



# Environmental Health NEWS

Newsletter for Environmental Health Practitioners Board



# CHAIRPERSONS NOTE



01

I am pleased to announce that the new Professional Board was inaugurated on 11 September 2015 for a five (5) year term of office. I would like to thank the previous Board and its leadership who served exceptionally well in the last term by accomplishing amongst others, all strategic objectives they had set for themselves in their term of office. The current Board is committed to carry the baton and continue striving to protect the public and guiding the profession. My deepest gratitude also goes to the management and administration staff of the HPCSA for their continued administrative and legal support to the current Board, enabling us to meet our objectives. I am looking forward to a good professional working relationship with the team during this term.

I am equally humbled by the confidence that the members of the Board have shown in me by affording me the opportunity to lead them as the Chairperson of the Board. Together, we are committed to working tirelessly to serve fellow practitioners and the communities with dignity and respect.

This Board comprises of qualified Environmental Health Practitioners from various provinces across the country, as well as representatives from relevant stakeholders who all bring with them different experiences and expertise from different sectors. This is at a time when the profession is undergoing

challenging but yet exciting times in the country. However, with the calibre of members we have in this term, I am confident that we will continue discharging the Board's mandate as expected of us.

Serving in the Board not only comes with huge responsibilities but also sacrifices. Even though these dedicated men and women are full time employees elsewhere or in their respective private businesses, they still sacrifice their time with their loved ones and work after hours or are away from home to serve the practitioners and the community efficiently and effectively. This shows how much they value this profession and are dedicated to ensuring that it remains one of the respectable professions within the Health fraternity.

The Board held its strategic planning session on the 8th and 9th February 2016 and the plan is awaiting Council's approval before implementation. We will continue to protect the public and guide the profession and continue to sensitise employers about what the legislation says with regard to unregistered practitioners practising within the scope of this profession. We shall also continue to engage with practitioners and other stakeholders in order to inform them of our mandate as well as to listen and attend to their contributions towards serving them better and understanding the challenges they are faced with, which are within our scope/mandate as the Board.

Continuous audits and accreditations to all Universities of Technology and Comprehensive Universities offering the Environmental Health Programme in the country will be conducted in order to ensure quality of education and training. We are committed to continuously work together with these institutions to ensure that graduates from these institutions are armed with competencies that are able to address Environmental Health related challenges that the country is faced with.

I am also pleased to announce that by June 2016, the Board had already accredited four (4) Universities to offer a four year Bachelor Degree programme in

Environmental Health which replaces the current National Diploma.

A lot of work awaits us; however, I am confident that with the support of this dedicated team, active Environmental Health Practitioners, Institutions of

higher learning as well as relevant NGO/NPOs and other stakeholders, we will achieve our set objectives. I wish all Board members and the administration staff a pleasant and fruitful term.

*PBEHP Chairperson: Ms. Duduzile Sebidi*



02

from left to right: Mr J Shikwambane (Vice Chairperson), Mrs A P R Cele, Mr M Mnyele, Mr K Maupye (Administrator), Ms F Bongweni, Mr P Maisela Ka Mdluli, Ms T Manciya, Ms M Ramare (Secretary), Ms T Vundule (Board Manager), Dr A Zimba, Ms D Sebidi (Chairperson), Mr A van Zyl, Dr B Mjamba-Matshoba (Former Registrar/CEO), Mr F Nel, Ms R Ntoi, Mr C Qoto, Ms M Mphidi (Committee Coordinator), Mr D Nemakonde, Mr B Khumalo.

