colleagues who have passed, and as a tribute to those who continue to wage the battle against this evil disease.

---

We cannot ignore that many of our colleagues have made the ultimate sacrifice during this period. We grieve their loss along with their families and friends, and we mourn alongside all South Africans the departure of those whose lives were dedicated to caring for others. In this regard, this report acknowledges the work of Dr Maggie Mojapelo-Mokotedi, the founder of the Healthworkers Heroes Memorial (HCWM).

The HCWM recognises those in our profession who have died while serving others, and, in the absence of being able to congregate to do so in person, remembers their incredible contributions to society via various online platform (including a website and social media pages).

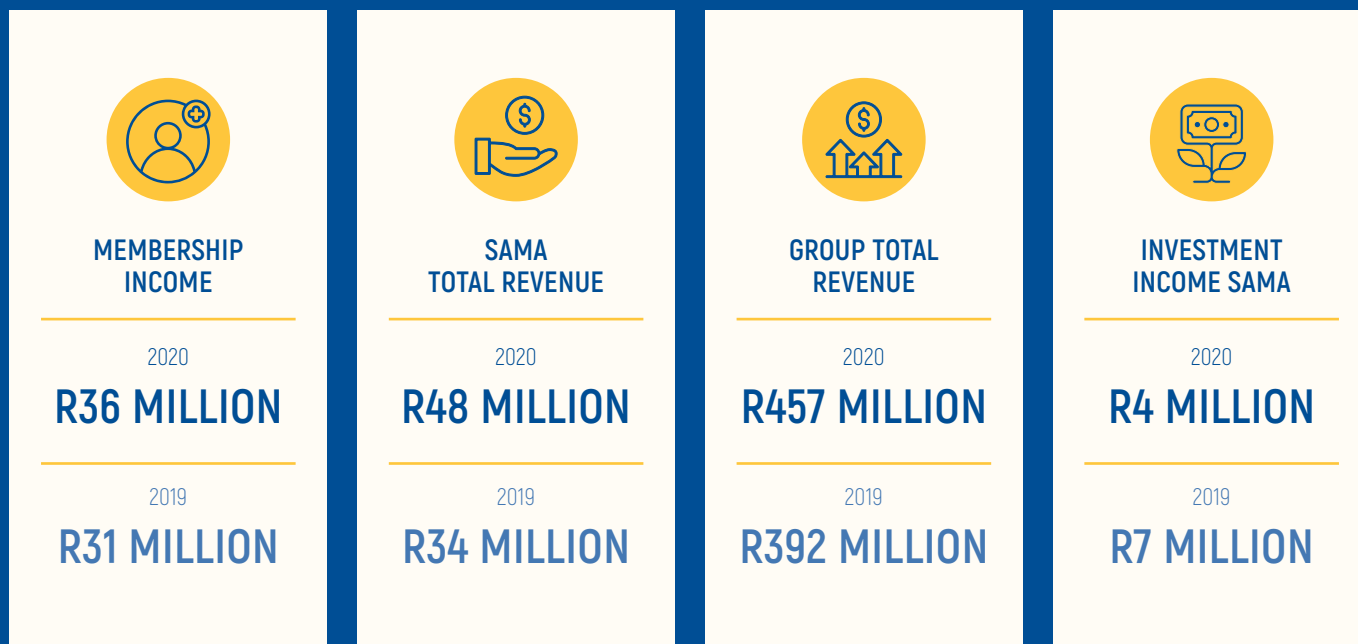
This report, which provides an overview of SAMA's activities in 2020, must be read with this background in mind and as a tribute to all frontline workers who are, in every essence, the backbone of the fight against COVID-10. This report must serve as a tangible reminder of our colleagues who have passed, and as a tribute to those who continue to wage the battle against this evil disease.




# 2 Key Highlights

## Financial Highlights

Consolidated Financial Statements



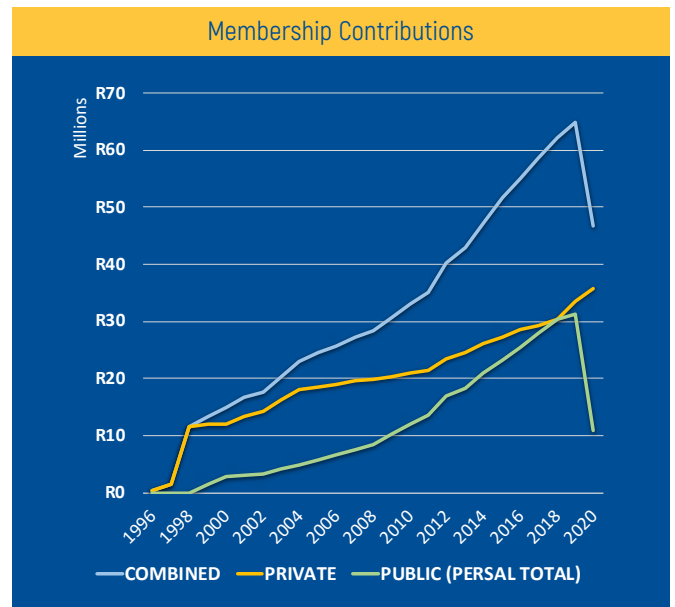
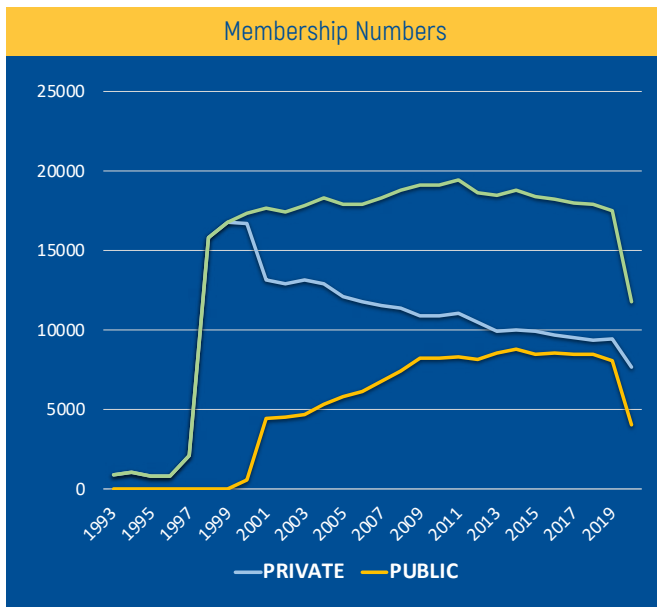
KEY ASSETS & LIABILITIES	COMPANY	GROUP
 <b>NON-CURRENT ASSETS</b>	R 123 Million / 125 Million	R 273 Million / 290 Million
 <b>CURRENT ASSETS</b>	R 41 Million / 45 Million	R 183 Million / 201 Million
 <b>EQUITY</b>	R 157 Million / 160 Million	R 357 Million / 367 Million
 <b>NON - CURRENT LIABILITIES</b>	R 0.8 Million / 0.08 Million	R 8 Million / 8 Million
 <b>CURRENT LIABILITIES</b>	R 7 Million / R 10 Million	R 91 Million / 115 Million

