

Continuing Professional Development (CPD) - in full swing



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Continuing Professional Development (CPD) plays a vital role in helping health care practitioners acquire new and updated levels of knowledge, skills and ethical attitudes that will not only add measurable benefits to the professional practice of medicine or health care, but also enhance and promote professional integrity to the ultimate benefit of the patient/client. It is with this in mind that all health care professionals registered in South Africa are compelled to complete a series of accredited CPD activities each year.

As of 1 January 2007, every health care professional registered with the HPCSA was required to accumulate 30 Continuing Education Units ("CEUs") per twelve-month period of which at least five CEU's should have been on human rights, ethics and medical law, within every year. Each CEU will be valid for 24 months from the date that the activity took place (or ended, in the event of post-graduate studies) after which it would lapse. This means that practitioners should aim to accumulate a balance of 60 CEUs by the end of their second

year of practice, and thereafter top-up the balance through additional CPD as each 24 - month validity period expires.

As from January 2009 Council has been conducting mandatory random audits on registered practitioners to check compliancy. If your name is selected, please provide Council within 21 days after receipt of the letter with your CPD portfolio. If you are found to be non-compliant, you will be given another 6 months to comply with the requirements. After 6 months you will again be audited and should you then still not comply, your name will be given to the Professional Board who will then resolve whether you may continue to practise your profession as complying with the CPD requirements is a prerequisite for your continuous practising of your profession.

Please note that you only have to submit your CPD portfolio when your name is drawn in the random sample audit and when you are requested to submit your completed CPD 1 with accompanying proof of CPD attended.

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General Information

For any information or assistance from Council, please direct your enquiries to the Call Centre: 012 338 9300/9301

Communication with the Board should be directed to Client Contact Centre
Tel: 012 338 9301
Fax: 012 328 5120
Email: altap@hpcsa.co.za or info@hpcsa.co.za

Letter from the Chairperson's desk

The term of the current Board members comes to an end in April 2009. This is an opportunity not only to thank outgoing members for their unselfish contribution but also to introspect on the performance of the Professional Board.

The biggest challenge still facing the Board is the matter of the restructuring of the education and training. In this matter, the Board has come under severe criticism from several sectors of the EMS industry. The most vocal opposition has come from a significant number of private training providers who understandably stand to lose the most from the phasing out of the short courses. The restructuring processes that the Board followed sought to obtain broad consultation with all stakeholders, however the guiding principle was at all times to protect the public by offering the best possible standard of emergency care delivered by well trained and educated professionals. The new qualification structure offers the thousands of existing short course qualified practitioners a formal qualification structure that recognises experience and qualifications, and which, over a short space of time, will be accessible throughout the country. It is never easy to introduce change however it is hoped that a shared vision of a truly professional EMS will be realised by 2015.

Related to education and training, it is the attempt of the Board to quality assure the accredited education and training providers. The Board has reviewed the accreditation documentation in an attempt to improve the standard of education and training that is provided. We have seen an increase in the number of complaints related to poor education and training standards and allegations of corruption. Several colleges are under investigation for transgressing the training norms and standards set by the Board. Consequently, practitioners are advised to be diligent and report any irregularities to the Board. It has also become necessary for the Board to closely scrutinise college annual reports and conduct detailed moderation of certain examinations.

In 2008 the Board held a workshop together with the Department of Health to discuss and finalise the Emergency Care Training (ECT) scope of practice. The outcome was an evidence based scope that includes a number of advanced life support skills and drugs. This scope has been submitted to the HPCSA for final endorsement.

The Professional Degree in Emergency Care and Medical Rescue Technician qualification was submitted to SAQA for registration in 2008. The Professional Degree has been



Lloyd Christopher

approved and the Universities of Technology are awaiting the go ahead from the Department of Education to commence offering the 4-year programme in place of the current 3-year National Diploma. When the Medical Rescue Technician qualification is registered with SAQA, holders of this qualification will be eligible to register this as an additional qualification with the HPCSA. It is envisaged that over time a medical rescue scope of practice will be developed and regulation of medical rescue will take place to the benefit of the patient that is in need.

My sincere thanks and gratitude to Mrs. Pieters, the Board Manager, the Registrar and staff at the HPCSA and the Board members for their effort and support during this term.

Practitioners lose licence to practice

Approximately 6 302 practitioners registered with the Professional Board for Emergency Care lost their license to practice in 2008/9 as a result of non-payment of annual fees.

