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Medical and Dental Professions Board NEWS

HPCSA
Health Professions Council of South Africa

Newsletter for Medical and Dental Professions Board

CHAIRPERSON'S NOTE

As we approach the end of the first year of the newly constituted Council, I take this opportunity to reflect on the achievements and challenges we experienced over ther past year.

Following our appointment by the Minister of Health, Dr Aaron Motsoaledi in October 2015, we were mindful that the road ahead would not be an easy one, as the Ministerial Task Team (MTT) Report had been released with recommendations which we as Council had to implement.

The MTT Report highlighted the HPCSA and its structures as being dysfunctional. The report had four recommendations and these were:

1) The formation of an interim management team.
2) The implementation of the KPMG forensic report around the acquisition of the Oracle system.
3) The recommendation for proper orientation of newly elected Board members and Council members.
4) The unbundling of the Medical and Dental Board to separate it from other structures within Council.

I thank all the staff members of the Health Professions Council were provided with an opportunity to participate or not participate in the MTT process. Council is grateful for the successful outcome of the negotiations, and I, as Chair of the Medical and Dental Board, am pleased that we are now in a position to take the Boards and Council forward.

With regard to the first recommendation, following, the departure of the Registrar/CEO and later the Chief Operations Officer, we have Advocate Khumalo acting as the Registrar/Chief Executive Officer (CEO) and Dr Kwinda acting as Chief Operations Officer. In consultation with the Minister of Health, we established that it is not necessary to have an interim team. We are currently awaiting the Minister of Health to appoint an interim Registrar for the Health Professions Council.

One of the major aspects that was derived from the MTT Report, was the need to improve efficiency and effectiveness within Council, and this is an area that is being addressed on a continuous basis. In this regard, Council has taken a decision to obtain external expertise in organisational renewal. This will include the reviewing and improvement of business processes as well as a new organisational structure for the HPCSA.

The majority of the cases highlighted in the MTT Report were matters pertaining to the Medical and Dental Board. We have submitted a comprehensive report that specifies how each matter was dealt with and the measures that were put in place to avoid a recurrence of such incidences.

We are still facing some challenges; however, we are positive that we are heading in the right direction. We have submitted the Council and Boards' strategic plans to the Minister of Health. I am pleased to report that for the first time, the Annual Report was submitted to Council and consequently to the Minister in time.

We were also pleased by the fact that irrespective of the challenges we face, we received a clean audit. In the strategic framework of the Board, we have a strategic intent not to interfere with management processes. We will improve our functionality by not being adjudicators where Board members get involved in the application of policies of the Board. The task we have set for ourselves as the new Board is to ensure that there are clear guidelines which are internationally benchmarked and serve the interests of the population of South Africa. We would also work in tandem with the objectives of the National Development Plan. Our duty is to ensure that the people of South Africa can be assured of appropriately trained, qualified, competent healthcare professionals that respect to their scopes of practice in accordance with their training and their abilities.

We also had our own challenges within the Board regarding conflict of interest and how it should be managed. We need to be mindful of the fact that any profession involved in self-regulation has inherent conflicts because we have personal, professional and institutional interests in the matters that we regulate and we all have to ensure that when we have direct conflicts we declare them and recuse ourselves from decision making that we or our institutions can benefit from. It will always be an ongoing challenge and that is why at the beginning of every meeting, there is a conflict of interest form that we all have to sign.

The second recommendation dealt with the issue of the KPMG report. The issue was concluded by the previous Council and established that there were no fraudulent issues detected. The major obstacle was that the previous Council could not hold a disciplinary hearing against the former Registrar because of the legal challenge that was mounted regarding who the Registrar reports to. Those matters are being addressed with the Minister of Health so that there is clarity when the new incumbent joins Council

The third recommendation focused on proper orientation of newly elected Board Members. Council is ensuring that all members, whether coming in for a first term or returning for a second term, are properly inducted into their fiduciary responsibilities on an ongoing basis.

The fourth recommendation was regarding the issue of unbundling of the Boards from the HPCSA. The Professional Boards have embarked on a process where all the Boards, with 30 professions under the 12 Boards are deliberating the issue. The Boards will then engage the relevant stakeholders with respect to their professions. Thereafter, Council will discuss the reports from the different Boards and pave a way forward taking into consideration the fact that we cannot adjudicate on ourselves. The issue of unbundling relates to what is the best regulatory model that the country should follow and we anticipate that there will be a need for an open summit for us to share ideas with all those stakeholders.

