



SOUTH AFRICAN NATURAL HEALTH PRACTITIONERS BOARD

SCOPE OF PRACTICE CONSTITUTION REGULATIONS GUIDELINES

Based on Rule 3; Clause 3.1(a) of the rules of the SA Natural Health Practitioners Board est. in accordance with clause 4 of the Traditional Health Practitioners Act, No 35 of 2004 to be amended o be incorporated into the Medical Practitioners Act.

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1. SCOPE OF PRACTICE

1.1 To act on behalf of all Natural Health Practitioners in representation to Government on all levels of discussion and lawmaking.

1.2 To act as a controlling and or governing body to it's members on:

- 1.2.1 Fields of practice
- 1.2.2 Defining vocabulary
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- 1.2.22 Sale of medicine and products
- 1.2.23 Intellectual property
- 1.2.24 Copyright and patent registration

2. FIELDS OF PRACTICE

A Natural Health Practitioner will be defined and classified under the following:

2.1 Identification of underlying problem (Diagnostic)

- 2.1.1 Iridology
- 2.1.2 Kinesiology
- 2.1.3 Electromagnetic
- 2.1.4 Lifestyle & Diet analysis
- 2.1.5 Meridation

2.2 Supplementation

- 2.2.1 Phytomedicine
- 2.2.2 Nutritional medicine
- 2.2.3 Natural substances
- 2.2.4 Homeopathic
- 2.2.5 Combination remedies
- 2.2.6 Aroma therapeutic
- 2.2.7 Emergency measures

2.3 Treatment – Physical Manipulation

- 2.3.1 Reiki
- 2.3.2 Reflexology
- 2.3.3 Kinesiology
- 2.3.4 Massage
- 2.3.5 Dietary
- 2.3.6 Counseling

3. CONSTRUCTION OF THE SANHPB

The South African Natural Health Practitioners Board will constitute of the following members

- 3.1 Professional members 2(two)
- 3.2 Corporate members 2(two)
- 3.3 Legal member – to be co-opted 1(one)
- 3.4 Accountant – to be co-opted 1(one)
- 3.5 Administrative officer 1(one)

These members will be elected as per annexure “B” to be amended

4 LEVELS OF MEMBERSHIP

Membership will be defined into different levels of necessity and co-operation as per qualification, standard of qualification and interest.

4.1 Professional membership

4.1.1 Qualification

- 4.1.1.1 Full 4 (four) year professional BSc as minimum
- 4.1.1.2 3year equivalent to 4.1.1.1
- 4.1.1.3 Proof of qualification

4.1.2 Practice

- 4.1.2.1 Problem Identification
- 4.1.2.2 Supplementation
- 4.1.2.3 Treatment
- 4.1.2.4 May not practice outside his/her field of expertise as registered with the SANHPB.
- 4.1.2.5 May manufacture or distribute any medicine or products as permitted by SANHPB
- 4.1.2.6 May dispense pre-packed and labeled medicine and/or products
- 4.1.2.7 May dispense from bulk if registered with the SANHPB
- 4.1.2.8 May not perform abortions
- 4.1.2.9 Authorized to issue death certificates
- 4.1.2.10 May prescribe emergency medicine

4.2 Corporate membership

4.2.1 Qualification

This qualification will vary due to the specific field of expertise and Qualification needed for this specific field from a registered institution of education nationally or internationally as will be determined from time to time by the Board of Natural Health Practitioners. Proof of Qualification needed

4.2.2 Fields of Practice

- 4.2.2.1 Education Institute
- 4.2.2.2 Manufacturers
- 4.2.2.3 Distributors
- 4.2.2.4 Herbologist
- 4.2.2.5 Remedial (clinic)

4.3 Student Members

4.3.1 Qualification

- 4.3.3.1 This member is currently finishing his/her studies at a recognized education institute and has not yet qualified to become a Natural Health Practitioner.
- 4.3.3.2 The qualification put before the Board of Natural Health Practitioners is not acceptable and or does not qualify to the standards of education to the Natural Health Practitioners Board.
- 4.3.3.3 Proof of qualification.

4.3.2 Practice

- 4.3.2.1 Problem Identification
- 4.3.2.2 Supplement
- 4.3.2.3 May consult and treat a patient under supervision of an assigned registered Natural Health Practitioner
- 4.3.2.4 Will be subject to inspections by the Board of Natural Health Practitioners.
- 4.3.2.5 May not dispense
- 4.3.2.6 May not manufacture or mix own remedies.

4.4 Affiliate Members

4.4.1 Qualification

Any interested party may apply to be a member of the Board of Natural Health Practitioners subject to certain restrictions.