Practitioners are urged to pay their annual fees by 1 April of every year to avoid being de-registered and having to pay penalty fees to be restored to the register. This year, Council gave practitioners more than three months grace period as erasures were only effected in August.

Practicing without HPCSA registration is a criminal offence in terms of the Health Professions Act of 1974.

Below is a breakdown per Professional Board for annual fee erasures:

Professional Board	Numbers
Dental Therapy and Oral Hygiene	507
Dietetics Board	108
Environmental Health Board	403
Emergency Care Board	6 302
Medical and Dental professions	1942
Medical technology Board	403
Occupational Therapy, Medical Orthotics and Prosthetics	240
Optometry and Dispensing Opticians	
Physiotherapy, Podiatry and Biokinetics	359
Psychology Board	672
Radiography & Clinical Technology Board	356
Speech Language and Hearing Board	109
TOTAL	11 586

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Basic Ambulance Assistants and Emergency Care Assistants are required to obtain 30 CEU's and Emergency Care Practitioners, Emergency Care Technicians,

Critical Care Assistants, Ambulance Emergency Care Assistants, Operational Emergency Care Orderlies 60 CEU's over a 24 month cycle.

The Board appointed the following CPD Accreditors and all applications for approval of CPD activities and CPD Providers have to be submitted to these CPD Accreditors.

Accreditor Number	Institution	Address	Address	Contact Details
ECP001	University of Johannesburg	P O Box 17011 Doornfontein 2028	Corner Siemert and Beit Street Doornfontein	Mr C Lambert (Principal) Cell: 082 653 2125 Tel: (011) 559 6257 Fax: (011) 559 6932 E-mail: clambert@uj.ac.za
ECP002	University of Technology Central (CUT)	School of Health Technology Private Bag X 20539 Bloemfontein 9300	1 Park Road Bloemfontein 9301	Mr C Campbell (Acting Programme Head) Cell: 083 784 1245 Tel: 051 - 507 3298 Fax: 051 - 507 3354 E-mail: bcampbel@cut.ac.za
ECP003	Durban University of Technology (DUT) Department of Emergency Medical Care and Rescue	Department of Emergency Medical Care and Rescue P O Box 1334 DURBAN 4000	Department of Emergency Medical Care and Rescue Cnr Ritson and Thomas Rd, DURBAN 4000	Mr R Naidoo (Principal) Cell: 083 651 9595 Tel: (031) 373 5203 (w) Fax: (031) 373 5201 raveenn@dut.ac. zaemc@dut.ac.za
ECP004	Cape Peninsula University of Technology (CPUT)	CPUT, Department of Emergency Medical Sciences P O Box 1906 Bellville 7535	CPUT, Department of Emergency Medical Sciences, Bellville Campus, Symphony way, BELLVILLE, 7535	Mr L D Christopher (Principal) Tel: (021) 959 6534 Fax: (021) 959 6096 E-mail: lloyd@cput.ac.za

The accreditation of most of the CPD Providers expired on 31 December 2008 and they are required to submit new applications for approval as CPD Providers to the Board appointed CPD Accreditors.

Human rights, ethics now mandatory in CPD

The HPCSA has resolved that human rights and ethics will be a compulsory element in the CPD initiative for all healthcare practitioners. This has been made obligatory in the CPD curriculum in order to improve the

ethical professional behaviour and attitude of practitioners. In light of the above, all practitioners are now expected to accumulate 5 Continuing Education Units (CEUs) every year for human rights and ethics.



Have you updated your contact details?



Healthcare practitioners are legally obliged to inform the HPCSA in writing of their change of address within 30 days

This is in accordance with Section 18 (3) of the Health Professions Act, Act No. 56 of 1974.

Failure by practitioners to notify Council of their change of address constitutes an offence. In terms of Section 19 (1) (b) of the Act, Council may erase such practitioners from the register for failing to inform Council within three months of the Registrar sending a certified letter of enquiry to the practitioner.

"Following our recent annual fee reminders sent to practitioners, many of the letters were returned to us unopened. We then sent

registered letters to request written confirmation of the change of address details, but have had few responses. In these cases, we may - as we are entitled to by the Act - strike a practitioner's name from the register for frustrating our efforts to uphold the law," said Adv. Boyce Mkhize, HPCSA Registrar.

The address details need to be changed in writing and can be sent through to fax (012) 338-9312, by e-mail to records@hpcsa.co.za or by post to P O Box 205, Pretoria, 0001 for attention: Records Department.

