



# OCPNEWS

Newsletter of the Professional Board for Occupational Therapy, Medical Orthotics and Arts Therapy





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# CHAIRPERSON'S NOTE



Just over 18 months into the term of the current Board, we have an opportunity to review our achievements to date. We have made some headway in our strategic objectives and have also had a couple of firsts! We are very proud of our successes thus far, despite the large number of unfilled Board member positions.

With the advent of King IV, there is an increasing emphasis on corporate governance at the Health Professions Council of South Africa (HPCSA). In this regard, the Board has identified potential risks to its objectives and functions and developed a risk register. This is a new endeavour in the HPCSA and was not completed previously. The Board is satisfied that the risk register is assisting us with mitigating impediments to our functioning.

The evaluation and accreditation of training programmes is an important Board function. To this end, the Board has paired experienced and novice evaluators for the 2017/2018 cycle of evaluations, to optimise consistency and to build capacity in a broader pool of evaluators. We conducted the first Evaluator Training workshop for this term of the Board, as part of our

strategy to standardise the process of evaluating training programmes, empower evaluators and to transfer skills and know-how from experienced evaluators to novices. The attendees also received information from the Council of Higher Education (CHE) regarding evaluations.

The Board has made contact with the Council for Higher Education to initiate collaboration around processes where overlap exists, such as the evaluation of training programmes. Delegates from the CHE made very informative presentations at two meetings related to the Education Committee of the Board and we anticipate closer future collaboration and more streamlined evaluation and accreditation processes.

Excitingly, the Board expanded the Combined Education Committee meeting to a full stakeholder meeting. The inaugural annual meeting of this kind was held early in 2017. It was attended by representatives of training institutions, the professional organisations, as well as the Public Sector National Fora. Feedback was given on a number of issues and we also received questions from stakeholders, some of which could be clarified immediately. We have noted issues such as difficulties related to the clinical training platform in occupational therapy with concern. Another issue that remains confusing and laborious is the registration process for foreign qualified practitioners. In this edition we attempt to clarify the role players involved in this process.

The Board developed and adopted a guideline for student conduct to assist students of the professions to conduct themselves professionally and ethically.

This followed a need identified in Medical Orthotics and Prosthetics, but will apply to all students registered by this Board.

After many delays, the Occupational Therapy Scope of the Profession has finally been submitted to the HPCSA Council for approval at its June meeting, along with the Scope of Profession for Medical Orthotics and Prosthetics. Approval by Council is not the end of the road for the Scopes.

- Once Council approves the scopes, we need to submit proof to Legal Services that the Board approved the adoption of the Scopes that we invited, received and considered comments from other Boards prior to sending them to Council.
- Legal services will then prepare the Scopes in the correct format to be sent to the Minister of Health.
- The Minister will authorise publication in the Government Gazette for comment for a period of three months. The Board will have to review these comments before the final versions can be published in the Gazette.

The timelines around the publications are not in the Board's control. The Board has started a review of its regulations, policies and procedures. This mammoth task is one of the primary strategic goals of this Board and will span most of the lifetime of the current Board's term of office.

Unfortunately, the Board has not escaped adversity. We learnt of the sad passing of Dr Edward Luruli, to whom we paid tribute in the previous Bulletin. We also still do not have a full complement of members. Of concern, as we near the mid-point of our term of office, is that the Board almost exclusively comprises members in their second consecutive term of office. This is problematic, as members cannot have more than two consecutive terms which means that there will be very limited continuity between this board and its successor. We have taken steps to mitigate this and we await an announcement from the Minister regarding capacitating the Board.

As we enter strike season, we remind all stakeholders that health care practitioners are regarded as 'essential services' and thus are prohibited from striking. This includes mid-level workers and health-care practitioners working at schools. Importantly, students are not included under 'essential services', but they need to learn to take responsibility for the patients in their care. Therefore, it is advised that should students engage in protest action, they do a comprehensive hand-over to the supervising clinician to ensure continuity of care of their patients.

We look forward to continued engagement with our stakeholders.