## ETHICAL CONDUCT OF ENVIRONMENTAL HEALTH PRACTITIONERS: A CONSTITUTIONAL IMPERATIVE

*Dr. Andile Zimba*

### BACKGROUND

The fundamental duty of Environmental Health Practitioners (EHPs) is to serve humankind, to safeguard public health, and to protect them against diseases. This involves inspecting premises, issuing of certificates of acceptability and business licences, serving notices, building plan approvals, taking water and food samples, and investigating of communicable diseases amongst others. This invariably affects the rights and interests of all the citizens. As a result, this compels them to conform to the basic principles of ethics such as honesty, trust, courtesy, fairness, transparency, promise keeping, respect for others and maintaining high integrity which serves as a moral compass.

individual community members. It is in this regard that they should take heed of the rights of these stakeholders as entrenched in the Constitution of the Republic of South Africa. It is worth noting that EHPs are vulnerable to perverse incentives and kickbacks from scrupulous business owners and should avoid such temptation. Section 33 (2) of the Constitution states that everyone whose rights have been adversely affected by the administrative actions has the right to be given written reasons. Most importantly, EHPs must serve humankind without prejudice and therefore their behaviour and actions must be beyond reproach.

### Administrative decisions and actions

Chapter 10 of the Constitution of the Republic of South Africa Act 108 of 1996, section 195 (1) (a), (b), (d), (e), (f), (g), outlines the basic values and principles governing public administration are outlined and EHPs

EHPs interface a great deal with key stakeholders in the communities such as business sector, non-governmental organisations, state departments and

### HIGHLIGHTS IN THIS ISSUE

**Ethical conduct of Environmental Health Practitioners: A constitutional Imperative**

**Environmental Health Perspective**

**Ehlanzeni District Municipality Partnership with Institutions of Higher Learning 2014/2015**

**Ibhayi Health Study**

as public servants are expected to uphold them at all times. These basic values and principles as stipulated in section 195 (1) are amongst others:

- A high standard of professional ethics must be promoted and maintained;
- Efficient, economic and effective use of resources must be promoted;
- Services must be provided impartially, fairly, equitably and without bias;
- People's needs must be responded to, and the public must be encouraged to participate in policy-making;
- Public administration must be accountable;
- Transparency must be fostered by providing the public with timely, accessible and accurate information.

EHPs must also adhere to the provisions of the Promotion of Administrative Justice Act, 3 of 2000 to give effect to the right to administrative action that is lawful, reasonable and procedurally fair and to the right to administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa Act, 108 of 1996. Consequently, whenever administrative decisions and actions are taken by EHPs, it is imperative that they are fair, reasonable and justifiable. In essence, section 3 of the Promotion of Administrative Justice Act, 3 of 2000 stipulates that: in order to give effect to the right to procedurally fair administrative action, an administrator (EHP in this context) must give the person:

- Adequate notice of the nature and purpose of the proposed administrative action
- A reasonable opportunity to make representations
- A clear statement of the administrative action
- Adequate notice of any right of review or

- internal appeal, where applicable, and
- Adequate notice of the right to request reasons for administrative action.

Furthermore, EHPs should take cognisance of the fact that the Bill of Rights as enshrined in Chapter 2 of the Constitution is a cornerstone of democracy in South Africa and affirms democratic values of human dignity, equality and freedom of religion, belief, expression, association, movement, residence, trade, occupation and profession.

**Ethical conduct a mandatory requirement by HPCSA**

The Health Professions Council of South Africa (HPCSA) as the regulating body of the profession makes it mandatory for EHPs to uphold, promote and maintain high standard of professional ethical conduct. In order to achieve this, it is imperative for EHPs to maintain good relationships and take the interests of the clients in the execution of their duties. Ethical conduct by EHPs inculcates respect and enhances a good public image of the profession. It is on this basis that the HPCSA requires that all EHPs to acquire Continuous Education Units (CEUs) on ethics to be above board on moral and ethical conduct.

**Conclusion**

To this end, a specific code of ethics should be developed for this profession which will provide guidance and standard of professional conduct. Everything that EHPs do, demands high observation of ethical conduct hence, a code of ethics tailor made for this cadre of profession should be developed to promote and maintain a high standard of professionalism in Public Administration.

includes amongst others, to identify, assess, correct, control and prevent those aspects in the environment that are detrimental to public health. The World Health Organisation (WHO) refers to these aspects of health as social determinants of health which entail living conditions, access to health facilities, resource depletion and broader social protection issues. These conditions prevail despite the Constitution of the Republic of South Africa Act 108 of 1996, section 24 which stipulates that everyone has a right to an environment that is not harmful to their health or well-being; and to have the environment protected, for the benefit of the present and future generations.