# Membership Highlights

Annual Analysis



## Membership Numbers and Contributions



## MATTERS RECEIVED BY OUR EMPLOYED DOCTORS DIVISION IN 2020 AND RESOLUTION STATUS AS AT 31 DECEMBER 2021

PROVINCES	CASES RECEIVED	CASES RESOLVED	PENDING CASES AS AT DECEMBER 2021
Limpopo	17	14	3
North West	4	2	2
Free State	41	32	8
Gauteng	71	63	8
Western Cape	52	47	7
Mpumalanga	12	9	3
Northern Cape	1	1	0
Eastern Cape	21	12	9
KwaZulu - Natal	69	57	12
<b>TOTAL</b>	<b>288</b>	<b>237</b>	<b>52</b>

# 3 Directors' Report

As with many reviews of this nature, the introductory paragraph aims to provide an overview of a business in the context of the events which shaped its activities. Such an overview of 2020, obviously, will fail without mention of COVID-19 and the enormous impact it has had in South Africa and the world. As medical professionals, 2020 was an extremely challenging year on all fronts, and the spread and effect of coronavirus will leave a lasting imprint for years to come. As a profession we have lost many of our colleagues to COVID-19, and we commit ourselves individually, as a Board, and as an association to support the commemoration of their lives.

Importantly the Board commends and acknowledges the incredible and selfless work being performed by our colleagues. Here we pause to recognise the exceptional scientific leadership of Professor Salim Abdool Karim and his team at a time when the country needed it the most. Prof Salim has received many accolades and awards from around the world for his work and we similarly join those who have acknowledged his immense contributions.

We acknowledge upfront that attempts to fully describe COVID-19's impact on people's lives will, undoubtedly, fall short in many respects; conveying the full extent of the trauma, mental anguish, and devastation of such an insidious virus is difficult to translate into words. Our aim here is not to do that. Rather, we concede there are many stories yet to be told of how COVID-19 has taken so much away from so many, and that throughout its spread, there are stories of heroism and dignity, calmness under pressure, and dedication in the face of challenging circumstances. We therefore must also unambiguously acknowledge the sacrifices made by all our colleagues (many of whom are members of SAMA) during the past 18 months. Their dedication and resolve to overcome, often amid a torrent of challenges, is a guiding light for us all, and serves as inspiration for us to provide our best at all times.

As is noted in the introduction, the Board dedicates its to the brave men and women in our profession who, in whatever capacity they were working, provided their skills, expertise and knowledge so that others may benefit. These professionals sacrificed time with their families, often working in difficult and dangerous situations. We are aware that many now face mental health, financial and personal issues. Ours is not to judge, nor to offer platitudes. Instead, what we present here is a reflection of 2020 in the context of COVID-19 and its role in shaping where we are today. As we have mentioned in previous reports, we deem this task of reflection as a serious one, as it informs not only our past but also our future.



At the outset we must note that while SAMA has by and large supported government's efforts at curbing the spread of coronavirus, the association has not necessarily agreed with all the measures. We remain concerned, for instance, that restrictions have either been implemented too late, or lifted too early. This notwithstanding, SAMA played an important role in getting information to practitioners, both in the private and public sectors, and has been involved in or represented at several forums and committees dealing with COVID-19.

## BACKGROUND

We previously expounded on several key issues we faced in 2019. For context, the Board highlighted the following areas:

- The criminalisation of medical errors
- Health Professions Council of South Africa (HPCSA)
- National Health Insurance (NHI) & Presidential Compact
- SAMA Membership & CPD
- Safety of healthcare workers at public institutions

Sadly, some of these issues, such as those involving the HPCSA, NHI, and the safety of healthcare workers at public institutions remain unresolved in 2020. There are many reasons for this but the overwhelming focus of healthcare in 2020 has been COVID-19, and its resultant implications. For this reason, our Report for 2020 must address these issues.

## COVID-19

SAMA's first official communication on COVID-19 was on 6 March 2020 when the association issued a Med-e-Mail to members noting with concern that the first case of the virus had been detected in South Africa. This communication – which was followed by many others during the course of year in various formats across multiple internal and external media – highlighted the need for doctors to implement the necessary measures to curb the spread of the virus. During this time the first Medical Ministerial Advisory Committee (MAC) was established, and SAMA represented doctors and other healthcare workers on this committee. SAMA is currently represented on the Vaccine Ministerial Advisory Committee.

---

**A major issue for SAMA throughout the pandemic was the provision of PPE, and the allocation of beds, personnel, and other equipment to public institutions.**

---

Following from this communication, various directives, pieces of advice, and guidance was offered to members, all focusing on the need to implement proper protocols, and for all medical personnel to ensure their own and their patients' safety.

However, it became clear as the country headed for restrictive movement measures under the National State of Disaster guidelines (Lockdown Levels) announced by President Cyril Ramaphosa and various Ministers, that issues around resources and capacity would arise. A major issue for SAMA throughout the pandemic was the provision of Personal Protective Equipment (PPE), and the allocation of beds, personnel, and other equipment to public institutions. The onset of COVID-19 highlighted the gross inefficiencies within the country's healthcare system, inefficiencies which SAMA has highlighted many times over the years. These inefficiencies were multiplied by a number of factors including ongoing corruption by so-called tenderpreneurs who, sickeningly, sought to benefit financially from the pandemic. We do not unpack these many instances of corruption in this report as that is not the function of this review, but we note that these resulted in many millions of Rands being diverted from genuine healthcare practices and could, ultimately, have cost the lives of both healthcare workers and patients.





---

...the slow pace of the roll-out of PPE to hospitals initially hampered efforts to deal effectively with the spread of coronavirus.

---

It is, we believe, an area of serious concern, and efforts to identify and punish those guilty of these offences must continue unabated, in spite of the prevailing coronavirus status of the country.

In addition to poor planning and a continual lack of resources, the pandemic also underscored the lack of training for doctors and nurses in dealing with a pandemic, a factor which ultimately affected health outcomes on all levels. The situation which was exacerbated by poor oxygen supplies and weak treatment protocols.

We must note that one of the disappointing aspects of these inadequate responses was a failure to learn from mistakes. Many issues arose during the handling of the pandemic, specifically during the first wave, and these issues, had they been addressed properly, would have led to a strengthened system going forward. Sadly, this was not the case and when the second and third waves occurred, they did so in an environment where the healthcare system was more fragile than before, with healthcare systems literally collapsing in some provinces.

