



Newsletter

Medicines Mayhem: Stock outs, No stock, Sold out, On Order

Vulnerabilities in global pharmaceutical supply chains have resulted in significant uncertainties in a reliable supply and long-term resilience of many of our medications, which are now being labelled as “out of stock”.

More than 40% of USA generic prescriptions and 15% of biosimilars come from India, which itself depends on oil, & other petroleum-based derivatives from the petrochemical industry. The food chain is similarly vulnerable as fertilizers also depend on this industry and are , in turn , essential in agriculture.



All of these are disrupted as a result of the current unstable situation in the Middle East.

Inside this issue

Medicines Mayhem: Stock outs, No stock, sold out, On Order	pg 1,3-4
George Open Day Event 2026	pg 2
George Open Day Brochure	pg 5,7,8,10,12,14,16,18,20,22
Supporting prostate health: a proactive approach to urinary comfort in men	pg 15
PMOS: THE NEW NAME FOR PCOS AND WHAT IT MEANS FOR LABORATORY ASSESSMENT	pg 24-25
WORCESTER Open Day 2026, Another huge success	pg 26,31,33,35,37,39
Growing pushback against forced retirement and medical aid membership	pg 27-28,30,32
South Africa Loses R18 Billion Every Year To Fake Sick Notes	pg 34,36
Discovery corner	pg 41,43-44
Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/Qualicare	pg 45
Qualicare Electronic Doctor Network	pg 46-47
Docweb Traffic	pg 48



Medicines Mayhem: Stock outs, No stock, sold out, On Order.....continue to page 3

Qualicare Newsletter - August 2026 Edition

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DO NOT MISS THE

QualiCare

GEORGE Open Day Event 15 August 2026

4 Clinical & 1 Ethical for the attendance approved

Topics will include:

★ Latest information on GP-specific medical conditions including:

- Ethics of Using AI in Healthcare
- Women's Health, Diabetes in Focus
- Toolkit for OHSC inspection for General Practice
- Fraud, Waste and Abuse
- Health in Synergy
- Heart-Lung Crosstalk in COPD: From Shared Biology to Bedside decisions
- Diabetic Retinopathy - Early Recognition
- Medicine: Continuing to Reduce Pneumococcal Diseases and Their Consequences
- Asthma Control Starts Here!!
- Demystifying the management of Hepatitis B: WHO 2024 Guidelines on the Management of Hepatitis B.
- Troublesome Tendinopathies: Recent Advances in Diagnosis and Management

VENUE: PINE LODGE GEORGE RESORT, KNYSNA ROAD, GEORGE, 6530

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RESERVE YOUR SPOT TODAY! ONLY 15 SEATS ARE STILL AVAILABLE.

FREE FOR MEMBERS & SHAREHOLDERS

R450.00 INCL. VAT FOR NON - CPC MEMBERS

**SATURDAY
10HR30 FOR
11HR10 -17HR25**

15

**AUGUST
2026**

- ✓ 5 CPD Attendance Points have been granted ! (4 Clinical & 1 Ethical)
- ✓ Excellent lectures !!
- ✓ Great Food & interactive environment with exhibitors
- ✓ An opportunity to connect in person with your colleagues !
- ✓ Prize giving at the end of the event !!

Remember that most pharmacies and wholesalers operate on the J.I.T. (just in time) inventory model. Thus, it only takes a month or two before the first shortages or delivery delays of high-volume medications arise. Especially vulnerable are temperature-sensitive ingredients like glycerine and phenol derivatives, which are building blocks for the manufacture of many medical therapies.

Even should the situation normalize in the medium term, it does not mean pharma supply chains will quickly restore, as these are directly affected, not only by the oil price, but also depend on the insurers, re-insurers and shippers' costs, all of whom are understandably loathe to insure safe, mine- free passage in the Middle Eastern current situation.



Uncertainty means that complex freight planning arrangements for pharmaceutical shipments remains uncertain in the near term. Ingredients are also exposed to delay-induced single points of failure. The longer-term supply chain is equally unclear, which does not augur well for the globalized, just-in-time model for critical goods, like generic drugs and bioequivalents.

This fragility could accelerate structural shifts toward changing places of manufacture. Take, for example, Lupin, a major Indian generics manufacturer, which recently announced plans to invest \$250 million to build a new production facility in Coral Springs, USA, focused on respiratory drugs.

True diversification, particularly for commodity chemicals and critical inputs could well require government support whether through incentives for domestic diversified production, stockpiling strategies or coordinated international frameworks. Will the SA Government step up to the plate here??

We must expect and/hope that our SA pharmaceutical executives continue mapping their supply chain dependencies across the full production ecosystem and identify short medium and long-term action plans to diversify away from identified chokepoints and convert them to near-term cost efficiencies. This should be weighed against the long-term costs of supply chain vulnerabilities, diversifying suppliers, building redundancies and investing and maintaining strategic inventories, as well as carrying significant upfront costs.



Recent years have shown the cheapest supply is effective only until it fails due to the month-long supply chain closures, biodegradation, or just plain skullduggery!

Recent world events could become a benchmark event in future pharmaceutical supply chain risk planning, reflecting how quickly supply vs demand imbalances can cascade into chaos.

In preparation for possible shortages, you are well advised to take stock of your pharmaceutical inventory in your dispensary and attempt to lay in approximately 4 months of supply of essential medication.

Beware of grey goods and dicey intermediaries. Restrict your dealings to reputable wholesalers and watch out for offers which may be too good to be true. Remember that HPCSA frowns upon and sternly punishes receipt of any kickbacks, either in cash or in kind, to doctors, in return for placing orders of pharmaceutical purchases.

Always work on a FEFO principle so that you don't end up with expired stock.

Hopefully the situation will resolve, and supplies will resume with more regularity, but as I have mentioned above, there is a predicted supply shortage on the horizon.

Tony Behrman and John-Paul Valentyn

**ETHICAL CHOICES.
PROTECT PATIENTS.
PROTECT YOUR PRACTICE.**

BEWARE OF GREY GOODS
Products of uncertain origin, quality or legality put patients at risk and you at greater risk.

BEWARE OF DICEY INTERMEDIARIES
Unreliable agents may cut corners, mislead you and expose you to legal and ethical consequences.

**YOUR INTEGRITY.
THEIR SAFETY.
ALWAYS.**

I choose ethics over incentives.

CHOOSE REPUTABLE WHOLESALERS
Restrict your dealings to reputable wholesalers who:

- Are licensed and fully compliant
- Provide quality, authentic products with traceable origins
- Operate with transparency, consistency and integrity
- Offer reliable service and after-sales support

**Your patients deserve quality.
Your practice deserves trust.**

TOO GOOD TO BE TRUE?
Watch out for offers which may be too good to be true.

- Unusual discounts
- Excessive incentives
- Vague terms
- Pressure to commit quickly

THINK. CHECK. PROTECT.

HPCSA FROWNS UPON AND STERNLY PUNISHES
receipt of any kickbacks, cash or kind, to doctors in return for pharmaceutical purchases.

HPCSA
Health Professions Council of South Africa
Ethics. Integrity. Protection of the Public.