Though Environmental Health Practitioners are strategically employed at the different municipalities across the country, the ratio versus population still remains a challenge and this hampers their effectiveness. The rapid population growth further exerts a heavy burden on the EHPs to optimally render their services. However, a National norm of 1:15 000 has been established by the National Department of Health as a benchmark for municipalities to ensure compliance. As a general observation, some municipalities are making attempts to meet this norm though at an extremely slow pace.

Despite the challenges highlighted above, there is empirical evidence of the efforts and impact made by this cadre of professionals such as ensuring the provision of safe food and water, sanitation, proper waste management. Significantly, there are numerous gains that can be achieved through the environmental health interventions in improving public health as their functions fall under the following realms:

*Adapted from: Health Development Agency, 2002*

**Back to basics philosophy**

As suggested by the former Minister of Cooperative Governance and Traditional Affairs – Mr Pravin Gordhan, the notion of back to basics entails: provision of basic services such as the unblocking of overflowing sewer drains within a reasonable turnaround time, creating decent living conditions, good governance, ensuring compliance with legislation, enforcement of Environmental Health by-laws, health and hygiene awareness programmes through public participation and adequate resource allocation to address environmental health problems. The back to basics philosophy in local government poses a direct challenge to Environmental Health Practitioners to reflect and take stock of whether their interventions are responsive, appropriate, effective and efficient in addressing environmental health problems. The big question is: are we doing enough in terms of the Environmental Health back to basics principles?

**Recommendations**

- Strengthening the visibility of EHPs in the less developed areas may contribute positively in promoting health and hygiene;
- Adopting a zero-tolerance approach to health nuisances - blocked drains/sewer spills, dumping, littering, and accumulation of waste as well as air and water pollution would tremendously improve the conditions;
- Continuous strengthening of the EHPs role in prevention and controlling of public health nuisances is imperative;
- Re-introducing the law enforcement role of EHPs which is currently dwindling, and this can be

# BACK TO BASICS: “SERVING OUR COMMUNITIES BETTER” ENVIRONMENTAL HEALTH PERSPECTIVE

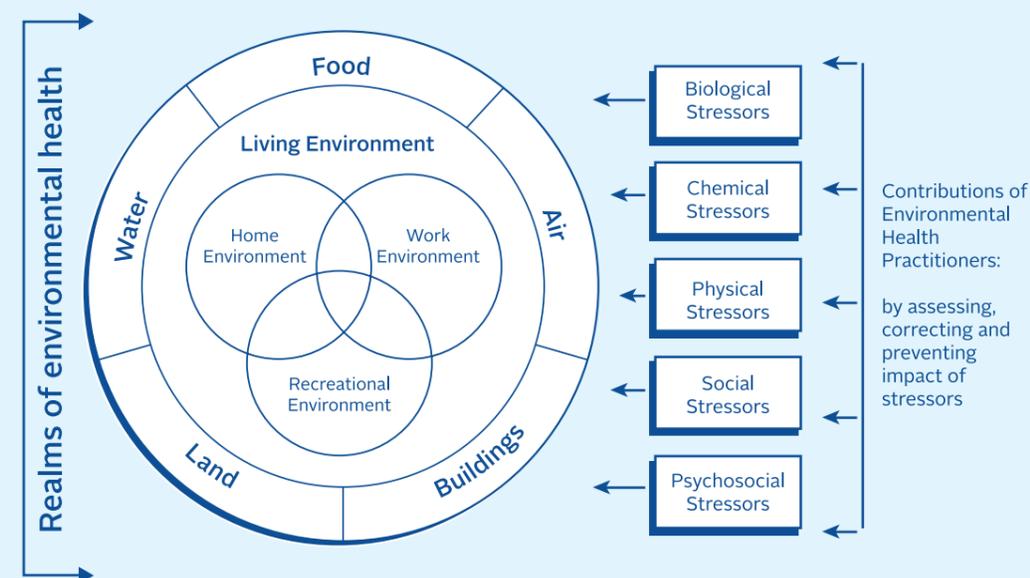
Dr. Andile Zimba

**Background**

The hackneyed expression that says: “the more things change, the more they remain the same” resonates with the state of affairs of environmental health conditions in South Africa. The relationship between human beings and their environment has resulted in numerous challenges such as physical, social, and

environmental degradation. Deteriorating conditions due to blocked sewer lines, lack of toilets and access to potable water in the informal settlements, as well as surreptitious dumping and littering of household refuse amongst others, characterises the current state of environmental health in South Africa.

