



OPTISIGHT NEWS

Newsletter of the Professional Board for Optometry & Dispensing Opticians





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Chairperson's Note



Yurisa Naidoo

Chairperson of the Professional Board for Optometry and Dispensing Opticians

In our journey to develop and improve our profession, the Professional Board for Optometry and Dispensing Opticians (PBODO) has in recent years been successful in expanding the scope of optometry to include the prescribing of certain therapeutic pharmaceutical agents. During their last term of office, the previous Board succeeded in the mammoth task of developing avenues to integrate therapeutics into undergraduate education. The Board also succeeded in further expanding the list of approved therapeutic pharmaceutical agents. The baton has been passed from previous Boards to us and we are mindful of the successes and accomplishments of our predecessors. We wish to thank them for their commitment and dedication to the profession and the solid foundation which they have laid for us, in mitigating the challenges that lie ahead.

We remain committed to a goal of aligning the profession to the needs of the country and focusing on our vision of regulating in the interest of good quality, equitable eye care for all. Furthermore, in fulfilment of our mandate to protect the public and guide the professions, the Board will continue to engage on matters around education and training, scope of the professions, scope of practice and developing fields of specialisation in optometry.

I would be remiss if I fail to mention the state of constant change that the world has been plunged into by the onset of the COVID-19 pandemic. The pandemic has exposed and shaped new challenges for the professions of optometry and dispensing opticianry. It has created an opportunity for us to re-examine the role that we play in healthcare and the space that we occupy within the healthcare delivery system. It has unequivocally affected all the role players involved in eye care and eye care delivery and has not only changed the way in which we provide our services but has also changed the way in which we relate to the eye care industry and our patients. It has imposed challenges for teaching and learning, as well as clinical training at academic institutions and training facilities.

The pandemic has undoubtedly catapulted us in the 4th Industrial Revolution which has been unfolding in the broader global community. The World Economic Forum (WEF) has recognised that advancements in health will go beyond transforming the diagnosis, treatment and management of disease. Challenges for us as eye care practitioners include those of becoming more connected, efficient, precise, thorough, critically embracing new technologies and biotechnologies, developing patient-centred business and service delivery models while making eye care more accessible and affordable. As an effective Regulator, the HPCSA and the PBODO must be aware of and sensitive to this rapidly changing landscape.

I am reminded of the words of Nelson Mandela, *“Action without vision is only passing time, vision without action is merely daydreaming, but vision with action can change the world.”*

As a team with the support of our capable and efficient Secretariat, the new Board has begun to immerse itself in the challenge to fulfill its mandate. We look forward to your support and invite you on this journey to engage us and become agents of change as we become part of a greater ‘solution.’

Kindest regards

Yurisa Naidoo

Chairperson of Professional Board for Optometry and Dispensing Optician

COMPLAINTS HANDLING AND THE COMMITTEE OF PRELIMINARY INQUIRY

All complaints received by the HPCSA are initially handled by the Complaints Handling and Investigation Unit within the Legal and Regulatory Affairs Department.

Receipt of a complaint is registered by HPCSA, allocated a reference number and acknowledgement of the letter of complaint is communicated to the complainant within seven (7) days of receipt. The complaint is then analysed and categorised as minor or serious. Minor complaints may be referred to the Ombudsman for mediation, however where mediation is unsuccessful, the matter is referred for preliminary investigation. Serious cases are referred for investigation. Complaints are referred to the Committee of Preliminary Inquiry (Prelim Committee) after being investigated.

Many practitioners are still uncertain of the role of the Prelim Committee and its purpose in dealing with professional conduct matters.

The mandate of the Prelim Committee is to:-

- 5.1 To consider any complaint against a person registered on the register of the Professional Board and make a determination on the appropriate manner of dealing with such a complaint in terms of Regulation 4 of the regulations relating to the Conduct of Inquiries into alleged unprofessional conduct under the Health Professions Act;
- 5.2 Consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, whenever the committee is in doubt as to whether an inquiry should be held in connection with the complaint, charge or allegation;
- 5.3 Formulate recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners;

- 5.4 Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses.

