



PHYSIOTHERAPY, PODIATRY AND BIOKINETICS NEWS

Newsletter of the Professional Board for Physiotherapy, Podiatry and Biokinetics

May 2013



CHAIRPERSON'S MESSAGE



Prof Nomathemba Taukobong
Chairperson

The year 2012 was a fruitful and significant year for the PPB board with several changes taking place towards the end of the year. Primary among these were the appointment of the rest of the Board members, Prof Threethambal Puckree and Mr William Moyo.

The Board conducted a successful stakeholders meeting in August with the aim of keeping our communication channels open to you professionals and training institutions. This will be an annual event during the term of office of the current Board and we encourage professional associations, societies, academics and even

students to make an effort to attend these meetings as we regard them as very important.

The stakeholders meeting, which includes the various universities and professional associations, was well attended with Physiotherapy, Podiatry and Biokinetic representation in August 2012.

Some feedback from the universities related to concerns with the delay in accreditation reports, following university evaluations, and communication between the Board, professional bodies and institutions.

The events of 2012 also included the HPCSA's roadshows during which the Board was visibly represented with a view to provide access to the Board. Several issues were recorded and brought to the attention of the Board, which will in turn consider matters raised.

There has been a very poor response towards compliance with CPD requirements and professionals are urged to take this activity seriously as non-compliance does come with consequences. We hope that all will be compliant for the benefit of quality healthcare and better health for all our clients.

The quality of service provision has deteriorated tremendously,

mostly in public hospitals, where the ethos of care is slowly eluding the professionals. The Board urges all professionals not to forget the oath they took when they completed their training in particular "... to conduct myself in a manner appropriate to the dignity of my profession and to practise my profession to the best of my ability, for the safety and well-being of all persons entrusted in my care...."

The Board also welcomes Dr Buyiswa Mjamba-Matshoba who took up her new position as Registrar/Chief Executive Officer of the Health Professions Council of South Africa from 2 May 2012.

Dr Mjamba-Matshoba was appointed after a rigorous selection process from across the country which saw applications from leaders in the South African healthcare industry. Dr Mjamba-Matshoba takes over the post from Acting Registrar and CEO, Dr Kgosi Letlape, who has steered the HPCSA in the last few months while the selection process was underway.

The Board hopes that this year will bring better prospects for all that will enable us to carry out our mandate effectively in "guiding the professions and protecting the public".

Prof Nomathemba Taukobong
Chairperson

HIGHLIGHTS IN THIS ISSUE:

- Prescription rights for Physiotherapists
- Task team to look at scope overlap
- Seeking patients' informed consent
- Know the difference: Accreditors and Accredited Service Providers
- Proposed license to practice

ACHIEVEMENTS OF 2012 & REVIEW OF STRATEGIC PLAN

By Janice Hall

The members of the Physiotherapy, Podiatry and Biokinetics Board had a busy year in 2012, in striving to protect the public and guide the professions.

Through evaluation of education and training institutions, the Board is able to assess the standard of education and training of students and make necessary recommendations to further improve the standard. Having completed this, the Board is able to provide accreditation status to the institutions. Every education and training institution providing Physiotherapy, Podiatry and Biokinetics education and training has to be evaluated at least once during

the term of office of the Board. During the course of 2012, six universities and training institutions underwent the evaluation process for accreditation.

Biokinetics students have to complete an internship as part of their requirements to qualify as Biokineticists. The practices at which internships are conducted have to be accredited, in order to ensure high standards. During 2012, 19 Biokinetics practices were accredited for internship purposes.

Foreign qualified Physiotherapists and Podiatrists also apply to the Board for registration, so as to work

legally in South Africa. Once all the required documents are in place, they are required by the Board to complete theoretical and clinical examinations. In 2012, 18 foreign qualified Physiotherapists and 1 foreign qualified Podiatrist underwent Board examinations, which are set, moderated and marked by Board members, and clinical examinations are examined by Board members.

Several years ago, UKZN received approval to undertake "top-up" training for their PTA's, with the hope of being upgraded to PTT's. To implement this, the Board undertook the setting, moderating and sitting of a theoretical examination in July 2012, which was followed by clinical and practical examinations, again examined by Board members, in October 2012.

Evaluation of education & training institutions 2013

In 2013, the following education and training institutions are due for evaluation, for the purpose of accreditation:

PHYSIOTHERAPY

University of the Western Cape
University of KwaZulu-Natal
University of Limpopo

BIOKINETICS

Nelson Mandela Metropolitan University
University of Johannesburg
University of North West
University of Stellenbosch

Review of strategic plan

The Board's strategic plan for the period 1 July 2010 – 30 June 2015 was reviewed, following the finalisation of the HPCSA Strategic plan, in order to align the objectives.

