



OPTISIGHT NEWS

Newsletter of the Professional Board for Optometry & Dispensing Opticians





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Chairperson's Note



Maemo Kobe

Chairperson of the Professional Board for Optometry and Dispensing Opticians

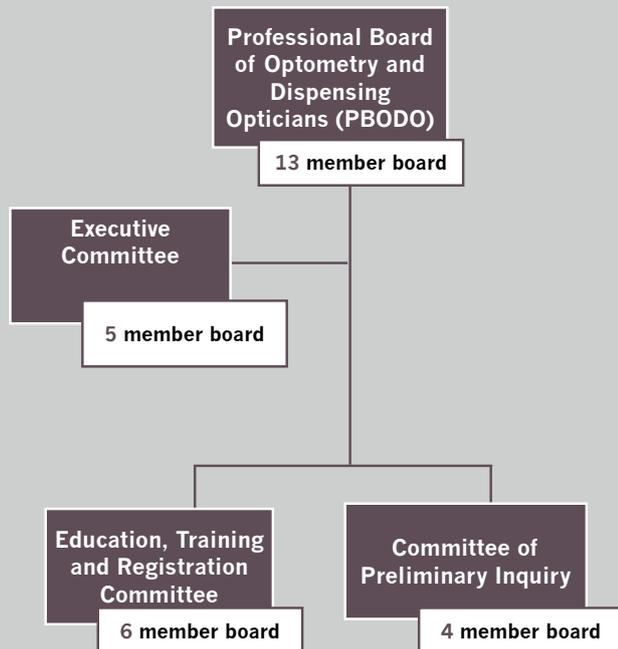
It was Lao Tzu, who said “He who conquers others is powerful, but he who conquers himself is mighty”. I mention this because, as we navigate through this era of reviewing and restructuring of our healthcare system, the underlying legislative framework and its associated regulations, in preparing for the NHI; I encounter debates about the meaning and effectiveness of self-regulation as adopted by the HPCSA in our current context. It is not my intention to extend the debates here however, I simply wish to conscientise you to this notion of self-regulation and its moral meaning in the health context. I propose to you that the moral meaning of self-regulation is the ability to conquer ourselves as described by Lao Tzu. It is the ability to live by the values we ascribe to, which are self-control, self-discipline, temperance, sociability, modesty, fairness and justice towards those whom we serve. It is also the ability to appreciate the responsibility with which we have been entrusted by those whom we serve.

This edition of our newsletter touches on issues that are currently topical in the profession and in the health sector. It touches briefly on the

Health Market Inquiry and the National Health Insurance. It reminds you of the rights of the people we serve and gives you an update on some of the issues the Board is dealing with. Furthermore, it reminds you of the structure, functioning and functions of the Board and the Health Committee of the HPCSA.

While the intention is to keep you abreast with the issues and answer some of the questions asked around the functioning and structure of the Board, embedded herein is the intention to explain how the Board and HPCSA in general works so that you can participate in the broader discussion of regulating in the current context. I therefore implore you that as you begin to understand the structure and functioning of the HPCSA, enter the fray and participate in the prevailing debates around the future of healthcare in this country and mostly the posture that self-regulation should take to ensure we as practitioners can continue to conquer ourselves both personally and professionally for the benefit of those whom we serve.

The Structure of the Professional Board of Optometry and Dispensing Opticians



The Professional Board for Optometry and Dispensing Opticians is constituted in terms of the Health Professions Act 54 of 1974 and its Regulations. Section 15A of the Health Professions Act determines the objectives of the Professional Board as outlined below:

- a. To consult and liaise with other professional boards and relevant authorities regarding matters relating to the professional board
- b. To assist in the promotion of the health of the population of the Republic at a national level
- c. To legislate regulations with respect to healthcare providers that are consistent with national policy determined by the Minister and to control and exercise authority in respect of all matters affecting the education and training of these healthcare providers falling within the ambit of the professional board
- d. To liaise with education and training institutions and to promote the standards of education and training in South Africa
- e. To make recommendations to the Council on any matter falling within the scope and to advise the Minister if it relates to

health professions falling within the ambit of the professional board. This in order to support the universal norms and values of such profession or professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement

- f. To make recommendations to the Council and the Minister on matters of public importance relating to the professions under its ambit
- g. To maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession
- h. To guide the relevant health profession or professions and to protect the public.

Section 15B of the Health Professional Act determines the general powers of professional boards:

A professional board may:

- a. In such circumstances as may be required remove any name from a register or, upon payment of the prescribed fee, restore thereto, or suspend a registered person from practising his or her profession pending the institution of a formal inquiry in terms of section 41
- b. Appoint examiners and moderators, conduct examinations and grant certificates and charge such fees in respect of such examinations or certificates as may be prescribed
- c. Subject to prescribed conditions, approve training schools
- d. Consider any matter affecting any profession falling within the ambit of the professional board and make representations or take such action in connection therewith as the professional board deems advisable
- e. Upon application by any person, recognise any qualification held by him or her (whether such qualification has been obtained in

- a. the Republic or elsewhere) as being equal, either wholly or in part, to any prescribed qualification, whereupon such person shall, to the extent to which the qualification has so been recognised, be deemed to hold such prescribed qualification.

Any decision of a professional board relating to a matter falling entirely within its ambit shall

not be subject to ratification by the council, and the council shall, for this purpose, determine whether a matter falls entirely within the ambit of a professional board.

In order to perform its functions and fulfil its role, the Board has appointed various committees with designated responsibilities and objectives.



Committees that Constitute the Board

1. EXECUTIVE COMMITTEE

The mandate of the Committee is to deal with and finalise all matters relating to Optometry and Dispensing Opticians. These matters arise from meetings of the Professional Board within the current policy parameters, or as would be determined from time to time by the Professional Board.

2. EDUCATION, TRAINING AND REGISTRATIONS COMMITTEE

The Education Committee deals with, finalises and reports to the Professional Board on all

matters relating to:

- a. The theoretical and practical training of professions within the ambit of the Professional Board
- b. Continuing Professional Development

3. COMMITTEE OF PRELIMINARY INQUIRY

This Committee deals with 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 reports to the Board.

Challenges facing Dispensing Opticianry

Dispensing Opticians (DOs) have historically played an important and valuable role within the eye care team. Recent changes in the eye care environment and market have resulted in the profession of dispensing opticianry experiencing numerous challenges including infringements on the scope of practice of dispensing opticianry by persons unregistered with the HPCSA, such as frontline staff in certain optometric practices.