There are advantages and disadvantages regarding unbundling from the HPCSA; however, I would like to reassure the professions that currently, each Board has authority and autonomy on professional matters that pertain to the healthcare professionals registered by that Board. Should there be a need for a regulation to be amended, the Board would ensure that Council adopts the regulation which will then be open for public comment by the Minister of Health. The public will then be afforded the opportunity to provide their inputs, once the comments have been analysed, only then will the final regulations be promulgated by the Minister.

To initiate the process, Council has drafted an internal position paper that will be disseminated amongst the various Boards for discussion. Based on the discussions, Council will establish an inter-Board Forum. We are anticipating that the discussions will be broad and include other statutory bodies, such as the South African Nursing Council and the Pharmacy Council of South Africa.

We have agreed on a minimal fee increase for 2017. We hope that it will be supported by the practitioners. The Board is also considering reviewing the disciplinary process to incorporate mediation as a core function of how we should operate and also improve efficiency and effectiveness. It is essential that we revise the Act to ensure that matters reported are dealt with expeditiously and frivolous complaints are dealt with at an administrative level. The Registrar and Ombudsman have already started paving the way to ensure that this process runs accordingly.

It has only been one year since we took office, and one can already envisage the path that we are on. I thank the country's legislatgive processes for allowing the professions to self-regulate. Without regulation, we are not a profession and all of us would just be involved in hobbies. I look forward to a great new year and we will ensure that the information we communicate to the professions will not be sparse.
As the year comes to an end, I thank all Board members, co-opted Board members, Council members and community representatives for the

HIGHLIGHTS IN THIS ISSUE

This issue also contains brief reports on the activities of the Subcommittees and Committees of the Medical and Dental Professions Board

sacrifices that they make to ensure that we uphold Council's mandate of protecting the public and guiding the professions.

As the Chairperson of the Medical and Dental Board, I thank the Board members for their dedication and hard work in ensuring that we provide quality and equitable healthcare for all.

We are humbled by the trust that the profession has placed in all of us and we hope that in the next four years we will make Council a better place.

I thank the staff members for having been cooperative in terms of the changes that have taken place thus far and for their cooperation going forward.

I wish you all the best for the festive season and for the new year.

WORLD AIDS DAY 2016

Being diagnosed with HIV today is different from 30 years ago. HIV is no longer a death sentence. South Africa has come a long way in the fight against HIV and AIDS. In 2012, government implemented the National Strategic Plan on HIV, Sexually Transmitted Infections and Tuberculosis.

This year's theme is "Access Equity Rights Now". World AIDS day reminds health institutions and Government that HIV still exists and that extensive mechanisms need to be put in place in order to achieve the goal of zero tolerance to new infections. Despite the numerous initiatives to combat the disease, the issue of discrimination is still on the rise in our society. In certain areas of the country, robust education on the disease itself, how it is transferred and ways of protecting oneself, still remain the main initiatives.

We commend the Department of Health and the South African National Aids Council (SANAC) for their work towards an HIV free society which is dependent on a successful prevention programme.

As we celebrate World AIDS Day, let us remember that people living with HIV can have full and happy lives and it is our responsibility to treat those who are struggling with the virus with compassion and care.

COMMITTEE ON INTERNSHIP TRAINING

The two year internship programme in South Africa is in its tenth year. The idea of introducing the present programme was to train and skill newly qualified medical graduates into medical practitioners capable of managing the common medical and surgical problems that may arise as junior doctors in our health facilities especially at district and primary healthcare level.