Council increases annual fees

Rising administrative costs have forced the HPCSA to increase the annual fees paid by practitioners with effect from 1 April 2009.

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.

Other factors attributed to the increase include the rising costs in executing the disciplinary cases which Council is legally obliged 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.

"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," said Council Registrar, Adv Boyce Mkhize.

The HPCSA is not subsidised by government and to meet its mandate of protecting the public and guiding the professions, it relies

heavily on fees and fines that practitioners pay.



The Annual fees are payable on 1 April 2009. The annual fees for 2009/10 are as follows:

EMERGENCY CARE PRACTITIONERS:

REGISTER CODE	Category	EXC. VAT	VAT	2008/9 TOTAL AMOUNT	EXC. VAT	VAT	2009/10 TOTAL AMOUNT	2009/10 ROUNDED FIGURE
ANT	Paramedics	443.86	62.14	506.00	457.18	64.01	521.18	522.00
ECP	Emergency Care Practitioners	443.86	62.14	506.00	457.18	64.01	521.18	522.00
ECT	Emergency Care Technicians	443.86	62.14	506.00	457.18	64.01	521.18	522.00
ANA	Ambulance Emergency Assistants	399.47	55.93	455.40	431.43	60.40	491.83	492.00
BAA	Basic Ambulance Asistants	315.55	44.18	359.73	343.95	48.15	392.10	393.00
OECO	Operational Emergency Care Orderlies	399.47	55.93	455.40	431.43	60.40	491.83	492.00
ECA	Emergency Care Assistants	315.55	44.18	359.73	343.95	48.15	392.10	393.00

Chairperson's Report 2007/8

• New Qualifications

The mid-level qualification in Emergency Care began after four colleges were granted interim accreditation by the Board to commence with the SAQA approved two-year National Certificate in Emergency Care. The 4 year Professional Degree Emergency Medical Care was also approved by SAQA. The Rescue Technician qualification is undergoing amendments and will be re-submitted to SAQA for approval. Two new registers for Emergency Care Technicians and Emergency Care Practitioners have been opened to accommodate holders of the National Certificate and Professional Degree. The process of determining the scope of practice that will inform the guidelines and protocols for the Emergency Care Technician is underway.

By introducing new qualifications the Board has paved a professional career path in Emergency Care and is set to meet the ETQA's request to terminate short course training in Emergency Care.

• Continuing Professional Development

The rollout of Continuing Professional Development accreditation continued in 2007. The accreditation of service providers has been expanded to accommodate the growing demand for activities.

• Illegal Training Colleges

The Board continues to closely monitor the 56 accredited colleges with regards to the number of courses offered per annum and the number of students per course. Several illegally franchised colleges have been uncovered and their training activities subsequently terminated.

A concern has been raised regarding the estimated 17 000 de-registrations that have occurred over the last 5 years. This figure suggests that a large number of Basic Ambulance Assistants are unable to find employment in Emergency Medical Services. The Board together with the Department of Health has agreed to revisit the current national training requirements in 2009.

• Professional Conduct

The Preliminary Committee has effectively reduced the backlog of outstanding cases. Representatives from the Committee met with the Private Ambulance Association in a bid to reduce the number of complaints that arise from inter-service rivalry.

• Structure of Incoming Board

The Council approved the revised structure of the incoming Board for 2009. The Board will be constituted to include members from the registers of Emergency Care Technician and Emergency Care Practitioner and to be demographically representative.



What do your registration and annual fees cover?

The fees received by the HPCSA from registered healthcare professionals are used to cover the costs of:

- Running the Professional Boards under the Council's jurisdiction;
- Running the HPCSA; and
- Administering the professions registered with the HPCSA in terms of registration, maintaining standards of education and training as well as maintaining fair standards of professional practice.

Benefits of registration

All individuals who practise any of the healthcare professions incorporated in the scope of the HPCSA are obliged, by the Health Professions Act, 1974, to register with the Council. Failure to do so constitutes a criminal offence.

Registration with the HPCSA offers the following benefits:

- Credibility as a competent practitioner who may command a reward for his/her services;
- The assurance that no unqualified person may practise these professions; and
- Conferral of professional status to the practice, inclusive of the right to practise the profession that one is qualified for.



PROPOSED ECT CAPABILITIES

After an extensive review of current international best practices by an expert panel appointed by the Professional Board and Department of Health the following ECT

capabilities were developed. These capabilities will ensure that the Emergency Care Training (ECT) has the scope to provide advanced life support care safely for almost

every emergency situation.