## COUNCIL INCREASES ANNUAL FEES:

Carmenita Dampies

Rising administration costs have forced the Health Professions Council of South Africa (HPCSA) to increase the annual fees paid by practitioners with effect from 1st April 2017. Different percentages have been allocated to different Professional Boards based on the formula used internally, which takes into account the number of practitioners on the register and the combined income strength. Boards were able to provide input and as usual, the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapies(OPC) interrogated the issue thoroughly and approved an increase that did not exceed the Consumer Price Index.



Other factors attributed to the increase include the rising costs in executing the disciplinary cases which the Council is legally obligated to investigate, and where necessary prosecute. The different fees practitioners pay are determined by the activities of the Board throughout the financial year, including meetings undertaken, examinations as well as the various committees that look into different

Board issues. Last year, Council increases were nominal and the year prior to that no increases were affected, resulting in a huge strain on the budget.

The figures we reached are not exorbitant and Council will continue looking at better models of financing its business so as to alleviate the burden on practitioners.

The HPCSA is not subsidised by government and to meet its mandate of protecting the public and guiding the professions, it relies heavily on the fees that practitioners pay.

Below are the fees various practitioners in the Board pay:

Register Code	Category	Annual Fee
OT	Occupational Therapist	R1423.00
OS	Medical Orthotic Prosthetist	R1423.00
SOT	Supplementary Occupational Therapist	R1423.00
SOS	Supplementary Medical Orthotist and Prothetist	R1423.00
OB	Orthopaedic Footwear Technician	R462.00
OTT	Occupational Therapy Technician	R462.00
OAS	Assistant Medical Orthotist and Prothetist and leather workers	R462.00
OTB	Occupational Therapy Assistants	R447.00
OSA	Occupational Technical Assistant	R462.00
AT	Arts Therapist	R1423.00
OTE	Single Medium Therapist	R1423.00

Practitioners are advised to follow voluntary erasure procedures timeously should they no longer be practicing their profession in South Africa to avoid unnecessary liability for annual fees.

# CONSENT FORMS – MEDICAL ORTHOTICS AND PROSTHETIC'S

Mariette Schmidt



It has come to the attention of the OCP Board that there are numerous cases where patients receive unexpected invoices from Medical Orthotics Prosthetics (MOP) practitioners, for a service or item of equipment. Patients regularly appear to be under the impression that fees for MOP services provided or prescribed assistive devices that have been issued, are included in the hospital fees, resulting in a dispute between the patient and the MOP practitioner.

The OCP Board hereby urge practitioners to make use of an appropriate 'Consent Form', when issuing assistive devices. A 'Consent Form' that details the process of issuing an assistive device is important evidence that protects both patient and practitioner.

Consent is described in booklet 9 of the list of ethical rules, regulations and policy guidelines published by the HPCSA. "Successful relationships between health care practitioners and patients are dependent on mutual trust. To establish trust, practitioners must respect patients' autonomy – their right to decide whether or not to undergo any medical intervention, even where a refusal might result in harm to themselves or in resulting death. Patients must be given sufficient and clear information in the manner in which they fully understand. This is to ensure that an informed decision regarding their care is being made as well as their patients' right being respected. 'This is what is meant by an informed consent'"

The issue of consent also pertains to the provision of assistive devices. It is therefore emphasized that practitioners that do not make use of an appropriate consent form, place themselves at risk of:

- Complaints by patients

- Being found guilty of insufficient communication with patients by the Preliminary Inquiry Committee
- Providing insufficient care and treatment of patients, without patient's or next-of-kin's consent
- Negligence.

Practitioners are furthermore advised that two separate types of consent forms must be used by MOP practitioners:

Type 1: A consent form for patients that are measured and directly given an assistive device (Once off visit).

1. The first consent form allows the MOP to treat the patient.
2. The rules and regulations including the billing procedure must be included on this form.
3. All information on this form must be explained to the patient.