The regulations relating to the Conduct of Inquiries: No R 102 of 6 February 2009 into alleged unprofessional conduct under the Health Professions Act, 1974, provides that:

Preliminary Committee of Inquiry means a committee established by a Professional Board in terms of Section 15(5)(f) of the Act for the preliminary investigation of complaints to make a determination thereon.

The Prelim Committee of the PBODO consists of four (4) members selected from the current Board:

Two optometrists, one dispensing optician and a community representative. The Prelim Committee is supported by members of the Legal and Regulatory Affairs Department, who advise on the process. Having heard the case, the Prelim Committee decides on how to proceed. The Prelim Committee may decide to accept the practitioner's (called the respondent) explanation, to issue a caution and/or reprimand or fine the respondent. The committee may also refer the matter to a Professional Conduct Inquiry, which is usually done when the nature of the offence is serious (e.g. incompetence, negligence) or the complaint is technical (e.g. relating to Rule 8). The Prelim Committee may also refer a case to the HPCSA Ombudsman to mediate between the complainant and the respondent. In cases, where the complaint is unfounded, the Prelim Committee may then accept the respondent's/ practitioner's explanation.

The Board and its Sub-Committees are mindful of the high costs incurred by holding physical meetings held at venues, as determined by the Board. The Board has adopted a resolution to hold virtual meetings where possible as a cost saving measure.

Complaints referred to the Professional Conduct Committee (PCC) where any inquiry is convened against respondent/s incur high costs due to the nature of litigation. Where the PCC finds the respondent guilty of unprofessional conduct, the committee may award a cost order against the respondent along with any sanction that is deemed fair, just and reasonable in the circumstances.

Practitioners are requested to:

1. Keep their registered contact details current, as required by Section 18, subsection (3) of the Health Professions Act:

“Every registered person who changes his or her contact details shall in writing notify the Registrar thereof within thirty days after such change.” Failure to do so may result in suspension from the register in terms of

Section 19A(1)(a) of the Health Professions Act, if the practitioner

‘has failed to notify the Registrar of his or her present address, within a period of 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 such person.’

2. Practitioners (referred to as a respondent) may instruct a legal representative to assist when drafting a reply to a letter of complaint and also to represent the practitioner at a Professional Conduct Inquiry. Practitioners who have been invited to attend a Prelim Committee meeting to provide clarity on any point, may have legal representation present at the meeting, however, the legal representative may not participate in the proceedings as he/she is only there to keep a watching brief. The costs of legal representation are for the respondent to bear.

Practitioners should attend preliminary hearings when requested to do so. This will give the practitioner the opportunity to clarify the matter before the committee and avoid a fine for contempt of Council. A failure to respond to correspondence from Council may also result in a contempt of Council fine being imposed by the Prelim Committee.

3. Each case is measured against the ethical rules and respective legislation.

Practitioners are encouraged to pay fines issued when the practitioner accepts that he/she may have transgressed any of the ethical rules of conduct and/or any of the provisions of the Act or regulations of the HPCSA. The impact of not accepting the option of a fine, and going to a Professional Conduct Inquiry, then pleading guilty is contributing to the large budgetary requirements for Professional Conduct Inquiries, which in turn impacts on yearly increases of professional fees. It is noteworthy to point out that there is a significant increase in the number of complaints received by the HPCSA year on year, which is cause for concern.

4. If the respondent elects to contest the findings of the Prelim Committee, the matter will automatically be referred to the Professional Conduct Committee. The Prelim Committee may also refer a matter directly to Professional Conduct Inquiry (PCI). Where a respondent attends a PCI, with or without legal representation, the respondent is advised to be prepared for the hearing so as to avoid unnecessary costs occasioned by adjournments of the hearing.

The Board urges practitioners to act in the best interests of patients, follow the ethical path and act within the prescripts of the legislation guiding their profession at all times.

