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## PROFESSIONAL BOARD FOR EMERGENCY CARE

To: All registered emergency care providers

Council Secretariat	Mr N Sipeka
Department:	Professional Boards
Designation:	Committee Coordinator: Ms R Mafetsa
Date:	13 August 2018

Dear Sir/Madam

## CLINICAL PRACTICE GUIDELINES (CPGs) COMMUNICATION

This document serves to inform all emergency care providers that the previously communicated draft Clinical Practice Guidelines (CPGs) and related capabilities and medications have been adopted (with certain amendments) by the Professional Board for Emergency Care (PBEC) for use and implementation by all registered emergency care providers.

It is the responsibility of all registered persons to:

- a. familiarise themselves and;
- b. undergo learning/training activities related to the contents of the document

In addition to familiarisation, it is important that as far as possible, and where relevant, the related clinical practice guideline is used during all clinical encounters. Where not applicable, all reasonable, locally contextual standards of care apply to clinical encounters. The deadline for the adoption of the revised list of capabilities and medications by registered persons is the 31<sup>st</sup> of December 2018. It is, however, acknowledged that the learning/training activities required to perform procedures and administer medications not currently on the scope of practice, will extend beyond this deadline.

Emergency care providers should refer to the revised list of capabilities and medications which are attached as an Annexure to the guidelines. The revised list of capabilities and medications (read together with the requirements linked to the performance and/or administration of such skills/medications) are applicable as per the above-mentioned deadline date. It must, however, be noted that the medications not currently on the scope of practice await final regulatory approval. Further communication will follow in relation to the approval of these medications. Emergency care providers acting outside of the revised list of capabilities (and mandatory training to perform such procedures) will be considered to be acting outside of the relevant scope of practice.

Registered emergency care providers are encouraged to first engage with the Clinical Practice Guidelines in their entirety, and then consider the revised list of capabilities and medication in relation to the category of registration in which they are registered. Emergency care providers are also directed to the communication related to those registered persons wishing to register in an alternative category and the related requirements.

Yours faithfully

All

MR L A MALOTANA CHAIRPERSON