The fundamental role of Environmental Health



## ENVIRONMENTAL HEALTH PRACTITIONERS PROMOTED ENVIRONMENTAL HEALTH AT A CAREER EXHIBITION



Students training



Students from Mpumalanga Nursing College attending practicals on environmental health conducted by EHPs



Siyanda Saliwa Chief EHP, who is the project coordinator for the Partnerships with Institutions of Higher Learning Programme

By: Ms Siyanda Saliwa

achieved through following legislative procedures such as effective application of sections 54 and 56 of the Criminal Procedure Act 1955 - summons, fines, and interdicts to bring meaning to the training of EHPs as Peace-Officers. This will be done in order to enforce section 24 of the Constitution of the Republic Act 108 of 1996 and all other legislations which provide powers to EHPs;

- EHPs should be recognised as having a transversal role (cross-departmental) in developing strategies

to address social determinants of health and they must also accept the responsibility that comes with such recognition;

- Implementing the National Environmental Health Norms and Standards as promulgated in the recently published Notice 1229 of 2015 in terms of the National Health Act 61 of 2003. This advocates for the on-going monitoring and evaluation of standards for the delivery of quality Environmental Health Services.

## EHLANZENI DISTRICT MUNICIPALITY PARTNERSHIP WITH INSTITUTIONS OF HIGHER LEARNING 2014/2015

### Background

Ehlanzeni District Municipality (Municipal Health) has created a good partnership with Institutions of Higher Learning. Students from Tshwane University of Technology, University of Johannesburg, Cape Peninsula University of Technology, Central University of Technology and Mpumalanga Nursing College are offered training in a form of Work Integrated Learning Program by the Municipality which has extended the programme to include career exhibitions and practical training of Nursing students on Environmental Health.

The Municipality has good relations with other departments like Inkomati Usuthu Catchment Agency, Provincial Department of Health, Local Municipality and the Provincial Department of Education. It is through these relations that Ehlanzeni District Municipality is able to cater for this programme to even include Primary Schools and High Schools in the province through participating in career exhibitions.

### Activities carried out

On 03 and 04 February 2015, students from Rob Ferreira Hospital were trained on the role of Environmental Health Practitioners and the relationship between the two professions. This training was conducted in cooperation with the Provincial Department of Health. The training session was honoured by the presence of the MMC for the Municipal Health and Environmental Management Department.

For site visits the students were taken to Mbombela

transferstation, Thekwane Landfill sites, Kanyamazane water purification plant and Kanyamazane sewage plant.

Evaluation forms were issued to the students to evaluate the training and give feedback on the effectiveness of the training. The feedback from the students also assisted the Municipality to identify areas that required improvement.

Municipal Health workers also took part in the career exhibition which was organised by Inkomati Usuthu Catchment Agency on 18 March 2015 to 20 March 2015 where 147 students were educated about Environmental Health as a whole and the role that Environmental Health Practitioners play in the community. During the exhibition promotional material in the form of pamphlets, posters and pencil cases were issued to the students.

Environmental Health Practitioners conducted two more training sessions on 06 to 07 May 2015 for students from Barberton Nursing Students and on 20 to 21 May 2015 for Themba Nursing Students.

For site visits the students were taken to Mbombela transfer station, Thekwane Landfill sites, White River water purification plant, White River sewage plant, Flexi Funerals, Millennium Home for the elderly and Barberton Abattoir.

Evaluation forms were issued to the students to evaluate the training and give feedback on the effectiveness of the training. Positive feedback was received from the respondents.

