



Physiotherapy, Podiatry and Biokinetics **NEWS**

Newsletter of the Professional Board for Physiotherapy, Podiatry and Biokinetics



CHAIRPERSON'S NOTE

The environment in which the practitioners work in is rapidly changing, influencing the manner in which funders of healthcare reimburse practitioners for services rendered. The ethics of how practitioners need to render services in a fair and equitable manner remains at the centre of healthcare. The Board had an opportunity to give input to the National Health Insurance Bill as well as the Medical Scheme Act when they were tabled for comments, paving the way for Universal Health Coverage which shall ensure a better health for all citizens.

In the past couple of months, the Board has been considering numerous matters raised by practitioners who were complaining that they are subjected to the claw backs and extortion by various medical aids. The medical aids queried certain codes used by practitioners and did not pay for some tariffs which they considered they fall out of scope of practice. The non-payment of certain tariffs affected all practitioners in private practice registered with the Board. The scope of practice matters falls within the jurisdiction of the board; thus the medical aids may not determine the scope of practice of the practitioners. By disallowing certain codes that have traditionally been used and are part of the scope of practice, the scope of practice could be eroded by funders. Should practitioners find themselves in such situations, they need to contact the Board for assistance.

It became evident during Board discussions that the tariff structure of all the professions within the Board need to be strengthened and ongoing discussions with the medical aids needs to be



held so as to position the scope of practice in its rightful place. The Board reiterates the firm stance pronounced by the Council on claw backs.

The South African Society of Physiotherapy has applied for the recognition of advanced professional level courses which they have developed over a period of time to improve excellence in several fields and recognise higher level of expertise in the field. The process is ongoing to ensure compliance with Council for Higher Education requirements and other statutes to enable smooth implementation at the approval stages.

The board is encouraged by the Biokineticists who when faced with challenges of placing the internship students for experiential learning, endeavour to use innovative models that are within ethical rules and guidelines.

The work on prescription rights for the podiatrists is ongoing and there has been consultative meetings with SAHPRA to ensure compliance with the latest requirements.

Chairperson for Physiotherapy, Podiatry and Biokinetics
Mrs Zola Dantile

WE CONGRATULATE DR TAKALANI CLEARANCE MULUVHU, ON HIS APPOINTMENT TO THE PPB BOARD



Dr Muluvhu Takalani Clearance was born in September 1985, grew up at Davhana- Balanganani Village, in Vuwani Area of the Limpopo Province. He completed his BSc.(Biokinetics) at the University of Venda, followed by MSc. Biokinetics. (Cum Laude) at North-West University.

He has a PhD in Human Movement Science from

North-West University. He worked as a Biokineticist and Wellness Coordinator at Ndawo Wellness (EOH health) and Pinnacle Health Solutions for 6 years (2007-2012). From 2012-2016 he was appointed as Lecturer and Biokinetics Programme Leader at the University of Venda.

He is currently appointed as Lecturer and Course Coordinator Biokinetics at the Tshwane University of Technology, Pretoria campus, Department of Sport, Rehabilitation and Dental Sciences.

He is passionate about health and wellness among employees. He served on the Biokinetics Association of South Africa as a Director Public sector from 2013-2018.

He has published four articles in peer-reviewed journals. He was the best student for Bsc. Biokinetics at the University of Venda, School of Health Sciences in 2006, awarded at the graduation ceremony on 4 May 2007. He is married and blessed with two children.



WHAT IS A BIOKINETICIST?

Dr Takalani Muluvhu - PPB Board Member



BIO + KINETICS = LIFE + MOVEMENT = LIFETHROUGH MOVEMENT

Biokinetics is the science of movement and the application of exercise in rehabilitative treatment of performance. The primary function of Biokinetics is to improve physical functioning and healthcare through exercise as a modality. This includes health promotion, the maintenance of physical abilities and final phase rehabilitation, by means of scientifically-based physical activity programme prescription.

Qualifying as a Biokineticist

The training of a Biokineticist entails either four or five years of academic education, depending on where you choose to study. There are twelve universities that are accredited to train Biokineticists.

The following universities offer a 3+1 year programme in Biokinetics:

University of Pretoria, University of Western Cape (UWC), Stellenbosch, University of Kwa-Zulu Natal (UKZN) Tshwane University of Technology (TUT) and Wits. This qualification is followed by a year's internship at an accredited practice.

