

POLICY ON THE RESTORATION OR REVOCATION OF NAME TO THE REGISTER AFTER REMOVAL OR SUSPENSION FOR MEDICAL AND DENTAL PRACTITIONERS, MEDICAL SCIENTISTS AND CLINICAL ASSOCIATES.v.4

This policy replaces the previous policy on Restoration (amended September 2016, reviewed 8 December 2017)

1. Introduction

Article 19(1) of the Health Professions Act 56 of 1974 as amended (“the Act”) deals with removal from the register the name of any person:

- (a) who has failed to notify the registrar ... of his or her present address
- (b) who has requested that his or her name be removed ...
- (c) who has failed to pay any annual fee ...
- (d) whose name has been removed from the ... record ... of [any institution] from which that person received the qualification ... whereof he or she was registered
- (e) who has been registered in error or through fraud
- (f) who has been found guilty of unprofessional conduct and on whom a penalty ... is imposed

Article 19(5) of the Act deals with restoration by the person concerned:

- (a) applying on the prescribed form
- (b) paying the fee prescribed ...
- (c) in the case where his or her name has been removed from the register in terms of [the Mental Health Care Act] ... submitting proof ... in terms of his or her discharge ...
- (d) complying with such other requirements as the relevant professional board may determine.

Article 19A(1) of the act deals with the suspension of registration of any person:

- (a) who has failed to notify the registrar ... of his or her present address
- (b) who has failed to pay his or her annual fee ...
- (c) who has been found guilty of unprofessional conduct and on whom a penalty ... is imposed
- (d) who has failed to comply with the requirements of ... continuing professional development ...
- (e) who is ... posing an imminent threat or danger to the public

Article 19A(4) deals with the revocation of that suspension upon”

- (a) the payment of any annual fee which was not paid and payment of a restoration fee and other penalties as may be prescribed
- (b) the expiry of the suspension period
- (c) such person complying with requirement in respect of continuing professional development ...
- (d) such person complying with such other requirements as the relevant professional board may determine.

The purpose of this policy is to provide guidelines for the requirements for restoration and revocation as per the Act.

2. Statements

- In terms of the Act, “removal” and “erasure” are taken to be synonymous.
- Restoration and revocation are considered to be independent of the offence or cause for removal or suspension, but are dependent on rehabilitation if applicable to the offence.
- Fees payable for restoration / revocation should include a non-refundable administration fee payable on application, and any other applicable fees should be payable only when a decision on restoration / revocation has been made and communicated to the applicant.

3. Procedure

The procedure requires three steps after receipt of an application:

3.1. Determination of fitness to practice: A psychological and/or psychiatric evaluation from a panel appointed by the Board, to determine the need, if any, for rehabilitation. This would apply to any person whose name has been removed in terms of section 19(4) of the Act, as required in section 19(5)(c) of the Act, as well as to reasons for removal or suspension for bringing the profession to disrepute following conviction in a criminal/civil offence, unprofessional conduct, incompetence, or any other reasons as determined by the Board on a case-by-case basis.

3.1.1. Should the recommendation be for further rehabilitation, the applicant may apply again only after twelve (12) months have elapsed from the date of the determination.

3.2. Determination of competence: This is based on the time the applicant has spent not practising his or her profession as set out in the guidelines of this Policy.

3.3. Conformity to any other requirements as determined by the Board.

4. Guidelines for the restoration or revocation of persons registered in clinical categories

4.1. Medical and Dental Practitioners

Determination of Competence to practice the profession: criteria based on the time spent not practising.

After determination of fitness to practice as per step one of the Procedure of this Policy:

- a. Five years or less: administrative compliance to complete the required applications and payment of appropriate fees.

- b. Five to ten years: applicant to spend a minimum of 12 months in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If there is doubt concerning such compliance Administration will refer the matter to the relevant sub-committee of the Board.
- c. Ten years or more: applicant to take the relevant Board examination for competence. If successful, to spend a minimum of 12 months in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If there is doubt concerning such compliance Administration will refer the matter to the relevant sub-committee of the Board.