We note, as we do here again, that the slow pace of the roll-out of PPE to hospitals initially hampered efforts to deal effectively with the spread of coronavirus. Similarly, we note again that not enough was done to ensure proper allocation of other resources mentioned above to deal with the virus. What is dismaying from our perspective is the lack of a proper, ubiquitous and coherent media campaign by the NDoH. Within this vacuum of information, SAMA became the advocacy voice for doctors, healthcare workers, and patients in the media. The association cautioned against only concentrating on COVID-19, while not addressing other communicable diseases such as HIV and AIDS and tuberculosis, and on other important medical interventions such as immunizations for children. Our belief then, as it is now, is that no one medical condition should relegate others because this devalues the lived experiences of millions of people.

At the same time the Board notes that it supported – at times with reservations – the government's response to the progression of COVID-19. The government's response was driven, in large part, by recommendations from the National Command Council (NCC) chaired by President Ramaphosa. The NCC comprised 19 Cabinet Ministers (including members of the Inter-Ministerial Committee on COVID-19, their respective Directors-General, the Head of the SA National Defence Force, the National Police Commissioner, and a Secretariat (Sing, J.A in SAM), June 2020).

Among the reservations expressed by SAMA on the response was the slow declaration of the national lockdown. In a media statement issued on 23 March 2020 the association, through our Chair Dr Coetzee, called on the government to announce a lockdown immediately citing concerns that failure to do so would result in a total collapse of the country's healthcare system under the inevitable strain that COVID-19 would bring.

It was also a position communicated separately to the Minister of Health who was the Chair of the Inter-Ministerial Committee on COVID-19.

The announcement of the national lockdown (Lockdown Level 5) three days later on 26 March was welcomed by SAMA as a step in the right direction. We pause at this moment to note that despite the developments around the former Minister of Health, SAMA was encouraged by his leadership during this period. It must be added that the developments which led to his suspension do not require exposition here, apart from those we have mentioned above. It is within the context of the Minister's leadership at the time, that the Board welcomed and endorsed the provision of a platform to the Minister – which was subsequently utilised by him and his department – to explain to doctors (and to members of the media) government's response through a SAMA virtual Media Conference hosted by SAMA and broadcasted live through news channels to the general public, and online participants. Setting the tone for SAMA leadership and involvement in the dissemination of information, support and coordination initiatives relating to the pandemic and subsequent initial vaccination roll-out for Healthcare Workers in South Africa.

Following from the initial lockdown, SAMA throughout 2020 commented on various aspects of COVID-19, including those related to the easing of restrictions, as well as those related to pharmaceutical interventions and vaccines. Without exploring these issues in granular detail, the Board notes it raised its concerns, and continues to do so, on the timing of the easing of restrictions, as well as the slow pace of the roll-out of vaccinations to citizens. These are both matters we have raised with the NDoH and will continue to raise as our belief is that the reintegration of society cannot occur too quickly for fear of COVID-19 resurgences.

In respect of pharmaceutical interventions, the Board noted reports about the use of, amongst others, Chloroquine and Ivermectin, as treatments for COVID-19. Our stance then and now has been to apply caution with these drugs and to defer to the South African Health Products Regulatory Authority (SAHPRA) for guidance. In every respect relating to the use of pharmaceuticals SAMA believes this authority must provide the necessary guidance and advice that is science and fact based, and which uses international benchmarks.

Our concerns around the government's response to COVID-19 have not fully been dealt with and we support the view that more needs to be done specifically in relation to the provision of vaccines. We have also advised on numerous occasions that the easing of restrictive measures must not be seen as an acknowledgement that COVID-19 has been dealt with, and all measures must be taken now to capacitate particularly public health institutions for future waves of the disease.



More needs to be  
done specifically  
in relation to  
the provision  
of vaccines.

## HPCSA

COVID-19 inevitably and undoubtedly overshadowed otherwise routine events in the administration of health provision in South Africa in 2020 but that does not mean these events did not occur, nor that they had important implications. In its Report in 2019 the Board noted allegations of administrative irregularities and poor governance at the Council and that problems at the HPCSA identified years ago remain. Among these issues we refer to the findings of the ministerially-appointed inquiry led by the Professor Bongani Mayosi which found the HPCSA to be organizationally dysfunctional. With this as context, SAMA will continue in its lobbying efforts to form an independent Medical and Dental Board (MDB). It remains a focus of the organisation as we believe such an independent body will better serve the interests of doctors across the country.

While these concerns have not adequately been dealt with in 2020, issues around telemedicine, the registration of doctors, the increase of fees payable to the Council, and problems around the payment of fees, have become new

areas of concern. In relation to fees, for example, we share the sentiments of our members that the 21% increase in annual fees – which must be seen in the context of the services offered by the HPCSA – is outrageous and unfair. Of particular concern is that the fees were increased without any input or consultation and are five times higher than the inflation rate and at a time when many doctors are suffering financially because of COVID-19 restrictions.

SAMA has, and will continue, to raise these issues with the Council as well as with the Department of Health. It is the Board's view, however, that ongoing problems with the HPCSA cannot be allowed to continue for much longer as these impact on the provision of health services to the citizens of the country. It is the Board's intention to raise these and other issues with the relevant authorities to ensure the sustained and effective management of the HPCSA in future. These developments will be communicated as and when they occur to all members.

## NHI

As it did in 2019, the Board re-iterates its concerns around the implementation of NHI in South Africa. SAMA participated in several national and provincial forums in relation to NHI roll-out throughout 2020, highlighting on each occasion its reservations, including those related to detail on quality care expectations, certification, accreditation, and contracting of healthcare service providers and about a single fund to secure Universal Health Coverage (UHC).

During 2020, these reservations were amplified by the shortcomings in the provision of especially public healthcare, particularly in light of the problems noted above with the provision of PPE, and human and operational resources. These concerns are further supported by the fact that during the year much of the funding for NHI was utilised for COVID-19 interventions. Although the NDoH is of the view that this expenditure will aid NHI roll-out because the funding has been made towards infrastructure development and for equipment, we remain unconvinced. NHI roll-out stuttered during 2020 and we believe the lessons learnt from COVID-19 responses, and the lack of essential resources that characterized it, must be addressed – along with the other concerns which have been raised – before NHI can properly be implemented.

## WEBINARS

Webinars were used, wisely and well in our view, by SAMA during the year to deal with a number of issues. There are two important aspects we support as reasons for the success of these online presentations, firstly the quality of the topics and speakers (such as Prof Abdul Karim to speak on matters related to COVID-19) and, secondly, the fact that these sessions have CPD points allocated to them. The Board also recognises the inputs of Dr Coetzee and Board Vice-Chair Dr Mzukwa on these forums, and thanks them for their service in this regard.