The provisions of Rule 8 of the Health Professions Act 56 of 1974, concerning Partnerships and Juristic Persons, has also posed challenges further limiting career options for dispensing opticians.

The PBODO has received numerous complaints and concerns from dispensing opticians regarding, but not limited to, the above-mentioned challenges. The Board has consulted with the relevant stakeholders and engaged in extensive discussions and debates around these critical matters. Options to expand the scope of dispensing opticianry have been proposed, considered and interrogated in great detail. Following careful and thorough consideration the PBODO has determined that further scope expansion for dispensing opticianry is not

the best possible solution to the challenges encountered by dispensing opticians. The PBODO has therefore committed itself to investigating and developing alternate career pathing options that will offer long term solutions to help counter the existing challenges and allow dispensing opticians to navigate through and adapt to the dynamic healthcare and eye care environment.

The Board reminds all professionals registered under its ambit, that registration is a statutory requirement in order to practise legally.

The Board therefore urges those professionals who are not registered to do so immediately to enable the Board to act as an effective and accountable regulator in guiding the said eye care professions.

Healthcare professionals who are not registered with the HPCSA while practising, are liable to be charged criminally. Unregistered persons who are infringing on the scope of practice of registered professionals are also liable to be criminally charged. Those who enable such scope infringements also place themselves at risk for being charged in this regard.

Reflecting on Patients Rights and Responsibilities

Ethical and Professional Rules

Practising as a healthcare professional is based on a relationship of mutual trust between patients and healthcare practitioners.

To be a good healthcare practitioner requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of fellow human beings and society. Healthcare practitioners, are required to subscribe to certain rules of conduct. To this end the Health Professional Council of South Africa (HPCSA) has formulated a comprehensive set of rules regarding professional conduct against which complaints of professional misconduct will be evaluated. These rules are published in the HPCSA Guidelines for Good Practice booklet.

NATIONAL PATIENTS' RIGHTS CHARTER

The Department of Health, in consultation with various bodies, including the HPCSA, developed a National Patients' Rights Charter. This Charter has since been included in the HPCSA's Handbook for Interns, Accredited facilities and Health Authorities.

NATIONAL PATIENTS' RIGHTS CHARTER

1. INTRODUCTION

1.1 For many decades the vast majority of the South African population has experienced either a denial or violation of fundamental human rights, including rights to healthcare services.

1.2 To ensure the realisation of the right of access to healthcare services as guaranteed in the Constitution of the Republic of South Africa, 1996 (Act No. 109 of 1996), the Department of Health is committed to upholding, promoting and protecting this right and therefore, proclaims this Patients' Rights Charter as a common standard for achieving the realisation of this right.

1.3 Equally, practitioners should adhere to the stipulations of this charter as it relates to them.

2. PATIENTS' RIGHTS

2.1 Healthy and Safe Environment

Everyone has a right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal, as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

2.2 Participation in Decision-Making

Every citizen has the right to participate in the development of health policies, whereas everyone has the right to participate in decision-making on matters affecting one's own health.

2.3 Access to Healthcare

Everyone has the right to access to healthcare services that include -

- a. **Receiving timely emergency care** at any healthcare facility that is open, regardless of one's ability to pay;
- b. **Treatment and rehabilitation** that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
- c. **Provision for special needs** in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain and persons living with HIV or AIDS patients;
- d. **Counselling** without discrimination, coercion or violence on matters such as reproductive health, cancer and/or HIV/AIDS;
- e. **Palliative care** that is affordable and effective in cases of incurable or terminal illness;
- f. **A positive disposition** displayed by healthcare providers that demonstrates courtesy, human dignity, patience, empathy and tolerance;
- g. **Health information** that includes information on the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

2.4 Knowledge of One's Health Insurance/ Medical Aid Scheme

A member of a health insurance or medical aid scheme is entitled to information about that health insurance or medical aid scheme and to challenge, where necessary, the decision of such health insurance or medical aid scheme relating to the member.

2.5 Choice of Health Services

Everyone has a right to choose a particular healthcare provider for services or a particular health facility for treatment, provided that such choice shall not be contrary to the ethical standards applicable to such healthcare provider or facility.

2.6 Treated by a Named Healthcare Provider

Everyone has a right to know who the person is that is providing healthcare, and therefore, must be attended to, by clearly identified healthcare providers.

2.7 Confidentiality and Privacy

Information concerning one's health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of law or an order of court.

2.8 Informed Consent

Everyone has a right to be given full and accurate information about the nature of one's illness, the diagnostic procedures involved and the proposed treatment and associated risks, as well as the costs that may be involved.

2.9 Refusal of Treatment

A person may refuse treatment and such refusal can be verbal or in writing, provided that such refusal does not endanger the health of others.

2.10 A Second Opinion

Everyone has the right on request, to be referred for a second opinion to a healthcare provider of one's choice.

2.11 Continuity of Care

No one shall be abandoned by a healthcare professional or a health facility where initial responsibility was assumed, without appropriate referral or hand-over.

2.12 Complaints about Health Services

Everyone has the right to complain about a healthcare service, to have the complaint investigated and to receive a response on such an investigation.

3. RESPONSIBILITIES OF THE PATIENT

Every patient or client has the following responsibilities:

- 3.1** To take care of his or her own health.
- 3.2** To care for and protect the environment.
- 3.3** To respect the rights of other patients and healthcare providers.
- 3.4** To utilise the healthcare system properly and not abuse it.
- 3.5** To know his or her local health services and what they offer.
- 3.6** To provide healthcare providers with relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.
- 3.7** To advise healthcare providers of his or her wishes with regard to his or her death.
- 3.8** To comply with the prescribed treatment or rehabilitation procedures.
- 3.9** To enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- 3.10** To take care of the health records in his or her possession.

UPDATES...Guidelines for Volunteer Optometrists and Dispensing Opticians (Foreign and South African Citizens)

The Professional Board for Optometry and Dispensing Opticians embarked on a process of reviewing and updating the 'Guidelines for Volunteer Optometrists and Dispensing Opticians (Foreign and South African Citizens). Although the process has taken longer than anticipated the Board is pleased to report that the new Guidelines for Volunteer Optometrists and Dispensing Opticians have been approved by the Board and are now available on the HPCSA website.