GEORGE OPEN DAY, SATURDAY

15 August 2026

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2026 CPC/QualiCare Open Day

SATURDAY 15 August 2026

- THANK YOU -
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PARTNERS





CPC/Qualicare GEORGE Open Day 2026

AGENDA TOPICS

 GEORGE OPEN DAY AGENDA 2026 Commencing 10hr45am, 15 Aug, 2026 Pine Lodge George Resort, Knysna Road, George, 6530		NB: This Agenda may be subject to amendment without notice 4 Clinical & 1 Ethical - Granted (Please watch your emails)	
TIME	TOPIC	SPONSOR	SPEAKER
10hr45 - 11hr10	Registration – Tea & Rusks – Browsing at Exhibitors		
11hr15 - 11hr25	Opening & Welcoming	Qualicare	Dr Tony Behrman
11hr25 - 11hr50	Heart-Lung Crosstalk in COPD: From Shared Biology to Bedside decisions	AstraZeneca	Dr Greg Palkowski
11hr50 - 12hr20	AI in General Practice	Universal	Dr Odwa Mazwai
12hr20 - 12hr45	Diabetic Retinopathy - Early Recognition	ABBOTT	Prof Dirk Blom
12hr45 - 13hr10	Difficult Menopausal Problems for the GP	ABBOTT	Dr Douglas Seton
13hr10 - 14hr10	Lunch Served & Visit Exhibitors Stalls		
14hr10 - 14hr35	DPP-4 inhibitors and SGLT2 inhibitors – “Potayto, potato?” Vaccination as Preventative	MacLeods	Dr Landi Lombard
14hr35 - 15hr00	Medicine: Continuing to Reduce Pneumococcal Diseases and Their Consequences	Pfizer	Dr Salim Parker
15hr00 - 15hr25	Synergy in Health	Nativa	Dr Joan van Wyngaardt
15hr25 - 15hr50	Asthma Control Starts Here!!	Glenmark	Prof Richard Van Zyl Smit.
15hr50 - 16hr10	Tea Served		
16hr10 - 16hr35	Demystifying the management of Hepatitis B: WHO 2024 Guidelines on the Management of Hepatitis B.	Gilead	Prof Wendy Spearman
16hr30 - 16hr55	Troublesome Tendinopathies: Recent Advances in Diagnosis and Management	BTL	Prof Martin Schwellnus
16hr55 - 17hr25	Toolkits for OHSC Inspections	Qualicare	Dr Tony Behrman
	Questions & Answer on Clinical & Ethical Topics		
	Prize Giving		

VENUE

PINE LODGE

GPS Coordinates -33.960396 S, 22.456244 E

[CLICK HERE](#) to access Google Maps

PINE LODGE, Corner of Knysna Road and Madiba Drive, George East, George, 6530

FREE PARKING

Agenda Unveiled, Venue Set! Don't miss out!



For the use of a Registered Medical Practitioner, Hospital or Laboratory only.
For full prescribing information please refer to the Professional Information
approved by the South African Health Products Regulatory Authority.

References:

1. Raputeze approved SAHPRA Professional Information (PI),
26 November 2024.
2. Shamizadeh S, Brockow K, Ring J. Rupatadine: efficacy and safety of a
non-sedating antihistamine with PAF-antagonist effects. Allergo J Int
2014; 23: 87–95. DOI: 10.1007/s40629-014-0011-7.
3. Sailaxmi V et al. Comparative evaluation of safety and efficacy of oral
Rupatadine with oral Fexofenadine in patients of seasonal allergic rhinitis.
Perspectives in Medical Research. September – December 2016,
Vol4, Issue 3.
4. Versus other Rupatadine's. Pharmaceuticals Economic Evaluation Unit
email dated 1 December 2025.

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Speakers



Speaker **Dr Greg Palkowski**

Topic : Heart-Lung Crosstalk in COPD: From Shared Biology to Bedside decisions

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Speaker **Dr Odwa Mazwai**

Topic : AI in Healthcare

Dr Odwa is a medical doctor and managed not to fail his Diploma in Anaesthesiology. After serving in the Office of the DG at the National Department of Health, he moved into managed care and now heads up Managed Care at Universal. He has an interest in how the advent of new technologies impacts patient and patient health seeking behaviour.

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Speaker **Prof Dirk Blom**

Topic : Diabetic Retinopathy - Early Recognition

Associate Professor Dirk J. Blom is a specialist physician and lipidologist at the University of Cape Town and Groote Schuur Hospital, where he heads the Division of Lipidology and leads the Lipid Clinic. He holds an MBChB with first-class honours, an MMed in Internal Medicine with distinction, and a PhD from the University of Cape Town.

His clinical and research interests include familial hypercholesterolaemia, dysbetalipoproteinaemia, severe lipid disorders, type 2 diabetes, statin intolerance, lipodystrophy and metabolic complications of antiretroviral therapy. He has contributed extensively to local and international lipid guidelines and has served in leadership and committee roles for professional societies including LASSA, SEMDSA, CMSA and the International Atherosclerosis Society.

Professor Blom has authored and co-authored more than 120 peer-reviewed publications, with a major focus on lipid disorders, cardiovascular risk reduction and novel lipid-lowering therapies. His work has contributed to advances in the diagnosis and management of familial hypercholesterolaemia and related metabolic conditions in South Africa and internationally.

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Speaker **Dr. Douglas Norman Seton**

Topic : Hormonal Treatment

INTERESTS

Professional: Menopause, Osteoporosis, Urogynaecology, Laparoscopic Gynaecological Surgery.

Extra-curricular: Outdoors activities, poetry and philosophy Fencing Provincial & South African University Colours Economic upliftment and social development projects. Creating employment opportunities & developing companies. In my current practice, I conducts 20-25 deliveries per month, medium to high risk.

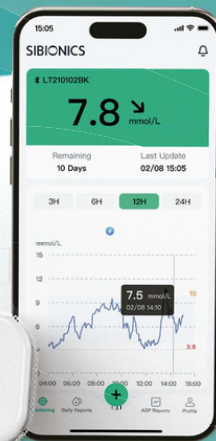


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The full spectrum of natural and operative deliveries is conducted. We have a full epidural service available at the unit and are used to managing patients with epidural analgesia.

Gynaecological procedures performed are varied due to my practice being rural specialist practice.

The spectrum of work includes abdominal & vaginal hysterectomies, laparoscopic management of endometriosis, ectopic pregnancy & varied adnexal pathology. Urogynaecology (Burch, TVT & IVS) and genital prolapse surgery.

I tend to use micro hysteroscopy for endometrial and myometrial procedures and have, by and large abandoned endometrial resections in favour of thermal ablation techniques. A large portion of my time is dedicated to the management of the menopause & I direct the local bone densitometry unit. Osteoporosis is a special interest of mine and I often give lectures on the subject.

Over the next 2 years, I aim to qualify myself in Functional Medicine, which entails a return to basic cellular physiology and energy regulation.

I was born in the UK and attempt to remain abreast of specialist practice in that country performing occasional locums at senior registrar level as the opportunity arises.

.....