# THE DISTRICT HEALTH INFORMATION SYSTEM (DHIS)

Joe Shikwambane

The National Department of Health (DoH) is required in terms of the National Health Act (Act 61 of 2003) to facilitate and coordinate the establishment, implementation and maintenance of the information systems by provincial departments, district health councils, municipalities and the private health sector at National, Provincial and Local levels in order to create a comprehensive National Health Information System (NHIS).

The District Health Information System (DHIS) was initially established in 1996/97, as a routine system for tracking health service delivery in the public health sector. It requires that each district have a health information system which will ensure integration of data collected, processing and reporting.

The health information system does not require just data; it requires Good Quality Data for it to produce meaningful information for the programme. During the last 20 years, the DHIS has incrementally generated essential data for health service planning, monitoring and reporting.

It has served as one of the vital components of the comprehensive Health Management Information System (HMIS).

In the South African context, the DHIS software plays a pivotal role in the collection, capturing, storage, analysis and reporting of routine data.

The DHIS software has gradually expanded from Public Health and Primary Health Care to cover Hospital data, Emergency Medical Services (EMS) data, Environmental Health System (EHS) data, Client Satisfaction Surveys (CSS), and Core Standards.

The National Department of Health is responsible for developing and monitoring the national indicator data set (NIDS).

The NIDS is reviewed every 2 years to ensure that it is up to date and aligned with National priorities. All requests for additions to the NIDS by provinces shall be communicated in writing, and addressed to the Director-General of the DOH. Such requests must clearly outline why the NIDS is insufficient for their

needs and be signed off by the Provincial Head of Department.

All requests for additions to the provincial indicator data sets (PIDS) by districts shall similarly be communicated in writing, and addressed to the provincial HoD. This is important in ensuring that practitioners report on elements that are in line with their district priority plans.

## Why a Health Information System?

A health information system is important in order to have one standardised format for collecting data that links and is interpreted the same provincially and nationally. It is also to ensure that data/information is available on intranets at Provincial and National levels. This will facilitate the developing of standardised reports on intranets.

Currently Environmental Health monitors 38 Indicators which cover Municipal Health Services, Port Health Services and Provincial health services. The elements also monitor human resources in the different levels and areas of operation.

It is essential that data that is collected is of good quality as poor data quality negates the whole effort that is dutifully undertaken by EHP's on a daily basis. It is also crucial to archive daily records of data collected for audit purposes.

Good data is data that is correct, complete and consistent. Good data facilitates good decision-making, appropriate planning, ongoing monitoring and evaluation and improved coverage and quality of environmental health services. It achieves this by providing an accurate picture of health programmes and services.

The following timelines are essential and adherence to these timelines facilitates timely information when needed:

- The Regional Offices should ensure that data forms should be available for processing before 12th of the following month. Captured data should be validated & corrected if necessary before being sent to Province.

- Data is checked and sent to Regional Provincial Office by the 17th of the month.
- Province should ensure that data is available by the 20th of the month and sent to National by the 25th of the month.
- National Office should send the data to the World Health Organisation (WHO) before the end of the month.

This data should then be used for planning for Environmental Health services by managers. The data elements need to be constantly reviewed to ensure that redundant indicators are replaced by informative

indicators that will facilitate the planning for improved Environmental Health Services.

The challenge is for Environmental Health to make use of technology such as hand held devices, tablets, smartphones applications or any available gadgets and software to improve data collection where feasible. These should then be linked centrally to the DHIS for reporting purposes. This will help improve data quality and availability, and will promote live reporting. Investing in such technology will benefit Environmental Health services delivery.

## IBAYI HEALTH STUDY



Figure 1. Student fieldworkers consulting the site map to locate selected households.

Nelson Mandela Bay Metropolitan area consists of approximately 325 000 households, 13% of which are informal dwellings. Nearly 25% of dwellings are without piped water and about 13% do not have toilets connected to a sewerage system (Ref: Local government Handbook, 2014). Burden of disease estimates for South Africa show that levels of development and local environmental health conditions continue to be counted amongst the top five contributors to mortality rates (Bradshaw et al., 2003). Approximately one third of burden of disease factors may be attributed to environmental risk factors within the living environment, such as poor water and sanitation services, indoor air pollution and toxic heavy metals (Smith et al, 1999).