The following depicts the outline of the reviewed plan:

Strategic objectives

1. Review standards of education and training for all the professionals within the ambit of the Board and set new standards as per the current legislation.
2. Monitor compliance with minimum standards by arranging regular evaluations and enforce non-compliance policy in terms of ETQA function.
3. Improve communication with all stakeholders and the public.
4. Protection of the scope and functions of the respective professions in collaboration with

other Boards and the Council as part of the regulatory mandate of the Board.

5. Assist with the development of the National Health Insurance Plan.
6. Manage provision of Human Resources within the respective professions.
7. Manage Continuing Professional Development (CPD).

8. Manage non-compliance relating to CPD.
9. Plan and conduct appropriate research.
10. Review, set and maintain an ethical framework for professional conduct.
11. Develop an annual operational plan with clear objectives, time frames and performance indicators.



PHYSIOTHERAPIST, PHYSIOTHERAPY ASSISTANT & PHYSIOTHERAPY TECHNICIAN RESPONSIBILITIES & SUPERVISION

By Janice Hall

Some confusion seems to exist regarding scopes of Physiotherapy Assistant (PTA) and Physiotherapy Technician (PTT) pertaining to patient discharge, as well as responsibilities and matters pertaining to supervision. Although the Scope of PTT is still being formally finalised, the following serves as good guidance regarding the responsibilities of the Physiotherapist (PT), PTA and PTT, as well as understanding supervision.

The PT alone is responsible for the overall delivery and management of physiotherapy services, whereas the role of the PTA or PTT does NOT extend to overall responsibility of delivery and management of physiotherapy services within a district or facility.

The PT alone is responsible for interpretation of referrals, the initial examination, evaluation, diagnosis, and prognosis, the development and modification of care plan, re-examination, and the establishment of a discharge plan and the oversight of all documentation. The PT alone may decide on delegation of tasks to the PTA/PTT, according to the scope of practice of the PTA/PTT.

The PT is legally responsible for the delivery of all physiotherapy services and is always accountable for managing a patient's physiotherapy, even if that patient received treatment from a PTA or PTT.

A PTA/PTT is trained and employed to provide physiotherapy services under the direct /indirect supervision of a registered Physiotherapist. Supervision is the direction and oversight by a responsible Physiotherapist of the performance of duties of a PTA/PTT.

Direct supervision is the direction and oversight by a responsible and designated Physiotherapist who may not be physically present in the same site as the PTA/PTT, while indirect supervision is the direction and oversight by a responsible Physiotherapist who is not physically present in the same site as the PTT.

Supervision may include direction regarding patient care, guidance and observation, treating patients together, discussions regarding patients and sharing of ideas. In the absence of a PT, a PTA/PTT may be supervised by an appropriately qualified registered practitioner, as long as this period does not exceed six months.

The PTA/PTT must at all times:

- Respect the dignity and rights of all individuals;
- Act in the best interests of patients;
- Be trustworthy and compassionate in addressing the rights and needs of patients;

- Demonstrate integrity in his/her relationships with patients and their families;
- Make sound decisions with the help of the PT;
- Respect the boundaries established for his actions;
- Fulfill his legal and ethical obligations.

A PTA / PTT should at all times

- Be caring;
- Be honest, responsible, efficient and reliable;
- Contribute effectively to the multidisciplinary team;
- Take responsibility for his / her actions;
- Accept direction, whilst still being accountable for his/her own work.

(Reference: *International Committee of the Red Cross, Physiotherapy Assistant Profile & Training Curriculum, ICRC Physiotherapy Reference Manual, October 2012*)



THE IMPORTANCE OF CPD



Continuing Professional Development (CPD) is the process by which individual healthcare professionals maintain and improve standards of healthcare practice through development of knowledge, skills, attitudes and behaviour.

The aim of CPD is to support changes in practice and should be embraced by all healthcare professionals.

CPD has been shown to improve job performance, quality of care, organisational performance and service delivery across employment sectors with consequential reduction in costs.

Activities for the purpose of accruing Continuing Education Units (CEUs) can be handled by different institutions/departments/persons. These include:

- Accreditors;
- Accredited Service Providers; and
- Service Providers.

Accreditors

Accreditors are groups/institutions appointed by the Professional Board on the basis that they meet the criteria as set out by the HPCSA CPD Committee.