Newsletter articles from practitioners with possible allocation of CEUs

The Board invites practitioners to submit contributions to be considered for inclusion in the newsletter. Clinical content, suitable for CPD accreditation, will also be considered.

Practitioners are further urged to update their contact details with the HPCSA, as required by the Act.

Online Sales

As previously reported, the Board is reviewing the Regulations/ Rules and guidelines relating to the online sales of spectacles and that feedback will be provided when the matter is finalised. Annexure 8 of the Ethical rules of conduct for practitioners registered under the Health Professions Act has been amended to clarify the online sales of spectacles and has been Gazetted for public comments (Government gazette, no. 41498, 16 March 2018). Input and comments received from stakeholders have been taken into consideration/incorporated and will then be re-published for final public comments. The amendments will address online sales of spectacles, contact lenses and low vision devices,

Client satisfaction survey

The Board recently conducted a survey among practitioners. The overall statistics of the survey are as follows:

Overall Stats		
Total Recipients:	1 832	
Successful Deliveries:	1 454	
Bounces:	378	Bounce rate 20.6%
Responses received	310	Response rate 21.32%

The Board would like to thank Practitioners who participated in the survey. The results are currently being analysed to serve as a guide to the Board.

Application Fees for Mobile Practice

The Board has reviewed the mobile practice guidelines and has approved the following fees:

A non-refundable application fee: R2 018.00 (2019/2020 financial year).

Where an approval has been granted, the practitioner will be required to pay the mobile practice registration fee of R3 026.00 (2019/2020 financial year).

Scope Infringement on “Hearing Assessment” and “Fitting of Hearing Aids” Performed by other Practitioners” and/or “Frontline” Staff in Optometry/ Dispensing Opticianry Practice

Following numerous queries and complaints received by the Professional Board for Optometry and Dispensing Optician regarding the performance of certain clinical and professional acts falling within the scope of the Speech, Language and Hearing Professions by practitioners registered within the profession of Optometry and Dispensing Opticians who are not qualified and competent to perform such clinical acts. The Professional Boards for Optometry and Dispensing Opticians and Speech, Language and Hearing Professions saw it fit to remind, inform and educate practitioners and the members of public by issuing a joint public statement done in March 2018.

Practitioners found engaging in such practices were referred to Legal and Regulatory Division for investigation and action has been taken.

OCULAR THERAPEUTICS

The Board congratulates practitioners who qualified in the postgraduate programme in Ocular Therapeutics conducted by the University of KwaZulu-Natal and who are in a process of being registered with the HPCSA in the category of Ocular Therapeutics. Exit Level outcomes document in Ocular Therapeutics was finalised by the Board in 2018.

Practitioners are further informed that application for recognition of Ocular Therapeutics is paid for in line with the requirements of Section 35 of the Health Professions Act 56 of 1974, which stipulates that registration of additional qualifications and/or professional category is paid for. The applicable fee is prescribed in the rules relating to fees payable to Council.

Alternative reimbursement models - Global Fees

The Board received a complaint from the South African Optometric Association (SAOA) regarding the impact the current reimbursement models have on ethical rules and conduct.

The matter was discussed at Inter-Board Forum meeting held in July 2017 and a formal submission was made to Council regarding medical schemes and an opinion was provided by the Regulatory Division of the HPCSA. Feedback will be provided when the matter is finalised.

Section 15A of the Health Professions Act, stipulates that one of the Board’s objects is to make recommendations to Council to advise the Minister of Health on issues falling within the scope or on issues of public importance.



The Health Market Inquiry

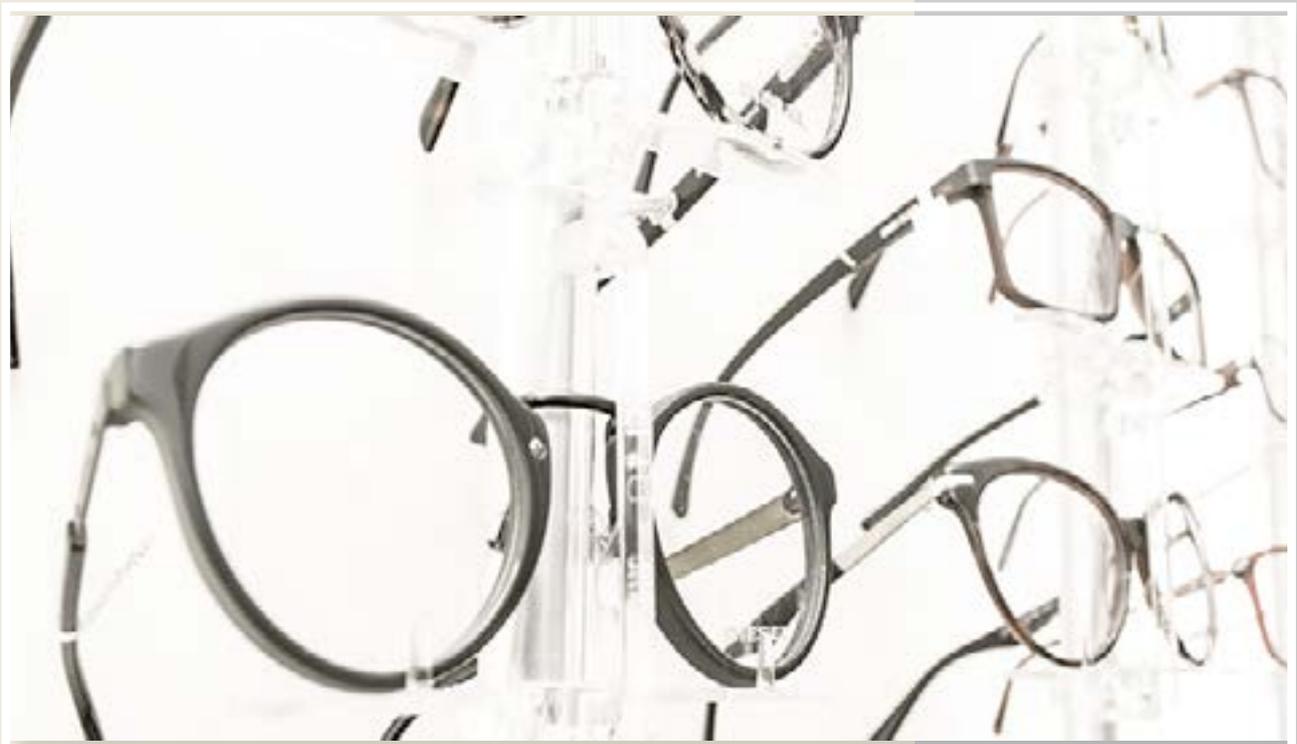
What is the Health Market Inquiry (HMI)?