## MEMBERSHIP

The Board notes that membership numbers for the association are stabilising, which is an encouraging development. We ascribe declines, in large part, to the financial impact of coronavirus, as well as the fallout from the SAMA/SAMATU matter.

Having noted this, however, we acknowledge the immense efforts by the CEO and his team in dealing with the matter, particular as it relates to the Strategy of the association which deals with brand amplification, enhancing member value, and advocating for doctors' rights. We believe these efforts, as well as the turning economic climate in South Africa, will contribute to improved member numbers in the future.

---

**We believe these efforts, as well as the turning economic climate in South Africa, will contribute to improved member numbers in the future.**

---

**CONCLUSION**

The Board remains positive about South Africa and what the future holds for the country. We appreciate that there are challenges on the medical landscape, many of which require deep and sustained intervention, but we are nonetheless optimistic that this will be achieved. Our over-riding belief is that the vast majority of medical professionals in South Africa are profoundly dedicated to their profession and to the provision of quality healthcare in the country. Through the shared experiences of doctors in 2020 we have come to realise that despite challenges and struggles, there remains an intense desire among doctors to do good.

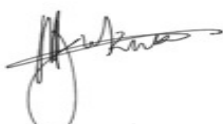
We want to again commit ourselves to objectives and ideals of SAMA, and rededicate ourselves to fulfilling the duties and responsibilities entrusted to us; we serve for the benefit of our colleagues in private practice and the public sector, and we do so with their well-being our driving motivation. As a Board we are determined that the work we perform and that the oversight and guidance we provide has a positive outcome on those who rely on us.

**ON BEHALF OF THE SAMA BOARD OF DIRECTORS**



**Dr A Coetzee**

SAMA Board Chairperson



**Dr M Mzukwa**

SAMA Board Vice-Chairperson





# 4 General Manager's Report

This report is a consolidation of activities within SAMA for 2020. In many respects it is difficult to adequately describe the events of the year in words, given that they had such a profound and lasting impact on the personal and professional lives of every single person in the world. COVID-19 will forever be remembered as the virus which changed the world; its grave and pernicious spread across the globe altered the way in which people live, work and interact.

While this report does not seek to delve deeply into the development of the coronavirus, and how this was dealt with by world and local authorities, it would be remiss not to mention some of its key impacts on SAMA, its people, and its operations. I do this because it is necessary to provide context for many of the activities of the association during the period, and to provide insights into how SAMA ultimately managed its operations in the face of serious challenges brought about by restrictions announced by government. Following the announcement of the National State of Disaster by President Cyril Ramaphosa on 15 March 2020, which took effect through a national lockdown (Lockdown Level 5) on 26 March, SAMA staff worked from home for the entirety of the rest of 2020. One of the important lessons we learned during this time, I believe, is that we all have a real need, and a dependence on technology.

A more detailed timeline of the progression of COVID-19 and South Africa's response is provided in the introduction to the Director's Report. My contribution here outlines SAMA's response, and the activities it continued performing in the context of those responses.

Having said that, my remarks must be prefaced by my deep gratitude for the selfless and dedicated actions of our country's frontline healthcare workers. As healthcare professionals ourselves we are acutely familiar with the array of daily challenges doctors face in South Africa. The inequity of healthcare provision, the struggle for resources – both human and material – the dire state of public institutions, the safety and security concerns, and the financial impacts on the private sector are issues we all face.

Adding COVID-19 into this heady mix amplified existing problems (something that occurred across many sectors and industries) and resultant strain became palpable. SAMA received many reports throughout the 2020, and many of members attested through personal experiences of doctors facing physical and emotional burnout, and severe financial pressure.

---

...my remarks must be prefaced by my deep gratitude for the selfless and dedicated actions of our country's frontline healthcare workers.

---

Doctors in South Africa, to be sure, have experienced some of the worst fallout from the pandemic, manifesting in many cases in brutal mental health challenges. I must note that during this time our country limped along, but it did not collapse. It did not collapse because medical professionals across the board were determined to keep going and persevering through the hardships.

With these short introductory remarks, I now turn my attention to the operations of SAMA during the 2020. These are somewhat abridged so as to ensure clarity in communication and, ultimately, to provide as comprehensive yet concise outline of our activities.

## STRATEGY

In late 2019, the Board of Directors approved the SAMA Strategy 2020-2024 which the executive finalised in the months prior.

.....  
**This strategy is based on four Strategic Areas namely:**

1. Grow membership
  2. Brand amplification
  3. Enhanced member value
  4. Strategic partnerships
- .....

The strategy adopted in late 2019 still informs and underpins each and every action and interaction of SAMA. I believe the consistent and constant messaging to all staff around the four pillars of our strategy created an environment conducive of continued success within the association in spite of the challenges created by COVID-19. I noted in my 2019 Acting GM's Report that these four pillars clearly outline the cornerstones to SAMA's sustained existence. They represent our member value proposition which is to unite and support doctors for the health of the nation, and they inform our mission – our objectives as a business – and our vision, where we want to be in future.

Before I expound on the activities of departments within SAMA, it is important to clarify one aspect. As you are no doubt aware, legal issues remain between SAMA and the Trade Union, SAMATU. I do not touch on those issues in this report as, in my view, they require a more careful examination than the high-level overviews contained herein. For this reason, these issues are dealt with in a separate section titled: The Future of SAMA and the medical profession.

## DEPARTMENTS

As with the Acting GM's Report delivered last year, I note here again that all reviews are done with the alignment of the Strategy outlined above foremost in mind. A detailed summation of each department's activities is included separately in this report but some key activities are worthy of highlighting.

2019 concluded with a number of non-compliance issues coming to the fore, resulting in the Board moving quickly to protect SAMA NPC by complying with the Companies Act, and benchmarking the governance practices of SAMA to the recommended practices in King IV™. SAMA has made good progress in implementing these recommendations and the development and review of a number of SAMA's governance framework documents. SAMA continues to mature in this respect, building a solid foundation on which to achieve the governance outcomes of ethical leadership, good performance and effective control aimed at increasing legitimacy with stakeholders.

---

**SAMA has made  
good progress in  
implementing these  
recommendations...**

.....

**SAMA continues  
to mature in this  
respect...**

---

## EMPLOYEE RELATIONS DEPARTMENT

In a time such as COVID-19, ensuring proper and good employee relations is vital. Among the key achievements of the ER Department were the continued engagement with government on the placement of junior doctors (the department attended to, and addressed, more than 100 queries from junior doctors who had not been placed), and the successful interactions with the Free State provincial Department of Health relating to notch progression increases to registrars, some of whom were paid in 2020. SAMA is continuing with legal processes in both the Bargaining Council and the Labour Court for those who have not yet been paid. The ER Department was also part of the SAMA team involved in the PERSAL migration (more on that later), as well as, naturally, intensive communication to members on COVID-19 developments, regulations and laws.