The ECT scope is awaiting approval by the HPCSA.

CAPABILITIES

Airway Management	
1	Finger sweep
2	Head-tilt-chin lift
3	Jaw-thrust
4	Cricoid pressure
5	Suction - oropharynx
6	Airway obstruction / choking (basic life support level)
7	Oropharyngeal airway insertion
8	Nasopharyngeal airway insertion
9	Supraglottic airway devices (e.g. LMA / DLA) in pulseless patients
10	Supraglottic airway devices (e.g. LMA / DLA) in patients without gag reflex and pulse present
11	Needle cricothyroidotomy
12	Nasogastric / Orogastric tube insertion in a conscious patient
Oxygenation & Ventilation	
13	Oxygen therapy
14	Nebulisation
15	Use of pulse oximetry
16	Needle thoracentesis
17	Bag-valve-mask ventilation
Circulatory Management	
18	Peripheral intravenous cannulation > 1 years old
19	External jugular vein cannulation
20	Intraosseous cannulation
21	Umbilical vein cannulation
22	Fluid administration - crystalloids & colloids
23	Intravenous & intraosseous drug administration
24	Intramuscular drug administration
25	Use of non-invasive blood pressure monitors
26	Use of tourniquet
27	Use of pneumatic anti-shock garment
28	Automated & Manual Electrical Defibrillation
29	Basic 3-lead ECG monitoring and rhythm identification (normal sinus rhythm, sinus bradycardia, sinus tachycardia, ventricular tachycardia, ventricular fibrillation, pulseless electrical activity and asystole)
Obstetric Management	
30	Normal vaginal delivery
31	Breech delivery
32	Prolapsed cord management (excludes tocolysis)
33	Fundal massage

General	
34	CPR (adult, child, infant & neonate)
35	On-scene discharge
36	Cervical spine clearance
37	Application of a cervical collar
38	Application of head blocks
39	Application of spider harness
40	Application of extrication devices
41	Application of splints including the traction splint
42	Application of vacuum mattress
43	Use of stretchers
44	Urinary catheterization
45	General patient transfers excluding intensive care transfers & neonatal transfers
46	Basic wound care
47	Declaration of death where no treatment was initiated as the patient was obviously dead on arrival (decapitation, mortal disfigurement, rigor mortis, putrefaction, post mortem lividity)
48	Declaration of death where treatment has been initiated
Medications (refer to individual protocols relating to required consultation)	
1	Acetyl salicylic acid
2	Adrenaline
3	Amiodarone hydrochloride
4	Antibiotics
5	Atropine sulphate
6	Beta 2 adrenergic stimulants
7	Corticosteroids
8	Dextrose 50%
9	Diazepam
10	Flumazenil
11	Glucagon
12	Glyceryl trinitrate
13	Magnesium sulphate
14	Medical oxygen
15	Morphine sulphate
16	Naloxone hydrochloride
17	Nevirapine and Combivir PEP
18	Nitrous oxide
19	Oral glucose powder / gel
20	Paracetamol IV
21	Promethazine
22	Thiamine

Did you know?

It is not permissible for any unregistered person to work in an ambulance; the ambulance crew has to be registered with the HPCSA either as BAA's, AEA's, and Paramedics, Emergency Care Technicians or Emergency Care Practitioners.

- The Board does not register private ambulance services. This is done by the Board of Health Care Funders.
- The Board does not approve first aid training levels 1, 2 & 3. This is done by the Health and Welfare Seta.
- BAA, ILS and ALS Curricula are available in hard copy format at R180 per copy.
- BAA, ILS and ALS protocols are available on the website - printed copies are available at R60 per copy.

Need time out? Voluntary erasure is the way!

A practitioner wanting to take time out from his/her profession without the risk of having to pay penalties on resumption of duty can consider voluntary erasure.

Application for voluntary erasure must reach the HPCSA before the last day of March of every year. A practitioner voluntarily removed from the register and not practising his/her profession will have to apply for reinstatement in terms of the following criteria:

- If a person requests reinstatement following a period of 1 - 3 years, a period of supervised practice as determined by the Professional Board will be required, or alternatively a written and clinical examination in relevant areas of practise may be recommended.
- If a person requests reinstatement after a period of three years, a written and clinical examination as determined by the Professional Board will be conducted in relevant areas of practise.

- If a person has been registered with another acceptable Professional Board or an equivalent licensing institution/body outside South Africa and has complied with the Continuing Professional Development (CPD) requirements of that institution, he/she may apply for reinstatement to the register by submitting proof of that registration and compliance with the Continuing Professional Development (CPD) of that institution.

