

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974) ETHICAL RULES OF CONDUCT FOR PRACTITIONERS REGISTERED UNDER THE HEALTH PROFESSIONS ACT, 1974: AMENDMENT

SCHEDULE

Definitions

1. In these rules **“the Ethical Rules of Conduct”** means the Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974 published under Government Notice No. R. 717 of 04 August 2006, as amended by Government Notice Nos. R. 68 of 02 February 2009, R. 654 of 30 July 2010, and Board Notice No. 26 of 01 March and any word or expression to which a meaning has been assigned in the rules shall have that meaning, unless the context otherwise indicates.

Amendment of Annexure 1 of the Ethical Rules of Conduct

2. Annexure 1 of the Ethical Rules of Conduct is hereby amended by the addition of the following rule:-

7. Mobile practice and Screening by practitioners registered within the ambit of the professional board for Dental Assisting, Dental Therapy and Oral Hygiene.

(1) For purposes of this annexure, **“practitioner”** means a practitioner registered within the ambit of the board that is a registered dental therapist or oral hygienist. These guidelines are not applicable to National and Provincial Departments of Health.

“board” means the professional board for Dental Assisting, Dental Therapy, and Oral Hygiene established in terms of section 15 of the Health Professions Act, 1974 (Act No. 56 of 1974);

(2) Subject to the provisions of generic rules 6 and 10, a practitioner may conduct a mobile practice in areas where the services of a Dental Therapist or Oral Hygienist are not readily available: Provided that-

- (a) the practice operates in a defined area only;
- (b) the equipment used for a comprehensive dental therapy and oral hygiene examination in that practice is as defined in the guidelines issued by the board from time to time;
- (c) the practitioner operating the mobile practice also has an established practice from which the mobile practice is operated;
- (d) patients are informed of the contact details of the established practice and of the nearest health facility with which the practitioner has made arrangements for emergency care;
- (e) the practitioner is registered in independent practice; and
- (f) prior written approval of the board is obtained to conduct such mobile practice.”



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY, AND ORAL HYGIENE

APPLICATION FOR APPROVAL OF A MOBILE PRACTICE

SECTION A: THE APPLICATION PROCESS

1. This is the application form which should be submitted to the Board when applying for approval of a mobile practice.
2. Applications for approval of mobile practices will only be considered and approved by the Board in accordance with:
 - a. The ethical rules of conduct for practitioners registered under the Health Professions Act, 1974, as amended
 - b. Guidelines of the Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene on mobile clinics.
3. The application form must be completed in full and honestly.
4. The practice could be investigated or inspected by the Board prior to approval, and from time to time thereafter. Action will be taken if a practitioner fails to comply with the stipulations in the ethical rules and ethical principles applied by the Board and Council.
5. The approval granted by the Board for mobile practice is valid for two (2) years only.
6. Operating a mobile practice without having obtained the Board’s approval will result in appropriate action being taken against the practitioner.

SECTION B: PARTICULARS OF APPLICANT

Title: _____ Initials and Surname: _____

HPCSA Registration Number: _____

Postal Address: _____

Name of Practice: _____

Practice Address: _____

Practice Tel Number: _____ Cell phone number: _____

E-mail address: _____

SECTION C: PARTICULARS OF MOBILE PRACTICE

1. Definition of the area/areas where mobile practice will be operated (Province, town/city, village/location/suburb):

b. Physical Address of the area/areas where mobile practice will be operated:

c. Distance in kilometres from the established practice to the area/areas where mobile practice will be operated: _____

d. State the specific motivation for the need of a mobile practice in your chosen area/areas; Tick the appropriate reason:

- Request by company/organization
- Lack of services in the area
- Other reason (Provide explanation) _____

e. Provide the following information:-

1. Brief description of the mobile unit/service for which approval is being sought (vehicle – provide type of vehicle and registration number:

If permanent structure – Name of the place (school/organization):

2. Schedule for mobile oral healthcare services to identified areas (Provide month/s, day/s & operation time/s), including the after care plans: _____

3. Names and HPCSA registration numbers of other Dentists/Dental therapists/Oral Hygienists who will be involved in the rendering of oral healthcare services? _____

4. Name, address and contact person(s) of the nearest and appropriate healthcare facility that will be able to deal with the referral of medical emergencies. _____

SECTION D: OTHER INFORMATION

Please provide any other relevant information pertaining to the application.

SECTION E: DECLARATION

I, (full names and surname),

in my capacity as:

in relation to the mobile practice referred to above understand, confirm and agree that –

- a. approval of this application for conducting mobile practice is based on information provided by me as applicant, and I undertake to furnish the Board with any other additional information as may be required and to inform the Board should any of the particulars detailed above change;
- b. the practice has been designed and will operate in accordance of the appropriate HPCSA regulations.
- c. I will at all times abide by the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974, and as emended;
- d. the practice could be investigated or inspected by the Board from time to time and action taken if it fails to comply with the stipulations in the ethical rules and ethical principles of the Board and the Health Professions Council of South Africa.

Signed: _____

Date: _____

SECTION D: APPLICATIONS FOR APPROVAL OF MOBILE PRACTICE

Duly compiled applications or written enquiries may be addressed to the Registrar and posted to HPCSA, P O Box 205, Pretoria, 0001; or hand delivered to: the HPCSA, 553 Madiba Street, Arcadia, Pretoria; or faxed to: 012 338 9421; or emailed to: simangelek@hpcsa.co.za