These Universities offer the four year Biokinetics professional degree:

University of Johannesburg (2016), University of Free State (2017), Nelson Mandela University (2017), the University of Venda, and University of the North-West (2018).

This degree includes a work-integrated learning (WIL) component.

Completion of the requirements makes one eligible for registration as a Biokineticist with the Health Professions Council of South Africa

Biokinetics in the Public Sector

In November 2017 and March 2018 meetings

were held with representatives of the National Department of Health to discuss the potential role of Biokinetics in the Public sector. The provision of posts within the Public sector is the responsibility of the Provincial Departments of Health. This has not happened due to limited funding available for any new posts. A document to elaborate the role of Biokinetics in the Public sector is currently being prepared by BASA (?).

Practice Accreditation for the training of Interns

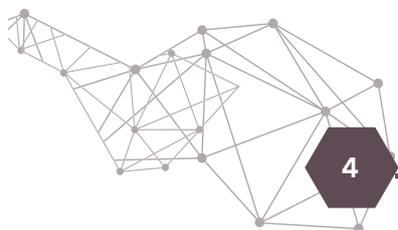
The Biokinetics Intern Committee requires that all documentation required/stipulated in the form 206B of the application must be submitted when applying for accreditation. This should include proof of ethical compliance such as the naming of the practice and practice stationery and CPD compliance. Accredited practitioners are reminded that the Employment Contract of an Intern must comply with the Basic Conditions of Employment with respect to working hours, provision of annual leave and sick leave.

The First aid level 2 requirement to BLS training inclusive of AED and airway management is currently under review

Scope of Practice and Minimum Standards of Training

The Scope of Practice for Biokineticists has been updated, and was presented to the stakeholders in July. It will be circulated to the other Professional Boards for review, before being gazetted by the Minister of Health. The Minimum Standards of Training which support the scope are currently under development.

The new scope documents re-iterate that Biokineticists do not perform or facilitate rehabilitation of patients with acute pathology or in an acute care setting.



GLOBAL FEES

Mrs Zola Dantile – Chair of the Professional Board for Physiotherapy, Podiatry and Biokinetics.

As a result of the changing socio-economic environment in South Africa and its impact on the provision of healthcare in the country, the need arose for the Health Professions Council of South Africa (HPCSA) to determine what may be regarded as acceptable business practices in the healthcare sector in order to protect the public.

One of these issues is global fees. A global fee is a fee recommended for re-imburement of a group of practitioners who collaborate on a specific procedure. Individual practitioners in the group are re-imbursed according to this negotiated model. An example of such a fee is a fee for a hip replacement which will include hospitalisation, prosthesis, surgeon, anaesthetist and physiotherapy rehabilitation. The physiotherapy rehabilitation will be allocated an amount, regardless of the number of treatment sessions.

In this model it is important that the patients' rights to adequate rehabilitation are respected,

and that “underservicing” does not occur, and that there are no limitations on professional autonomy of the individual practitioner.

Council issued a media statement to remind healthcare professionals that funding models and agreements entered into must always be ethical and compliant with the law and be clinically sound.

The following guidelines have been developed by the HPCSA to guide healthcare professionals: https://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/committees/Policy_on_Business_Practices_final%20-%202016.pdf 26 October 2016.

<https://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/publications/Media%20Release%20-%20Global%20fees.pdf> 15 August 2017.



EXPLOITATION OF BIOKINETICS INTERNS

Dr Jeanne - Grace Member of the Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB)



It has come to the attention of the HPCSA Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB) that supervising Biokineticists are exploiting intern Biokineticists regarding their working hours and leave. According to the Basic Conditions of Employment Act (BCEA), the maximum normal working time allowed is 45 hours weekly. This is nine hours per day (excluding a lunch break) if the employee works a five-day week, and eight hours per day (excluding a lunch break) if the employee works more than 5 days per week. It is based on Legislation in Section 9, of the Basic Conditions of Employment Act.

Regarding leave, every worker must get annual leave of at least 21 consecutive days, or 1 day for every 17 days worked, or 1 hour for every 17

hours worked. This equates to 15 working days per annum if the employee works a five-day week, and 18 working days per annum if the employee works a six-day week. It is based on Legislation in Section 20, of the Basic Conditions of Employment Act.

Interns can report their supervisors to the PPB Preliminary of Inquiry Committee who shall preside on the matter. The HPCSA Inspectorate Office can also be requested to visit the practice.