Regular evaluations of accredited facilities and interviews with interns provide the impression that supervision and training in most of the institutions has improved over the years; however, the problems of hospitals and domains are encountered in these evaluations. Interns are at liberty to inform the Board in writing of any difficulties that they encounter. At present, the accredited number of internship training posts is approximately 3,700, and we currently have around 3,000 interns employed. There is a need to increase the accredited numbers to at least 4,500 by 2021 to cater for the increased number of medical graduates by that time. This also includes the students trained in Cuba. The National Department of Health has been made aware of this and new facilities will need to be identified for accreditation. Funding for these additional posts also needs to be in place. This also requires us to determine whether multiples streams of internship are necessary in the future.
Another area that has been explored, is the continuous working hours of interns. The Board has deliberated on this and approved the following to be effective from January 2017:

The Sub-Committee noted that continuous working hours of 30 hours may be excessive and can lead to fatigue, compromising the intern's ability to provide appropriate patient care. The workload in different hospitals and different clinical departments may vary across the country. Periods of rest within this continuous 30 hours may also vary from hospital to hospital and from department to department. The subcommittee also noted that the interns should be part of post intake rounds for training and teaching purposes. Hence, the subcommittee recommended that the number of continuous working hours an intern may work be reduced from 30 hours to a maximum of 26 hours. This is to accommodate training requirements and to avoid fatigue related to negative outcomes. However, individual hospitals and clinical departments are requested to modify their roster with shorter shifts depending on the workload and taking into consideration the possibility of periods of rest within a call. The National Department of Health is to engage with provincial departments to implement this approach.

The Board hopes that these guidelines will enhance and improve the working conditions of interns in the various facilities.

Another concern that the Board has is the incomplete filling of logbooks. Discussions are underway to introduce an electronic logbook. In the interim, a fillable PDF format of Form 10A has been made available on the website for interns to insert their details before being signed off.

The Internship Subcommittee wishes all interns who are completing their internship in 2016 all the best and also welcomes the first year interns.

MEDICAL SCIENCE COMMITTEE

The Medical Science Committee under the ambit of the Medical and Dental Professions Board represents three unique and diverse disciplines, i.e. genetic counselling, medical physics and medical biological science, all under the umbrella of medical science.

Genetic counsellors are health professionals who help society understand and adapt to the implications of the genetic contributions to disease. Medical physicists are involved in radiation with specific reference to diagnostic radiology, nuclear medicine and oncology radiation. The third group, medical biological science, is more diverse and comprises more than 12 academic disciplines or professional categories, as follows:

- Anatomical Pathology;
- Cell biology;
- Clinical Pathology;
- Clinical Anatomy;
- Genetics;
- Hematology;
- Immunology;
- Microbiology;
- Pharmacology;
- Radiation Biology;
- Reproductive Biology;
- Virology

This will assist in the diagnostic platform. Medical Biological Scientists develop, evaluate and apply scientific procedures to enable the diagnosis or treatment of patients. A most recent scientific innovation is the molecular biology platform. It is a common denominator in the various academic disciplines. The application of molecular biology techniques opened the way to personalised medicine and is an integral part of each professional category.
Medical Scientists provide an auxiliary and supporting service to medicine which leads to or impacts treatment, diagnosis, patient genetic counseling and consultation with other healthcare practitioners. They are part of a multidisciplinary health care team and are based in public and private diagnostic laboratories, healthcare facilities and hospitals.

The basic entrance level for academic qualification is an appropriate B.Sc.Hons or a four-year equivalent degree in a specific discipline followed by a two year internship in a diagnostic facility. In genetic counselling an appropriate Master's degree is a prerequisite while continuing with internship training. The principle of internship training in medical science is the same as for medical practitioners, with the focus of providing a platform to integrate academic knowledge into clinical practice. It is focused on obtaining skills and expertise in practical competencies combined with a sound discipline-specific academic knowledge integrated into a diagnostic environment. After successful completion of the specified training period, a national exit board examination will allow registration as a medical scientist. Specialisation in the professional categories is encouraged by obtaining a relevant Master's and Doctoral degree.

Medical science is a dynamic profession driven by the disease-burden of the population and is ever changing to integrate new medical technology or innovations to provide the best possible patient outcome as part of the health professional multidisciplinary team.
The Committee for Medical Science is currently embarking on the process of revising its legislative framework as well as aligning its documents and policies.

The need to increase the number of assessment cycles for the National Board Examination has been recognised and will be increased from two to three cycles per annum in order to respond to the need. The new cycles will be as follows; January, May and September annually with the following deadlines for the submissions: 31 January, 31 May and 30 September. The assessment process will take eight weeks to conclude and will be conducted by independent assessors and moderators and where applicable will be finalised by the Committee based on the recommendation of the moderator.

