Private Practice Review 1 Jan - June 2026

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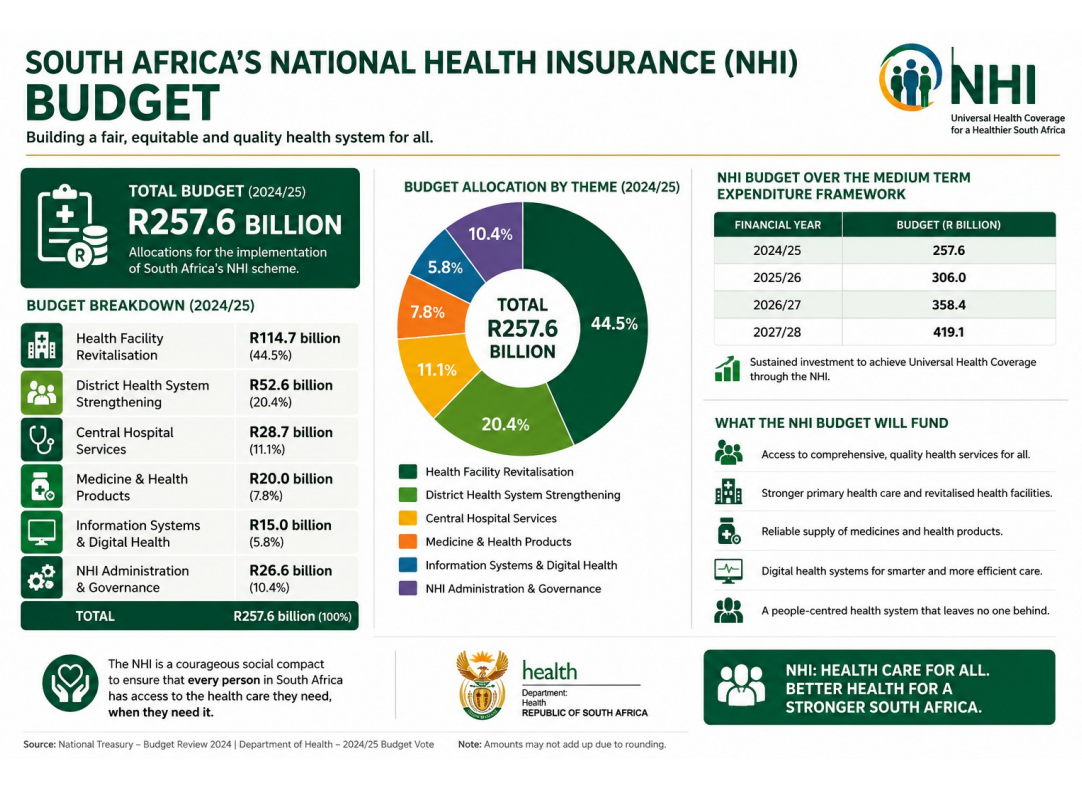
A summary of healthcare news highlights: January - June 2026:
Food for Thought, Update on NHI News and News from Government

In the second January - June issue follows a summary of:
Financial News, Pharmaceutical News, General News and News from Medical News

FOOD FOR THOUGHT



AI created image

'NHI will never become a reality'

SA is allocating around R20bn a year in the Government's budget to NHI, which is essentially being wasted, economist **Dawie Roodt** told Sakeliga. - ***Daily Investor*** (12 January 2026)
According to Roodt NHI can never become a reality as the State simply lacks the money to implement it or raise additional costs.
Although the NHI was signed into law in 2024, Government has yet to release a detailed money bill or similar funding plan for the policy.
Momentum Health Solutions has estimated that it would cost between R900bn and R1.3trl per year for the NHI to provide each South African with the same quality of care received under the private health system.
The Health Funders Association (HFA) estimated that funding the NHI would require personal income taxes to increase by between 1.5 and 2.2 times the current rates.
Raising the value-added tax (VAT) rate is an option, but SA's budget debacle at the start of 2025 showed that this would also be a highly unpopular decision that is unlikely to pass Parliamentary muster, said Roodt.