The PPB Board friendly requests supervising Biokineticists to adhere to the Basic Conditions of Employment Act.

PROGRESS ALONG THE JOURNEY TOWARDS PRESCRIPTION RIGHTS - AND THE PRESCRIPTION RIGHTS TASK TEAM

Mr Simiso Ntuli

The situation for Podiatrists:

The right to prescribe is included in the Scope of Profession of Podiatrists. They are now seeking approval for the list of drugs that they will be able to prescribe to their patients.

This process involves the South African Health Products Regulatory Authority (SAHPRA) which replaced the Medicines Control Council (MCC) last year. This is a Section 3A public entity that was formed by the South African government to oversee the regulation of health products which includes medicines, medical devices, in-vitro diagnostic tests and devices, radiation emitting products and devices used in healthcare and industry.

The Registrar of the Medicines Control Council (MCC) of SA advised HPCSA PPB Board, in 2006 and 2008, declared all registered Podiatrists to be “authorised prescribers” in terms of section 17 of the Medicines and Related Substances Act (Act 101 of 1965) as amended by Act 90 of 1997, on the recommendation of the Medical and Dental Professional Board. Subsequently a list of medicines was to be submitted for approval. In response, the Scheduling and Naming Expert Committee of the MCC requested the following information:

- Requested that the Scope of the Profession of Podiatry be reviewed to provide for the dispensing of medicines by podiatrists;
- Indicated that the Committee had questioned the mechanisms of the Board relating to the competency levels of Podiatrists qualifying in South Africa on the basis of evidence obtained from countries such as the United Kingdom;
- Requested that the schedule of medicines to be used by Podiatrists be updated to reflect the specific chemical groups of medicines;
- Further requested specific further information relating to the treatment protocols and a breakdown of the Scope of Practice in relation to the treatment protocols as well as the dose and duration of treatment;
- Indicated that if the profession would be procuring medicines, information regarding the type of good dispensing practice, procurement and storage and use of medicines would have to be provided;
- Requested that the matter relating to the identification of appropriately qualified Podiatrists in the register kept by the HPCSA for purposes of the use, administration and dispensing of medicines in the register be investigated with a view to report there on to the MCC.

A list of the specific chemical entities as they currently appear in the schedules published in terms of the Act. As an example, the specific substance should be listed as “ibuprofen” and not as a “non-steroidal anti-inflammatory agents”.

For each of the specific chemical entities requested:

- The clinical indication/s for which that specific medicine will be used accompanied by the appropriate ICD10 code.
- A standard treatment protocol is required for each specific chemical entity and indication requested, referenced to the Standard Treatment Guidelines/ Essential Drugs List prepared by the Department of Health.
- The maximum dose and duration of the requested substance so that the inscription in the Schedule can be specific for each protocol.
- Training on the management of the clinical condition of the Podiatrist/Physiotherapist.

Using the example of ibuprofen, the current Schedule states: "Ibuprofen when used in oral medicinal preparations:

- a. When intended for the treatment of post-traumatic conditions for a maximum treatment period of 5 days, where the recommended daily dose for adults does not exceed 1,2 g and the dose for children up to and including the age of 12 years does not exceed 20 milligrams per kilogram of body weight;(S3);
- b. For the emergency treatment of acute gout attacks, (S3);
- c. Except when intended for the treatment of a haemodynamically significant patent ductus arteriosus in infants less than 34 weeks of gestational age, (S4)".

Each substance listed for use by Podiatrists will require a similarly detailed inscription. The protocol should also reflect the place in therapy of the requested medicine (e.g. first-line or otherwise). Information must be provided to indicate how patients will be screened for suitability of use of the requested medicine, and what steps will be taken to monitor the patient.

Each indication must be cross-referenced to the Scope of Profession for Podiatry as well as the Essential Drug List (EDL).

Determination of the competence of Podiatrists deemed capable of prescribing

- The means of determining competence must be stated, whether in terms of having completed undergraduate training after a set date, or having completed a post-basic training specifically for this purpose, and this should be entrenched in the Regulations.
- Practitioners, who become preferred prescribers should be listed on the HPCSA website.