The role of the Accrerator is:

- To review and approve applications for the provision of CPD activities (within its profession's ambit) by organisations/individuals without Accredited Service Provider status;
- To monitor these activities; and
- To revise the CEU's allocated where the service provider failed to comply with the rules and regulations of the CPD guidelines.

Accreditors who have been approved

by the Professional Board will continue to function for the duration of that Board's term of office. Professional Boards shall, within their first year of office, review the existing Accreditors and appoint new Accreditors or re-appoint the existing Accreditors for a further period of five years.

The names of Accreditors appear on the HPCSA website. Accreditors must report to the HPCSA CPD committee as well as Professional Board on all activities/Accredited Service Providers accredited on an annual basis.

Accredited Service Providers

Accredited Service providers are the profession-specific higher education institutions/departments/professional associations/formally constituted professional interest groups who meet the specified criteria and have been accredited as Accredited Service Providers by the Professional Board or Accrerator to present activities for CPD.

Accredited Service Providers are required to apply on Form CPD 2 and pay the relevant fees to the Professional Board/Accrerator to be formally accredited to offer CPD activities.

The names of Accredited Service Providers appear on the HPCSA website. Accredited Service Providers must report to the HPCSA CPD Committee as well as the Professional Board on all activities accredited on an annual basis.

Service Providers

Service providers are all interested parties (who are not Accredited Service Providers) who wish to be a Service Provider and present CPD activities. Service Providers submit an application for accreditation of each CPD activity on Form CPD 2A, as well as all the relevant documentation and fees to the profession-specific Accrerator.

Responsibilities of Accredited Service Providers/Service Providers are that:

- Proposed activities shall be publicised together with its CEU's;
- Activities shall take place as advertised;
- A record shall be kept that reflects attendance at the entire event and should be retained for a period of

three years after the activity;

- A certificate shall be issued containing all the relevant information, namely, the accreditation and activity number, the topic of the activity, the level of the activity, the number of CEU's for the activity, the attendance/completion date, and the name as well as the HPCSA registration number of the attendee; and
- Certificates should be issued on completion of the activity. If these are not available on the day of completion, the certificates should be sent to attendees within one month.

Non-compliant healthcare professionals

Ethical practice of the healthcare professions requires consistent and on-going commitment from all concerned to lifelong learning to update and develop the knowledge, skills and ethical attitudes that underpin competent practice. This perspective protects the public interest and promotes the health of all members of the South African society.

The CPD system is based on trust. The HPCSA believes that health professionals will commit themselves to meeting the requirement for continuing education in the belief that both they and their patients/clients will reap benefits of on-going learning, and personal and professional development.

However, to oversee this system, the HPCSA CPD office performs random audits on all healthcare professionals registered with the Council.

CEU's for business related topics

The accreditation of business related topics for CEU's caused some confusion in the past as there were diverse interpretations amongst accreditors regarding the credibility of such topics.

At the National Accrerator's Forum meeting, it was resolved that:

- Business related topics/courses be approved because it would affect all health professionals;
- The majority of CEU's should however not come from attending such topics/courses; and
- It should enhance a practitioner's knowledge in respect of his/her practice and how to run it ethically and professionally.

CPD FOR PRACTITIONERS IN MANAGEMENT POSITIONS

The HPCSA often receives enquiries from practitioners in managerial positions, relating to their CPD compliance.

If you are in a managerial position, and not practicing your profession, but are still involved with practitioners at grass root level, e.g. in a hospital where decisions made impact on the treatment and management of patients, you need to be registered with HPCSA and you need to comply with CPD requirements.

If you are a lecturer at a university, where education and training impacts on the performance of professional acts within the scope of a regulated profession and the clinical management of patients, you need to be registered with HPCSA and you need to comply with CPD requirements.

If you are in a managerial position, not practising your profession and not having any impact or involvement with education and training, treatment and management of patients within the scope of a regulated profession, you may request to be placed on the non-clinical register of the HPCSA. You would still need to pay your annual fees, but would not have to comply with CPD requirements. However if you are requiring to return to the clinical register, you would be required to comply with various conditions determined by the Board.



GUIDELINE TARIFFS **WHAT YOU NEED TO KNOW IN A NUTSHELL**

As you have probably read, much debate is currently taking place regarding the determination of new Guideline Tariffs. At present there is no fee that can be used as a norm in the determination of complaints of overcharging, and healthcare professionals require clarity and criteria for determining fair and reasonable fees for the services they render.

In terms of Section 53 (3) (d) of the Health Professions Act, 1974, The Board is empowered to determine and publish a fee to be used as a norm in the determination of complaints of overcharging.