The form must include:

- Explanation of the purpose of the consent form
- Billing process as well as the patient's responsibility to settle the account
- The device was fitted and is in good condition
- The patient is satisfied with the device
- Education as to how to use and maintenance of the device

Type 2: A consent form for patients first seen to be

assessed and measured, and then subsequently seen for fitting, adjusting and issuing of an assistive device (Multiple visits)

1. The first consent form allows the MOP to treat the patient.
2. The rules and regulations including the billing procedure must be included on this form.
3. All information on the form must be explained to the patient

4. The second consent form is signed when the patient receives the final assistive device.

The form must include:

- The device was fitted and is in good condition
- The patient is satisfied with the device
- The patient was educated as to how to use and maintenance of the device

## SECTION 19: SUSPENSION AND RESTORATION OF NAMES TO THE REGISTER

Carmenita Dampies

**H**ealthcare regulations exist to protect the public and guide the professions. It is mandated to regulate the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring Continuing Professional Development (CPD), and fostering compliance with healthcare standards. To ensure that the HPCSA continues to uphold its mandate of guiding the professions and protecting the public, the HPCSA through the Inspectorate Office, ensures compliance in line with the provisions of the Health Professions Act, 1974.

**“Did you know that the Board is empowered by the Health Professions Act to suspend and restore names of practitioners from the OCP register”?**

The Board can suspend members under the following reasons:

- Failure to notify the registrar, within a period of three months as from the date of change of address
- Requesting that his/her name be suspend from the register
- Failure to pay to the professional board, within three months as from the date on which it became due for payment, any annual fee prescribed by the professional board
- Suspension from the register, record or roll of any university, hospital, college, society or other body from which that person received the qualification by the holding whereof he or she was registered;



- Erroneous registration or through fraud
- If found guilty of unprofessional conduct and on whom a penalty specified in section 42(1) (c) is imposed.

In order to streamline applications for the restoration of a name to the register, the Board has adopted the following policy. Names of practitioners who have been erased from the register for a period of less than three years would be restored to the register without further requirements upon receipt of a duly compiled application. Irrespective of whether he or she practiced or not - the restoration application will be dealt with administratively subject to submission of the following

- Completion of required restoration form (Form 18)

- Payment of the applicable fees and any other outstanding fees

In the case of applicants whose names had been removed from the register for a period of more than three years, and he or she was practicing the profession (within or outside South Africa) his or her name will be restored without further requirements subject to receipt of the following:

- Completion of required restoration forms (Form 18 and Form 18 A OCP)
- Payment of the applicable fees and any other outstanding fees
- A summary of activities during the period of erasure
- Information regarding employment issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council
- Original documentary evidence of undergraduate and / or postgraduate studies since erasure of name from the register (if applicable).
- If the applicant was registered outside South Africa since erasure of his/her name from the register, an original Certificate of Status (Certificate of Good Standing), issued by the foreign registration authority within the preceding three months.

In the case where the practitioner's name was removed from the register or his or her registration suspended for a period of more than three years and he or she was not practising the following procedure would apply:

- Completion of the required application forms (Form 18 and Form 18 A OCP)
- Payment of restoration fees
- Apply to the Board as per the guidelines in Form 18 B OCP for approval of the supervising practitioner by completing and submitting Form 18 C OCP
- Once the Education subcommittee had granted

approval of the supervising practitioner the period of supervised practice could commence

- The practitioner would be restored in the category supervised practice for a period of at least six months (Equivalent to at least 1000 hours)
- Submission of a report by the supervisor upon completion of period of supervised and Supervised Practice – Form 18 D OCP Supervisory Report
- If the standard of the report is not accepted by the Board a portfolio should be compiled as per Form 18 E OCP Portfolio Guidelines
- Submission of the portfolio by the supervising practitioner as per Form 18 F OCP Portfolio Submission Form.

In the case where an Assistant /Technicians' name has been erased from the register and had not been practising for a period of more than three years, it will be required for the practitioner to work under supervision for a period equivalent to six months (1000 hours). The following will have to be adhered to:

- The supervisee will be required to identify and request a suitable supervisor to oversee him or her during the period of supervised practice.
- For this purpose a signed undertaking would have to be obtained from the supervisor agreeing to undertake the supervision.
- On completion of six months' or 1000 hours of supervised practice, the supervisor will be required to complete and submit the Supervisor Evaluation Report.