The system will be implemented with effect from January 2017. The private institutions are at liberty to apply for accreditation.

THE PRACTICE COMMITTEE

Compiled: Aquina Thulare:
Chair: Practice Committee of the Medical and Dental Board

The Medical and Dental Professions Board (MDPB) of the HPCSA registers and regulates practitioners under the ambit of the professions medical, dental, medical associates and medical science. The MDPB established the Practice Committee in 2014 to enable it to fulfil the mandate of regulating the practice of the professions registered under it. The Practice Committee is mandated on behalf of the Board to:

1. set standards and guidelines for the practice of professions registered under it;
2. undertake practice evaluations;
3. monitor and oversee continuing professional development audits in the professions registered under it;
4. advise the Board on any matter relating to the practice of the professions registered under it;
5. implement and monitor the norms and standards that should be used to inform the criteria for the performance of practitioners in the professions registered under it;
6. deal with practice related matters referred by the Board and its committees;
7. advise the Board on the guidelines and any matter related to the practice of the professions; and
8. advise the Board on risk management frameworks pertaining to the practice of the professions.

The development of Standards and Guidelines

Standards are statements about a desired and acceptable level of healthcare, whilst Guidelines are statements used to determine and to streamline particular processes according to a set routine or sound practice. The MDPB has embarked on the process of developing standards and guidelines for Practice in 2016 and has mandated the Practice Committee to undertake this activity. The process is aimed at ensuring that the professions registered under the Board practice in an environment that assures patient safety and the protection of the public. They also provide a standardised objective framework that will be used when practice evaluations and inspections are undertaken. The standards and guidelines are being developed in incremental stages and the professions are being consulted to ensure commitment to their development and finalisation.
The Standards and Guidelines are largely derived from various strategies that include:

a) collaboration with other regulatory or statutory authorities that are mandated by law;
b) existing national policy documents such as Patients Charter and Batho-Pele Principles;
c) HPCSA Ethical Rules of Conduct of the Medical and Dental Professions and Ethical Guidelines;
d) guidelines on Good Practice;
e) other authoritative sources, including research work undertaken in the country and internationally.

This process has identified over-arching standards that straddle dimensions such as:

- Scope of Practice;
- Patient Safety;
- Human Resource Management;
- Facilities and Infrastructure;
- Quality Management such as a) infection prevention and control, b) waste management, c) safe environments, d) medicine storage, e) health equipment and technology, f) resuscitation and emergency management, g) accessibility, and confidentiality
- Clinical Support services; and importantly
- Clinical Governance.

In addition, category-specific standards such as for general medical and dental practitioners, specialist practitioners, diagnostic practices, mobile practices and telemedicine would be developed after consultation with various disciplines regulated under the Board in an incremental manner. These categories are also informed by common queries that are made by the public or the professions in respect of the expected standards that have to be adhered to in practice.

The development of Guidelines is informed by the HPCSA Guidelines for Good Practice in the Healthcare Profession as well as other relevant frameworks deduced from other regulatory authorities. The HPCSA Guidelines for Good Practice are contained in the following Booklets that are accessible on the HPCSA website:

Booklet 1 - Guidelines for Good Practice
Booklet 2 - Ethical and Professional Rules
Booklet 3 - National Patients' Rights Charter
Booklet 4 - Continuing Professional Development

Booklet 5 - Over-Servicing, Perverse Incentives and Related Matters
Booklet 6 - General Ethical Guidelines for Health Researchers
Booklet 7 - Guidelines for Biotechnology Research
Booklet 8 - Research, Development and the Use of Chemical and Biological Weapons
Booklet 9 - Seeking Patients' Informed Consent: The Ethical Considerations
Booklet 10 - Confidentiality: Protecting and Providing Information
Booklet 11 - Ethical Guidelines for Good Practice with regard to HIV
Booklet 12 - Guidelines for the Withholding and Withdrawing of Treatment
Booklet 13 - General Ethical Guidelines for Reproductive Health
Booklet 14 - Guidelines on the Keeping of Patient Records
Booklet 15 - Guidelines for the Management of Healthcare Waste
Booklet 16 - Business Practice