In 2006, the National Health Reference Price List (NHRPL) was determined by the Council for Medical Schemes, and was adopted by the HPCSA as the Ethical Tariff.

In July 2010, the Department of Health's Reference Price List (RPL) was reviewed, declared invalid and set aside by the High Court of South Africa.

Currently practitioners, professional bodies, funders and other stakeholders are operating in an uncertain environment in relation to the basis of fees to be charged for services rendered,

hence the need for development of the Guideline Tariffs. The need for this has been based on complaints received from the public on the overcharging by practitioners in the absence of a recent tariff guideline.

As soon as the Medical and Dental Professions Board has finalised their process regarding the Guideline Tariffs, other Professional Boards will embark on a similar process.

The Board will keep you informed.

SEEKING PATIENTS' INFORMED CONSENT: THE ETHICAL CONSIDERATIONS

By Prof C Wilders

Successful relationships between patients and healthcare practitioners depend on trust. To establish that trust, practitioners must respect patients' autonomy – their rights whether or not to be treated or perform any medical intervention even where a refusal may result in harm or in their own death. It is the duty of every practitioner to seek informed consent from the patient.

Informed consent is an exercise of an informed choice by a patient who has the capacity to give consent.

It seems that informed consent is a stumbling block in most of the Preliminary enquiries within the Board of Physiotherapy, Podiatry and Biokinetics. In most cases informed consent is based on the:

- Assumption by practitioner
- Incorrect understanding with regards to doctor referrals
- Lack of proper (informed) communication between both parties.

The Preliminary Committee of Inquiry wants to emphasise the importance of written consent and proper clinical note taking in all instances.

Informed consent is based on the following:

- Correct information;
- Proper communication; and
- Understanding and agreement.

Providing sufficient information

The information which patients want or ought to know, before deciding whether to consent to treatment or an investigation, includes:

- Whether students will be involved and the extent to which students may be involved in an investigation or treatment;
- A reminder that patients can change their minds about a decision at any time;
- A reminder that patients have a right to seek a second opinion;
- Where applicable, details of costs or charges which the patient may have to meet.

Healthcare practitioners must not exceed the scope of the authority given by a patient, except in an emergency.

Responding to questions

Healthcare practitioners must respond honestly to any questions the patient raises and, as far as possible, answer as fully as the patient wishes.

Presenting information to patients

To ensure patients understand treatment, payment, etc, healthcare practitioners should give clear explanations and give the patients time to ask questions.

Meaning of informed consent

The South African courts have held that legally for a proper informed consent the patient must have:

- Knowledge of the nature or extent of the harm or risk;
- Appreciated and understand the nature of the harm or risk;
- Consented to the harm or assumed the risk; and
- The consent must have been comprehensive, (i.e. extended to the entire transaction, inclusive of its consequences).

Who obtains consent?

A healthcare practitioner providing treatment or undertaking an investigation has the responsibility to discuss it with the patient and obtain consent, as the practitioner will have a comprehensive understanding of the procedure or treatment, how it is to be carried out, and the risks attached to it. Where this is not practicable, healthcare practitioners may delegate these tasks provided they ensure that the person to whom they delegate:

- Is suitably educated, trained and qualified;
- Has sufficient knowledge of

the proposed investigation or treatment and understands the risks involved.

A healthcare practitioner will remain responsible for ensuring that, before he or she starts any treatment, the patient has been given sufficient time and information to make an informed decision, and has given consent to the investigation or procedure.

Ensuring voluntary decision making

It is for the patient, not the healthcare practitioner, to determine what is in the patient's own best interests. Nonetheless, practitioners may wish to recommend a treatment or a course of action to patients, but they must not put pressure on patients to accept their advice. In discussions with patients, healthcare practitioners should:

- Give a balanced view of the options;
- Explain the need for informed consent.

Fluctuating capacity

Healthcare practitioners should review any decision made whilst the patients were competent, at appropriate intervals before treatment starts, to establish that their views are consistently held and can be relied on.

Third party nominations regarding consent

The National Health Act allows patients – while still mentally competent – to mandate another person in writing to give consent on their behalf.

Children

Children of 14 years of age are legally competent to decide on medical treatment only (Child Care Act).

Express consent

Patients can indicate their informed consent either orally or in writing. Healthcare practitioners must use the patient's case notes or the consent form to detail the key elements of the discussion with the patient, including the nature of information provided, specific requests by the patient and details of the scope of the consent given.