After observing sustained increases in prices and expenditure above headline inflation in the private healthcare sector, the Competition Commission took a decision to initiate a market inquiry into the state of competition in the private healthcare sector. The Terms of Reference, as required by the Competition Act, 98 of 1998 was published in November 2013 and an independent panel of experts was appointed to conduct the HMI.

The rise in cost of private healthcare has resulted in only a small percentage of the population having access to private healthcare, raising concerns of underlying factors that undermine competition.

The inquiry process involved the following six phases:

1. Establishment phase
2. Evidence gathering
3. Information and data analysis
4. Public hearings
5. Reporting on provisional findings and recommendations
6. Final report



Review of Regulatory Environment Governing Practitioners

Review of HPCSA Ethical Rules

175. The HPCSA must undertake a review of its ethical rules with a view to:

175.1. Reviewing all rules from a competition perspective.

175.2. Re-phrasing rules to be more permissive or enabling in nature, including:

175.3. Encouraging group practices;

175.4. Promoting the use of global fees.

176. In particular, the Inquiry makes the following recommendation:

176.1. Sub-rules 7(4) and (5) should be clarified and should allow for alternate reimbursement models such as global fees, subject to certain conditions. Rule 7 should not be considered an all-out prohibition of innovative models. The HMI recommends changes to the wording of this ethical rule in order to allow for fee sharing under appropriate circumstances.

176.2. Rules 8 and 8A should be crafted in a manner that allows multi-disciplinary practices and partnerships and provide clear guidelines on the grounds that will lead to a ban or prohibition by the HPCSA. The HPCSA should also request the full details of these arrangements in order to determine whether there are any concerns that arise from them and to remedy those where appropriate.

176.3. Rule 18 should be written in a permissive manner and should not be interpreted as a blanket ban on the employment of practitioners. There are cases where the employment of doctors would support value-based contracting and these should be considered on the merits. The inquiry considers that the alignment of medical practitioners and hospital interests is too close there and is coincidental benefit of increased utilisation of facilities that accrue to both medical practitioners and hospitals. At this point, the Inquiry does not advocate for unrestricted and unmonitored employment of

doctors. In the current market, unrestricted employment of doctors could have serious unintended consequences for consumers and the industry as a whole. The Inquiry recommends that employment of doctors should not be prohibited, but employment of doctors should be conditional. There are other forms of employment of doctors outside of employment by for-profit private hospitals. Where such employment can demonstrate that it is pro-competitive and adds value and that benefits accrue to consumers, it should not be encouraged. The HMI would welcome well-motivated proposals where employment of specified categories of doctors by the private sector would be a net positive for the sector as a whole.

176.4. With regard to Rule 23A, the HMI recommends more effective monitoring of practitioners' financial interest in facilities. Practitioners who own shares in facilities should declare this information to the HPCSA on an annual basis and this information should be published by the HPCSA on its website and all facilities where affected practitioners work.

176.5. At the very least, the following information should be clearly declared to the patient:

176.5.1. Cost of medical care: specifically, if practitioners charge more than any prevailing reference prices not approved by funders, informed consent should be backed up by signed documentation;

176.5.2. Ownership of shares (Rule 23A) at the facility where the doctor provides services. Shares acquired through the open market (stock exchanges) should be exempt from declaration;

176.5.3. Financial interests in any product used (e.g. prostheses), dispensed or prescribed by practitioners (e.g. medicines).

177. The Inquiry also recommends that the HPCSA review its requirements for approval of training institutions such that training includes:

177.1. An understanding of medical coding of procedures;

177.2. The cost and value implications of health care; and

177.3. An understanding of the purpose of HTA-like bodies and their methods.

178. These modules should also be included in continuing medical education so that post graduate providers also gain this knowledge.

The HPCSA position on HMI

The Business Practice Committee (BPC) and the Human Rights Ethics Committee (HREC) of the HPCSA Council held a workshop in November 2018 to consider and look at all ethical rules. PBODO provided comments on the following ethical rules flagged by the Commission/Health Market Enquiry:

- a. Rule 7 (does not allow partnership and it may prohibit those not registered with HPCSA) be considered in conjunction with rules 8 and 8A
- b. The Board had previously reinforced rules 8 and 8A
- c. Ethical Rule 18
- d. Ethical Rule 23A:

PBODO support that all applicable rules need to be reviewed to ensure enforceability of rules that are there so as to be consistently applied to be

in line with where the country is going with the NHI route.

Council has since resolved that amendments be made on booklet no 2 - Ethical and Professional Rules of the Health Professions Council of South Africa as they were perceived to be rigid, not permissive and had a potential to be anti-competitive. The following rules were amended:

- Rule 7 - Fees and Commission;
- Rule 8 and 8A – Partnership and juristic persons; sharing of rooms;
- Rule 18 - Professional appointments; and
- Rule 23A - Financial interests in hospitals

Practitioners are therefore apprised of the process the HPCSA has embarked on in order to deal with the matter. The process is however still ongoing.



PROACTIVE HANDLING OF COMPLAINTS BY PBODO

The Professional Board for Optometry and Dispensing Opticians, through its stakeholder engagement sessions, noted with concern the verbal reports and submissions received from practitioners and various stakeholders about unethical conduct as well as transgressions of Board specific guidelines and policies committed by practitioners registered under the ambit of the Board. In this regard the Board has endeavoured to proactively encourage compliance with the Ethical Rules, Board guidelines and policies through:

- Radio Interview-Power FM
- Article: City Press (Western Cape) Sunday, 26 May 2019
- Presentation: Public Road show in Bergville (Winterton) KwaZulu-Natal

Media Statement issued on 10/05/2019- Cautioning against unethical behaviour conducted by registered Practitioner with other platforms still to continue.

THE HEALTH COMMITTEE OF THE HPCSA

What is the Health Committee (HC)?

In terms of the HPCSA's mandate of guiding the professions and protecting the public, the HPCSA is responsible for ensuring that healthcare practitioners are fit to practise their profession and free from any physical or mental impairment.