2015-2020 ACHIEVEMENTS OF THE PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS (PBODO)

As the saying goes “all good things come to an end”, and sadly, the term of office of the Board has come to an end. The Board leaves office while the profession and the world at large is going through the worst health crises in 100 years. Over the past five years, a lot of work has been put in by the Board members drafting new policies/guidelines where a need was identified and also reviewed outdated policies/guidelines. The Board made an effort to also improve the relationship with its stakeholders by conducting an annual meeting to create a platform to discuss matters of the profession and how the Board can improve in guiding the profession and protecting the public.

FROM 2015-2020, THE PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS HAS DEVELOPED THE FOLLOWING POLICIES/GUIDELINES:

a. Evaluation for the Accreditation of Clinical Training Facilities for PBODO

This document sets out the guidelines of the PBODO within the Health Professions Council of South Africa (HPCSA) to support the programme evaluation process leading to the approval of the clinical training facilities falling within the mandate of an institution offering the programme.

b. SOP for foreign qualified practitioners applying for registration with Council

This standard operating procedure (SOP) guideline is intended to assist an applicant who wishes to register as an optometrist or a dispensing optician with the PBODO. It also outlines the process to be followed by both the applicant and the Board for consideration of applications for registration by foreign qualified practitioner, identify and guide the relevant parties on the required tasks in the application process.

c. Guidelines for RPL on Therapeutics for universities

These guidelines are intended to assist an applicant who wishes to register/apply for recognition of prior learning (RPL) in therapeutics as a foreign qualified practitioner with the PBODO. It also outlines the process that must be followed by both applicant, higher education institutions offering therapeutics and the Professional Board to objectively consider applications.

d. Guidelines for appointment of external examiners by institutions

To provide guidance to institutions offering optometry and/or dispensing opticianry programmes with principles to consider when appointing external examiners and to ensure that the assessment practices of optometry and/or dispensing opticianry departments are based on established best practices. It aims to guide the departments in making sure that they appoint suitably qualified external examiners/moderators with relevant experience and have the required expertise in the subject field of learning as well as proficiency in the assessment process.

e. Reporting template for clinical hours/patient numbers

The requirement for a minimum number of clinical hours and clinical cases to be eligible for professional registration was established by the PBODO for implementation by Higher Education Institutions offering optometry and/or dispensing opticianry programmes. The minimum requirements are set to ensure that adequate clinical competence is achieved to meet the standards outlined in the qualification outcomes of the programmes. This will allow student

Optometrists reasonable clinical exposure in providing appropriate standards of care to the public.

f. Post Graduate certificate in Therapeutics

To provide eye care professionals who have the relevant education and training to contribute to the improvement of the general and ocular health status of the individual patients as well as the improvement of the health system in the country. It also aims to contribute to making vision care accessible by providing the learner with the necessary competencies, awareness, attributes, understanding, knowledge, skills and values to function as an independent practitioner within the eye care field.

g. Board Examination Guidelines (which were first developed at the beginning of the term and then later reviewed)

These guidelines outline the process to be followed by both the applicant and PBODO for the purpose of undertaking and/or conducting a Board examination. They are for foreign qualified optometrists and/or dispensing opticians who wish to be registered with the HPCSA in terms of the Act and practise the profession in South Africa. They also apply to South African qualified optometrists and/or dispensing opticians who were de-registered or suspended for more than five (5) years and wish to re-register with PBODO of the HPCSA in terms of the Act and practise the profession in South Africa.

i. Guidelines for volunteers including NGOs providing optometric services

The need to develop guidelines for volunteer optometry services was prompted by complaints received by the PBODO relating to unprofessional conduct and poor service delivery experienced by patients resulting from clinical examinations conducted at the certain volunteer sites. The PBODO is mindful of the benefits of volunteer eye care services in areas and/or under certain

circumstances where access and availability to eye care may be limited. In order to ensure that the affected communities, receive the minimum standard of care the PBODO has developed guidelines for volunteers in the delivery of optometry services, irrespective of whether the activities are operated based on 'for-profit' or 'not-for-profit' purposes.