The situation for Physiotherapists

The situation for Physiotherapists is different from that of Podiatrists as the Scope of Profession for

Physiotherapy does not currently include the right to prescribe. Permission will therefore be required from the South African Pharmacy Council (SAPC) first. This is the statutory body mandated in terms of the Pharmacy Act, 1974 (Act 53 of 1974) to regulate the pharmacy profession in the country with powers to register pharmacy professionals and pharmacies, control of pharmaceutical education, and ensuring good pharmacy practice (the equivalent body for Pharmacy professionals to the HPCSA)

They have advised that the first step required is for the Scope of Profession for Physiotherapy be amended to include the prescription rights for Physiotherapists in order to take the process forward. There are two different situations in which Physiotherapists may be required to prescribe medication – supervised administration during a treatment such as nebulisation, or unsupervised use by a patient after treatment. However, the Physiotherapist scope does not currently allow for either of these.

Therefore, the way forward for Podiatrists;

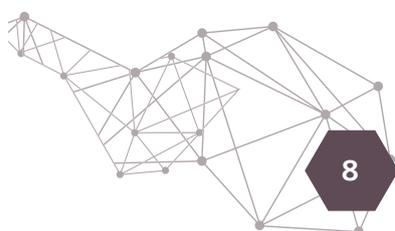
- The current drug list for Podiatrists was submitted to the task team by 30 April 2019.
- The development of a postgraduate pharmacology course. The initial proposal is an online course. The assessment of competency may require the submission of a clinical portfolio.

The way forward for Physiotherapists is

- Amending the Physiotherapy Scope of Practice.

Thereafter they will have to follow the steps as outlined for podiatrists.

Proposals for each of these processes must be submitted to all other Boards of the HPCSA for approval, and then finally to HPCSA Council before they can be submitted to the required Statutory body.



PRACTICE CODING AUDITS CONDUCTED BY MEDICAL AIDS – THE SO CALLED “CLAWBACK” ISSUE

Mrs Zola Dantile – Chair of the Professional Board for Physiotherapy, Podiatry and Biokinetics.

The Professional Board for Physiotherapy, Podiatry and Biokinetics has received a number of complaints about the conduct of some medical schemes when meeting with practitioners after a practice coding audit has been performed. This is the so-called “clawback” issue, and refers to the act of retrieving money already paid out to practitioners.

In a media statement issued in April 2010 it was stated that “the Health Professions Council of South Africa (HPCSA) will not tolerate extortion by certain medical aid schemes. The unlawful practices by leading medical aid schemes have been brought to our attention by a number of healthcare practitioners.

The HPCSA:

- Frowns upon conduct, where the organisation is used as a tool to threaten, coerce and harass practitioners into signing settlement agreements and where it is also used as a “debt collection agency”, in the event that the practitioner default on their payments.
- Strongly condemns this practice as it is unlawful and amounts to nothing more than extortion.
- Is the only regulatory body in South Africa entrusted with the legislative mandate to discipline and impose an appropriate sanction on practitioners registered under the Health Professions Act 56 of 1974 as amended, in instances where practitioners have been found guilty.
- Wishes to categorically state that medical aid schemes do not have any legislative mandate conferred upon them by either statute, legislation or an Act of Parliament to discipline and impose sanction on practitioners registered in terms of the Health Professions Act.

- Would like to urge medical aid schemes to follow the correct procedure and to immediately desist from such practice as it may amount to both unprofessional and criminal conduct.
- Wishes to confirm its stance that may form of misconduct including fraudulent behaviour and/or over-servicing will not be tolerated.
- Remains committed to ensure that all practitioners registered under the Health Professions Act, practice their professions ethically, professionally and with dignity.”

A special meeting was held on 27 November 2017 between the Physiotherapy, Podiatry and Biokinetics Board (PPB Board) and representatives of the South African Society of Physiotherapy (SASP), at their request, where concerns were raised about the ongoing situation of “clawbacks”. The HPCSA has condemned the process, and released a media statement on 13 December 2017.

https://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/publications/Media_Release%20-%20HPCSA_Physiotherapy_Podiatry_&_Biokinetics.pdf

This was also published in the HPCSA E-Bulletin published in January 2018

<https://www.hpcsa-blogs.co.za/ppb-concern-over-clawback-by-medical-aid-schemes/>

As the Professional Board of Physiotherapy, Podiatry and Biokinetics, we would like to advise practitioners that they should always guard against infringement of their Rights as provided for in the Constitution of the Republic of South Africa. For further guidance, practitioners may contact the HPCSA via email on professionalpractice@hpcsa.co.za.