It is strongly suggested that written consent be procured from the patients by the providers in order to safeguard the interests of both parties. Consent by a patient may be once-off in relation

to the treatment of a similar condition provided there is a verbal reminder to the patient about their initial commitment to confirm if they are still comfortable with the disclosure. It would be advisable for a provider to note the verbal reminder on that patient's file. Where a patient presents with a new or different condition, a fresh consent should be obtained from the patient and appropriately documented.

Implied consent

Healthcare practitioners should be careful about relying on a patient's apparent compliance with a procedure as a form of consent. Submission in itself may not necessarily indicate consent. For example, the fact that a patient lies down on an examination couch does not indicate that the patient has understood what the healthcare practitioner proposes to do and why. Consent must at all times be expressed and not implied.

Reviewing consent

A signed consent form is not sufficient evidence that a patient has given, or still gives, informed consent to the proposed treatment in all its aspects. Healthcare practitioners must review the patient's decision close to the time of treatment, and especially where:

- Significant time has elapsed between when the consent was obtained and the start of treatment;
- There have been material changes in the patient's condition, or in any aspects of the proposed treatment plan, which might invalidate the patient's existing consent;
- New, potentially relevant information has become available, for example about the risks of the treatment or about other treatment options.

Consent to screening and testing

Healthcare practitioners must ensure that anyone considering whether to consent to screening or testing can make a properly informed decision. Practitioners should be careful to explain clearly:

- The purpose of the screening or test;
- The likelihood of positive or negative findings and the possibility of false positive or negative results;
- The uncertainties and risks attached to the screening or

testing process;

- Any significant medical, social or financial implications of screening or testing for the particular condition or predisposition;
- Follow up plans, including the availability of counselling and support services.

ICD 10 coding and informed consent

ICD-10 is an International Classification of Diseases and Related Health Problems (10th revision). It is a coding system developed by the World Health Organisation (WHO) that translates the written description of medical and health information into standard codes. Informed consent is an exercise of an informed choice by a patient who has the capacity to give consent.

Seeking patient's informed consent: The ethical considerations - Booklet (Annexure A)

– please consult the HPCSA website for detail about this subject. This information is a summary of Booklet 9. For detail purposes and context the practitioner must refer to the Booklet as indicated.

http://www.hpcs.co.za/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_9_informed_consent.pdf



TASK TEAM TO LOOK AT PRESCRIPTION RIGHTS FOR PHYSIOTHERAPISTS

By Janice Hall

A task team has been assembled to drive the process of prescription rights for Physiotherapists forward. If an individual analyses the Scope of Profession of Physiotherapy in South Africa, prescription of medication could be of great value to patient care in several fields including respiratory, orthopaedics, pain management and neurology.

The benefits of Physiotherapists prescribing would include the following:

- Benefits to patients;
- Enhancing physiotherapeutic intervention through timely use of medication;
- Improving long term care, for example asthma;
- Reducing patient anxiety;
- Reducing waiting time for medication; and
- Providing a cost-effective service to

patients by reducing the number of visits to a medical practitioner / facility.

The Board envisages that the basic pharmacology training would remain at undergraduate level, as it is currently. However, further training, with the intent on prescribing would be at a post graduate level. There would in essence be three levels of training:

Level 1: Undergraduate Pharmacology for Physiotherapists;

Level 2: Pharmacology bridging course for Physiotherapists, who graduated without Pharmacology;

Level 3: Post graduate Pharmacology for Physiotherapists - authorised prescriber (with limited drugs).

There are several reasons for the post graduate course being favoured:

- Physiotherapists not interested in prescribing are not obliged to do the post graduate training;
- Physiotherapists who have not had the opportunity to do Pharmacology in the past would now have equal opportunity to do so;
- The Physiotherapy programme is currently extremely full, and the completion of such a Pharmacology course at undergraduate level would compromise tuition in other fields of Physiotherapy;

In order for the Board to have any success regarding the proposal of Physiotherapists prescribing medication with the Medicines Control Council, the following information is required:

- Detailed background and introduction to the profession, scopes of profession and practice, types of conditions treated;
- Comprehensive details regarding the undergraduate curriculum, proposed bridging course curriculum and post graduate curriculum;
- Specific drugs to be prescribed, with dosage, potential adverse interactions, and route e.g. topical, oral, injectable;
- Management of anaphylaxis and adverse reactions; and
- CPD specifically for Pharmacology.