The Health Committee of Council was established in terms of Section 51 of the Health Professions Act, 56 of 1974 to regulate/advise impaired practitioners who suffer from a mental or physical condition or the abuse of, or dependence on chemical substances, which affects the competence, attitude, judgment or performance of any student or practitioner registered in terms of the Act. In terms of Rule 25 of the HPCSA's Ethical and Professional Rules, practitioners, students and interns must report impairment in themselves or a colleague to the HPCSA.

The Health Committee is a non-punitive Committee which was established to manage the compliance of the practitioners while also protecting the public. The Committee also focuses on the refinement of the regulations and procedures affecting the day to day functions and operations of the Health Committee.

Composition

The Health Committee of Council shall consist

of six (6) members constituted as follows:

- a. The Chairperson, elected by Council amongst its members
- b. A Psychiatrist, elected by Council
- c. A Psychologist, elected by Council
- d. A Psychologist appointed by Council in consultation with the Professional Board for Psychology
- e. A Psychiatrist, appointed by Council in consultation with the Medical and Dental Professions Board
- f. An Occupational Health Specialist appointed by Council

What are the responsibilities and functions of the Health Committee?

The Health Committee of Council is authorised to:-

- a. Establish policies and procedures and to enlist cooperation and support for the prevention or alleviation of circumstances which may lead to impairment in students and practitioners;
- b. Establish mechanisms and procedures for the early identification of impairment in students and practitioners;

- a. Implement procedures for handling crisis and situations which may threaten patient safety and care;
- b. Undertake informal assessments of reports on alleged impaired students and practitioners, to make findings with regard to impairment and, if required, to impose conditions of registration or practice on such persons aimed at protection of patients and treatment of impaired person;
- c. Appoint investigation committees on an ad hoc basis to undertake formal investigations into reports on alleged impairment in the absence of voluntary cooperation of students or practitioners, to make findings with regard to impairment and if required, to impose conditions of registration or practice aimed at protection of patients and treatment of impaired students or practitioners;
- d. Consider applications by students or practitioners who were found to be impaired to have their conditions of registration or practice amended or to have such conditions revoked;
- e. Oversee the implementation of treatment programmes of impaired students or practitioners and to review the position of each such student or practitioner at least every (3) years;
- f. Co-opt a member or members of a Professional Board to serve on an ad hoc basis on the Committee as and when particular input is required in respect of a specific profession or health professional registered under a particular Professional Board;
- g. Regularly review and make recommendations about changes to the terms of reference of the Committee;
- h. Obtain or perform an annual evaluation of the Committee's performance and make applicable recommendations.
- i. The Health Committee can be contacted by email: HealthCommittee@hpcsa.co.za or 012 3383963



HPCSA's Inspectorate Office

Council established the Inspectorate Office in 2014, as a Law Enforcement and Compliance Unit to ensure compliance with the Health Professions Act (Act 56 of 1974), Rules and Regulations. The mandate of the Office is to enforce compliance through conducting inspections of registered practitioners and investigation of illegal practices by unregistered persons. The inspectors appointed conduct inspections at the practices of the registered practitioners, including those who are suspended or removed from the registers to ensure compliance with sanctions imposed by professional misconduct committees and that they do not practice while under suspension or erased.

The Office works closely with other law enforcement agencies to protect the public against illegal practice by unregistered persons (bogus practitioners), for an integrated approach in the investigation and prosecution of illegal practice

THE MAIN RESPONSIBILITIES OF THE INSPECTORATE OFFICE IS TO:

- Investigate the allegations of non-compliance with the Act, the Regulations and Rules;
- Conduct inspections of premises/practices to ensure compliance;
- Where necessary, search and seize any articles referred to in section 41A;
- Ensure compliance with penalties imposed by the Professional Conduct Committees as well as suspensions pending inquiries imposed by the Boards;
- Develop and maintain an effective and efficient system of fines/revenue collection;
- Assist the Professional Boards with their inspections on clinical and professional compliance matters;
- Attend to criminal matters in respect of

unregistered persons:

- Develop a system of intelligence gathering in liaison with the SAPS to identify unregistered persons, including obtaining in liaison with the SAPS and NPA an authority to embark on entrapment operations;
- In liaison with the SAPS and the NPA, investigate, arrest and prosecute unregistered practitioners.
- Develop and implement a crime prevention strategy

HOW TO REPORT UNREGISTERED PERSONS PRACTISING

The Office receives complaints regarding illegal practices by unregistered persons from registered health practitioners, members of the public, including those who want to remain anonymous as long as the details of the persons practising and address are provided. However, where the whistleblower does not provide their contact details this means we are unable to go back to them for further information, which can make investigating the concerns raised difficult.

On receipt of the complaint, a file is opened and acknowledgement of receipt letter will be sent to the complainant indicating the reference number of the case and the details of the Inspector who will be investigating the case. The complainant will be given an update and feedback regarding the progress of the investigation.

We will need the following information to consider the concerns raised:

- The individual's name and work address
- An explanation of the concerns – with dates when the incidents happened
- Copies of any supporting documents, the names and addresses of anyone else who witnessed or was involved in the incidents.

REGIONAL OFFICES

The Office has 11 inspectors including the Head of the Division and four regional offices in Pretoria, Durban, Cape Town and East London.

CONTACT DETAILS

<p>GAUTENG SENIOR MANAGER: MR ERIC MPHAPHULI SECRETARY: MR VINCENT SKOSANA</p> <p>INSPECTOR: MR MASILO TWALA INSPECTOR: MRS TANYA LINDEQUE 6th Floor Nedbank Plaza Building 361 Steve Biko Street</p> <p>ARCADIA 012 338 3984 Cell: 0609972857 (Mr E Mphaphuli) Cell: 076 820 2830 (Mrs T Lindeque) Cell: 064 759 8750 (Mr M Twala)</p>	<p>KWAZULU NATAL INSPECTOR: MRS M JULIUS ADMINISTRATOR: MS BUSISIWE NGUSE</p> <p>The Business Centre 2 Ncondo Place Ridge Side Umhlanga Ridge Postnet Suite 47 4320</p> <p>Tel: 031 830 5293/94 Cell: 063 694 1092 (M. Julius)</p>
<p>EASTERN CAPE INSPECTOR: MS M MAMABOLO ADMINISTRATOR: MRS HAYLEY SMITH</p> <p>Regus Business Centre Office No: 29 & 31 No: 14 Stewart Street Berea East London, 5241 Tel: 043 783 9734 Cell: 063 685 4726 (Ms. M. Mamabolo)</p>	<p>WESTERN CAPE ADMINISTRATOR: MR A BOTILE</p> <p>Century City Business Centre No 1 Bridgeway Road Bridgeway Precinct, Century 7411 Tel: 021 830 5921</p>
<p>MPUMALANGA DEPUTY INSPECTOR: MS KEABETSWE MOKOENA Tel: 012 338 3914</p>	<p>LIMPOPO DEPUTY INSPECTOR: MS MPHAI MASHALA Tel: 012 338 3978</p>