Speaker **Dr Landi Lombard (Endo)**

Topic : DPP-4 inhibitors and SGLT2 inhibitors – “Potayto, potahto?”

M.B., Ch. B. (University of Stellenbosch), 1993 (1988-1993)
Distinction in Internal Medicine.

M. Med Internal Medicine (University of Stellenbosch) Cum Laude (1 August 1996 – 31 July 2000).
Sub-specialized in Endocrinology (University of Stellenbosch), completed 2-year training in February 2002.

Consultant Endocrinology, Tygerberg Hospital and Lecturer University of Stellenbosch 2002.
Endocrinologist/Specialist Physician in private practice Kuils River from September 2002 – present
Invited speaker at many National Meetings and also several International meetings.



Supporting prostate health: a proactive approach to urinary comfort in men



Lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH) are among the most common health concerns affecting ageing men. While BPH is not life-threatening, symptoms such as urinary frequency, nocturia, hesitancy and reduced urinary flow can significantly impact quality of life, sleep, productivity and overall wellbeing.

Many men delay seeking medical advice, often accepting these symptoms as an inevitable part of ageing.

However, early intervention and appropriate management can help improve urinary comfort and support normal prostate function before symptoms begin to interfere with daily life.

Alongside lifestyle modifications and evidence-based, doctor-led management, nutritional supplementation may provide additional support for men experiencing mild urinary symptoms or those looking to maintain prostate health as they age.

Oxidative stress is increasingly recognised as a contributing factor in the ageing process, including prostate health. [Prostacalm from Doppelherz® aktiv](#) also contains Vitamin E, Zinc, Manganese, lycopene and Selenium, nutrients that contribute to the protection of cells from oxidative stress and support the body's natural antioxidant defence systems.

For healthcare professionals managing men with mild urinary symptoms or discussing proactive healthy ageing strategies, targeted nutritional support can complement broader lifestyle and medical interventions. [Doppelherz® aktiv Prostacalm](#) offers a scientifically formulated option that is beneficial as part of an individualised approach to supporting prostate health and urinary comfort.

[Prostacalm from Doppelherz® aktiv](#) has been formulated to support prostate health and urinary comfort through a combination of plant extracts, essential fatty acids, antioxidants and minerals.

The formulation includes pumpkin seed oil, a source of phytosterols and essential fatty acids that may help support urinary flow and reduce residual urine after voiding. Stinging nettle root extract has traditionally been used to promote urinary comfort and can contribute to improved maximal urine flow.



Doppelherz® aktiv Prostacalm is available at local pharmacies and online at [Ivohealth.co.za](https://ivohealth.co.za) for R325.
<https://ivohealth.co.za/product/doppelherz-aktiv-prostacalm/>



Speaker **Dr Salim Parker**

Topic : Vaccination as Preventative Medicine: Continuing to Reduce Pneumococcal Diseases and Their Consequences

Salim Parker is a Cape Town-based general and travel medicine practitioner. He is the past president and current executive member of the South African Society of Travel Medicine (SASTM). He also served on the executive board of the International Society of Travel Medicine (ISTM). He is an Honorary Research Associate in the Division of Infectious Diseases and HIV Medicine at the University of Cape Town. He served on expert committees that formulated the South African guidelines for meningococcal and pneumococcal vaccinations. Publications and interests include travel-related spread of infectious diseases, respiratory infections at mass gatherings, and preparing travellers with terminal medical conditions to undertake that final desired journey.

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Speaker **Dr Joan van Wyngaard**

Topic : Health in Synergy :The use of pelargonium in the General Practice arena

Joan van Wyngaard is a registered pharmacist and pharmaceutical scientist with over 25 years of experience across drug development, regulatory affairs, quality assurance, and functional ingredient science. Known as a science communicator, KOL speaker, and brand founder, Joan works at the intersection of rigorous science and real-world application — from clinical research to consumer health.

AREAS OF EXPERTISE

Phytomedicine · Joint Health & Nutraceuticals · Skincare Science · Regulatory Affairs (SAHPRA, MHRA, TGA) · Medical Devices (EU MDR) · Clinical Trial Management · Science Communication

PERSONAL

Avid road runner — 10 Two Oceans Ultramarathon finishes, and counting down to 10 Comrades completions.





Your prostate health isn't optional



Many men accept frequent trips to the bathroom, interrupted sleep and changes in urinary flow as "just part of getting older." But while these symptoms are common, they shouldn't simply be ignored.

Benign Prostatic Hyperplasia (BPH), a non-cancerous enlargement of the prostate, affects many men over 50. While it is not life-threatening, it can significantly impact comfort, sleep, energy levels and overall quality of life.

According to Dr Inga Koopmann, Scientific Consultant at Doppelherz®, many men wait far too long before paying attention to their prostate health.

"Many men wait until symptoms become severe before seeking support. Lifestyle choices and targeted nutritional support can help maintain normal prostate function and urinary comfort as men age," she says.

Prostacalm from Doppelherz® aktiv is specially formulated to support prostate health and urinary comfort. Its comprehensive formula combines Pumpkin

Seed Extract, Stinging Nettle, which provides Omega-3 α-linolenic Acid, plus Zinc, Selenium, Manganese and Vitamin E – to help support normal prostate function, while protecting cells against oxidative stress. It includes Lycopene, a carotenoid antioxidant that helps keeps cells healthy.

"Men are becoming more aware that preventative health is not only about avoiding disease but also about protecting quality of life. Good prostate health support is ultimately about maintaining comfort, confidence and normal daily functioning for as long as possible," concludes Dr Koopman.

Don't wait until symptoms interfere with your daily life. Supporting your prostate today can help you maintain comfort, confidence and quality of life for years to come.



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*Doppelherz is Europe's No. 1 brand for Vitamins, Minerals and Tonics. [IQVIA Global OTC Insights, category Vitamins & Tonics in Europe, ranking based on International Brand, in volume and value sales (LCE/PUB) for the period MAT Q1/2025, reflecting estimates of real-world activity.] Copyright IQVIA. All rights reserved. Complimentary medicine, discipline specific combination products for humans. This unregistered medicine has not been evaluated by SAHPRA for its quality, safety or intended use.



Speaker **Prof Richard van Zyl Smit**

Topic 1: Breathe sMARTer with Fluticasone + Formoterol

Professor Richard van Zyl-Smit, MBChB, FRCP(UK), Dip HIV(Man), MMED, FCP(SA), Cert Pulm(SA), PhD, ATSE, is a renowned pulmonologist at the University of Cape Town and Groote Schuur Hospital. He leads research at the UCT Lung Institute and is president of the South African Thoracic Society. His PhD focused on tobacco smoke's effects on pulmonary defenses against tuberculosis. His research primarily addresses asthma, COPD, and the impact of tobacco, household pollution, and e-cigarettes on pulmonary health, especially in low-income settings.

Promoted to full professor in 2020, he has over 100 publications and two books on mental health and academia. As a clinical trial investigator, he has led over 130 trials, including the international Novartis Platinum programme Palladium study. He frequently presents at global conferences and serves on several important committees, including GINA and GOLD.