4.2. Medical Scientists (Medical Biological Scientists, Medical Physicists and Genetic Counsellors):

Determination of Competence to practice the profession: criteria based on the time spent not practising.

After determination of fitness to practice as per step one of the Procedure of this Policy:

- a. Five years or less: administrative compliance to complete the required applications and payment of appropriate fees
- b. Five to ten years: applicant to spend a minimum of six (6) months, and a maximum of twelve months calculated as three months per year erased or suspended in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If meeting the requirements the matter will be referred to the Medical Science Committee of the Board for final approval.
- c. Ten years or more: applicant to take the relevant Board examination for competence. If successful, to spend a minimum of 12 months in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If there is doubt concerning such compliance Administration will refer the matter to the Medical Science Committee of the Board.

4.3 Clinical Associates

Determination of Competence to practice the profession: criteria based on the time spent not practising.

After determination of fitness to practice as per step one of the Procedure of this Policy:

- a. Five years or less: administrative compliance to complete the required applications and payment of appropriate fees.
- b. Five to ten years: applicant to spend a minimum of 12 months in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If there is doubt

concerning such compliance Administration will refer the matter to the relevant sub-committee of the Board.

- c. Ten years or more: applicant to take the relevant Board examination for competence. If successful, to spend a minimum of 12 months in supervised practice and thereafter to be assessed administratively for compliance with the requirements of supervised practice of this Policy. If there is doubt concerning such compliance Administration will refer the matter to the relevant sub-committee of the Board.

4.4 Permission to register for supervised practice

Permission will only be granted after the supervisor and site of practice have been approved by the Board as per the requirements for supervised practice of this Policy.

4.5 Declination of Restoration / Revocation after determination of competence

- a. Should the Board decide that further service in supervised practice be necessary following the determination of compliance to step 4 above or under the determination of competence of this Policy, a further twelve months of supervised practice will be required.
- b. If the applicant is still not assessed as having conformed to the requirements for competence after this additional time in supervised practice, the applicant's name will be removed from the Register. The applicant may only apply again after a period of five (5) years from the date of this removal, to allow the applicant time to obtain further education and training as necessary.

5. Supervised Practice Requirements

5.1 Supervisor:

- a. must be a practitioner in good standing and have been registered / have experience in the applicable domain / general practice for at least three years
- b. must agree in writing to supervise the applicant and take responsibility for all patients treated by the applicant, by completion of the Form 9AS or Form 9DP
- c. must be approved by the Board
- d. must comply with any other requirements as determined by the Board

5.2 Facility:

- a. must be a site approved by the Board e.g.: an approved medical / dental student / internship / registrar training facility or an approved private practice or an approved public sector service-rendering clinic or any other facility that the board may deem fit based on expected outcomes.
- b. in the case of medical practice, must allow for the supervised practice of all domains required for a medical practitioner
- c. in the case of dental practice must allow all for the supervised practice of all procedures normally expected of a general dental practitioner
- d. in the case of medical scientists, must allow for the supervised practice to include the minimum requirement of the national curriculum as described in the national curriculum and assessment guidelines
- e. must comply with any other requirements as determined by the Board

5.3 Log book:

- a. the domains, procedures and treatments required to be performed over the 12-month period of supervised practice will be set out in a log book
- b. the log book must be signed and dated by both the applicant and the supervisor
- c. for administrative compliance, the Board must be notified of those procedures/domains/treatment not performed within the 12 months or not able to be performed at that facility so that alternative arrangements could be made
- d. must comply with any other requirements as determined by the Board

5.4 Reports:

- a. quarterly reports must be submitted to the relevant sub-committee of the Board, signed by the Supervisor and the Head of the facility where applicable, using the Supervisor Report Form MP or Supervisor Report Form DP.
- b. must comply with any other requirements as determined by the Board

5.5 CPD Requirements:

- a. the practitioner must show compliance with the CPD requirements of Council during the period of supervised practice.

