



MEDIA STATEMENT

JOINT MEDIA RELEASE: FOLLOWING AN ENGAGEMENT BETWEEN THE SOUTH AFRICAN MEDICAL ASSOCIATION (SAMA) AND THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) REGARDING AMENDMENTS OF THE ETHICAL RULES OF CONDUCT FOR REGISTERED HEALTH PRACTITIONERS

11 April 2024 For immediate release

Pretoria - The Health Professions Council of South Africa (HPCSA) has published the amended Ethical Rules of conduct for health practitioners registered under the Health Professions Act, 1974 (Act No. 56 of 1974) (Hereafter referred to as Rules).

Based on the changes to these Rules, the South African Medical Association (SAMA) and the HPCSA engaged to clarify the critical amendments that relate to the practising of health practitioners, such as doctors. The engagement focussed on issues such as the impact of Rules on doctors' day-to-day practice, definitions clarity, impact on fees for reimbursement of doctors, employment of doctors and so forth.

Highlights of the engagement:

- 1. Regulatory Scope: The HPCSA emphasised that as a regulatory body, it is a statutory requirement that it functions and confines itself to the limitations of its mandate as per legislation. As such, the HPCSA's regulations are guided by the various acts of parliament and the Constitution of the Republic of South Africa, 1996. The HPCSA's regulatory mandate only regulates healthcare practitioners who are legally required to register with the HPCSA to practise competently, and in an ethical and professional manner.
- 2. **Motivation for rules amendments:** The amendments to the Rules were prompted by the need to comply with recommendations of the Health Market Inquiry (HMI) and the Competition Commission of South Africa, to infuse an element of flexibility, improve competition and promote access and innovation.
- 3. Establishing fair regulation across statutory bodies: SAMA and the HPCSA are in agreement that some of the challenges that doctors, and other health practitioners encounter are a result of parties that are not regulated by Council. There is a need for stronger collaboration between the HPCSA and other regulators so that practitioners registered with the HPCAS are not uniquely burdened or disadvantaged by the regulatory requirements.

- 4. Finalisation of Proposed Rules: SAMA highlighted a significant concern regarding the labelling of the published rules as "Proposed," indicating that these rules cannot be regarded as final. However, HPCSA acknowledged an error during the publication process but emphasised that the amendment to the rules is final, with the correct document available for stakeholder review. Despite this clarification, SAMA reiterated its stance that the rules cannot be considered finalised and emphasised the necessity for additional revisions.
- Definition Revisions: Several definitions were identified for further revision to enhance accuracy and clarity
 within the Ethical Rules. The HPCSA commits to providing clarity on the definitions indicated in the
 guidelines.
- 6. **Fee Variation (Rule 7):** Discussions centred around Rule 7, which currently prohibits fee sharing, with reference made to the 2017 guidelines on global fees to guide medical practitioner fees.
- 7. **Approval Processes (Rule 8 A):** Challenges with Rule 8 A were noted, particularly concerning its alignment with actual practice.
- 8. **Ongoing Discussions on Rule 18:** Ongoing discussions between the Office of Health Standards Compliance (OHSC) and the HPCSA regarding Rule 18 were highlighted, especially regarding the existence of non-registered entities practising or delivering health services.
- 9. Ownership of shares or financial interest in health (Rule 23A): Considerations regarding conflicts of interest and ethical implications of owning shares in listed companies were discussed and SAMA voiced the perspective that these considerations require further revisions.

Concerns Raised:

Corporatisation Concerns: There were apprehensions that allowing unregulated employment of doctors
might lead to increased corporatisation of the profession, prioritising profit motives over ethical
considerations and patient care.

In conclusion, SAMA and the HPCSA reaffirm their commitment to addressing these concerns and ensuring that amendments to the Rules uphold principles of fairness, professionalism, and patient care. Further updates and actions will be communicated as progress is made. Going forward, both parties agreed that regular engagements will be conducted.

END

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About HPCSA: The Health Professions Council of South Africa (HPCSA) also known as Council is a statutory body established under the Health Professions Act, 56 of 1974. The HPCSA is committed to protecting the public and guiding the professions. The mission of the HPCSA is quality and equitable healthcare for all. The HPCSA is mandated to regulate the health professions in the country in aspects of education, training and registration, professional conduct, and ethical behaviour, ensuring Continuing Professional Development (CPD), and fostering compliance with healthcare standards.

To safeguard the public and guide the professions, registration in terms of the Act is a prerequisite for practising any of the health professions registrable with Council.

About SAMA: About SAMA: The South African Medical Association ("SAMA") was established in 1927 and became known as it is today through the unification of a variety of doctors' groups on 21 May 1998 that had represented a diversity of interests.

SAMA is a non-statutory, professional association for public and private sector medical practitioners. SAMA is registered a non-profit company in terms of the Companies Act. SAMA is a voluntary membership association, existing to serve the best interests and needs of its members in all healthcare-related matters.