Speaker **Prof Wendy Spearman**

Topic : Demystifying the management of Hepatitis B: WHO 2024 Guidelines on the Management of Hepatitis B.

Emeritus Professor Catherine Wendy Nest Spearman is an internationally recognised hepatologist at the University of Cape Town and Groote Schuur Hospital, where she is Emeritus Professor of Medicine, Consultant Hepatologist and UCT Senior Scholar. She previously served as Head of the Division of Hepatology at UCT and Head of Liver Transplantation at Groote Schuur Hospital from 1998 to 2024, and led the Paediatric Liver Transplantation Programme at Red Cross War Memorial Children's Hospital from 1994 to 2021.

Her work spans viral hepatitis, liver transplantation, hepatocellular carcinoma, fatty liver disease and equitable access to liver care in South Africa and sub-Saharan Africa. She has authored more than 150 peer-reviewed publications and contributed to major international guidelines and consensus initiatives, including WHO hepatitis B guideline work, HEPSANET and global liver health collaborations. She remains actively involved in teaching, mentorship and regional hepatology capacity building.





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Speaker **Prof Martin Schwellnus**

Topic 1: Troublesome Tendinopathies: Recent Advances in Diagnosis and Management

Martin Schwellnus is a registered specialist Sports and Exercise Medicine physician, holds a Fellowship of the College of Sport and Exercise Medicine of South Africa (FCSEM (SA)), and is the current President of the College of Sport and Exercise Medicine (CSEM) of South Africa. He has been in private Sport and Exercise Medicine practice (part-time) for over 25 years, consulting with elite and recreational athletes. He has a passion for promoting regular safe physical activity for all, including patients with known chronic disease. Martin is also an Emeritus Professor of Sport and Exercise Medicine at both the Faculties of Health Sciences of the University of Cape Town and the University of Pretoria. He also holds an Extraordinary Professorship at Stellenbosch University.

He has been the Director of the International Olympic Committee (IOC) Research Center in South Africa for the last 16 years. His clinical and research interest is in several areas in sport and exercise medicine, notably the health benefits of regular exercise, respiratory issues in athletes, the prevention and management of injuries, acute infections and exercise, and prevention of medical complications in active individuals. He is an active researcher who has published over 400 scientific journal articles, chapters in books and conference proceedings. He is an NRF B rated scientist with a Scopus H-index of 54.

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Speaker **Dr Tony Behrman**

Topic 1 Toolkits for OHSC Inspections





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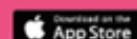
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Degrees/Fellowships

- M.B.Ch B. (1970 to 1975) UNIVERSITY OF CAPE TOWN.
- DIPLOMA in OCCUPATIONAL HEALTH (1995 to 1997) U.C.T.
- FOUNDATION FELLOW of the Faculty of FORENSIC and LEGAL MEDICINE (Royal College of Physicians) UK 2005 (FFLFM)
- Accredited DISAC Mediator UCT Law @ work, Legal Faculty UCT 2014.

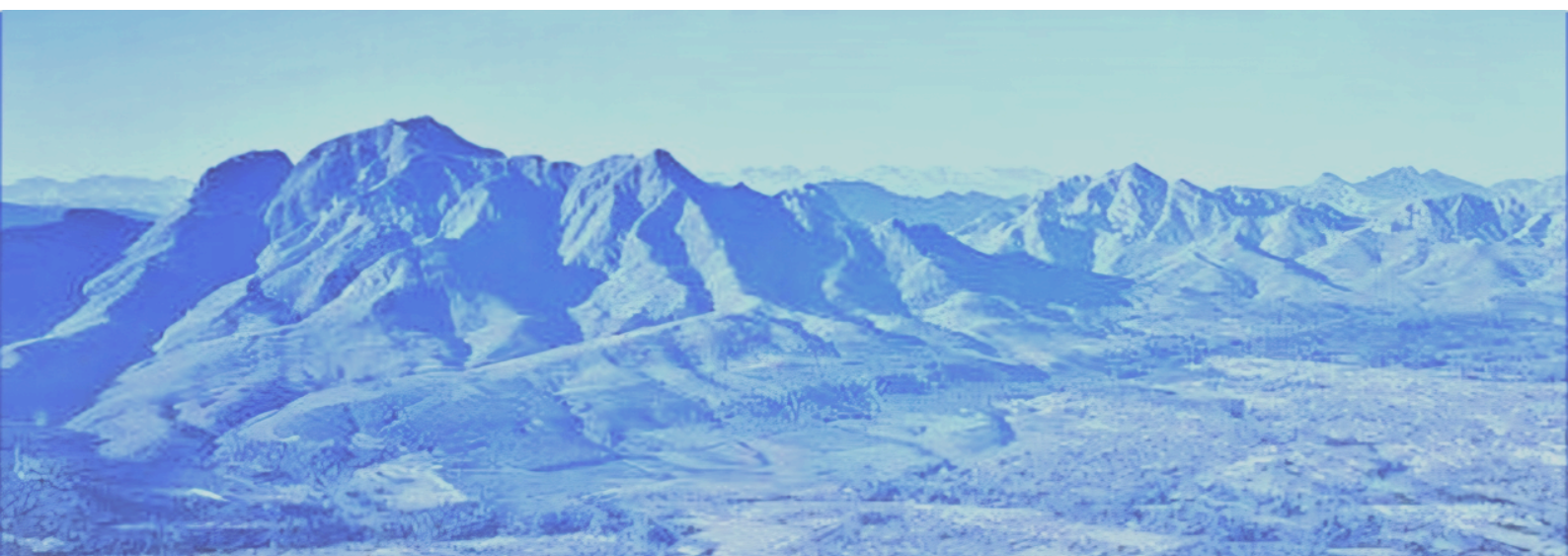
Current Positions held:

- Chief Executive Officer of CAPE PRIMARY CARE / QUALICARE IPA, WESTERN CAPE 1990 to date comprising 600 Family Practitioner members.
- Director of the IPA Foundation of RSA
- Director of the SAMCC
- Member of Executive Committee of the UFFP
- Business and Medicolegal Consultant to Medical Protection Society 1998 to 2012 and again 2018 to date

Personal:

- Married, with 2 children and 5 grandchildren
- Cyclist and Walker
- Recreational Pianist and Guitarist

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THE PATHCARE NEWS

PMOS: THE NEW NAME FOR PCOS AND WHAT IT MEANS FOR LABORATORY ASSESSMENT

What is PMOS?

Polyendocrine Metabolic Ovarian Syndrome (PMOS), formerly known as Polycystic Ovary Syndrome (PCOS), is one of the most common endocrine disorders affecting women of reproductive age. The new name reflects the endocrine, metabolic, and ovarian abnormalities that underpin the condition.

Why the name change?

The term PCOS is increasingly recognized as misleading because pathological ovarian cysts are not a defining feature. PMOS better reflects the multisystem endocrine and metabolic nature of the disorder.

How common is PMOS?

PMOS affects approximately 10–13% of women of reproductive age and remains substantially underdiagnosed.