Industry within the Nelson Mandela Bay Metropolitan

forms a large part of the economy. However, industrial areas such as Markman and Coega are situated close to residential areas and could potentially impact negatively on the environment and human health. Therefore, research information documenting trends in the quality of environment and health in relation to urban development is of key importance for city planning and management processes. Additionally, local academic institutions need to provide training and research opportunities for students. In recognition of these needs and opportunities, the South African Medical Research Council (SAMRC), Nelson Mandela Metropolitan University (NMMU), and the Nelson Mandela Bay Municipality (NMBM) have conceptualized a research initiative, the IBHAYI ENVIRONMENTAL HEALTH SURVEY (IBHAYI EHS).

The project is a panel study, comprising annual cross-sectional surveys in sentinel sites across the Nelson Mandela Bay Metropolitan area. The sites include suburbs located in close proximity to existing and new industrial development (exposure sites) and suburbs located further away from the industrial sites (control sites). These sites represent the different levels of air quality and exposure to industrial pollution that households may be exposed to in the various areas of the Nelson Mandela Bay Metropolitan area. In each study site approximately 100 households were randomly identified using town planning maps of the study areas.

At the selected dwellings, following written, informed consent, quantitative data was collected from a household member of at least 18 years of age to obtain information on socio-demographic status, perceptions of housing, neighbourhood conditions, behavioural risk factors, air quality and health status. Interviews were conducted by environmental health students from the NMMU who had been trained in interviewing techniques and fieldwork processes. Soil samples and floor dust wipe samples were collected to assess for a range of persistent toxic substances. On May 13, 2015, Nelson Mandela Metropolitan University (NMMU) environmental health students, staff, and supervisors embarked on the first of these household surveys which was held in Walmer Township. Students were welcomed into households, in spite of various challenges, such as poverty, terminal illness and recent bereavement, being experienced by residents.

Household members, on the whole, were interested in the study and willing to share personal information and experiences with the student fieldworkers. Student's comments during a preliminary de-briefing session indicate that it has been a valuable learning experience with one stating that he felt like a professional Environmental Health Practitioner.

Data generated through the cross-sectional surveys, will be analysed and interpreted, and presented to the key stakeholders in the form of a report or research seminar.

The proposed study responds directly to a resurgence of international research interest over the past five years in housing and health matters. The study would make a critical contribution from the perspective of developing countries.

#### References:

1. *Local Government Handbook*. Available from <http://www.localgovernment.co.za/> (accessed 27 May 2015).
2. Smith K. R, Corvalan C. F, Kjellstrom T. How much global ill health is attributable to environmental factors? *Epidemiology*, 1999;10(5):573-584.
3. Bradshaw D, Groenewald P, Laubscher R, Nannan N, Nojilana B, Norman R, Pieterse D, Schneider M. *Initial Burden of Disease Estimates for South Africa*, 2000. Cape Town: South African Medical Research Council, 2003.



Figure 2. Students requesting permission to enter a household.

## BENEFITS OF REGISTERING WITH HPCSA

Practitioners who practise any of the health professions falling within the ambit of the HPCSA are obliged to register with Council as a statutory body.

The role of the HPCSA, apart from guiding the professions, is to:

# A

#### Confer professional status

- The right to practise your profession
- Ensuring no unqualified person practises your profession
- Recognising you as a competent practitioner who may command a reward for services rendered

# B

#### Set standards of professional behaviour

- Guiding you on best practices in healthcare delivery
- Contributing to quality standards that promote the health of all South Africans
- Acting against unethical practitioners

# C

#### Ensure your Continuing Professional Development through:

- Setting and promoting the principles of good practice to be followed throughout your career.
- By keeping you up to date with healthcare trends Improving client care skills

Practitioners who are not practising their profession may in terms of section 19(1)(c) of the Health Professions Act 1974 (Act 56 of 1974) request that their name be removed from the relevant Register on a voluntary basis. A written request should reach Council before 31 March of the year in which the practitioner wishes his or her name to be removed from the Register.