President's 'masterclass in spin'

"The President's stirring defence of NHI (during a Question-and-Answer session in Parliament) was a masterclass in spin, not to mention a huge risk to any of the reforms that have been made under his Government," wrote **Rob Rose** in ***Currency News*** (16 March 2026).

"Oozing stoicism and confidence", Ramaphosa said that SA almost has no option but to push ahead, given how the Freedom Charter and resolutions passed by the UN demand that this happens.
"There is, of course, no little sophistry going on here, since neither the Freedom Charter, nor any UN resolution speaks about an NHI like SA's Government wants to implement."
SA already has a system in which "free medical care and hospitalisation" is provided; it's just that this capacity sits squarely in the public hospitals, which Government has run into the ground by allowing shocking mismanagement, zero oversight and a misallocation of resources, wrote Rose.

Growing healthcare crisis for SA's 'Missing Middle'

THE GROWING HEALTHCARE CRISIS FOR MIDDLE CLASS FAMILIES

Rising medical scheme costs are pushing SA's middle-income earners out of private healthcare, deepening pressure on the public system and widening the healthcare divide.
Experts warn the growing "missing middle" - people earning too much for public assistance but too little for private cover - poses a systemic risk.

Reduced benefits and higher co-payments may worsen long-term costs through delayed treatment and unmanaged illness. – ***TimesLive*** (19 May 2026)
Proposed solutions include income-sensitive contributions, stronger risk pooling, cross-subsidisation, network-based care and preventive healthcare.
Digital health tools and coordinated reforms are also seen as essential to improve sustainable long-term healthcare in SA.

The role of AI in SA's healthcare industry

The latest SA research into AI in healthcare, led by Prof Bruce Bassett at Wits University, revealed that artificial intelligence (AI) now surpasses human doctors in hospital ward diagnoses.
– ***Business Day*** (7 May 2026)

In the study expert doctors were asked to scrutinise 300 sets of in-patient files containing complex data including X-rays, MRI scans, laboratory results and vital signs like blood pressure.
According to the results OpenAI's GPT-5.1 achieved the highest scores and Claude 4.1 Opus performed the weakest among the machines.
The conclusion is that AI should be used as a powerful tool to augment, rather than replace, clinical expertise.
Key ways AI is transforming the industry include:
Accelerated diagnostics like analysing X-rays;
Telemedicine and triage: Platforms like the SA Doctors App and various AI-driven chatbots are utilised for remote symptom checking, real-time patient triage; and
Administrative automation: streamlining workflows by reducing the massive administrative burden on healthcare professionals.
The future of AI in SA:
SA currently lacks a unified, sector-specific regulatory framework for the use of AI in healthcare. There are valid concerns regarding data privacy and the potential for algorithmic bias if AI systems are not trained on representative local datasets.
Furthermore, legacy paper-based systems in the public sector continue to delay digital transformation.

CLICK HERE TO ALSO READ

'Oh, to be a fly on the wall in Government's NHI situation room'

NHI financial framework under growing scrutiny

UPDATE ON NHI NEWS

NHI timeline

15 May 2024:
President Cyril Ramaphosa signed the National Health Insurance (NHI) Bill into law, framing it as a corrective to SA's divided health system.

16 May 2024:
The NHI Act is published in the *Government Gazette*, but is not yet operational. Almost immediately after it is signed, opposition parties, funders and healthcare sector bodies signal legal challenges.

August 2024:
Government says implementation will proceed after the election and the formation of the Government of National Unity, Pres Ramaphosa said Government would continue with the NHI despite resistance.

2024 to early 2025:
By 2025, the Board of Healthcare Funders (BHF), South African Private Practitioners Forum (SAPPF), Hospital Association of SA (HASA), SA Medical Association (SAMA) and the Health Funders Association (HFA) were among the challengers.

2 April 2025:
SAMA becomes one of the major challengers. Its case targets the constitutionality of the NHI Act as a whole.