Other matters the ER Department were involved in included successfully assisting more than 20 Junior Doctors register with the Health Professions Council of South Africa (HPCSA), successfully assisting members with the payment of salaries and commuted overtime issues, representing members at disciplinary hearings, grievance sittings, and with Bargaining Council processes.

## MEMBER ENGAGEMENT DEPARTMENT

It is worth noting at this juncture that a significant outcome of the changes brought about by the forced separation of SAMA and SAMATU and the resultant migration of SAMA members from the PERSAL system to debit orders, was the establishment of a Member Engagement Department (MED) in August 2020. The functions of this department are to communicate directly with members on developments at SAMA, and on the challenges facing the association. These functions of the MED are not, per se, new; they have previously been done through different departments and in various formats.

An initial issue tackled by the MED was dealing with the SAMA/SAMATU split by keeping members informed on ongoing legal proceedings, developments in relation to how memberships are affected, and issues on migrating members to debit order payments from PERSAL. SAMA's initial decision not to deduct fee payments in addition to PERSAL payments was extremely well received by members.

### **Among the key highlights of the MED during the period under review were:**

- Continued push to migrate members from PERSAL to debit orders
- Assistance to members wishing to terminate their trade union membership
- Stay@Home campaign (producing short videos by members of the BoD)
- Doctors' Lives Matter campaign
- Healthcare Workers our Heroes campaign
- BoD meetings with branches and members to discuss SAMA/SAMATU issues
- Updates from the Chair through regular personalized letters



## CORPORATE AFFAIRS AND MARKETING DEPARTMENT

Given the Strategy mentioned above, the Corporate Affairs and Marketing Department plays an important role within the association. The exigencies of COVID-19 notwithstanding, Corporate Affairs and Marketing managed to operate during the year, and provided essential input to many of the association's activities.

Communicating the SAMA/SAMATU split to members was essential as was ongoing media engagement on the issue. Utilising both traditional (press, television, radio) and new (social media, online) media was critical in conveying SAMA's opinion and approach, and generating positive attitudes towards the association. These engagements were all well received.

COVID-19 restrictions meant face-to-face engagements could not take place. However, seizing on current trends, the department initiated webinars (online seminars) to engage with members and non-members. A critical component of the webinars is they carried CPD points, and they conveyed important and interesting information. Non-members were included to allow them to experience SAMA. Since September 2020, four webinars have been held on the following topics:

Topic	CPD Points	Zoom Attendance	YouTube views
The COVID-19 pandemic in South Africa: What now? & COVID-19 and TB: A Clinical Approach	2	873	2086
The current and the future of healthcare with doctors	-	860	595
Has COVID-19 assisted with the NHI roll-out plan?	2	1122	491
COVID-19 Vaccines	2	1210	652

It is clear from this intervention that interest in the webinars is growing, and SAMA will continue to use this medium as a platform to engage members in future.

In addition to the webinars, SAMA hosted its first ever virtual press conference with the then Minister of Health, Dr Zweli Mkhize who spoke on government's response to COVID-19. This was a seminal moment for SAMA as it opened a new avenue for communicating with the media, as well as positioned the association as a necessary go-to for the media on COVID-19 matters and information.

In terms of enhanced member value, the table below provides an outline of the volume of communication per media segment within SAMA that was issued during specific timeframes in 2020:

	Medigram	Med-e-mail	Newsletters	SMSes	PP4U	Total
Jan - March	0	50	12	22	4	88
April - June	5	152	13	15	10	195
July - Sept	3	156	12	16	10	197
Oct - Dec	4	101	11	8	6	130

Media releases issued during 2020 available at: [www.samedical.org/home/cmsuploader/mediarelease](http://www.samedical.org/home/cmsuploader/mediarelease).



## PRIVATE PRACTICE DEPARTMENT

The Private Practice Department consists of a Business Division which assists doctors with operational issues and a Coding Division which publishes the Medical Doctor's Coding Manual (MDCM), and the Complete CPT for South Africa (CCSA). SAMA coding is the standard for all medical doctors in South Africa and the work of this department is of utmost importance to the association. During the year under review, the Private Practice Department resolved eight forensic cases (with 13 still in various stages of finalization). The launch of the Section 59 Inquiry resulted in the schemes halting all forensics activities. It was felt that the findings of the Section 59 Inquiry will provide the requisite direction in how these are resolved. At the time of compiling this report, the findings of the Section 59 Inquiry had not been released. The Private Practice Department also engaged a number of medical schemes on variety of issues including matters of Designated Service Providers and problems emanating from Low Cost plans. Additionally, the department assisted the National Department of Health compile a list of unemployed doctors.

A key member of staff in this department, Ms Glenda de Beer, retired from SAMA in November 2020. Ms De Beer was instrumental in the growth and development of the Coding Division within SAMA and her departure, although planned, is nonetheless a loss for the association. The upskilling of the Coding Division was a priority before Ms De Beer's departure and will continue to be so to ensure a seamless transition in her absence. SAMA thanks Ms De Beer for her long service and dedication to the association.

---

**SAMA's view that the pharmacists should be able to dispense medication after six months without a consult by a medical practitioner is detrimental to the health of patients, and contrary to the provisions of law.**

---

The PPD was involved in a number of significant engagements throughout the year including with the South African Pharmacy Council (SAPC) relating to the notice it issued on the dispensing of chronic medication. SAMA's view that the pharmacists should be able to dispense medication after six months without a consult by a medical practitioner is detrimental to the health of patients, and contrary to the provisions of law. Ongoing engagements in this regard are underway.

Monthly United Forum of Family Practitioners (UFPF) meetings were held during 2020 focusing on issues relevant to this constituency including those around telemedicine, and on the way forward after the COVID pandemic.

## KNOWLEDGE MANAGEMENT, RESEARCH AND ETHICS DEPARTMENT

The Knowledge Management, Research and Ethics Department (KMRED) focused on SAMA's projects in relation to National Health Insurance (NHI), and the Presidential Health Compact. It provided technical inputs on technical and WMA documents and proposals, and gave frequent website updates to doctors on important issues specifically relating to the pandemic.

KMRED contributed in the preparation to the first conference on COVID-19 at the Council for Scientific and Industrial Research which was to be held the following year. The department also contributed to the COVID-19 guidelines clinical response as part of the National COVID-19 Clinical Guidelines Development Committee, and as an appointed specialist reviewer for the South African Essential Medicines List (EML) Committee sub-committee on COVID-19.

The Acting Head of KMRED, Ms Shelley McGee, was a contributing author to an article in the SAMJ on the COVID-19 EML processes. In addition, KMRED's research protocol on attitudes of SAMA doctors to euthanasia and physician-assisted suicide was approved for dissemination to members. The department also made significant contributions to various statements submitted by SAMA at the World Medical Association General Assembly.