Clinical features

- Irregular or absent menstrual cycles
- Infertility or subfertility
- Hirsutism
- Acne
- Androgenic alopecia
- Obesity and metabolic dysfunction
- Dysglycaemia, dyslipidaemia and hypertension

Clinical Pearls

- PMOS is a multisystem endocrine and metabolic disorder, not simply an ovarian disorder
- PMOS may occur in women with normal BMI; obesity is not required for diagnosis
- AMH may be used as an alternative to ultrasound for assessment of ovarian morphology in adults
- AMH and ultrasound are not recommended investigations in adolescents
- LCMS-based testosterone measurement is preferred in women, but oral contraceptives should be withdrawn for at least three months prior
- Normal testosterone concentration does not exclude hyperandrogenism; DHEAS and androstenedione may be informative
- Metabolic risk assessment is a key component of patient management.

Recommended PMOS Laboratory Work-up

Exclusion testing

- β -hCG
- TSH
- Prolactin
- FSH $\pm$ oestradiol, where primary ovarian insufficiency is clinically relevant
- 17-hydroxyprogesterone + 11-deoxycortisol

Diagnostic inclusion/assessment testing

- Total testosterone (LCMS-method preferred) with SHBG and Free Androgen Index (FAI)
- DHEAS and androstenedione, particularly if testosterone/FAI are not elevated but clinical suspicion remains
- AMH if ovarian morphology assessment is required in adults, and ultrasound is not being used

Metabolic risk assessment

- HbA1c and/or fasting glucose
- Lipid profile

PathCare value-added offering

PathCare now offers two streamlined test profiles to support the laboratory assessment of adult women with suspected PMOS:

Hyperandrogenaemia panel

- Testosterone (LC-MS/MS-based)
- Sex hormone-binding globulin (SHBG), with calculated free androgen index (FAI)
- DHEAS (LC-MS/MS-based)
- Androstenedione (LC-MS/MS-based)

Sample requirement: 2 $\times$ SST (yellow-top) serum tubes

Approximate total price (fund-dependent): R1 100

PMOS panel

- Hyperandrogenaemia panel
- Anti-Müllerian hormone (AMH)

Sample requirement: 2 $\times$ SST (yellow-top) serum tubes

Approximate total price (fund-dependent): R2 000

These convenient profiles combine the key biochemical tests into a single request, simplifying test selection and supporting a focused, cost-conscious investigation.

Chemical Pathologists, PathCare, July 2026

Reference:

Teede HJ, *et al.* Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: a multistep global consensus process. *Lancet*. 2026;407(10545):2329-2339. doi:10.1016/S0140-6736(26)00717-8



PMOS DIAGNOSTIC ALGORITHM SUMMARY

STEP 1



CLINICAL SUSPICION

- 1 Irregular menstrual cycles
- 2 Infertility
- 3 Hirsutism
- 4 Acne
- 5 Alopecia
- 6 Metabolic dysfunction

STEP 2



EXCLUDE MIMICS

- 1 Pregnancy (β -hCG)
- 2 Thyroid dysfunction (TSH)
- 3 Hyperprolactinaemia (Prolactin)
- 4 Primary ovarian insufficiency (FSH $\pm$ Oestradiol)
- 5 Non-classic congenital adrenal hyperplasia (17-hydroxyprogesterone, 11-deoxycortisol)

STEP 3

ASSESS 1) IRREGULAR CYCLES AND 2) HYPERANDROGENISM



1) Irregular cycles
Assess menstrual cycle pattern and ovulatory function based on time post-menarche.

2) Hyperandrogenism
Clinical hyperandrogenism:

- Hirsutism
- Acne
- Alopecia

If absent, biochemical assessment:

- 1 Total testosterone (LC-MS/MS preferred)
- 2 SHBG
- 3 Free Androgen Index (FAI)
- 4 Consider DHEAS
- 5 Consider Androstenedione

In adolescents both irregular cycles and hyperandrogenism required

Not while on hormonal contraception

Only one feature present?
(Irregular cycles OR Hyperandrogenism)

YES

STEP 4



ASSESS OVARIAN MORPHOLOGY

- 1 Pelvic ultrasound OR
- 2 Anti-Müllerian Hormone (AMH)

Use one method only, not both

In adolescents, ultrasound and AMH are NOT recommended

STEP 5

ASSESS METABOLIC RISK

- 1 HbA1c and/or fasting glucose
- 2 Lipid profile
- 3 Blood pressure
- 4 BMI



GLUCOSE



LIPIDS



BLOOD PRESSURE



BMI



INTEGRATE FINDINGS AGAINST CURRENT PMOS DIAGNOSTIC CRITERIA

Confirm PMOS only when criteria are met and mimics excluded; otherwise classify as 'at risk' and arrange follow-up.



Adolescence per WHO = 10–19 years; adolescent criteria are defined by time post-menarche (irregular cycles by years post-menarche; ultrasound/AMH not used until 8 years post-menarche).



WORCESTER OPEN DAY 2026

ANOTHER HUGE SUCCESS

Snapshots of the Exhibitors!



Worcester Open Day continued to page 31

26

Growing pushback against forced retirement and medical aid membership



Rising medical inflation, stagnant scheme participation, and mounting financial stress are challenging the traditional model.

The South African employment benefit industry is currently worth around R800 billion, comprising retirement funds, medical aid schemes and group insurance contributions. But a pushback against forced membership of retirement funds and medical aid schemes is expected to increase, according to NMG Benefits, one of the country's largest independent benefit brokers.

Listen/read: [Real take-home pay at a two-year low](#)

27

Growing pushback against forced retirementcontinue to page 28

This is due to rising medical inflation, changing employee expectations and affordability pressures, NMG experts said during a media roundtable on Monday.

Employees empowered ... but hamstrung

The future of employee benefits is increasingly in the hands of employees because cost-to-company salary structuring is now the default, says Geoff Baars, chair and CEO of NMG.

“Very few employers are subsidising medical scheme contributions after retirement. It is a cost that the employee has to bear.”



Yet many companies still prescribe membership of a retirement fund and medical aid scheme as a condition of employment.

Friction arises from the fact that the employee is forced to pay for the benefits and is being told which funds or schemes to belong to.

“There is no doubt that people are financially stressed,” notes Lettesha Pillay, head of business development at NMG.

She says employers are receiving growing numbers of requests for salary advances, staff loans and leave-pay payouts – but many “have stopped offering staff loans for various reasons”.

“The pressure is evident from the letters employers are getting from casual lenders requesting confirmation of employment for them to ensure their loans will be repaid.”

Rethink needed by employers?

Baars says there is growing support for the idea that people should be free to decide how to spend their own money.

The employer should not prescribe to them what to do.



When staying-power counts



LASTS UP TO
36h^{1,2}

TADALAFIL ADCO for the treatment of ED¹

- Demonstrates improvement in EF for up to 36 hours post-dose^{1,2}
- Tadalafil improves psychological outcomes²
- Preferred by patients and their partners over sildenafil²

¹In a meta-analysis comparing tadalafil with sildenafil for the treatment of ED.

ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information, October 2022. 2. Gong B, Ma M, Xie W, et al. Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis, *Int Urol Nephrol* 2017;49:1731-1740.