Q&AS FOR THE NEWSLETTER

Q & A QUESTION & ANSWER

Q. What is a Professional Board?

A. A health Professional Board is a statutory health regulatory and accounting authority established in terms of Section 15 (1) of the **Health Professions Act 56 of 1974**. There is a total of 12 Professional Boards established in terms of this provision regarding two or more health categories. Each professional board serves as a medium between the interests of the public and health practitioners for a specific profession.

Q. What is the function of the Professional Board for Physiotherapy, Podiatry and Biokinetics?

A. The Bill of Rights in Section 27 of the **Constitution of the Republic of South Africa of 1996** states that access to healthcare is a basic human right. In line with this provision, it is therefore the function of the Professional Board for Physiotherapy, Podiatry and Biokinetics to set, maintain and apply fair standards of professional conduct and practice in order to effectively protect the interests of the public as well as those of its professionals.

Q. What are the powers of the Professional Board for Physiotherapy, Podiatry and Biokinetics?

A. Section 15B of the **Health Professions Act 56 of 1974** sets the scope and powers of the professional boards regarding education, training

and registration matters in connection with the functions of the Health Professional Council.

Q: What constitutes 'Scope Infringement'?

A: Anyone engaging in a task which is meant to be undertaken by a qualified professional, anyone who is either not 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: Why are the annual fees for Environmental Health Practitioners higher than other health professions?

A: Each year a budget is proposed both for Council and each Board. Fees payable are determined by activities of the Board for that financial year, which is 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, therefore we need to encourage all unregistered practitioners to register.

Q: When is the student Physiotherapist, Podiatrist and Biokineticist required to register with HPCSA?

A: First year of study within the first four months of registration with the higher education institution.

Q: Is the Board responsible for ensuring that health



professionals participate in CPD?

A: No, however the HPCSA does require (from 2007) a minimum standard of 60 CPD points per 24 month 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: How are names chosen for CPD audit purposes?

A: Audits are conducted based on automated random selection of practitioners.

Q: Can I voluntarily remove my name from the register?

A: Voluntary erasure/suspension from the register is possible if the practitioner does not intend to practice his/her profession in South Africa for a given period of time. A request has to be submitted in writing before 31 March of the year voluntary erasure is requested. If application is made on or after 1 April of that year, the annual fee for that year must first be paid. Thereafter no payment is required until the practitioner applies for re-registration

Q. Who appoints the Board members of the Professional Board for Environmental Health Practitioners?

A. The Minister of Health appoints Board members of all Professional Boards, including Environmental Health, as per section 15(5) of the Health Professions Act 56 of 1974.

Q. What is the term of office for the Board members?

A. According to the Regulations Relating to The Functions and Functioning of The Professional Boards published under the Government Notice R979 in Government Gazette 20371 of August 1999 section 60, the term of office for the Board members is 5 years.

Q. What are the implications of Physiotherapists, Podiatrists and Biokineticists not having a Board within the HPCSA?

A. The absence of the Professional Board for Physiotherapy, Podiatry and Biokinetics would imply that:

Registrations

- i. There would be no regulating and accounting authority to confer the professional status to qualifying practitioners, inclusive of the right to practice the profession that he/she is qualified for,

Education and Training

- i. There would not be minimum standards set for education and training qualifications, therefore it would be difficult to measure the competency of qualified practitioners.

Professional conduct and Ethical behaviour

- i. There would be no assurance that no unqualified person may practice in the profession.
- ii. The number of bogus practitioners would increase due to no regulatory authority to conduct a proper investigation and follow up on the arrest of such individuals. This would lead to an increase in fraudulent medical aid claims and the danger of having unregistered practitioners posing a threat to society.
- iii. The practitioners guilty of unprofessional conduct would have no regulating authority to account to, thus failing to protect the interest of the public.

Ensuring continuing professional development

- i. There would be a lack of a properly constructed framework of the conditions, nature and extent of the continuing professional development. As a result, practitioners may not feel obligated to continually upskill themselves.

Q: How do I lodge a complaint about a practitioner?