Ethical Guidelines: Rule 21

Rule 21 of the Generic Ethical and Professional Rules of the Health Professions Council of South Africa as promulgated in Government Gazette R717/2006 is aimed at ensuring patient safety and protecting the public. It is also employed as an over-arching / guiding principle in the development of Practice Standards and Guidelines. The Rule is used when practice evaluations and inspections are undertaken or when there are enquiries relating to Scopes of Practice. Rule 21 requires that all professions regulated under the MDPB who are in practice should be 1) appropriately educated and credentialed; 2) sufficiently experienced; and 3) they should practice under proper conditions and surroundings. The Rule was reviewed by the Board in 2014 and was found to be relevant and up to date and the following interpretation of Rule 21 was adopted:

1) Appropriately educated and credentialed

To qualify as appropriately credentialed, the practitioner must have successfully completed a training programme approved and accredited by the Board for registration purposes under the following criteria:

a. The training entity/institution/hospital needed to be accredited for training in that particular profession or discipline and for that particular competency (in this case, by the Board).
b. The trainee needed to be evaluated and certified as having met the requirements of the training programme by an entity accredited by the Board (e.g. Colleges of Medicine, Universities).
c. The duration of under- and postgraduate training was laid down by the Board.
d. Short courses would only be recognised as enhancing or maintaining skills within the field of practice and category of registration in which the practitioner had already been credentialed and registered by the Board.
e. The actual scope of the profession was laid down by the Board judged by the standards and norms considered reasonable for the circumstances under which the intervention took place.

2) Sufficiently experienced

a. Initial training period under the supervision as defined in clause (b) of the rule ("under proper conditions and in appropriate surroundings", see below), under the supervision of an entity accredited by the Board for such purposes.
b. Certification of successful completion of such training, as defined.
c. With any intervention, a minimum number of interventions needs to be performed annually to remain proficient, taking into account and judged by the standards and norms considered reasonable for the circumstances under which the intervention took place.
d. The introduction of new interventions within the practitioners' scope of profession was only permissible if the practitioner had undergone further appropriate training as approved by the Board.

3) Under proper conditions and surroundings

All interventions shall take place under appropriate conditions and surroundings. These are subject to judgement by the Board as to what is considered reasonable for the circumstances and conditions, under which the intervention took place. No practitioner must embark upon an intervention unless he/she feels that it is in the patient's interest, and that it would be considered safe to do so, under the prevailing conditions and surroundings. The practitioner would be judged on what requirements would be reasonable to ensure that patient safety was protected.

Recent Ethical Rulings

1. Ethical Ruling on Cancellation of Medical or Dental Appointments

The HPCSA adopted the following Ethical Rule on "Charging for no-shows" in October 2001:

"A practitioner shall not charge or receive fees for services not personally rendered, except for services rendered by another practitioner in his or her employment or with whom he or she is associated as a partner, shareholder or locum tenens."

Since 2014, the MDPB and Council of the HPCSA have received regular enquiries from members of the public and from the medical and dental professions on what the policy of the Board was regarding the cancellation of medical and dental appointments. In response to these queries, the Board having taken into account Note 17 of the National Consumer Act and other relevant literature, has enhanced the Ethical Rulings to include a "Ruling on Cancellation of Medical and Dental Appointments" which states:

"A patient reserves the right to cancel a medical and dental appointment and a medical and dental practitioner may not charge a consultation fee or a procedure fee for such a cancelled appointment unless:

1. A cancellation was made less than 24 hours for a specialist appointment and less than 2 hours for a general practitioner appointment, before the appointment time.
2. A practitioner can provide evidence of failure to find an alternative patient between the time of receiving the cancellation notice and the time of the cancelled appointment.
3. The practitioner can provide sufficient proof that the patient was informed about the cancellation of appointments policy.
4. The practitioner has first established the reasons of the patient's failure to cancel or honour the appointment."

2. Practising outside the scope of Profession and Practice

Several enquiries and complaints have been received by the MDPB from the public, from professionals seeking approval for practising outside certain scopes of their profession and practice, and from financial intermediaries such as medical schemes and administrators seeking clarification on whether to pay for a service delivered or not. In evaluating

these enquiries, Rule 21 of the Generic Ethical and Professional Rules is used.