## LEGAL DEPARTMENT

The economic fallout of COVID-19 inevitably resulted in some members requiring legal assistance. The Legal Department



...our reliance on  
technology cannot  
be overstated.

therefore had to be quick to deal with queries, especially those relating to the Disaster Management Act (Act 52 of 2002) and associated regulations. Included in the assistance were the consent forms prepared by the department for new types of engagements between doctors and patients. The department also amended telehealth consent forms to make provision for remote consultations in line with HPCSA guidelines. In addition, the department also provided several opinions and wrote numerous articles to educate and inform members, and to assist in advocacy and lobbying efforts.

A key intervention for the Legal Department in 2020 was assisting two Limpopo doctors who were placed into forced quarantine by the provincial Department of Health. The department approached the courts for relief for the doctors and upon reading our opposing papers, the MEC agreed to their immediate release. This constitutes a major victory for SAMA.

Through the Education, Science and Technology Committee, and the Human Rights, Law and Ethics Committee the department hosted a joint symposium with the Colleges of Medicine, established an initiative to support researchers, and developed a leadership programme in collaboration with the Foundation for Professional Development (FPD).

Other notable achievements during the year were ongoing efforts to establish a separate Medical Council, assisting the PPD and members with Forensic Medical Scheme Audits, and conducting research and submitted opinions on a variety of topics relevant to SAMA, the medical profession, and medicine in general.

#### **PUBLISHING**

One of COVID-19's unintended consequences was the growth in significance of the South African Medical Journal (SAMJ). COVID-19 research submissions needed to be published quickly, before scheduled publication dates. What developed from this was Online First, a feature which will be retained. Online First resulted in a regular flow of COVID-19 submissions that provided – and continues to provide – rapid access to COVID-19 clinical research, and information on related legal and ethical matters. Many local researchers who would otherwise have sought publication in international journals and publications now prefer the SAMJ for publication instead, thereby cementing its position as the leading medical journal in South Africa.

Another development was that journalists referenced submissions made on the Online First platform which also adds credibility to the publication.

#### **INFORMATION TECHNOLOGY**

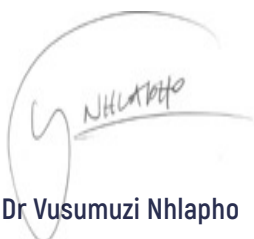
As I mentioned earlier, our reliance on technology cannot be overstated. Without the significant contribution of SAMA's IT Department our operations and continued functioning would not have been possible. The department identified needs of staff early on, and ensured the necessary technology was available to make this secure.

I also wish to extend my thanks to the IT Department for their contribution to the association's website, the connecting of branches, and for providing the infrastructure and guidance to successfully manage the webinars which have now become a popular feature of the work we do.

## CONCLUSION

I cannot stress enough how much COVID-19 has impacted on SAMA and the way it conducts business. But we have been fortunate that the group of people who make this association function are truly remarkable and dedicated. I want to thank them all for the professional manner in which they conducted themselves during these trying times: they have risen to the occasion.

I want to thank all my colleagues throughout SAMA – those at head office, the branches, and the members of SAMA who we work for. I also want to thank the Board of Directors for their support and guidance, and for inspiring me and SAMA to always strive to be better. The collective inputs of everyone makes my job easier, and makes our association stronger. I noted in last year's GM's Report that 2020 would be an interesting year, partly because we'd all have a clearer picture of the roll-out of NHI. That has not materialised for obvious reasons, but I am sure 2021 will provide some answers on the way forward for this.



**Dr Vusumuzi Nhlapho**  
Acting General Manager



---

**But we have been fortunate that the group of people who make this association function are truly remarkable and dedicated.**

---

# 5 Auditors Report on SAMA Consolidated Financial Statements

## INDEPENDENT AUDITOR'S REPORT

To the Members of the South African Medical Association NPC

### QUALIFIED OPINION

We have audited the consolidated and separate financial statements of The South African Medical Association NPC and its subsidiaries (the Group) set out on pages 11 to 75, which comprise the consolidated and separate statement of financial position as at 31 December 2020, and the consolidated and separate statement of profit or loss and other comprehensive income, consolidated and separate statement of changes in equity and consolidated and separate statement of cash flows for the year then ended, and notes to the consolidated and separate financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effect of the matters described in the Basis for Qualified Opinion section of our report, the consolidated and separate financial statements present fairly, in all material respects, the consolidated and separate financial position of The South African Medical Association NPC and its subsidiaries as at 31 December 2020, and its consolidated and separate financial performance and consolidated and separate cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa.

### BASIS FOR QUALIFIED OPINION

#### OTHER OPERATING EXPENSES AND OTHER FINANCIAL ASSETS

As disclosed in Note 12 to the consolidated and separate financial statements, the Group corrected the treatment of the revenue recognition in accordance with the ruling by the Labour Court, and also allocated all expenditure incurred as a result of the services rendered to public service members to other financial assets. We were unable to obtain sufficient appropriate audit evidence to confirm the allocation of the expenditure was accurately accounted for as SAMA was unable to provide an agreement to support the assumptions applied in determining the basis used for determining the expenditure allocation. Consequently, we were unable to determine the full extent that any changes in management's assumptions could have on the amount of the other operating expenses stated at [Group: R495 612 114 (2019: R422 618 153)], [Company: R52 776 910 (2019: R38 991 410)] as disclosed in the statement of profit or loss and other comprehensive income and the net cash flows from operating activities reported in the statement of cash flows. We were unable to satisfy ourselves by alternative means concerning the accuracy and completeness of other operating expenses stated at [Group: R495 612 114 (2019: R422 618 153)], [Company: R52 776 910 (2019: R38 991 410)] as at 31 December 2020.

Due to the matter above, we were also unable to obtain sufficient appropriate audit evidence that the balance of other financial assets as at 31 December 2020 as disclosed in note 12 to the consolidated and separate financial statements in the amount of [Group: R34 093 548 (2019: R30 415 377)], [Company: R34 093 548 (2019: R30 415 377)] were free of material misstatement. We were unable to satisfy ourselves by alternative means concerning the existence, valuation and recoverability of the other financial assets as at 31 December 2020 and whether any adjustment to other financial might have been necessary in respect of the financial position for the year ended 31 December 2020 and the net cash flows from investing activities due to the adjustment being made based on management opinion.

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated and Separate Financial Statements section of our report. We are independent of the group in accordance with the Independent Regulatory Board for Auditors' Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of consolidated and separate financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

#### **EMPHASIS OF MATTER**

We draw attention to Note 33 of the financial statements, which describes the contingent liabilities in respect of the lawsuits against the group as a result of the dispute between SAMA and the Trade Union. Our opinion is not modified in respect of this matter.