j. Guidelines for Co-option of Board members

From time to time, the committees of the Professional Board may seek particular skills or expertise in pursuance of the Board's strategic objectives. In such cases, the committees shall request the Executive Committee (Exco) of the Board to consider candidates for co-option, the skill or expertise required must be clearly stated in the request. These guidelines were developed to assist with the process of co-opting candidates to the Board who possess such skills or expertise required.

k. Guidelines for the appointment of lecturers by institutions

In order to ensure that quality training is maintained within the undergraduate programmes, the Board saw it fit to develop guidelines for higher education training institutions, relating to the level of training. These include criteria such as the recommended minimum qualifications that staff should possess before being appointed to lecture in particular modules.

l. Five- year Optometry programme

The PBODO revised the scope of the education and training of optometrists in South Africa to be expanded and changed, providing for the introduction of ocular therapeutic and diagnostic privileges as minimum requirements for registration as an independent optometrist.

THE PBODO ALSO REVIEWED THE FOLLOWING POLICIES/GUIDELINES/LEGISLATIVE FRAMEWORK:

- a. Legislative Framework pertaining to PBODO (11 Regulations/Rules), approved by Council and submitted to National Department of Health (NDoH) for promulgation.
- b. Amended Annexure 8 of the Ethical Rules of Conduct in order to make provision for inclusion of requirements for online sales of spectacles, contact lenses and low vision devices.
- c. Guidelines for Evaluation towards Accreditation of Optometry and Optical Dispensing Education and Training programmes.
- d. Guidelines on Mobile Practice.
- e. Guidelines for Supervising practitioners/students.
- f. Guidelines for clinical hours/patient numbers.
- g. Bachelor of Optometry Dispensing Opticianry exit level outcomes.
- h. Board Examination Guidelines.
- i. Core Competencies: National Board Exam in preparation for examinations for Optometrists and Dispensing Opticians reviewed to incorporate all elements into one document.

The drafting and reviewing of policies/guidelines has ensured consistency in decision making, reduced turnaround time for decision making by enabling the Secretariat to perform certain functions such as reviewing applications for Mobile Practice licences and verification of clinical hours portfolios. Furthermore, urgent Board and Committee matters were dealt with using the HPCSA's online system for meetings, collaboration, email and teleconferencing.

SOME OF THE OTHER SPECIAL ACHIEVEMENTS WORTH MENTIONING ARE AS FOLLOWS:

- a. Finalised exit level outcomes for expansion of the scope of the profession to include Ocular Therapeutics.
- b. Addressing challenges experienced regarding clinical training hours by optometrists seeking training in ocular therapeutics.
- c. Additional list of medicines approved for prescription by therapeutic registered optometrists - approved by the South African Health Products Regulatory Authority (SAHPRA) and promulgated into the regulations. The Board intends to make a further submission to increase the list of approved.
- d. Request made to SAHPRA (then Medicines Control Council (MCC)) to classify hard and soft contact lenses as medical devices – promulgated as such.
- e. Illegal and online sale of contact lenses dealt with.
- f. Processes and timeframes regarding registration of appropriately qualified practitioners have been decreased significantly.

STAKEHOLDER INTERACTIONS

- a. The Executive Committee had annual meetings with the Head of Departments from Higher Education Institutions offering Optometry and Dispensing Opticianry programmes.
- b. There were consultative interactions with South African Optometric Association (SAOA), Non-Governmental Organisations (NGOs), Dispensing Opticians, Orthoptists and National forums.
- c. Consultative and interactive engagements with Council on Higher Education (CHE), South African Qualifications Authority (SAQA), National Department of Health (NDoH), Department of Higher Education

(DHET), SAOA etc, in the development of the five year Optometry programme.

- d. Representation and participation of the Board at the annual NDoH stakeholders meetings.
- e. Representation and participation of the Board Chairperson on behalf of the Board at the HPCSA's public awareness roadshow.
- f. Representation and participation by the Board at the HPCSA's first Annual Conference.
- g. Representation and participation of the Board Education, Training and Registration Committee (ETRC) Chairperson at the Optometric Research and Education in Africa Symposium (OREA 2017) hosted by UKZN.
- h. Annual publishing of the newsletter and a number of media statements released.