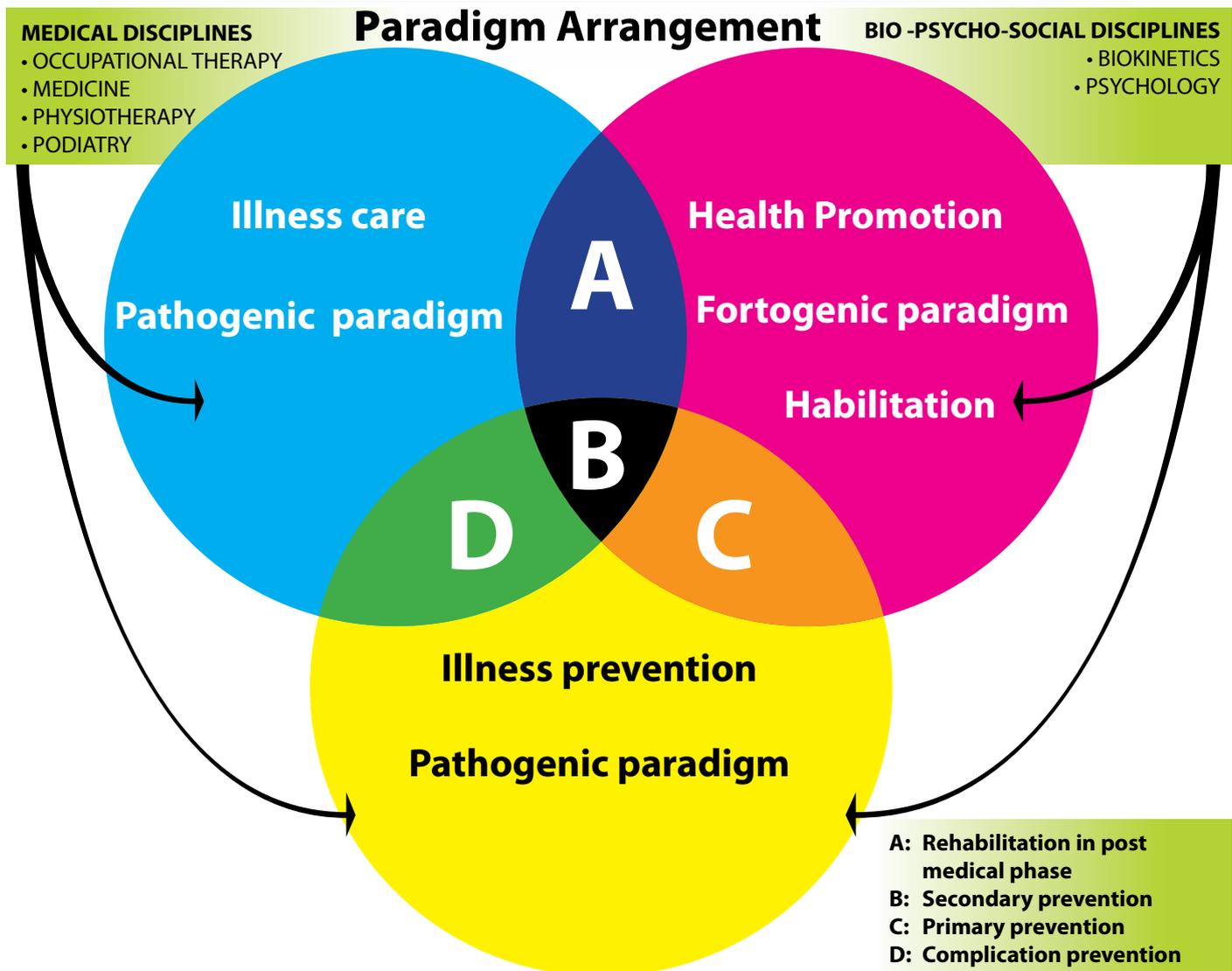
The next step for the Board is to investigate the undergraduate Pharmacology curriculums for Physiotherapists, currently presented by the relevant universities, so as to assess the details and standards of the courses currently presented.

The Board will then develop minimum standards and exit level outcomes for the post graduate Pharmacology programme.



SCOPE OF PROFESSIONS OF PHYSIOTHERAPY, PODIATRY & BIOKINETICS OVERLAP IDENTIFICATION

By Janice Hall



Concern has been raised regarding the overlap of scope/perceived overlap of scope of professions within the Board of Physiotherapy, Podiatry and Biokinetics, and a task team has been formed to look into this issue.

On a broad level, the overlaps can be described according to the paradigm arrangement above. However within those areas of overlap there are specifics which need to be clarified, such as terminology usage and actual treatment interventions.