#### **OTHER INFORMATION**

The directors are responsible for the other information. The other information comprises the information included in the document titled "The South African Medical Association NPC and its subsidiaries Consolidated annual financial statements for the year ended 31 December 2020", which includes the Directors' Report as required by the Companies Act of South Africa. The other information does not include the consolidated and separate financial statements and our auditor's report thereon. Our opinion on the consolidated and separate financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the consolidated and separate financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated and separate financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## **RESPONSIBILITIES OF THE DIRECTORS FOR THE CONSOLIDATED AND SEPARATE FINANCIAL STATEMENTS**

The directors are responsible for the preparation and fair presentation of the consolidated and separate financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa, and for such internal control as the directors determine is necessary to enable the preparation of the consolidated and separate financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated and separate financial statements, the directors are responsible for assessing the group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the group or to cease operations, or have no realistic alternative but to do so.

## **AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE CONSOLIDATED AND SEPARATE FINANCIAL STATEMENTS**

Our objectives are to obtain reasonable assurance about whether the consolidated and separate financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated and separate financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated and separate financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated and separate financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the group to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the consolidated and separate financial statements, including the disclosures, and whether the consolidated and separate financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the consolidated and separate financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

#### **REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS**

In terms of the IRBA Rule published in Government Gazette Number 39475 dated 4 December 2015, we report that Nexia SAB&T has been the auditor of The South African Medical Association NPC and its subsidiaries for 7 years.

*Nexia SAB&T*

**Yousuf Mohammed Hassen**

Director

Registered Auditor

03 December 2021



# 6 Abridged Financial Statements 2020

The South African Medical Association NPC and it's subsidiaries [Registration number 1927/00136/08]

Abridged Consolidated annual financial statements for the year ended 31 December 2020

## STATEMENT OF FINANCIAL POSITION AS AT 31 DECEMBER 2020

Figures in Rand	Note(s)	GROUP		COMPANY	
		2020	2019 Restated *	2020	2019 Restated *
<b>ASSETS</b>					
<b>Non-Current Assets</b>					
Property, plant and equipment	5	12 176 366	13 242 610	6 663 978	7 847 481
Investment property	6	54 086 493	59 115 113	-	-
Goodwill	7	414 000	414 000	-	-
Intangible assets	8	1 604 415	3 435 150	529 953	876 568
Investments in subsidiaries	9	-	-	2 002 100	2 003 100
Investments in associates	10	1 500 000	26 406 122	-	-
Loans to group companies	11	9 662 754	26 786 176	7 013 871	9 708 991
Investments at fair value	15	102 361 430	109 738 682	72 099 277	73 607 527
Other financial assets	12	67 552 734	32 832 466	34 603 263	30 832 466
Deferred tax	13	23 120 937	17 963 345	-	-
		<b>272 479 129</b>	<b>289 933 664</b>	<b>122 912 442</b>	<b>124 876 133</b>
<b>Current Assets</b>					
Loans to group companies	11	-	106 499	-	-
Trade and other receivables	14	68 029 081	66 546 946	2 512 916	3 477 388
Other financial assets	12	11 219 684	10 964 078	11 219 684	10 964 078
Current tax receivable		1 226 785	15 366 222	-	-
Cash and cash equivalents	16	102 642 285	107 911 624	27 421 441	30 846 025
		183 117 835	200 895 369	41 154 041	45 287 491
<b>Total Assets</b>		<b>455 596 964</b>	<b>490 829 033</b>	<b>164 066 483</b>	<b>170 163 624</b>



		GROUP		COMPANY	
Figures in Rand	Note(s)	2020	2019 Restated *	2020	2019 Restated *
<b>EQUITY AND LIABILITIES</b>					
<b>Equity</b>					
<b>Equity Attributable to Equity Holders of Parent</b>					
Reserves		72 490 131	74 120 474	41 926 422	36 879 877
Retained income		268 903 446	278 580 667	114 697 426	123 202 365
		341 393 577	352 701 141	156 623 848	160 082 242
Non-controlling interest		15 158 199	14 978 397	-	-
		<b>356 551 776</b>	<b>367 679 538</b>	<b>156 623 848</b>	<b>160 082 242</b>
<b>Liabilities</b>					
<b>Non-Current Liabilities</b>					
Loans from group companies	17	100 461	100 461	734 082	77 481
Financial liabilities at amortised cost	18	6 463 875	6 820 018	-	-
Finance lease liabilities		1 507 751	888 401	-	-
		<b>8 072 087</b>	<b>7 808 880</b>	<b>734 082</b>	<b>77 481</b>
<b>Current Liabilities</b>					
Trade and other payables	20	89 371 830	105 512 852	6 708 552	10 003 901
Loans from group companies	17	1	1 247 099	1	-
Financial liabilities at amortised cost	18	248 345	248 345	-	-
Finance lease liabilities		145 677	57 522	-	-
Current tax payable		-	444 440	-	-
Provisions	19	992 039	7 830 357	-	-
Bank overdraft	16	215 209	-	-	-
		<b>90 973 101</b>	<b>115 340 615</b>	<b>6 708 553</b>	<b>10 003 901</b>
<b>Total Liabilities</b>		<b>99 045 188</b>	<b>123 149 495</b>	<b>7 442 635</b>	<b>10 081 382</b>
<b>Total Equity and Liabilities</b>		<b>455 596 964</b>	<b>490 829 033</b>	<b>164 066 483</b>	<b>170 163 624</b>

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

Figures in Rand	Note(s)	GROUP		COMPANY	
		2020	2019 Restated *	2020	2019 Restated *
Revenue	21	457 154 890	392 491 323	48 166 804	34 312 334
Cost of sales	22	(12 907 263)	(16 194 694)	(6 842 374)	(8 837 545)
<b>Gross profit</b>		<b>444 247 627</b>	<b>376 296 629</b>	<b>41 324 430</b>	<b>25 474 789</b>
Other operating income	23	54 621 796	19 709 042	1 578 031	3 741 039
Other operating gains (losses)	24	(634 710)	7 803	(635 781)	8 827
Movement in credit loss allowances	25	(10 543 155)	(100 461)	-	(100 461)
Other operating expenses		(495 612 114)	(422 618 153)	(52 776 910)	(38 991 410)
<b>Operating (loss) profit</b>	25	<b>(7 920 556)</b>	<b>(26 705 140)</b>	<b>(10 510 230)</b>	<b>(9 867 216)</b>
Investment income	28	11 937 711	14 568 845	3 999 363	6 774 696
Finance costs	29	(3 428 123)	(5 028 854)	(693)	(787)
Other non-operating gains (losses)		(1 000)	-	(1 000)	-
<b>Profit (loss) before taxation</b>		<b>588 032</b>	<b>(17 165 149)</b>	<b>(6 512 560)</b>	<b>(3 093 307)</b>
Taxation	30	3 981 358	(121 772)	-	-
<b>Profit (loss) for the year</b>		<b>4 569 390</b>	<b>(17 286 921)</b>	<b>(6 512 560)</b>	<b>(3 093 307)</b>
<b>Total comprehensive income (loss) for the year</b>		<b>4 569 390</b>	<b>(17 286 921)</b>	<b>(6 512 560)</b>	<b>(3 093 307)</b>
<b>Profit (loss) attributable to:</b>					
<b>Owners of the parent:</b> From continuing operations		4 389 588	(15 298 854)	(6 512 560)	(3 093 307)
<b>Non-controlling interest:</b> From continuing operations		179 802	(1 988 067)	-	-
Total comprehensive income (loss) attributable to:					
Owners of the parent		4 389 588	(15 298 854)	(6 512 560)	(3 093 307)
Non-controlling interest		179 802	(1 988 067)	-	-
		<b>4 569 390</b>	<b>(17 286 921)</b>	<b>(6 512 560)</b>	<b>(3 093 307)</b>