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

TADALAFIL 5 mg ADCO, Each film-coated tablet contains 5 mg tadalafil, Reg No.: 52/7.1.5/0084.080, TADALAFIL 20 mg ADCO, Each film-coated tablet contains 20 mg tadalafil, Reg No.: 52/7.1.5/0085.081.

Adcock Ingram Limited, Co, Reg. No.: 1949/034385/06, Private Bag X69, Bryanston, 2021, Customer Care: 0860 ADCOCK/232625, www.adcock.com 2023062910293836, July 2023.



Tadalafil Adco

Tadalafil 5 mg/20 mg tablets

The patient's choice for ED^{2*}

adcock ingram
generics

We see this natural conflict.

But the employer does have some – at least a **moral responsibility** – to help their employees make the **best decisions**.



“We see this natural conflict. But the employer does have some – at least a moral responsibility – to help their employees make the best decisions.”

For example, there has been a tsunami of retirement fund members who have accessed money from their savings pot since the two-pot system was introduced in 2024 – showing the need for financial relief.

One concern, based on anecdotal evidence, is that some people are using this money – their retirement savings – to gamble, hoping to hit the jackpot.

Retirement savings

According to Baars, the biggest portion of the benefit industry is made up of retirement fund contributions (R500 million).

Around nine million of the 11 million people employed in the formal and non-agricultural sectors are retirement fund members.

Traditionally the employer or board of trustees made all the decisions around the retirement fund.

However, some of the practices in the industry regarding what people do with their money and the decisions they need to make haven't changed enough.

Trevor Kingsley-Wilkins, head of retirement fund consulting at NMG, says the ideal income replacement ratio post-retirement is 75%, but the current NMG analysis shows that the net replacement ratio is 38%. “That is monstrous.”

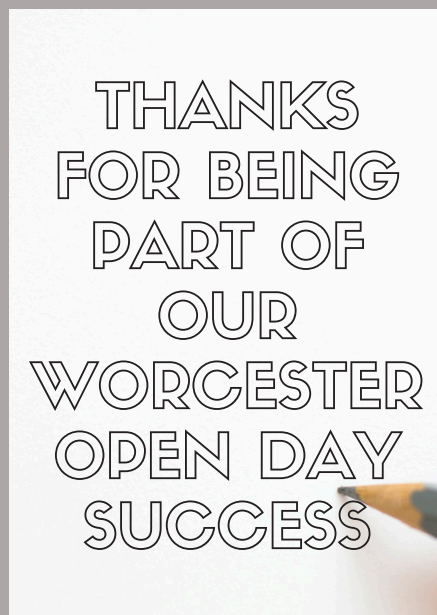
It is attributed to people starting to save too late, contributing too little, failing to preserve retirement savings when changing jobs before compulsory preservation under the two-pot system, and investment returns not beating inflation (the norm should be inflation plus 5%).

Fees also play a role. Kingsley-Wilkins encourages people to look at the total expense ratio (TER) to be able to compare apples with apples.

NMG COO Siphamandla Buthelezi says at least more people are going to retire with some money because of the two-pot retirement fund reforms.

30

Growing pushback against forced retirement.....continue to page 32



He warns however that people must realise that retirement is not about age. It is about financial stability.

Medical cover

Baars says when it comes to medical schemes, around 4.4 million are principal members and another 4.5 million are dependants. This number has been static for a long time.

When compared to population growth, the numbers are declining – mainly because of affordability and restrictions on schemes to come up with low-cost benefit options.

Karin Mitchelmore, head of healthcare consulting at NMG, says the healthcare industry is facing a “squeeze effect”.



The cost of clinical treatment is rising, and the pool of young healthy contributors is shrinking.

This is forcing medical schemes to increase contributions – sometimes between 3% and 4% above inflation.

The average age of a medical scheme member in 2008 was 32. It is now 38.

“It is going to get worse because young healthy people are going to find alternative solutions,” says Mitchelmore.

“Their only other solution right now is medical insurance.”



SOUTH AFRICA LOSES R18 BILLION EVERY YEAR TO FAKE SICK NOTES



Apparently it is a criminal offence to submit a sick note that you know is fake.

In South Africa, we are entitled to a certain amount of work days, and they should be taken, even if it's just for a necessary mental health day. But some people take the piss, with private investigators finding that 30% of sick notes provided in South Africa are fake, and it's costing the country a lot.

According to labour experts, absenteeism linked to false medical certificates costs SA's economy billions each year. In fact, online health platform, Unu Health, estimates that it costs in the region of R18 billion.

Fake sick notes are submitted when people want a day off work that they are not entitled to, and businesses are paying the price. But labour expert Andrew Levy said it is actually a criminal offence to submit a sick note that you know is fake.

He says, "It's a problem. And the abuse of sick leave costs the economy billions. And there's no business in the country where the employer doesn't suffer."

34

SA Loses R18 Billion Every Year To Fake Sick Notescontinue to page 36



Congratulations to our prize winners!

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for Making Our Winners Day 😊



If you go to see a doctor when you're not really sick, and that doctor wants to earn his fee, they will give you the sick note. Unfortunately, an employer can do nothing about that. It's genuine and comes from the doctor".

It's not just real doctors who are in on this, but bogus ones as well, who issue illegal sick notes without examining patients, simply because there are not enough doctors.

Levy said in one of the cases he handled, there was an incident where an employer hired a private investigator after it transpired that most of his employees usually obtained sick notes from the same doctor.



If you go to see a doctor when you're not really sick, and that doctor wants to earn his fee, they will give you the sick note.



Unfortunately, an employer can do nothing about that. It's genuine and comes from the doctor.

"When he arrived at the alleged doctor's surgery, he found two ladies sitting behind a table with plastic chairs without any medical stuff," he said. "They did not examine him; instead, they just asked him how many days he wanted. When he said five, they requested R120 and gave him a medical certificate."

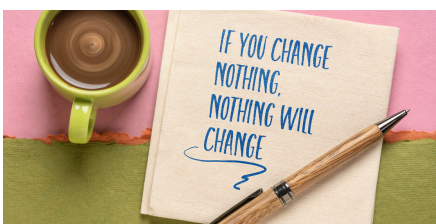
He adds that this issue is not limited to South Africa. "I did a study some years ago and found that absenteeism was about 5% out of 100 workers who faked sicknesses daily. This is not only a South African thing, it is also worldwide."

Another labour lawyer, Michael Bagraim, who is the DA spokesperson of employment and labour, said he comes across invalid sick notes daily, many of which are written on stolen medical pads.

"Sometimes, we find that employees actually pay genuine doctors to give them illegitimate sick notes," he said. "I have been through at least a dozen arbitrations where it turned out that the sick notes came from proper medical practitioners who are put under pressure by their patients to give them time off for other purposes."

He also acknowledges what a toll this takes on businesses across the country. "The economy is losing a lot more than we can imagine because literally thousands of people take time off every day without being sick. It is often very difficult to verify sick notes as the doctors are not available telephonically and many will not respond."

So, it seems that a "quick day off" is proving to be a very expensive prescription for the economy.