Using the Scopes of Profession

documents of Physiotherapy, Podiatry and Biokinetics professions, the following terminology has been identified as requiring clear definition:

Physiotherapy:

- Rehabilitation;
- Final phase rehabilitation / max potential at work & sport;
- Physical fitness/Fitness tests / Endurance / Exercise tolerance / Physical work capacity;
- Physical exercise / Exercise / Therapeutic exercise.

Physiotherapy/Podiatry

- Appliances/mechanical aids;

- Treatment;
- Appliances/electrotherapy;
- Corrective footwear / making and application of splints and support.

The Board is currently busy establishing the most appropriate definitions, according to the relevant professions, and breaking down the treatment and therapeutic interventions of each of the professions within the various fields, so as to identify the overlap at practical level and will inform you of further progress and any resolutions made.

LICENCE TO PRACTICE PROPOSED

By Janice Hall

Various amendments to the Act have been proposed. The proposed amendment regarding license to practice is very important to note.

It has become evident that there needs to be a distinction between healthcare practitioners who are practising and those who are not practising, and only through amending the Act can such a distinction be made. Once the amendment is passed, only healthcare providers who are both registered and licensed will be permitted to practise their health profession.

In short, the amendment proposes that every healthcare professional desiring to practice his or her healthcare profession shall apply to the Registrar in the prescribed form for registration and license to practice and shall submit the qualification which may entitle him or her to registration and a license to practice, together with proof of identity and good character and of authenticity and validity of the qualifications submitted as may be required by the professional board concerned.

If all is in order, the Registrar shall issue a license authorising the applicant to practise his or her profession within the Republic of South Africa, upon payment of the license to practise fees.

A license to practise may be withdrawn from a healthcare professional who:

- Has failed to notify the Registrar of his or her present address, within three months from the date of an inquiry sent by the Registrar by certified mail, which is returned unclaimed, to the address appearing in the register in respect of that person;
- Has failed to pay his or her Annual Fees;
- Has been suspended in terms of Section 42 (1)(b) of the Health Professions Act;
- Whose name has been removed from the Register in terms of Section 42 (1)(c);
- Has not paid a fine imposed in terms of Section 42 (1)(d) on the date when it became due;
- Fraudulently procured a license to practice or otherwise whose license was erroneously granted;
- Has failed to comply with the requirements in respect of Continuing Professional Development as prescribed by the Council under Section 26 of the Health Professions Act; and
- On the basis of a complaint lodged with the Council or information available at the disposal of the Council is posing an imminent threat or danger to the public in terms of his or her professional practise.



ATTENTION ALL HEALTH PROFESSIONALS

The updating of your contact details and address with the HPCSA is essential.

All official correspondence of HPCSA is done via registered mail to your postal address. For example, if you are selected for a CPD audit, you will be informed via registered mail, and if

there is no response from you within a specified period of time, you will be suspended from the Register.

Once the amendment to the Act is passed, regarding license to practice, you will have your license to practice withdrawn if you fail to notify the Registrar of your present address, within three months from the date of an enquiry sent by the Registrar by certified mail, which is returned unclaimed, to the address appearing in the register.

It is therefore extremely important that you keep the HPCSA informed of any change of address and contact details.

Many health professionals who have paid their annual fees cannot be

registered, because they have failed to include their HPCSA number as a reference with their payment or the HPCSA number is written unclearly. These health professionals were not registered for 2012/13.

To prevent such a situation, you need to ensure that the HPCSA number is clearly indicated as the reference when making annual fees payments.

Losing your registration, or license to practice in the future, could have serious repercussions. By simply keeping your address and contact details up to date at HPCSA and using your HPCSA number clearly as a reference with payments, you could prevent yourself from being in such a situation.



We are looking for new ways of strengthening our communication with you.

Through this short but informative read, we would like to touch on

important issues for the professions and also share relevant information with you.

E-Bulletin is a platform to engage with you, so please ensure we have your

correct contact details.

Please send us an email to update your details: records@hpcs.co.za

ANNUAL FEES

REMINDER



The HPCSA, in conjunction with the Professional Boards, is committed to promoting health of the population, determining standards of professional education and training and setting and maintaining fair standards of practice.

The HPCSA is an autonomous body that receives no grants or subsidies from government or any other source. It is totally funded by the relevant professions.

In order to safeguard the public and, indirectly the professions, registration in terms of the Act is a prerequisite for practising any of the health professions within the ambit of the Council. It should be emphasised that practising any of the professions falling under the jurisdiction of the HPCSA, and for which a scope of practice has been promulgated, without being registered constitutes a criminal offence in terms of the Health Professions Act.