6 May 2025:
High Court orders Pres Ramaphosa to provide his record of decision.
The North Gauteng High Court dismisses preliminary objections by the President and Health Minister in the Board of Healthcare Funders/SAPPF litigation. The BHF says the judgment confirms that the President's decision to sign the NHI Bill into law is reviewable in the High Court and requires him to provide the record of his decision within 10 calendar days.

5 June 2025:
HFA launches a challenge against key aspects of the A

August 2025:
The Department of Health applies to consolidate five separate High Court challenges and put them on hold pending Constitutional Court litigation.

24 February 2026:
The President agrees to delay proclamation or implementation of any sections of the NHI Act until the ConCourt rules on challenges related to public participation scheduled for 5 to 7 May 2026.

March 2026:
Health Minister Aaron Motsoaledi told Parliament that the Health Department will press ahead with NHI preparations, despite the High Court order and the President's agreement not to proclaim or implement any sections of the NHI Act until the Constitutional Court has ruled.

5-7 May 2026:
The ConCourt hears public participation challenges that have been brought by the BHF and the Western Cape Government.

7 May 2026:
The ConCourt reserves judgment.

18 May 2026:
The ConCourt rules that sections 36 to 40 of the NHI Act 61 of 2003 (referring to the CoN that healthcare providers would require to provide services) are inconsistent with the Constitution and invalid.
Also Read Victory in the Constitutional Court

As of 20 May 2026:
The practical implication is that the NHI Act exists on paper, but its implementation is paused. No regulations regarding its implementation have been published.

(Summarised from article in Daily Maverick 21 May 2026)

Victory in the Constitutional Court

On 6 May the ConCourt reserved judgment in the Board of Healthcare Funders' and Western Cape's request that the Court set the NHI Act aside on procedural grounds. However...

Depending on how the ConCourt rules ...

Two distinct legal and policy scenarios could unfold:

- The ConCourt may declare the NHI Act constitutionally invalid and set it aside, not because of the policy itself, but because Parliament failed to follow a constitutionally compliant legislative process. That implies that the NHI Act could effectively be sent back to Parliament for reconsideration and renewed public participation. All implementation of the NHI framework would then remain suspended.
- If the private sector loses its challenges against the NHI Act, the legislation would remain valid. Government would proceed with the phased implementation of a centralised healthcare funding model, drastically restricting the role of private medical schemes and fundamentally shifting how private practitioners and hospitals operate.

Certificate of Need 'unconstitutional'

Business Day reported on 18 May that the ConCourt has dealt a "major blow" to the Health Minister's plans to regulate where doctors, healthcare professionals, medical equipment and health facilities may be located.

The Court confirmed a Pretoria High Court ruling in July 2024 that Sections 36 to 40 of the NHI Actt are unconstitutional and invalid.
In terms of the CoN the Minister of Health would have the power to determine where healthcare professionals could practise and where health facilities and equipment could be situated.

Private healthcare providers react:

SAPPF:
Dr Simon Strachan, CEO of the SA Private Practitioners Forum (SAPPF), welcomed the judgment saying that many of the constitutional arguments about doctors' rights are similar to those raised in challenges to the NHI Act.
Solidarity:
Deputy CEO Anton van der Bijl described the judgment as the "collapse of one of NHI's central pillars".
DA:
Health spokesperson Michele Clark said the ruling established an important constitutional precedent against excessive centralisation in healthcare administration.
ActionSA:
MP Kgosi Letlape described the decision as "a significant victory against state overreach".
Hospital Association of SA:
HASA, representing private hospitals, welcomed the legal clarity brought to a long-standing issue.
The Universal Healthcare Access Coalition (UHAC) welcomed the judgment, saying it reinforced the need for lawful, evidence-based and practical healthcare reform rather than excessive centralisation.
Sakeliga welcomed the ConCourt's ruling describing the CoN as a central pillar of State control under the NHI and praising the Court for protecting healthcare freedom, professional autonomy and patient care.
Business Unity SA (BUSA) views the ruling as a major victory for property rights, professional freedom and the broader healthcare sector

Government reacts:

The ConCourt decision will not weaken the NHI scheme, said Minister Motsoaledi in an interview with **Chris Baron** from ***Sunday Times*** (31 May 2026).