36



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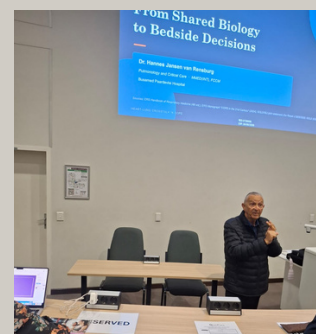
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- Mild to moderate adverse events²
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NEW

 **Clobazam**
Clobazam **ADCO**

*The dosage of CLOBAZAM ADCO should be determined by monitoring the EEG and plasma levels of the other medicines.¹

References: 1. CLOBAZAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

☐ CLOBAZAM 10 ADCO. Each tablet contains 10 mg of clobazam. Reg. No.: 552/6/0546 ☐ CLOBAZAM 20 ADCO. Each tablet contains 20 mg of clobazam. Reg. No.: 552/6/0547

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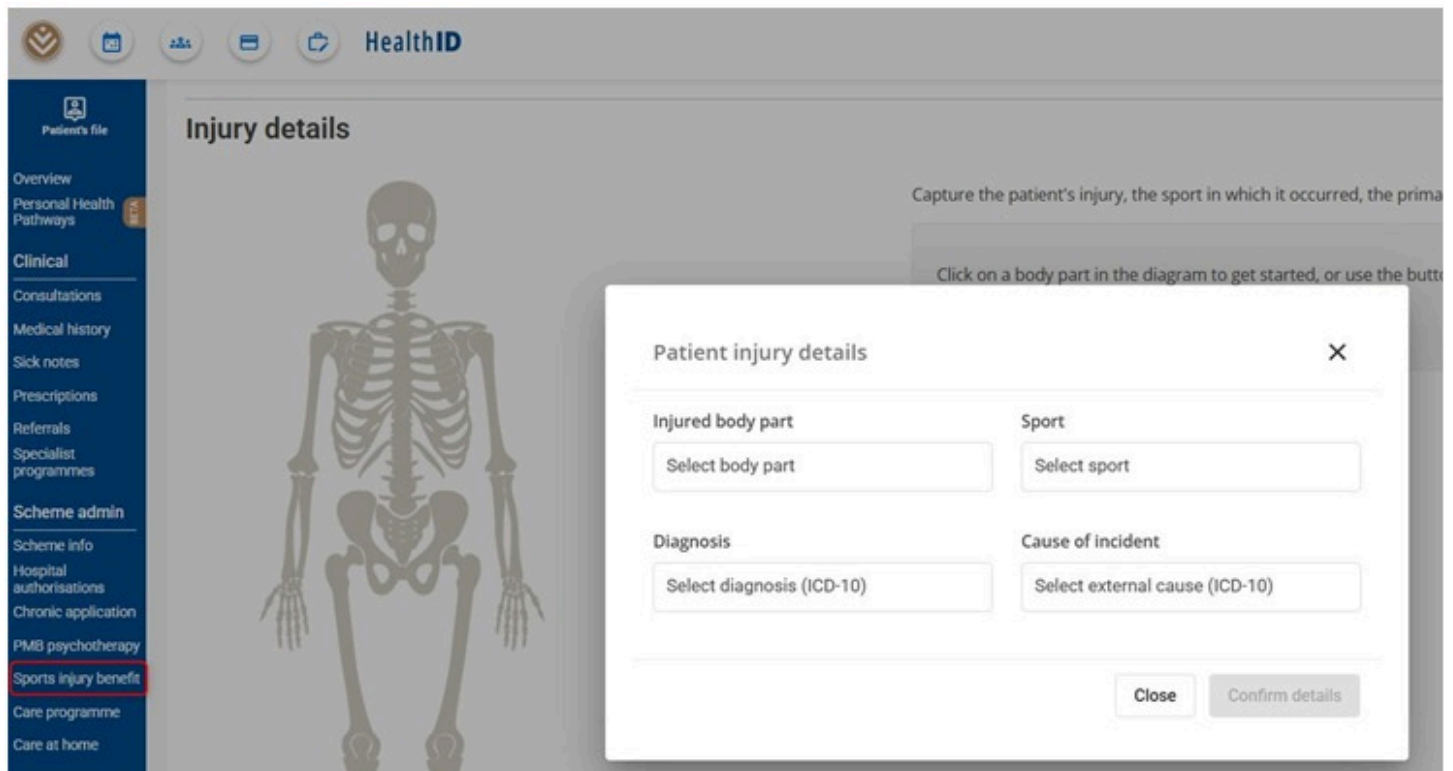
On Discovery Health ID Now

Hi Doctors,

Please note that the Sports Injury Benefit was successfully activated this morning. Kindly let us know if you experience any issues or encounter any challenges when using the benefit.

Please also note that the extension of the ICD-10 code description field length will be implemented in one of the upcoming go-live releases. We will keep you updated on the rollout date.

Thank you for your continued support.



The screenshot shows the HealthID web application interface. On the left is a sidebar menu with options like 'Overview', 'Personal Health Pathways', 'Clinical', 'Consultations', 'Medical history', 'Sick notes', 'Prescriptions', 'Referrals', 'Specialist programmes', 'Scheme admin', 'Scheme info', 'Hospital authorisations', 'Chronic application', 'PMB psychotherapy', 'Sports Injury benefit' (highlighted with a red box), 'Care programme', and 'Care at home'. The main content area is titled 'Injury details' and features a human skeleton diagram. A modal form titled 'Patient injury details' is open, containing the following fields:

- Injured body part:** Select body part
- Sport:** Select sport
- Diagnosis:** Select diagnosis (ICD-10)
- Cause of incident:** Select external cause (ICD-10)

At the bottom of the modal are 'Close' and 'Confirm details' buttons. Text above the diagram says: 'Capture the patient's injury, the sport in which it occurred, the primary diagnosis and the cause of the incident. Click on a body part in the diagram to get started, or use the button below.'



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CPC/Qualicare & Discovery Health meeting – Thursday 16 July 2026

Qualicare Consultant for a Dr in Kraaifontein

Q: Want to be added to the FlexiCare and Discovery Smart Networks

A: As discussed, I was not able to reach the doctors rooms.

Dr **** does not meet the requirements for Smart GP Network as they are not HealthID engaged.

Any general practitioner (GP) within the broader Discovery GP network may be considered for inclusion in the Smart Plan GP network provided they meet all the following criteria:

1. Proximity to Smart Plan Hospitals

The GP must be located within close proximity to an existing Smart Plan hospital, which are strategically placed in urban areas.

2. Digital Engagement

The GP must demonstrate active use of digital platforms, particularly HealthID, to ensure seamless care coordination and access to patient records. The GP must also be willing to do virtual consultations.

3. Efficiency and Performance

The GP must show efficiency based on the most recent GP profile, which includes metrics such as patient outcomes, cost-effectiveness, and adherence to clinical protocols.

This decision is essential to:

- Ensure the sustainability of the Smart Plan model.
- Maintain high standards of care.
- Deliver the best outcomes for members while keeping premiums low.

I have sent the Flexicare GP network request for review and will provide feedback as soon as I get feedback.