FREE STATE DEPUTY INSPECTOR: MS ONICCA KEKANA Tel: 012 338 3976	NORTHERN CAPE DEPUTY INSPECTOR: MS. NOMATHEMBA KRAAI Tel: 012 338 3968
NORTH WEST DEPUTY INSPECTOR: MR JOSEPH RAFEDILE Tel: 012 338 3994	



HPCSA’s Inspectorate Office Arrests A Receptionist Masquerading As An Optometrist

The Health Professions Council of South Africa (HPCSA) has a responsibility to ensure that it protects the public and guides the professions. Council takes this responsibility seriously in ensuring optimal health for all people through the provision of safe healthcare and practitioners who have been educated to the highest professional standards.

To uphold its mandate of protecting the public, the HPCSA Inspectorate Office in collaboration with the Road Traffic Management Corporation conducted an operation at the optometry practice of Mr Percy Rathogwa in Thulamahashe Mpumalanga. During the raid, Ms T Maluleka who works as a receptionist was arrested and taken into custody for treating patients as an optometrist whilst not being registered as such. She was also conducting herself fraudulently in

the completion of Eye Screening Certificates for applicants in obtaining their learner’s/drivers Licenses, and Professional Driving Permits at the Traffic Department. Ms Maluleka was arrested at the Mhala SAPS under CAS no. 128/8/2019, she appeared in court on 27 August 2019.

The HPCSA is working with law enforcement and other regulatory institutions in the health sector and members of public to expose these illegal and fraudulent practitioners. It is a collective responsibility to ensure that illegal practitioners are exposed and stopped, but most importantly reported so that they may be prosecuted.

The Inspectorate Office of the HPCSA is fully operational and based at the Council’s Head Office in Pretoria, with a regional office in Cape Town, East London and Durban.



UPDATE ON THE REGISTRATION PROCESSES

The Health Professions Council of South Africa (HPCSA) is mandated to provide control over the education, training and registration for practising of health professions registered under the Health Professions Act and to provide for matters incidental thereto.

Thus, in line with its first strategic goal of an improved business model to enhance its performance and functioning, the HPCSA embarked on a business re-engineering process that includes automation of various business processes.

ONLINE RENEWAL OF REGISTRATION AND PAYMENT PORTAL

In March 2017, HPCSA launched an online renewal and payment portal, which has been in use for the past two financial periods, 2017/18 and 2018/19. This portal made renewal and payment of annual fees, easier for practitioners. The portal provides a simpler, quicker and more efficient registration renewal process. Since the launch of the portal, more than 120 000 practitioners have interacted with the portal.

The benefits of the online renewal and fee payment portal are:

- The renewal process is done online – no hustles with traveling to banks or HPCSA to make a payment;
- Practitioners can access invoices online and such invoices include other amounts that a practitioner may not have been aware they are owed or are to their credit;
- Practitioners can download an electronic practising card including an encrypted QR code, which when scanned, will reveal the practitioner's registration status and categories of registration;
- Practitioners who prefer the printed format are able to print their HPCSA registration details from the portal;
- Practitioners are able to view, verify and confirm, or update their contact details, as they renew their membership, at any time

through this portal;

- The portal allows the practitioner to view their qualification(s) and registration details, and where required, send a service request for queries.

Annual and Registration Fees for 2019/2020 have been published and these may be found on the HPCSA website <https://www.hpcsa.co.za/Registrations/Fees>

Who should pay annual fees?

All registered health practitioners, except students, pay an annual fee.

How much is the annual fee?

The annual fees vary from one health profession to another as determined by the professional board. The amount is determined by the activities of a given professional board on behalf of the members. Once agreed and advised to the HPCSA by the professional board, the fees are promulgated by way of a Government Notice and such notice is normally published at the end of January or latest, in the first week of February each year.

The fees may easily be accessible for the current financial year on <http://www.hpcsa.co.za> under the webpage for a given health profession.

When is it paid?

The annual fee is due by 31 March each year for a financial year that runs from 1 April of that year to 31st March of the following year.

Fees for the year 1 April 2019 to 31 March 2020 are due and payable by 31 March 2019.

When do suspensions for non-payment of annual fees normally occur?

Section 19. (1) (d) requires that the name of the practitioner who has failed to pay the annual fee be suspended from the register, "... *within three months as from the date on which it became due for payment...*"

The HPCSA sends reminders in the intervening period between 1 April each year and the date

the suspensions for nonpayment are effected. According to the Act, the earliest date the suspensions are effected is 1 July each year. However, at times the HPCSA carries out the suspensions late to give practitioners more time to comply.

For the 2018/2019 financial year, the suspensions were effected on 2 November 2018.

How are practitioners notified of the suspension?

The HPCSA issues the notice of suspension and forward it to the practitioner, "... by way of certified mail, fax or electronic transmission..." (extract from part of section 19A. (2) of the Act) to the address that the HPCSA has on file for such practitioner. Practitioners are encouraged to update contact details regularly to avoid unfortunate cases where the practitioner does not receive important correspondence.

Can a practitioner practise while on suspension?

No. The suspension automatically deems the registration certificate previously issued to the practitioner, cancelled from the date the practitioner receives the notice. Practising one's profession without registration constitutes a criminal offence that is punishable by law. Practitioners are encouraged not to ignore the suspension and institute the process to have the suspension lifted or revoked.

Conditions that must prevail before the suspension may be revoked...

- The practitioner pays the annual fee that led to the suspension.
- In addition, the practitioner pays restoration fees, which, in terms of the Regulations promulgated as Government Notice No. 297 of 14 March 2008, are determined according to when the payment is actually made. The applicable regulation states that:
 - i. "The restoration fee payable by a practitioner if he/she applies for the restoration of his/her name to the Register from which it was suspended:
 - ii. Within a period of six months after the suspension date, shall be equivalent to two times the applicable annual fee for the current year, plus the outstanding fee, if any;

iii. After a period of six months, but within 12 months of the suspension date, shall be equivalent to four times the applicable annual fee for the current year, plus outstanding annual fees, if any;

iv. After a period of more than 12 months of the suspension date, shall be equivalent to five times the applicable annual fee for the current year, plus the outstanding fees if any."