The findings presented in this report will be reviewed by the Education Committee. If the Committee is satisfied by the recommendation of the supervisor, the practitioner will be registered in the category in which the applicant was previously registered. Upon receipt of a positive supervisory report or portfolio by the supervisor to the satisfaction of the Education Subcommittee, his or her name will be restored to the category of registration that applied prior to the erasure of his or her name from the register.

**“The Board reserves the right to institute disciplinary action against practitioners who had practiced their profession in South Africa without being registered.”**

## PRELIMINARY ENQUIRY

Carmenita Dampies

The Committee of Preliminary Inquiry is established in terms of Regulations 2 of the Regulations relating to the functions of the Professional Boards. The Committee consists of five members, with each profession under the auspices of the OCP Board being represented.



The Committee is mandated within the current policy parameters, as determined by the Board, to deal with all Preliminary Inquiries regarding complaints in terms of section 41(2), determination of accounts in terms of section 53, and fines in terms of section 42(8) of Act 56 of 1974, and to report thereon to the Professional Board.

The Committee of Preliminary Inquiry has worked conscientiously in the past year to deal with all complaints and to ensure adherence by practitioners to the codes of conduct. While most cases were dealt with at the level of the Preliminary Inquiry Committee, more serious cases (such as cases of medical aid fraud and treatment of patients by unqualified personnel) were sent for Full Enquiry to the Professional Conduct Committee.

Below is a breakdown of cases dealt with for the period 2016/2017:

Profession	Cases completed	Cases standing over
MOP (Total cases =30)	<ul style="list-style-type: none"> <li>• 27 cases were disussed and finalised</li> <li>• 1 case was sent for Full Enquiry</li> </ul>	<ul style="list-style-type: none"> <li>• 2 cases stand over</li> </ul>
OT cases (Total cases =14)	<ul style="list-style-type: none"> <li>• 7 cases were finalised</li> <li>• 4 were sent for Full Enquiry</li> </ul>	<ul style="list-style-type: none"> <li>• 4 cases stand over</li> </ul>
Art Therapy cases (No cases)	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

A number of themes emerged from the complaints that were brought before the committee of Preliminary Enquiry:

- Claiming money without seeing the patient
- Competency of the practitioner
- Overcharging
- Working out of scope of practice/profession
- Breaching of other ethical rules

The board appeals to practitioners to observe and adhere to the set codes of conduct when providing services to patients. We are serious about Ethical issues and will work tirelessly to ensure that practitioners within the board adhere and lead by example.

## SCOPE OF PRACTICE - MOP

Mariette Schmidt

Are you guilty of unprofessional conduct, such as not taking adequate care of a patient, or the appointment of non – registered persons in your practice?

All rules and regulations for Medical Orthotists and Prosthetists (MOPs) are set out by the HPCSA and are readily available on the council's website. A number of complaints pertaining to these issues have nonetheless been received from MOP practitioners and patients.

It is important that practitioners have a clear understanding of the implications of the HPCSA rules and regulations, and thus the following 'Scope of Practice' issues are discussed in more detail. The following three points serves as a guide for practitioners to determine whether they are practicing legally within the scope of the profession.

a. Education and Training: The HPCSA accredits training programmes in a parallel process with that of the HEQC. The curricula and minimum standards of training, as stipulated by the OCP Professional Board, play a very important role in the accreditation process. The HPCSA also accredits MOP CPD-providers.

• Question to ask: Have you been trained academically and practically at an accredited institution? If the answer is yes, there should be formal documentation of the specific qualification as proof.

• Question to ask: Is the CPD course that you have attended approved by your own professional association. If the answer is yes, your CPD certificate will have your association's logo on it. If another association has approved the CPD course, practitioners are advised to make sure that the course content is within the MOP scope of practice. There is a misconception that practitioners are permitted to attend any CPD course and then see the training as a licence to practice in another practitioner's scope. A practitioner is permitted to attend any CPD course - however, practitioners are still only permitted to practice within their own scope of practice. (This is also true for other health practitioners that attend MOP CPD courses)

b. Governing body: The HPCSA is the statutory body for the MOP profession.