He argued that the CoN was a useful tool for distributing healthcare facilities more equitably, but that it was not essential to NHI's operation and would not have forced doctors to work in specific locations.
Motsoaledi maintained that NHI's primary goal remains universal and equitable healthcare access rather than central control of the healthcare sector.

CLICK HERE TO ALSO READ

Motsoaledi apologises for lashing out at judges

Health Department considering alternatives for CoN

NEWS FROM GOVERNMENT

CHARLOTTE MAXEKE

RAF: a 'chamber of horrors'

"The Road Accident Fund (RAF) is beset by well-documented corruption and maladministration: a chamber of horrors; around every turn there is another terrifying pop-up." reported ***Times Live*** in January
In March ***Business Maverick*** reported that RAF faces an imminent financial crisis, "threatening a R400bn hole in the National Budget" .
In June ***Business Maverick*** reported that the Standing Committee on Public Accounts) SCOPA submitted evidence to Parliament showing that RAF owed 35 medico-legal experts R41.29m while a wider group of 47 specialists was owed more than R120.75m.
Other allegations against RAF include: a R79m lease in Johannesburg: closure of a 200-bed hospital after the RAF failed to pay more than R300m in outstanding debt; manipulating of the procurement processes, splitting invoices to bypass approval limits and receiving VIP treatment from service providers in exchange for contracts.

Health Ombud exposes patient safety failure

SA's Health Ombud, Professor Taole Mokoena, identified major safety and governance failures in several hospitals spanning both public and private healthcare. – ***Business Day*** *(24 March 2026)*
In his report several hospitals were accused for FWA problems, safety and governance failure as well as waiting lists of between three and 10 years.

Only R334m of R666m spent at Charlotte Maxete

According to a report by Public Protector Kholeka Gcaleka, poor planning and contractor disputes are among the reasons why it took more than five years to restore the fire damage at the Charlotte Maxeke Johannesburg Academic Hospital. R666m had been allocated for repairs and maintenance at the hospital, but between 2021 and 2024 only R334m was spent.
The project is expected to be completed by August. - ***TimesLive*** *(*27 May 2026).
Finance Minister Enoch Godgonwane raised concerns about procurement practices that create opportunities for corruption and poor project management.

SA's sick clinics are failing its people

Only 54.9% of SA's clinics (2029 – 2020) met the required standard for proper healthcare, according to a report by the Rural Health Advocacy Project (RHAP) - ***Pressreader*** (11 April 2026)
"The health system faces chronic underfunding, a severe workforce shortage – 0.9 doctors per 1 000 people – and deteriorating infrastructure, affecting over 84% of the population.
Corruption, poor management and a high disease burden contribute to long wait times, equipment shortages and poor quality care.

Children go hungry while millions aren't spent

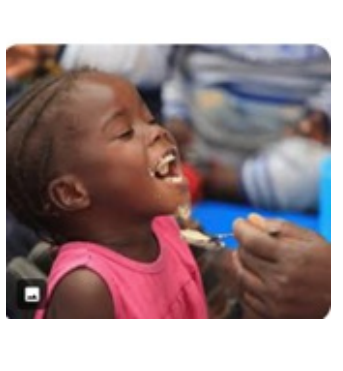
"In 2024, R197m was budgeted for the Department of Basic Education's implementation of a pilot nutrition programme for early childhood development (ECD) centres, going up to R336m the following financial year," reported ***Daily Maverick*** *(20 March 2026).*
In the 2026/27 budget the amount was increased to R772m.
However, stakeholders in the ECD sector report 'little to nothing' has been done with the money.