- If a practitioner has been attending CPD activities and desires to be restored to the register, proof of Continuing Education Units accrued during that period must be submitted to Council's CPD Committee before their name can be restored to the register.

A practitioner may not practise his/her profession in South Africa until such time as his/her name has been restored to the register.

Emergency Care News is a newsletter for the Professional Board for Emergency Care

It is produced by the Public Relations and Service Delivery Department, HPCSA Building, 553 Vermeulen Street, Arcadia, Pretoria.

Contributions by practitioners can be forwarded to Sibusiso Nhlapho at sibusison@hpcsa.co.za

Email Us

In order to enhance our service delivery and communication to you, please send your latest e-mail address to: info@hpcsa.co.za.

Thank you
Public Relations and Service Delivery.

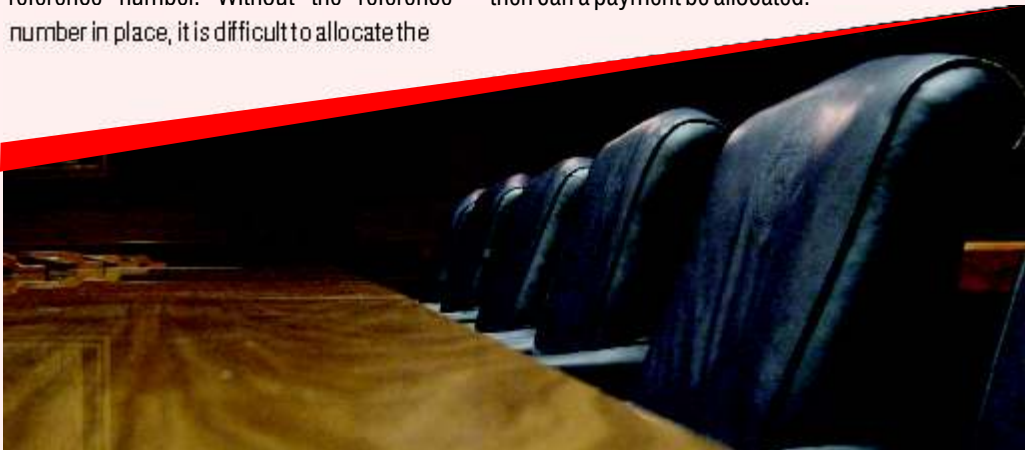
Your registration number is your reference on payments: Board

Following the HPCSA's "No Cash on Premises" policy, practitioners have had to make direct deposits at the bank or do internet transfers.

With the new initiative, some practitioners are making the payments but do not enter a reference number. Without the reference number in place, it is difficult to allocate the

payment and presently there is unallocated money in Council's suspense account.

Practitioners are encouraged to use either their HPCSA registration number or a reference number provided on registration or pre-registration or examination number. Only then can a payment be allocated.



**HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
DEBIT ORDER AUTHORISATION FORM FOR ANNUAL FEES**

P O Box 205
Pretoria
0001
Client Care Centre Tel: (012) 338 9301
e-mail: info@hpcsa.co.za

553 Vermeulen Street
Arcadia
Pretoria
Fax: (012) 328 5120
Website: http://www.hpcsa.co.za

I, Prof/Dr/Mr/Mrs/Miss _____ (full name),

Registration Number (e.g. MP 0923012) _____

Registered Address _____

Tel No: _____ Cell No: _____ E-Mail: _____

hereby instruct and authorise the Health Professions Council of South Africa as follows:

I, authorise the Health Professions Council of South Africa to debit my cheque/transmission account on or before 1 April of every subsequent year with the amount of the annual fee for that year. All such withdrawals from my bank account shall be treated as though I had signed them personally.

I understand that the withdrawal hereby authorised, will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation by giving Council thirty days' notice in writing per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn while this authorisation was in force, if such amounts were legally owing to the Health Professions Council of South Africa.

Receipt of this authorisation by Council shall be regarded as receipt thereof by my bank.

DEBIT ORDER INSTRUCTION (Please attach a cancelled cheque)

The details of my bank account are as follows:

Name of Bank or other financial institution _____

Branch Name and City/Town _____

Branch Code (first six digits) _____

Account Number _____

Type of Account (e.g. Cheque, Transmission) _____

Signed at _____

on this _____ day of _____ 20 _____

SIGNATURE _____