• Question to ask: Are you registered as a MOP with the Health Professions Council of South Africa? If the answer is yes, you have a proof of current registration certificate, allowing you to practice

c. Employer: An employer should only employ practitioners that have the relevant qualification and are registered by the HPCSA

• Question to ask: Are you appointed with a job





description that indicates your field of expertise according to the scope of practice? If the answer is yes, your job description should be evidence of what the employer expects you to do and you will be able to practice in your scope of practice. It is the person registered by the HPCSA's duty to make sure that they at all times only perform tasks that are legally allowed.

The Preliminary Inquiry Committee of the OCP Board has recently deliberated over a number of cases where 'Scope of Practice' was central to their decisions to find the MOP practitioners guilty of misconduct and then being fined, including:

- Guilty of not taking care of a patient
- Guilty of unprofessional conduct
- Guilty of appointing non-registered persons in an MOP practice
- Guilty of exposing patients to danger and harm

- Guilty of incompetence

The following are examples based on cases that came to the Preliminary Inquiry Committee:

Case 1: "MOP Practitioners allowing the administration personnel to assist patients by measuring for and issuing devices"

Administration personnel in MOP practices may not do the following:

- No admin personnel are allowed to measure patients for any assistive device
- No admin personnel are allowed to give any advice about the assistive devices
- No admin personnel are allowed to fit or issue any assistive device, unless the practitioner has already done the measuring and fitting

Case 2: "MOP Practitioners allowing technicians and assistants to evaluate measure for and issue assistive

devices”

Technicians and assistants may not do the following:

- No MOP technician / assistant are permitted to evaluate and measure a patient for any assistive device (Not even with supervision).
- No technician / assistant are permitted to give any advice regarding assistive devices.
- No technician / assistant are permitted to fit or issue any assistive device to a patient.

Case 3: “MOP Practitioners allowing orthopaedic

footwear technicians to attend to patients un-supervised”

Orthopaedic Footwear Technicians are permitted to be in contact with patients when doing so under the supervision of an MOP. The first contact for any patient must be the MOP Practitioner, after which an orthopaedic footwear technician may measure for, manufacture and fit the surgical boots, under the supervision of the MOP Practitioner who remains responsible for the patient at all times.



## EDUCATION COMMITTEE:

Carmenita Dampies and Jennie McAdam



The Education Committee is appointed in terms of Regulation 2 of the Regulations relating to the functions and the functioning of Professional Boards. The Committee consists of eight members

of which each profession under the auspices of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapies (OCP) is represented.



**Mandate:** The Education Committee is authorized, within the current policy parameters as determined by the Board, to deal with, finalise and report to the Professional Board on:

All matters relating to:

- The theoretical and practical training persons undergoing training while unregistered
- Applications for registration received from foreign qualified practitioners
- Examinations
- Restoration of names
- Continuing Professional Development (CPD)
- Standards Generating Bodies (SGB) and Education and Training Quality Assurance Body (ETQA) functions of the Professional Board and Council.

A student guidelines document is formulated by the Education Committee regarding Professional Behaviour of Students:

Students at Board-accredited centres or enrolled at accredited training providers in all of the above mentioned professions must register with the HPCSA. As such the HPCSA has a regulatory responsibility towards student-practitioners.

These student-specific guidelines will help to prepare students for the standards of professionalism required once they are qualified, as well as assisting students to engage in best practice while they are still students. The Training Institutions also have rules regarding student behaviour and conduct, and students are advised that these rules work in conjunction with the OCP Board's rules. Students are thus accountable to both their Training Institution and the HPCSA.

Your training provider will have rules regarding your behaviour and conduct to which you must adhere. These rules work in conjunction with the board's rules thus you are accountable to your training provider and the HPCSA.

## Registration process of foreign qualified practitioners

Matty van Niekerk and Sibusiso Nhlapo

If you are a person holding a non-South African health profession qualification, coming to work in South Africa as a health practitioner, it is not quite as straightforward as obtaining a work permit (for non-South Africans), applying for a job and being appointed.