HPCSA sues former boss

The Health Professions Council of South Africa (HPCSA) has demanded its former president, Simon Nemutandani, repay more than R6.1m he allegedly siphoned off through alleged irregular payments, unauthorised expenses and unreturned asset. ***Medical Brief*** (4 March 2026)
According to a forensic investigation

Afrox sues state hospitals

In January African Oxygen (Afrox), a major supplier of medical gasses to SA's state hospitals, launched a High Court case against the National and Provincial Health Departments over R360m in unpaid invoices, some dating back to 2017. – ***Business Day*** (22 Jan 2026)



CLICK HERE TO ALSO READ

Gauteng Health targets R4.6bn in unpaid fees

Gauteng Health projected to underspend R725m

New strategy to tackle backlog

Leadership crisis intensifies
Motsoaledi suspends officials after Hawks' arrests
Re-lodging of rejected claims

Nurse moonlighting crisis

HEALTHMAN DIARY

19 - 20 June:
InStopp Paediatric Workshop

24 June:
HM/GEMS meeting

5 - 8 July:
BHF Conference

6 July:
Med Chronical: CPD accredited webinar on Skin Barrier first: The foundation of atopic dermatitis

20 August:
SASOP/PsychMG:
Roadshow North West

29 - 30 August
Surgicom Congress: Peril, Power and Possibility – Looking Forward to 2030, Your Five-Year Plan

17 September:
SASOP/PsychMg
Roadshow Durban

2 - 4 October:
ENT Conference – Lord Charles Hotel
Somerset Wes

21 October:
SASOP/PsychMg
Roadshow Gqeberha

22 October
SASOP/PsychMg
Roadshow East London

23 - 25 October:
PMG Congress - Irene Country Hotel

9 - 11 November:
Annual AGMHI Congress
Mombasa Kenya
Youth Mental Health in
Africa & Diaspora

CMS CIRCULARS

CMS Circulars published in Jun 2026

Circular 16 of 2026:
Revised Accreditation Standards for Administrator and MCO Evergreen Contracts

Circular 17 of 2026:
Extension of Deadline for Comments on Revised Accreditation Standards

SPECIAL NOTES

Selling your practice?

HealthMan has been doing valuations of medical practices for sale for many years. We can do a full financial report on the value of your practice if you consider selling it to an interested buyer.
We will also provide you with a draft sales contract.
Contact us for valuation of your practice and assistance, even if you are not yet in the process of selling.
For more information contact:
Steve Roos at **steve@healthman.co.za** or
Casper Venter at **casperv@healthman.co.za**.

Vacancy for Psychologists

A well-established psychology practice in Claremont, Cape Town has vacancies for psychologists to join the team.

- The practice offers a strong referral base and a collaborative working environment;
- Opportunity to build and manage your own private practice (at 30%), within an established setting; and
- Strong referral base, flexible hours, full administrative support, premium consulting rooms, and earning potential of R80,000 – R120,000+ per month (based on billed hours).

Requirements:
HPCSA registration (or eligibility) and experience working with children, adolescents, adults, couples, and families.
Contact:
Apply online or send your CV to **admin@humandifference.co.za** for more information.

Consulting Rooms Available: Alberton

Upmarket consulting room available for a healthcare professional. Would suit GP, aesthetic doctors, physiotherapists, speech therapists, OT, psychologists, psychiatrists, dermatologist, etc

- Sessional (furnished) or full-time (unfurnished) options from January 2026.
- Secure and adequate parking.
- Includes WIFI and cleaning.
- Access to shared reception area and kitchenette.

For more information:
· 079 203 0437
· hello@nutritionalsolutions.co.za

Locum Neurologist: Mediclinic Vergelegen, Somerset West

A busy private neurology practice has capacity for a locum neurologist. The practice manages a wide spectrum of neurological conditions and offers an established referral base, supportive working environment and flexible working arrangements.
Requirements:
Specialist registration in Neurology (HPCSA and FC Neurol) and relevant clinical experience.
Practice details:
Dr Heena Narotam Jeena, Suite 215, Second floor, Block 1, Mediclinic Vergelegen, 70 Main Road, Somerset West, 7130.
Contact:
Heena (+27 83 637 9659; reception@drnarotamjeena.co.za for more information).

Vacancy for Psychiatrist in Durban Hospital

Permanent Position available at Hospital in Durban
Both full-day and half-day positions are available
Candidates need to be qualified as a specialist psychiatrist and registered with HPCSA
For more info:
Contact Adrian Veeran
at: adrian@cands.co.za
or: 031 7017388

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