- The practitioner must be compliant with the requirements in respect of continuing professional development as prescribed under section 26 of the Act; and
- The practitioner must be compliant with such other requirements as the relevant professional board may determine.

STUDENT REGISTRATIONS

In 2018, we tested the student registration module and realised the benefits of automation. In the university where we tested the module, we registered 900 students in one day, in a matter of minutes. We will be rolling the module for registration of students who enrolled at universities in 2019. For 2019, however we are running a dual input process as we tighten on data integrity and security processes to enhance the registration module.

REGISTRATION PROCESSING IN GENERAL

The business process re-engineering project alluded to above will see most registration processes automated. Practitioners will be able to input the basic information required for any registration, to HPCSA systems, while at home or at work, a few more key strokes by HPCSA staff and the practitioner is registered in no time!

We will share with you progress made – watch this space...

For more information, go to www.hpcsa.co.za

Or contact the HPCSA Call Centre on:

(012) 338 9300/1

E-mail: info@hpcsa.co.za

LIST OF CPD ACCREDITORS AND ACCREDITED SERVICE PROVIDERS

Continuing education is necessary to remain informed and allows interest to be maintained in the profession. Below is a list of CPD accreditors:

Accreditors (appointed for the term of the board) 2015-2020

University of Johannesburg (UJ)

University of Limpopo (UL)

University of KwaZulu-Natal (UKZN)

Cape Peninsula University of Technology (CPUT)

University of the Free State (UFS)

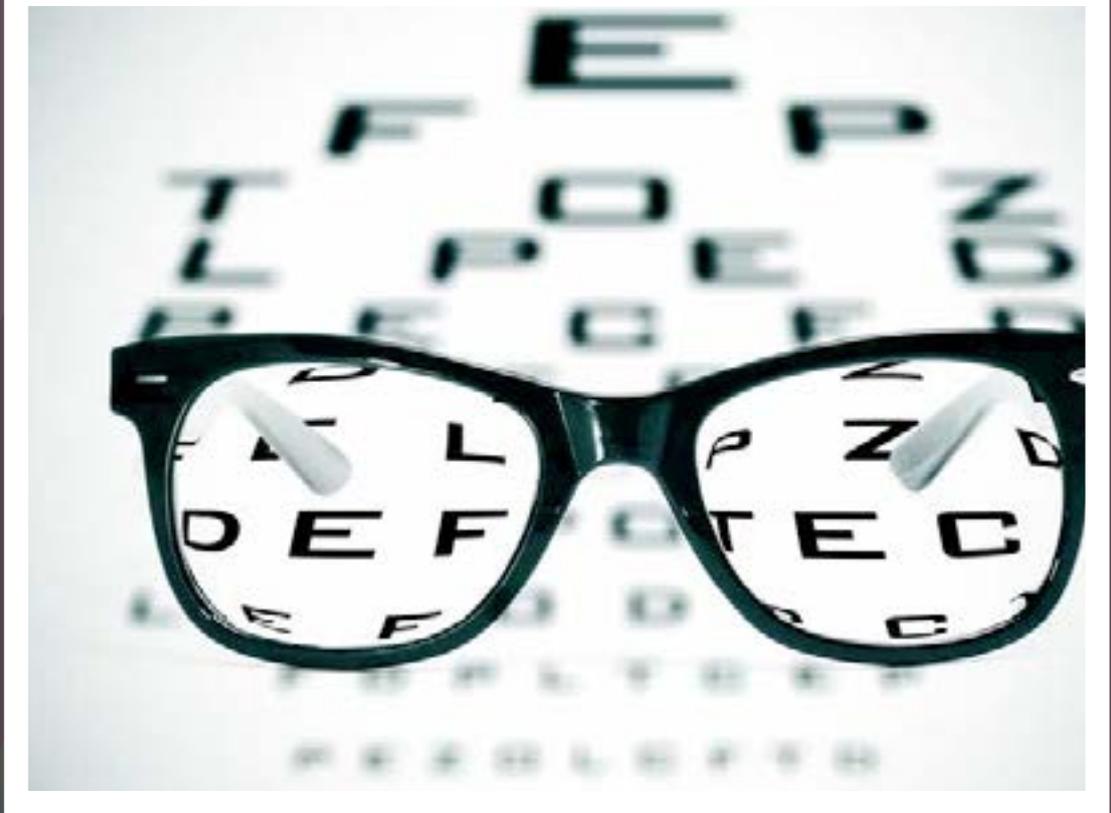
Board Accredited Service Providers 2019 (appointed annually)

University of Johannesburg (UJ)

University of KwaZulu-Natal (UKZN)

Cape Peninsula University of Technology (CPUT)

University of Limpopo (UL)



PBODO ANNUAL STAKEHOLDER ENGAGEMENT

The Professional Board for Optometry and Dispensing Opticians hosted a successful Stakeholders consultative engagement at Emperors Palace, Gauteng on Friday, 20 September 2019.

Practitioners representatives, Professional Associations/Societies, Universities, Provincial Departments and NGOs attended the Stakeholder consultation engagement hosted by the Professional Board under the Health Professions Council of South Africa (HPCSA). As part of the Board's strategic goals and in order to encourage interaction and open lines of open communication with its relevant stakeholders, the stakeholders meeting is held on an annual basis.

Stakeholders were indeed afforded an opportunity to engage with all Members of the Board present.



FREQUENTLY ASKED QUESTIONS



Q: How do medical aid schemes feature in setting professional fees?

A: They don't set professional fees, they determine their benefits based on the reference price list in terms of section 90(1)(v)(ii) of the National Health Act, 2003.

Q: Medical aid refuses to pay professionals for certain procedures citing that the claim is not within the scope of the profession; which body is most suited to represent the professionals in this regard?

A: The board develops the scope of the profession, which is available for anyone to access. Medical aids are able to access the scope of every health profession from the Health Professions Council of South Africa. The associations should make sure on behalf of the members to keep medical aids abreast with new developments in the profession, including the scope.

Q: When is the student Optometrist/ Dispensing Optician required to register with HPCSA?

A: First year of study.