Enquiries received recently by the MDPB relate to the scope of practice in the domain of Aesthetic Medicine. Aesthetic Medicine does not comply with Rule 21 as it is not a registrable qualification with the HPCSA as evaluated by the Postgraduate Education and Training (Medical) Subcommittee and the Education and Registration Committee of the Board. Furthermore, practitioners who undertake interventions related to Aesthetic Medicine have to comply with Rule 21 by ensuring that they practice under proper conditions and surroundings. Practitioners are urged to take note of this new Ethical Ruling and to ensure that they practice within its parameters.

3. **Development of a Risk Management Framework for the practice of the Professions registered under the MDPB**

A task team has been set up to develop a risk management guideline/booklet to supplement the current booklets on good practice as contained in the ethical guidelines. The regulatory risk involves both private and public sectors. There is an extensive set of data to be sourced and analysed. A draft working document with a non-exhaustive list of risk category areas is being developed. These categories are cross-cutting and overlapping, to varying extents, with the information contained in the ethical guidelines.

Once this working document is finalised and after consultation with experts, the draft guidelines would be processed internally within the HPCSA reporting and governing structures before it is opened up for stakeholder engagement and consultation in terms of the gazetted regulations.

THE DENTAL EXAMINATIONS COMMITTEE AND ITS RESPONSIBILITIES

The main activity of this committee is to assess and assist foreign-qualified practitioners applying for registration. This seemingly simple task is in fact quite complicated.

The pass rates for candidates taking the Board examination are extremely low with only one or two candidates passing out of about 15 on average taking the examination. Clearly something had to be done and so the committee has looked at two aspects:

1) The preparedness of candidates prior to the exam and whether they have a realistic chance of passing; and
2) The nature of the examination itself.

The committee then introduced a completely new innovation which is likely to have many positive consequences. It was felt that one of the reasons for the high failure rate was that the foreign qualifications were such that there was a large gap in content and possible standards between those qualifications and a 'South African dental degree', especially from an experiential point of view. Dental students learn by doing, but it is known that in some countries, not all procedures considered necessary in this county are carried out, and often often some are merely observed.

However, there is no current definition of a "South African dental degree", and so after some research into accreditation systems in other countries, a form has been devised to assess just what was expected of students here to have achieved before qualifying. This form is currently being completed by the four dental schools (after some modifications from suggestions from them) and the schools are currently being asked to indicate which procedures are absolutely essential to have been carried out before graduation. Once this exercise is completed, we will have a picture of just what a South African dental degree actually comprises (there will of course be some variation in, for example, quantities but the positive consequence of this exercise is that there will be greater congruence between all the schools). This then, will enable us to request the completion of the same form by the foreign qualified applicants, so that we will be able to assess any disparities.

This assessment will enable us to advise candidates on the following courses of action:

1. To not have to take the Board examination but to serve some time in supervised practice so as to familiarise themselves with South African conditions;
2. To take perhaps only part of the Board exam for those areas lacking;
3. To take the Board exam and on passing, to then serve some time in supervised practice; and
4. To not be permitted to take the Board exam at all as the disparities are too great, but rather to encourage them to enrol at a South African dental school to obtain a South African degree.

The Committee conducted a workshop with representatives from each of the Dental Schools as well as the National Department of Health. All schools have committed themselves to this process. In addition, it was agreed that the format of the Board examination should change, with more emphasis to be placed on clinical competence both in theory and practice (although the practice aspect can only be done on simulators).

Continuous discussions with the schools are being held in terms of the format of the theoretical aspect; however, it was agreed that this would be based on clinical scenarios and paper-based cases.

A workshop is planned in February 2017 to devise suitable formats and questions for this part of the examination, as the practical aspects have already been agreed.

THE POSTGRADUATE EDUCATION AND TRAINING SUBCOMMITTEE (DENTAL)

The mandate of this Subcommittee is to have oversight on the training of dental specialists in terms of the accreditation of the training programmes in the four dental schools; the development of a National Professional Examination; and the assessment of foreign qualified specialists wishing to register with the HPCSA.