Qualicare Consultant for a Dr in George

Q: Dr notified Discovery that he will be retiring in Jan 2026 but received capitation fees for the months he has retired already

A: Your networks and capitation were ended at the end of April 2026 – no need to pay the money back. Dr was so happy to hear this.



Qualicare Consultant for a Dr in Bellville

Issue: Confirmation was requested on whether Dr **** is contracted with Discovery Health.

Outcome: Discovery confirmed that the doctor is not contracted with the scheme. They advised that the doctor must register and obtain the necessary access permissions before Discovery can assist with practice-related queries and support services. Dr ****: Confirmation received that the doctor is not contracted with Discovery Health and must register to access support services.

Qualicare Consultant for a Dr in Gansbaai

Issue: The practice experienced significant delays with practice registration, practice manager access, and banking details, resulting in frustration for both staff and patients.

Outcome: Discovery explained that the delays were caused by incomplete documentation, missing registration forms, and submissions from incorrect email addresses. The practice registration was eventually completed, and the banking details have now been successfully loaded after all required documentation was received. Discovery has also provided guidance on the correct processes to avoid future delays.





Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
(Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-member rates.
(Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge.
(Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice... Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R355.00 VAT inclusive, per month
- Allied Health Care Professionals R355.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners** (GP's) in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare

Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the “EDN” showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details

*** Compulsory to complete – for a successful listing.**

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB. _____

Professional Body Memberships: _____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

Contact Details

*Contact Number: (Practice) _____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

GPS Location: _____

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.
2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.
3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

Please feel free to contact Annerè van Pletsen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

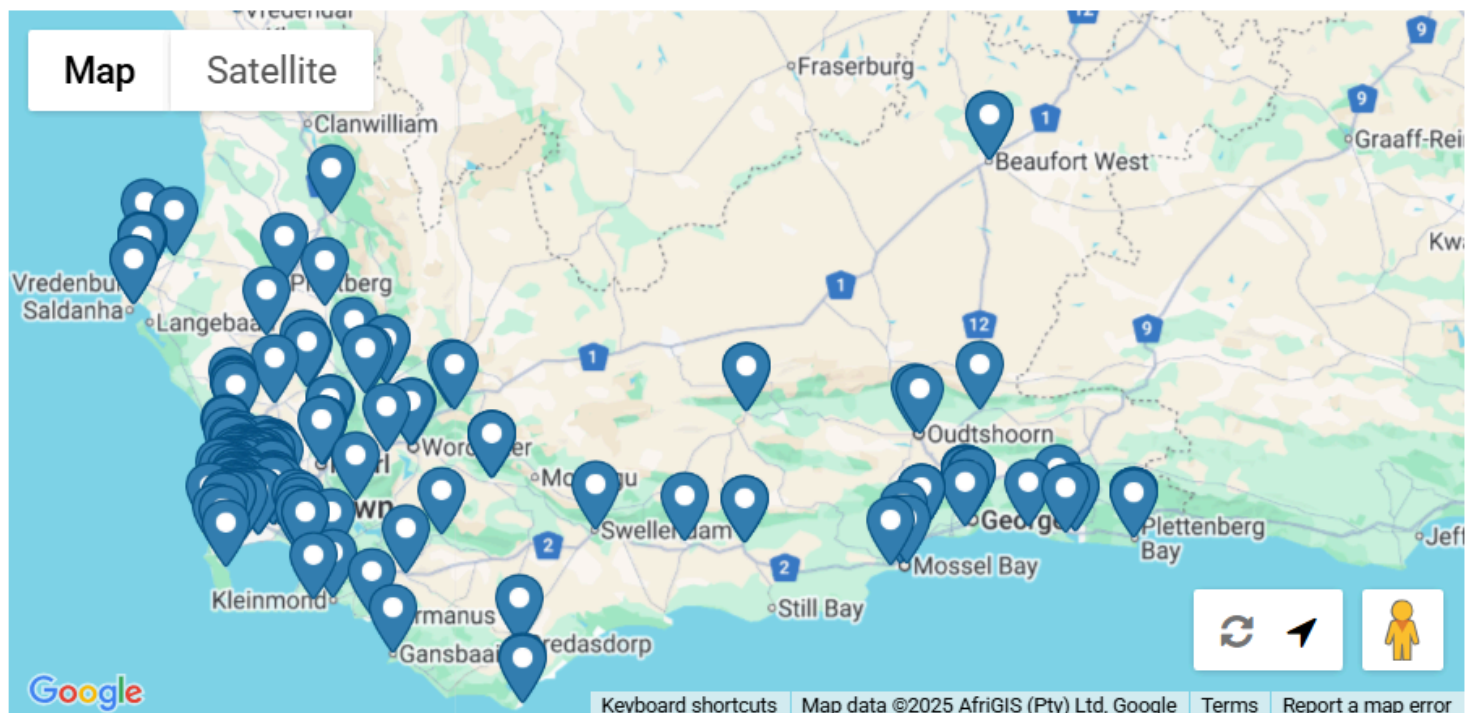
I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the “Electronic CPC/Qualicare Doctor Network” at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

☐

Click on the link to complete the form:

<https://www.qualicaredoctors.co.za/new-form/>





QualiCare

01 July 2026 - 31 July 2026



www.docweb.co.za



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New users

885

Event count

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Views per active user

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Top pages/screens

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Practice Management DocWeb	240	60	712	34.6%
2026 Tariff Offerings DocWeb	205	157	745	40.9%
Generic Dictionary DocWeb	200	169	981	50.0%
Accreditation Form DocWeb	99	35	217	1.5%
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HPCSA DocWeb	66	58	279	40.3%

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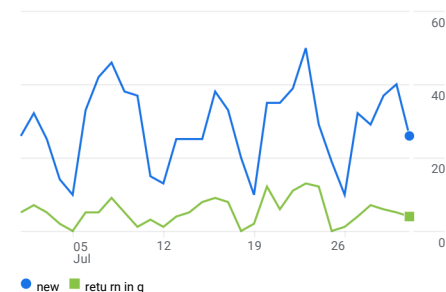
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First user source / medium

FIRST USER SOURCE / ME...	ACTIVE USERS
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(direct) / (none)	314
bing / organic	86
qualicaredoctors.co.za / ref...	13
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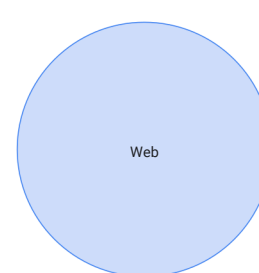
Active users by Country

COUNTRY	ACTIVE USERS
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United States	60
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China	24
Vietnam	10
Germany	7
Brazil	6

New vs Returning users



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Articles:

1. <https://www.moneyweb.co.za/news/south-africa/growing-pushback-against-forced-retirement-and-medical-aid-membership/>
2. South Africa Loses R18 Billion Every Year To Fake Sick Notes - 2oceansvibe News | South African and international news

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1. https://www.moneyweb.co.za/wp-content/uploads/2026/02/AdobeStock_1882161389-744x417.jpeg
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THE END