## RESTORATION OF HEALTH PROFESSIONALS WHO WERE OFF THE REGISTER FOR 2 YEARS AND WHO HAVE NOT PRACTISED THEIR PROFESSION

Professional Board Resolution  
Environmental Health Practitioners  
FI - Food Inspector  
HI - Environmental Health Officer  
HIA - Environmental Health Assistant

- The applications should include the proof of payment of the restoration fees and duly completed Form 18.

- A health professional may be restored in the category Supervised Practice for a period of at least six months

Practitioners who were off the register for longer than two (2) years need to pass the Board exam before they may be restored to the register.

# GENERAL INFORMATION



## For any information or assistance, direct your enquiries to the Call Centre

Tel: 012 338 9300/01  
Fax: 012 328 5120  
Email: [info@hpcsa.co.za](mailto:info@hpcsa.co.za)

## Where to find us:

553 Madiba Street, Arcadia Pretoria  
P.O. Box 205, Pretoria, 0001

## Working hours:

Mondays - Fridays: 08:00 - 16:30  
Weekends and public holidays – closed

## Change of contact details:

Email: [records@hpcsa.co.za](mailto:records@hpcsa.co.za)

## Annual Fees, payments and reminders, general information and forms, registration of locally qualified practitioners:

### Client Contact Centre

Tel: 012 338 3901  
Fax: 012 328 5120  
Email: [info@hpcsa.co.za](mailto:info@hpcsa.co.za)

## Certificate of Good Standing/Status, certified extracts, verification of licensure:

Email: [hpcsacgs@hpcsa.co.za](mailto:hpcsacgs@hpcsa.co.za)

## Continuing Professional Development (CPD):

### Helena da Silva

Tel: 012 338 9413  
Email: [cpd@hpcsa.co.za](mailto:cpd@hpcsa.co.za)

### Hilda Baloyi

Tel: 012 338 9432  
Email: [hildab@hpcsa.co.za](mailto:hildab@hpcsa.co.za)

### Raylene Symons

Tel: 012 338 9443  
Email: [raylenes@hpcsa.co.za](mailto:raylenes@hpcsa.co.za)

## Complaints against practitioners

### Legal Services:

Fax: 012 328 4895  
Email: [legalmed@hpcsa.co.za](mailto:legalmed@hpcsa.co.za)

### Service Delivery:

#### Compliments and complaints

Tel: 012 3389301  
Email: [servicedelivery@hpcsa.co.za](mailto:servicedelivery@hpcsa.co.za)

## Communication with the Board should be directed to:

### The Registrar

P.O. Box 205, Pretoria, 0001

## Environmental Health Practitioners Board

### Board Manager:

#### Tebogo Vundule

Tel/Fax: 012 338 9448  
Email: [tebogov@hpcsa.co.za](mailto:tebogov@hpcsa.co.za)

### Administrator:

#### Kagiso Maupye

Tel/Fax: 012 338 9474  
Email: [kagisom@hpcsa.co.za](mailto:kagisom@hpcsa.co.za)

### Secretary:

#### Modern Ramare

Tel/Fax: 012 338 9421  
Email: [modernr@hpcsa.co.za](mailto:modernr@hpcsa.co.za)

### Committee Coordinator

#### Tlou Maboya

Email: [TlouM@hpcsa.co.za](mailto:TlouM@hpcsa.co.za)

## Copyright and Disclaimer

The EH News is a newsletter for practitioners registered with the PBEHP. It is produced by the Public Relations and Service Delivery department, HPCSA building, 2nd floor, Madiba Street, Arcadia, Pretoria. EH Practitioners are encouraged to **forward their contributions to Fezile Sifunda at [feziles@hpcsa.co.za](mailto:feziles@hpcsa.co.za)**. The copyright in the compilation of this newsletter, its name and logo is owned by the Health Professions Council of South Africa. You may not reproduce this newsletter, or its name or the logo of the Health Professions Council of South Africa that appears in this newsletter, in any form, or for commercial purposes or for purposes of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, or affiliation with any product or service, without the Health Professions Council of South Africa's prior express written permission. All information in this newsletter, is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the Health Professions Council of South Africa, Employees and Service Providers from all liability arising from its use.