The Health Professions Act 56/1974 (HPA) refers to holding a non-South African qualification as holding a qualification not prescribed by the Act (s25), but colloquially it is referred to as holding a foreign qualification.



The table below illustrates the requirements of the Health Professions Act(HPA) in terms of registration for South Africans and foreigners with South African and foreign qualifications:

<p><b>SA Citizen,</b></p> <p><b>South African Qualification</b></p> <p>Registration category upon completion of <b>prescribed qualification:</b> <u>Community service (1 Year)</u></p> <p>Registration category upon completion of comm. serve: <b>Independent practitioner</b></p>	<p><b>SA Citizen</b></p> <p><b>Foreign Qualification</b></p> <p><u>Must pass a <b>Board Exam</b> (both practical and written components), to be eligible for registration (s 25(2)).</u></p> <p>Registration category upon successful completion of <b>Board Exam</b> <i>subject to job offer and endorsement by DoH*:</i> <u>Community service (1 Year)</u></p> <p>Registration category upon completion of comm. serve: <b>Independent practitioner</b></p>
<p><b>Foreigner</b></p> <p><b>South African Qualification</b></p> <p>Registration category upon completion of <b>prescribed qualification</b> <i>subject to job offer and endorsement by DoH*:</i> <u>Community service (1 Year)</u></p> <p>Registration category upon completion of comm. Serve, <i>subject to job offer and endorsement by DoH:</i></p> <ul style="list-style-type: none"> <li>• Temporary Resident: <b>Public Service</b></li> <li>• Permanent Resident: <b>Independent practitioner</b></li> </ul>	<p><b>Foreigner</b></p> <p><b>Foreign qualification</b></p> <p><u>Must pass a <b>Board Exam</b> (both practical and written components), to be eligible for registration.</u></p> <p>Registration category upon successful completion of <b>Board Exam</b> <i>subject to job offer and endorsement by DoH *:</i> <u>Community service (1 Year)</u></p> <p>Registration category upon completion of comm. serve:</p> <ul style="list-style-type: none"> <li>• Temporary Resident: Public Service</li> <li>• Permanent Resident: Independent practitioner</li> </ul>



The OCP Professional Board’s only role in the entire process is to conduct an examination of the foreign qualified practitioner’s skill and knowledge, in terms of s25 (2) of the Act. For this board, the examination entails:

a clinical examination, in the form of an audio-visual recording of a treatment session with one or more health care users (e.g. in the case of occupational therapy it must be a mental health care user and a physical health care user)



And a written examination. The written examinations for all three professions include a section on professional ethics, based on the Regulations and guidelines of the HPCSA.

Not every person with a foreign qualification is necessarily able to gain access to the Board examination. For the profession of occupational therapy, only practitioners who hold a qualification accredited by the *World Federation of Occupational Therapy* are eligible to sit for the examination.

The Board in conjunction with SANATO are developing guidelines for the Arts therapies to ensure that only professionals, whose training meets our minimum standards of training, will be eligible in future to access the examinations.

One problematic aspect of the Board Exams is the clinical component. Foreign qualified practitioners are finding it difficult to gain access to health care users, due to their registration status and potential liability issues that may arise. It is not feasible for a practitioner to perform this function in the country in which they have qualified, because the purpose of the examination is to establish whether the practitioner is able to work within the South African context. The Board is in the process of reviewing its policy documents and processes and will review its examination processes as well.

Once a candidate has successfully completed the examination, however, they still cannot automatically be registered. This is because the National Department of Health, which is both the overseer of the HPCSA and the potential employer of the foreign qualified practitioner, has placed a control measure in place to ensure its control and oversight over the entry of foreign health practitioners into South Africa. In terms of this control

measure, foreign qualified practitioners must obtain a job offer before the HPCSA's Registrations Department will process an application to be registered. Thus, the foreign qualified practitioner must submit proof that they have completed the Board exam successfully as well as an endorsement letter from the Department of Health confirming that they can register and take up employment to be eligible for registration with the HPCSA.