A: Practitioners can lodge a complaint by emailing Legalmed@hpcsa.co.za

Q: How do I pay my annual fees

A: The following options are available

- Online on the HPCSA website
- Via EFT
- At the HPCSA offices

UPDATE ON THE REGISTRATIONS PROCESS

The Health Professions Council of South Africa (HPCSA) is mandated to provide for control over the education, training and registration for and practicing 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, 2017/8 and 2018/9, made renewal and payment of annual fees easier for practitioners, by providing an Online Renewal and Fee Payment Portal. The portal provides a simpler, quicker and more efficient registration renewal process. Since the launch of the portal in March 2017, more than 120000 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 owed or are to their credit;
- Practitioners can download an electronic practicing 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, or 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.

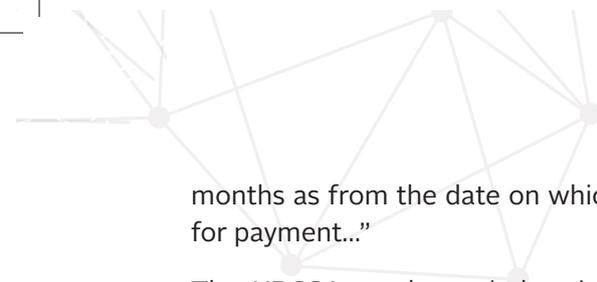
When is it paid?

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

Fees for the year 1st April 2019 to 31st March 2020 are due and payable by 31st 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 1st 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 2nd November 2018.

How are practitioners notified of the suspension?

The HPCSA issues the notice of suspension and forwards 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 correspondences.

Can a practitioner practice 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:

“ 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:

- i. 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;
- ii. 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;
- iii. 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 realized the benefits of automation in that of the university we tested the module with, we registered 900 students in one day, in a matter of minutes. We will be rolling the module to 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 reengineering project alluded to above will see most registration processes automated. Practitioners will be able to input the base information required for any registration, to HPCSA systems, while at home or at work, then a few more key strokes by HPCSA staff and the practitioner is registered in no time!

We are testing most of the registration processes from 1 April 2019 and we will share with you progress made – watch this space...

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

Or contact the HPCSA Call Centre on:
(012) 338 9300/1
E-mail: info@hpcs.co.za

RESPONSIBILITIES OF HEALTH PRACTITIONERS TOWARDS PATIENTS AND COLLEAGUES

Dr Desmond Mathye (PhD Physio) Chairperson of Preliminary Committee of Inquiry of the PPB Board

Rule 27A (c) of the Ethical Rules of Conduct for Practitioners Registered Under the Health Professions Act 56 of 1974 provides that a practitioner shall at all times maintain the highest standard of professional conduct and integrity. Such conduct should be directed to both patients and fellow health practitioners.

According to Rule 27A (f), a practitioner shall at all times maintain proper and effective communication with his/her patients and other professionals. Practitioners are advised that they shall not impede a patient from obtaining the opinion of another practitioner or from being treated by another practitioner (Rule 11).

In an event that a patient seek second opinion and or treatment from you while you are aware that

another practitioner was actively treating or seeing that patient, you are expected to take reasonable steps to inform the other practitioner that you have taken over the management of the patient at his or her request (Rule 10 (a)). Furthermore, you will be expected to establish from the other practitioner what treatment such a patient has received, and the other practitioner is obliged to provide the requested information (Rule 10 (b)).

Failure by a practitioner to comply with the rules above shall constitute an act or omission in respect of which the professional board of Physiotherapy, Podiatry and Biokinetics (PPB) may take disciplinary steps in terms of Chapter IV of the Health Professions Act of 1974.



GENERAL INFORMATION



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

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: info@hpcsa.co.za

Where to find us:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

Working Hours :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

Certificate of Good Standing/ Status, certified extracts verification of licensure

Email: hpcsacgs@hpcsa.co.za

Continuing Professional Development (CPD)

Helena da Silva

Tel: 012 338 9413

Email: cpd@hpcsa.co.za

Raylene Symons

Tel: 012 338 9443

Email: raylenes@hpcsa.co.za

Change of contact details

Email: records@hpcsa.co.za

Ethics and professional practice, Prof Practice Unit

Professional Conduct:

Adv. Ntsikelelo Sipeka

Tel: 012 338 9304

Email: NtsikeleloS@hpcsa.co.za

Service Delivery

Email: servicedelivery@hpcsa.co.za

Tel: 012 3389301

Complaints against practitioners Legal Services

Fax: 012 328 4895

Email: legalmed@hpcsa.co.za

Statistical Information and Registers:

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