Registration confers professional status upon a practitioner and therefore the right to practise the profession for which he or she is qualified. Practitioners thus enjoy the security of being registered in terms of the Act, in the knowledge that no unqualified person may practise such profession. The HPCSA Registers are furthermore to the advantage to practitioners whose names appear in them, since this confers public recognition on the competent practitioner who will thus be able to command a reward for his or her services.



The Annual Fees for Physiotherapy Technicians have also been revised and based on the Consumer Price Index (CPIX), the Annual Fees for 2013/2014 financial year have been increased by 6% for all practitioners registered within the ambit of the Professional Board for Physiotherapy, Podiatry and Biokinetics, in order to meet the strategic objectives of the Professional Board.

The annual fees for 2013/2014

Register	Amount
Physiotherapists (PT)	R 1041.00
Podiatrists (CH)	R 1041.00
Biokineticists (BK)	R 1041.00
Supplementary Physiotherapists (SPT)	R 1041.00
Supplementary Podiatrists (SCH)	R 1041.00
Physiotherapy Assistants (PTA)	R 377.00
Physiotherapy Technicians (PTT)	R 462.00
Masseurs (MA)	R 410.00
Remedial Gymnasts (RM)	R 377.00

For your convenience, you have three easy payment options to choose from:

1. Direct or Internet Banking.
2. Debit order - Please consult our website for more information and complete the debit order form and send back to us;
3. Credit card - Please consult our website for more information and the Credit card authorisation form.
 - Please use your seven digit registration number and correct Register (e.g. PT 123456) as the reference;
 - Please note that payments into the HPCSA account will take 2-3 working days to reflect, if done electronically and 24 working hours if done by direct transfer;
 - Please take note of the above, especially if you intend visiting our offices to register.

BANKING DETAILS FEES

Bank: ABSA
Branch: Arcadia
Branch Code: 33 49 45
Account number: 405 00 33 481 (Annual fees ONLY)

KINDLY QUOTE YOUR HPCSA REGISTRATION NUMBER AS THE REFERENCE NUMBER TO ENSURE PAYMENT IS ALLOCATED TO YOUR NAME.

GENERAL INFORMATION

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@hpcsaco.za

**Where to find us:
Physical address**

553 Madiba (Previously Vermeulen)
Street
Corner Hamilton and Madiba Streets
Arcadia Pretoria
Postal address
P O Box 205
Pretoria
0001

Working hours:

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

Communication with the Board should be directed to:

P.O. Box 205
Pretoria,
0001

**Education and Training
Registration of Foreign qualified practitioners
Accreditation and evaluation
Internships in Medical Orthotics and Prosthetics**

SGB and ETQA (standard generating and quality assurance)

Seetha Reddy
Tel: 012 338 3920
Email: seethar@hpcsaco.za

**Professional Board Secretary
General administrative support
Meeting arrangements**

Bongi Nzuzza
Tel: 012 338 9460
Email: bongin@hpcsaco.za

**Registration and Restoration
Registration - Students SA Qualified
Voluntary Erasure
Restoration of name to the Register due to non-payment or Voluntary erasure**

Mandiso Chitwa
Tel: 012 338 9366
Email: mandisoc@hpcsaco.za

Examinations

Geraldine Kintu
Tel: 012 338 9497
Email: geraldinek@hpcsaco.za

**Professional Board Manager
Ethical matters**

**Scope of profession
Policy development, review and implementation
Strategic initiatives
Budgeting
Communication**

Danie Kotze
Tel: 012 338 9325
Email: daniek@hpcsaco.za

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

Susan Ndwalane
Tel: 012 338 3935
Email: hpcsacgs@hpcsaco.za

Continuing Professional Development (CPD)

Helena da Silva
Tel: 012 338 9413
Email: cpd@hpcsaco.za

Hilda Baloyi
Tel: 012 338 9432
Email: hildab@hpcsaco.za

Raylene Symons
Tel: 012 338 9443
Email: raylenes@hpcsaco.za

Change of contact details
Email: records@hpcsaco.za

Ethical queries, human rights, ethics and undesirable business practice:

Ntsikelelo Sipeka
Tel: 012 338 3946
Email: ntsikelelos@hpcsaco.za

**Service Delivery
Compliments and Complaints**

Email: servicedelivery@hpcsaco.za
Tel: 012 338 9301

**Complaints against practitioners
Legal Services**

Fax: 012 328 4895
Email: legalmed@hpcsaco.za



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Practitioners are encouraged to forward their contributions to Siphom Mbele at siphom@hpcsaco.za

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