## STATEMENT OF CASH FLOWS

Figures in Rand	Note(s)	GROUP		COMPANY	
		2020	2019 Restated *	2020	2019 Restated *
<b>Cash flows from operating activities</b>					
Cash (used in)/generated from operations	31	2 001 817	(6 411 472)	(18 961 738)	(2 144 291)
Interest income		12 484 625	15 160 189	5 346 277	7 442 891
Dividends received (trading)		1 700 512	1 345 659	900 512	1 345 659
Finance costs		(3 428 123)	(5 028 854)	(693)	(787)
Tax received (paid)	32	16 762 859	(6 474 195)	-	-
<b>Net cash from operating activities</b>		<b>29 521 690</b>	<b>(1 408 673)</b>	<b>(12 715 642)</b>	<b>6 643 472</b>
<b>Cash flows from investing activities</b>					
Purchase of property, plant and equipment	5	(2 493 112)	(3 695 585)	(73 350)	(1 393 163)
Sale of property, plant and equipment	5	1 168 425	-	258 621	832
Purchase of other intangible assets	8	(63 600)	(936 313)	-	(42 511)
Sale of other intangible assets	8	1 124 877	-	-	-
Loans advanced to group companies		6 686 766	(6 180 495)	11 621 539	3 053 875
Sale of investments at fair value		7 377 252	19 762 597	1 508 250	3 218 853
Increase in other financial assets		(35 630 075)	(8 734 144)	(4 680 604)	(6 734 144)
<b>Net cash from investing activities</b>		<b>(21 829 467)</b>	<b>216 060</b>	<b>8 634 456</b>	<b>(1 896 258)</b>
<b>Cash flows from financing activities</b>					
Repayment of loans from group companies		(1 247 098)	1 347 559	656 602	(62 849)
Repayment of financial liabilities at amortised cost through profit (loss)		(356 143)	(1 252 728)	-	-
Payment on lease liabilities		707 505	945 923	-	-
<b>Net cash from financing activities</b>		<b>(895 736)</b>	<b>1 040 754</b>	<b>656 602</b>	<b>(62 849)</b>
<b>Total cash movement for the year</b>		<b>6 796 487</b>	<b>(151 859)</b>	<b>(3 424 584)</b>	<b>4 684 365</b>
Cash at the beginning of the year		95 845 798	95 997 657	30 846 025	26 161 660
<b>Total cash at end of the year</b>	<b>16</b>	<b>102 642 285</b>	<b>95 845 798</b>	<b>27 421 441</b>	<b>30 846 025</b>



# 7 The future of SAMA and the medical profession

## SAMA/SAMATU

In February 2020 an Administrator was appointed for SAMATU, with whom several engagements were held in an attempt to provide context and background on the formation, functioning, and purpose of SAMA's trade union. These engagements with the Administrator included SAMA management, directors, and founding members and we held with a view to a) establishing a good working relationship with the Administrator, and b) to allow for a smooth transition for both SAMA and its union, in whatever form that would take.



Regrettably, the SAMATU Administrator appeared uninterested in the historical alignment that gave context to the creation of the trade union, and also appeared to ignore the unity that existed between SAMA and SAMATU. The Administrator's recommendation was to insist on a separation of the two entities giving rise to an acrimonious relationship which eventually resulted in several court proceedings unfolding.

Despite the fact that SAMA members (both in the private and public sectors) considered themselves to be firstly SAMA members, the 'new' dispensation resulted in members in the public sector still having to pay their fees via the PERSAL system. This arrangement had been in operation for decades and was not problematic given the alignment of SAMA and SAMATU. However, since the forced split, the Administrator claimed an entitlement to the full amount deducted via PERSAL. A declaration by the Labour Court meant that all members of SAMA who paid via PERSAL were automatically deemed to be members of the trade union (whether they stated their intention to belong to SAMATU or not).



Understandably, this judgment caused immense frustration among members in the public sector, many of whom had no way of knowing that their full monthly deductions were now no longer going to SAMA – an association they had voluntarily joined, but instead to a completely separate entity – SAMATU – which they had not joined. A further complication – which remains to this day – is that many members are still unaware of their status with SAMATU. Those who have chosen not to be members of SAMATU are stuck administratively to terminate their memberships; they are battling to resolve their status with their HR Departments or the union's offices.

---

## SAMA will continue to put forward a strong and united voice on behalf of all doctors in South Africa with a view to ensuring their rights are guarded and promoted.

---

As an association SAMA has fought many of these battles on behalf of members, continues to do so, and will continue to do so as long as is required. During this time, we have had to go to court to protect ourselves against the misuse of our intellectual property and trademarks to stop the unlawful interference by SAMATU in our business. We are also providing support to individual members who are standing together to fight the unfortunate consequences of the acrimonious split.

SAMA was astonished when the Administrator and SAMATU brought a liquidation application against the association, which, on all accounts disregards the decades of unity between the association and its trade union. The application also ignored all the services and support that was rendered to members during that time. It goes without saying but SAMA will vehemently and rigorously challenge this attack on an institution which was built over many decades, and which continues to serve the interests of doctors in South Africa without fear or favour.

SAMA remains committed and focused on being an association representing the needs and interests of all doctors: those in the public sector and those in private practice, specialists and general practitioners, and across all experience levels. In representing these needs and interests, SAMA will continue to respond to challenges facing the medical profession such as the roll-out and implementation of National Health Insurance (NHI), the criminalisation of medicine, issues with the placement of medical interns, concerns pertaining to the Health Professions Council of South Africa (HPCSA), and matters relating to medical legislation (including the COID Act, Certificate of Need legislation, and the Pharmacy Act).

In all of these matters – and others – SAMA will continue to put forward a strong and united voice on behalf of all doctors in South Africa with a view to ensuring their rights are guarded and promoted.





SOUTH AFRICAN MEDICAL ASSOCIATION