6. Supervised Specialist Practice Requirements

6.1 Supervisor:

- a. must be a specialist in good standing and have been registered for at least three (3) years
- b. must agree in writing to supervise the applicant and take responsibility for all patients treated by the applicant by completion of the Form 9AS or Form 9DPS
- c. must be approved by the Board
- d. must comply with any other requirements as determined by the Board

6.2 Facility:

- a. must be a site approved by the Board
- b. must allow for the supervised practice of all domains / procedures required for the relevant specialty
- c. must comply with any other requirements as determined by the Board

6.3 Log book:

- a. the domains, procedures and treatments required to be performed over the 12-month period of supervised specialist practice will be set out in a log book as per the scope of practice of the specialty
- b. the log book must be signed and dated by both the applicant and the supervisor
- c. for administrative compliance, the Board must be notified of those procedures/domains/treatment not performed within the 12 months or not able to be performed at that facility so that alternative arrangements could be made
- d. must comply with any other requirements as determined by the Board

6.4 Reports:

- a. quarterly reports must be submitted to the relevant sub-committee of the Board, signed by the Supervisor and the Head of the facility where

applicable, using the Supervisor Report Form MP or Supervisor Report Form DP

- b. must comply with any other requirements as determined by the Board

6.5 CPD Requirements:

- a. the practitioner must show compliance with the CPD requirements of Council during the period of supervised specialist practice.

7. Guidelines for the restoration or revocation of persons registered in the non-clinical category

- 7.1. Steps 1 and 3 of the Procedure for Restoration or Revocation of this Policy must be complied with
- 7.2. If restoration or revocation is refused, the applicant can apply again after twelve months have elapsed from the date of the refusal.

8. Guidelines for medical and dental specialists requesting conversion of registration to general medical or dental practitioner

- 8.1 Must serve a minimum of six months in supervised practice in order to be capacitated to act as a general medical or dental practitioner
- 8.2 The supervised practice must conform to the Supervised Practice Requirements of this Policy with the exception that a different log book of procedures will set out those procedures / treatments required to be performed.
- 8.3 If after this period, if there is no compliance with the Supervised Practice Requirements a further period of six months may be required
- 8.4 If after a further period of six months there is still no compliance, then conversion of registration will be refused and the applicant can apply again after twelve months have elapsed from the date of the refusal
- 8.5 Must show compliance with the CPD requirements of Council during the period of supervised practice.
- 8.6 Must comply with any other requirements as determined by the Board

9. Guidelines for general medical and dental practitioners requesting conversion of registration back to medical or dental specialists

Each case will be dealt with on a case-by-case basis.

9.1 Determination of Competence: criteria based on the time spent not practising as a specialist.

- a. Five years or less: administrative compliance to complete the required applications and payment of appropriate fees.
- b. More than five years: applicant to spend a minimum of twelve months in supervised specialist practice and thereafter to be assessed administratively for compliance with the requirements of supervised specialist practice of this Policy. If there is doubt concerning such compliance Administration will refer the matter to the relevant sub-committee of the Board
- c. Must show compliance with the CPD requirements of Council during the period of supervised specialist practice.

9.2 Permission to register for supervised specialist practice

Permission will only be granted after the supervisor and site of practice have been approved by the Board as per the requirements for supervised specialist practice of this Policy.

9.3 Declination of conversion after determination of competence

- a. Should the Board decide that further service in supervised specialist practice be necessary following the determination of compliance a further twelve months of supervised specialist practice will be required.
- b. If the applicant is still not assessed as having conformed to the requirements for competence after this additional time in supervised specialist practice, the conversion back to the specialist register will be refused. The applicant may only apply again after a period of four years from the date of this refusal.

10. Guidelines for persons registered in the non-clinical category to convert to a clinical category

Must conform to the guidelines for the restoration or revocation of persons registered in clinical categories of this Policy.