Q: For how long is the first registration valid? Is the student required to register annually?

A: The first registration is valid for as long as the student is still registered with the university. Once the student is qualified, he or she must immediately register as a qualified practitioner before resuming clinical care service (practising).

Q: Is the university responsible for first registration as a student and first registration as a qualified professional?

A: No, however, the university may facilitate the student registration processes (both on first year of study and at the end of the final year if all requirements are met). Students should ensure that they familiarise themselves with the rules and regulations of the Council and their roles as students.

Q: How does an Optometrist that qualified with diagnostic privileges from an educational institution get his/her name transferred to the correct register for diagnostic privileges?

A: The completion of an application form called Form 19 ODO - Recognition of Diagnostic

Privileges - Optometry and Dispensing Opticians, can be downloaded from the HPCSA website.

Q: How will you know that you are registered with Diagnostic Privileges with the HPCSA?

A: On your HPCSA card, it will reflect INDEPENDENT – DIAGNOSTIC.

Q: Can a patient's spectacle and/or contact lens prescription be shared between Optometrists and/ or Dispensing Opticians?

A: Yes. This information can be shared between practitioners only with signed consent from the patient. A practitioner is not allowed to share information regarding a patient's health history or any other information that is of a personal nature or other than what is requested without the patient's consent as per the Ethical Rules of Conduct for practitioners registered under the Health Professions act, 1974, Rule 13 subrules (1) and (2).

Q: May I charge a fee for a missed appointment? What code should be used and may the claim be submitted to medical aid?

A: Section 17 of the Consumer Protection Act, 2008 provides for the charging of a reasonable fee for cancellation taking into account the factors referred to in that section. A code is provided for this by medical aid.

Q: Why are the annual registration fees for Optometrists and Dispensing Opticians higher than other health professions?

A: Each year a budget is proposed both for Council and each Board. Fees payable are determined by the budgeted amount divided by the number of members registered to each Professional Board. Smaller Boards end up dividing that budget amount by a lower membership number.

Q: What does my fee actually pay for, I don't see a benefit?

A: As a registered health professional you will be protected by a professional body solely dedicated to the interests of your profession. There is a range of membership benefits and services that are aimed at protecting the public and guiding the profession.

Q: Are Optometrists and Dispensing Opticians who qualified overseas allowed to practise in South Africa?

A: Yes they can, subject to review of their qualifications and specific Board requirements

Q: Why are certain queries that are brought to the PBODO not dealt with immediately?

A: Both the Board and the Prelim Committee meet at least four times per annum, sometimes matters arise immediately after a Board or Committee meeting and are held in abeyance until the next meeting.

Q: Can the HPCSA offer postgraduate training programmes to further my qualification?

A: No, that does not form part of the HPCSA mandate, however, the Board is entitled to set minimum standards for qualifications offered.

Q: Is the PBODO/ HPCSA responsible for providing CPD programmes?

A: No, however, Council confer accreditation status on those institutions wishing to be CPD providers. Accreditor status is valid for a five year period and is renewable thereafter on application. Accredited service provider status is valid for one calendar year renewable. As Professionals, we should adhere to the commitment of lifelong learning.

Q: Is the PBODO responsible for ensuring that health professionals participate in CPD?

A: No, but the HPCSA does require (from 2007) a minimum standard of 60 CPD points per 24 months period. And it is in their mandate to regularly audit registered members in order to ensure that practitioners remain up to date in their respective fields.

Q: Is the PBODO responsible for defining the scopes of practice for Optometry and Dispensing Opticianry?

A: Yes, however, the legislation thereof is not the mandate of the Board, but rather that of the Department of Health.

Q: Can I be prosecuted by the PBODO if there is a complaint against me by a patient or by another health practitioner?

A: The PBODO does not prosecute, but it is within the mandate of the Prelim Committee to either impose a fine or other sanction like suspension, failing which the matter will be deferred to the Legal Department if a resolution cannot be reached.

Q: Why should my name be visible in my practice and be part of my practice name?

A: Recognising that a secretive and unresponsive culture contributes to an abuse of power and human rights, (PAIA) the trend in regulation is towards transparency. For a patient to insist on their rights, they need to know who the responsible, regulated party is. It is advisable therefore that a practice name should reflect the name of the responsible practitioner.

Q: What constitutes ‘Scope Infringement’?

A: Anyone engaging in a task which is meant to be undertaken by a qualified professional, who is either not a qualified at all, or who is qualified but performs a task that falls outside of the scope in which they are qualified to practice, is infringing on scope. An unregistered and/ or unqualified person doing this is committing a criminal offence.

Q: What steps can be taken to prevent ‘Scope Infringement’?

A: Scope infringements seem to be on the increase. Scope infringement is not exclusive to our industry but it is a problem and it needs to be addressed via the correct channels. The HPCSA mandate is to ‘Guide the professions and protect the public’. Scope infringements may cause harm to members of the public whilst they also undermine the status of Professions affected. Follow the guidelines for complaints on the HPCSA website. <http://www.hpcs.co.za/Complaints>.

Q: Can a Dispensing Optician dispense and sell contact lenses and cleaning solutions to the client that provides us with valid contact lens script?

A: Dispensing Opticians are allowed to sell contact lenses if a prescription from an Optometrist or Ophthalmologist can be confirmed or provided. Yes, solutions and other lens cleaning agents may be sold by an Optician.

Q: Can Dispensing Opticians practise under franchise or in retail?

A: A Dispensing Optician may practise under a franchise or in retail as long as they practise within their scope.

Q: Are Dispensing Opticians allowed to do contact lens instructions?

A: Dispensing Opticians are allowed to do contact lens instructions/ education but are not trained to do contact lens fittings, thus only instruction is allowed.

Q: Can Dispensing Opticians perform pre-screening tests like auto refraction, tonometry, visual fields. Please provide a detailed list.

A:- Dispensing Opticians may perform pre-screening tests such as

- Autorefractometry,
- Non-contact tonometry,
- Colour vision testing,
- Snellen VA screening
- Retinal photography

Q: Are contact lenses part of the scope for the Dispensing Opticians?

A: No, the scope of profession for the Dispensing Opticians does not include contact lenses although it may be forming part of Dispensing Opticians education and training.

Practitioners are further urged to update their contact details with the HPCSA as required by the Act.

GENERAL INFORMATION

For any information or assistance from the Council direct your enquiries to the Call Centre

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