According to Mr HJP Groenewald, Director: Foreign Workforce at the National Department of Health, Human Resource Departments at hospitals are aware that foreign qualified practitioners will apply for posts without HPCSA registration since their registration is subject to being offered a post. He says that they will be offered positions subject to registration with the HPCSA. We would recommend to foreign qualified practitioners to submit proof that they have successfully completed the Board exams with their supporting documentation when they apply for posts. We would also recommend that they alert the potential employer that their registration with the HPCSA is pending a job offer from the Department of Health – Foreign Workforce Management Directorate.

Once a foreign qualified practitioner obtains a job offer and an endorsement letter they will be eligible to be registered with the HPCSA, they will first be registered in the community service category. The Health Professions Act in section 24(A) 1 makes it very clear that the first time ANY practitioner registers; they must complete community service of at least one year. This is no reflection on the practitioner or South African or foreign qualifications. This is a reflection of the South African government's (and the HPCSA's) commitment to ensuring that all South Africans have access to health care.

## Importance of updated contact details with HPCSA

Carmenita Dampies

The registrar of the HPCSA must keep registers in respect of persons registered in terms of the Health Professions Act 56/1974 (HPA), and must enter in the appropriate register the following information:

- Name
- Relevant contact details
- Qualifications



**D**ate of initial registration and such other particulars (including the registration category in which they hold registration and the name of their speciality, subspecialty, professional category or categories, if any) as the relevant professional board may determine, of every person whose application for registration in terms of section 17(2) has been granted.

The registrar must keep the registers correctly and in accordance with the provisions of the Health Professions Act and shall remove the names of deceased practitioners, or practitioners whose names have been erased from the register in accordance with provisions of the Act, such as in the case of persons who have been found guilty of severe misconduct and have thus been struck off the register.

The HPA prescribes that should a person registered with the HPCSA change their contact details, they must notify the registrar in writing within thirty days after such change. This can be done by email to [records@hpcsa.co.za](mailto:records@hpcsa.co.za) or [info@hpcsa.co.za](mailto:info@hpcsa.co.za)

Practitioners should note that there are instances when their names could be suspended from the register, e.g. when they fail to notify the registrar of their changed contact details following communication from the registrar by registered mail to their address on the register, or failure to pay annual fees. The HPCSA retains jurisdiction over practitioners when their names are suspended from the register and thus can continue to take disciplinary steps against them. These practitioners' registration is not in good standing and they should not practice their profession. If their name is removed from the register, they have to apply for restoration.

When a practitioner's name is struck off the register, they must cease practicing their profession immediately. Should they continue to practice whilst unregistered, they are committing a criminal offence. Their names are handed over to the HPCSA's inspectorate, who in cooperation with the South African Police Services, will initiate criminal proceedings against them, as it is a criminal offence to work as a health practitioner in a profession under the ambit of the HPA while not registered. A practitioner's name can be removed or suspended from the register in the following circumstances:

Suspension	Removal
<ul style="list-style-type: none"> <li>• Failure to pay annual fees</li> <li>• If the registrar sent an enquiry to a practitioner by certified mail to the address appearing on the register for this practitioner, and the practitioner failed to notify the registrar, within a period of <i>three months</i> as from the date of the enquiry, of his or her present address</li> <li>• Who has been found guilty of unprofessional conduct and suspension from the register is the sanction</li> <li>• When an impaired practitioner has been found to be a danger to him/herself and the public (patients)</li> </ul>	<ul style="list-style-type: none"> <li>• When a practitioner requests that his/ her name is removed from the register. It should be noted that should a practitioner make such a request, they may be required to provide the registrar with an affidavit stating that no unprofessional conduct nor criminal proceedings are pending against him/ her,</li> <li>• If a registered practitioner's name is suspended from the institution who granted the qualification on the basis of which the practitioner could register with the HPCSA and practice a profession</li> <li>• Who has been registered in error or through fraud</li> <li>• Who has been found guilty of unprofessional conduct and removal from the register is the sanction</li> </ul>

Practitioners whose contact details have changed are encouraged to inform the HPCSA of their current contact details. Practitioners can check their registration status on the register via the HPCSA website: <http://isystems.hpcsa.co.za/iregister/>





**For any information or assistance from the Council 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:**

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