Apart from conducting accreditation visits to assess the specialist training programmes, the Committee has also held a stakeholders workshop with representatives from all the dental specialities from the four dental schools including the representatives of the College of Medicine of South Africa. The following issues were discussed:

1. A single National Professional Examination (NPE). The goal is to produce a single exit examination for each of the specialties. Currently this exists for only two, Maxillo-Facial and Oral Surgery and Oral and Maxillofacial Pathology. This examination is conducted on behalf of the HPCSA by the Colleges of Medicine of South Africa (CMSA). The College of Dentistry within the CMSA has as its subcommittees the remaining dental specialities. It is the College of Dentistry that would conduct the NPE for each of these specialities. The end goal is that each Registrar, having fulfilled certain common requirements during their programme at one of the dental schools in the country, would then present for the final examination to be conducted by the CMSA. The examination panel will include all four dental schools. On successful completion, the candidate would be awarded a Fellowship of the College of Dentistry in that speciality, as well as the relevant Master's degree from their University. Ultimately, the HPCSA will only recognise both qualifications in order to register as a specialist. A proposed service level agreement between the HPCSA and the CMSA is currently being drafted.
2. Scope of Practice. The Medical and Dental Professions Board has requested that all specialities define their scopes of practice, and the Committee has taken a lead in this to request this from not only the specialist Departments of the schools but also from the specialist societies. The Committee has requested that the Heads of Department of each speciality consult with the relevant specialist grouping to define their scopes of practice.
3. Registration of foreign qualified practitioners. The Committee has refined the process for evaluating foreign qualifications to determine whether it is necessary for foreign qualified specialists to take the NPE. All foreign qualified specialists will be required to serve in the public sector before registering for independent practice.
4. Supernumerary registrars. This is the term used for foreign qualified dental practitioners who enroll in one of the specialist training programmes. As with all registrars, their registration must be renewed on an annual basis, but unlike registrars in funded posts with approved registrar numbers, on completion of their programme, supernumerary registrars must return to their country of origin and are not eligible to register or practise as specialists in South Africa.

THE EDUCATION AND REGISTRATION COMMITTEE

The purpose and mandate of this Committee is to deal with and finalise all matters relating to education, training, registration and restoration of practitioners. Over and above this, the Committee assists in developing and updating policies.

The functions of this Committee, are carried out through the relevant Subcommittees, namely Curriculum, Undergraduate (UET), Examinations (Medical & Dental), Internship, Postgraduate Education & Training (Dental - PETD & Medical - PETM) and Medical Science Subcommittees.

To date, the Committee has held four meetings that dealt with matters from the various Subcommittees for consolidation before finalisation at the Board.

The Committee was established subsequent to the inauguration in October 2015 for a five-year term. A Strategic Planning Meeting that would pave the way forward for the term was also embarked on.

The critical areas that were immediately addressed through focused workshops are:

1) General Regulations Policies in relation to the Health Act;
2) Developing synergies between the Board/ Committee members and the HPCSA Administration;
3) A review of the Restoration Policies for practitioners;
4) A review of the Registration Policies for Foreign Qualified practitioners; and
5) Aligning the composition of the Accreditation Committees to the purpose.

The different subcommittees have continued to execute their functions and deliver as expected in their different roles. Their achievements can be summarised as follows:

1) The scheduled accreditation processes for the undergraduate and postgraduate programmes at different universities / institutions have been realised.
2) The internship sites' visits and accreditations have taken place and problem areas clearly identified.
3) The curricula from various universities abroad have been presented for assessments and consideration for recognition. With regard to this, there has been an engagement with the South African Qualifications Authority (SAQA).

As for the challenges, the following have been identified, and are being addressed:

1) The content, organisation and consistency of the Board Exams;
2) Streamlining and consolidation of the committees for the purposes of ensuring efficiency, fairness and expediency in servicing our practitioners;
3) The pending return and preparations for the smooth absorption of the Cuban trained South African doctors;
4) The demand for the increased medical student intakes and debates around the extension of the teaching/academic platforms;
5) The consolidation of the policy for the MMed degree requirements for the medical specialists; and
6) The teaching glitches with the new teaching/ training programmes in the various provinces.

The hard working colleagues in the various committees are thanked as are the tireless administrative support staff.

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 practises 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.

MEDICAL AND DENTAL PROFESSIONS BOARD

Policy Regulations Guidelines	Mr Jabulani Makhaye Board Manager: Tel/Fax: 012 338 jabulanim@hpcsa.co.za	Secretary: Ms Elmarie Wood Tel/fax: 012 – 338-9437 elmariew@hpcsa.co.za
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GENERAL INFORMATION

Health Professions Council of South Africa

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