MEET THE MEMBERS OF THE PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS



Back row from left to right – Ms Cheryl Botha, Mr Fhatuwani Mphaga, Mr Victor Khanyile, Ms Ansel de la Rey, Mr Charles Mohalaba

Front row from left to right – Ms Naledi Moloto, Mr Motladi Phala, Ms Yurisa Naidoo (Chairperson), Dr Munyadziwa Kwinda (Acting Registrar/CEO), Mr France Nxumalo (Vice Chairperson), Mr Lucky Gabela, Mr Sibusiso Gumede

The Professional Board was constituted in terms of the regulations relating to the Constitution of the Professional Board for Optometry and Dispensing Opticians. The Board was inaugurated on 02 November 2020, and consists of members who permanently reside in South Africa as follows:

Composition of the Board

- » Six (6) Optometrists
- » Two (2) Dispensing Opticians
- » One (1) person appointed by Universities South Africa (USAf), formally Higher Education South Africa (HESA)
- » One (1) person appointed by Ministerial Authorities (Ministerial representative)
- » Three (3) Community Representatives appointed by the Minister of Health

Members of the PBODO (2020-2025)

Optometrists

Ms Yurisa Naidoo
 Mr France Nxumalo
 Ms Ansel de la Rey
 Ms Naledi Moloto
 Mr Sibusiso Gumede
 Prof. Lawrence Sithole

Dispensing Opticians

Ms Cheryl Botha
 Mr Fhatuwani Mphaga

Member representing Ministerial Authorities

Mr Victor Khanyile

Member representing Universities South Africa (formally HESA)

Prof. Khathutshelo Mashige

Community Representatives appointed by the Minister of Health

Mr Lucky Gabela

Mr Charles Mohalaba (resigned)

Mr Motladi Phala

In terms of Section 15A of the Health Professions Act, the objects of Professional Boards are:

- (a) to consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Board;
- (b) to assist in the promotion of the health of the population of the Republic on a national basis;
- (c) subject to legislation regulating healthcare providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the Professional Board;
- (d) to promote liaison in the field of the education and training contemplated in paragraph (c), both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic;
- (e) to make recommendations to Council to advise the Minister on any matter falling within the scope of this Act as it relates to any health profession falling within the ambit of the Professional Board 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 Council and the Minister on matters of public importance acquired by the Professional Board in the course of the performance of its functions under this Act;
- (g) to maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession.

In terms of Section 15B of the Health Professions Act, the general powers of Professional Boards are:

- (a) in such circumstances as may be prescribed, or where otherwise authorised by this Act, 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 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;
- (f) after consultation with another Professional Board or Boards, establish a joint standing committee or committees of the Boards concerned; and

- (g) perform such other functions as may be prescribed, and generally, do all such things as the Professional Board deems necessary or expedient to achieve the objects of this Act in relation to a profession falling within the ambit of the Professional Board.
- (2) Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by Council, and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.



HPCSA ANNUAL FEES

Annual fees are determined by the activities of a Board and the number of the healthcare practitioners registered there under. The PBODO is one of the smallest Boards within the HPCSA and has a relatively small number of practitioners yet its expenses, driven mainly by legal cases, are in the top three (3) of all the Boards. This accounts for the comparatively higher fees that practitioners registered with the PBODO pay.

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

As indicated above, 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.

The annual fees vary from one health profession to another as dictated by the activities and obligations of the respective Professional Boards. The amount is determined by the activities of a given Professional Board on behalf of the members, such as legal cases, meetings to discuss matters of the profession, Board examinations towards restoration/registration etc. Unfortunately, the HPCSA does not receive funding or subsidies from Government or private companies, therefore all activities of the HPCSA/ Boards are mainly funded by practitioners' annual fees.

Furthermore, it should be noted that the fees are NOT related to the amount other professionals pay or to how much practitioners earn but rather it is based on the activities of each Board and of Council.



GENERAL INFORMATION

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

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Professional Board for Optometry & Dispensing Opticians

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Health Professions Council of South Africa