- 4.4.1.1 May not practice
- 4.4.1.2 May not prescribe
- 4.4.1.3 May not dispense
- 4.4.1.4 May not distribute
- 4.4.1.5 May not manufacture

Any interested party must motivate and substantiate his/her interest in affiliating themselves with the Board of Natural Health Practitioners.

5 GUIDELINES TO REGISTRATION

5.1 Application procedure

- 5.1.1 Application to be lodged with the Board of Natural Health Practitioners inclusive of proof of all qualifications obtained either nationally or internationally.
- 5.1.2 Motivation
- 5.1.3 Board of Natural Health Practitioners to evaluate and certify qualifications presented.
- 5.1.4 Place of business of applicant
- 5.1.5 Contact details of applicant
- 5.1.6 Place of residence of applicant
- 5.1.7 Scope of expertise
- 5.1.8 Level of membership
- 5.1.9 Annual levies
- 5.1.10 Registration fees
- 5.1.11 Diplomas will be issued iro qualification

6 CODE OF ETHICS

6.1 Preamble

6.1.1 The role of the South African Natural Health Practitioners Board (SANHPB) and its individual members is to promote and disseminate the knowledge and understanding of medical phytomedicine and to encourage the highest standards of competence and performance by practitioners in the practice of medical phytomedicine.

6.1.2 The SANHPB acknowledges this role and position of responsibility in setting the standard of ethical behavior expected of Natural Health Practitioner. The SANHPB Code of Ethics provides a set of fundamental principles that should guide members in their professional conduct, and adherence to the Code is obligatory for practitioners belonging to the SANHPB

6.1.3 Natural Health Practitioner have been guided over the centuries by the principles of the Hippocratic Oath which encourages members of the profession to promote the health and well being of their patients and prohibits Natural Health Practitioner from behaving solely in their own interests.

6.1.4 Natural Health Practitioner acknowledges that they have a duty of care to their patients to improve and maintain health. This duty is extended to those patients who entrust themselves to care because of illness; to those who seek advice for the maintenance of health; and to those whose aim is to prevent disease.

6.1.5 All Natural Health Practitioners are entrusted with the continuance of the practice of traditional phytomedicine along with the pursuit of rigorous standards of evaluation of those herbs newly introduced to the Western Materia Medica.

6.2 DEFINITION

A Natural Health Practitioner who is recognized by the South African Natural Health Practitioners Board, is a fully qualified practitioner in western phytomedicine and is defined as a Natural Health Practitioner or naturopath trained in the philosophies, principles and practice of western phytomedicine and medical science, able to assess the condition of a patient and to consequently prescribe and dispense plant medicines (or phytomedicines) in a safe and effective manner. The philosophical approach of a practicing Natural Health Practitioner is to seek to treat underlying causes of disease from a holistic perspective, acknowledging and embracing centuries of empirical knowledge and traditional principles of the usage of plant medicine, whilst continuing to evaluate both herbs and human disease in a modern scientific context.

6.3 CODE OF ETHICS PLEDGE

All full member applicants must sign the following pledge:

I declare that as a member of the South African Natural Health Practitioners Board I will conduct myself honorably and behave with integrity in the practice of my profession. I will apply my knowledge and skills for the maximum benefit of the patient, observe a conscientious and caring attitude towards all patients, and maintain a high standard of confidentiality. I declare that I will do my utmost to maintain the dignity and reputation of the SANHPB I will obey the rules and guidelines as set by the SANHPB and will abide by all decisions of the Board of Directors. I will keep appropriate patient records, dispense with care and conform to legal requirements. I will not advertise in such a way as to promote either myself or the practice of phytomedicine in an unprofessional manner.

6.4 PRINCIPLES RELATING TO THE CONDUCT OF NATURAL HEALTH PRACTITIONERS

Natural Health Practitioners are engaged in the treatment of patients in a clinical setting, the teaching and dissemination of phytomedicine practice and principles, and research. In all three of these areas, the Natural Health Practitioner should adopt an appropriate code of personal and professional conduct and appropriate behavior in relation to contractual arrangements, publishing and advertising.

6.4.1 Personal Conduct

The Natural Health Practitioner shall:

6.4.1.1 Adopt and maintain the highest standards of personal presentation and behavior.

6.4.1.2 Behave in a manner that enhances the integrity and status of the profession and promotes public confidence.

6.4.1.3 Remain aware that personal conduct may reflect upon their own professional reputation, that of the profession, and of the SANHPB.

6.4.2 Professional Conduct

6.4.2.1 A Natural Health Practitioner ensures that their conduct is professional in manner and that they behave with morality and dignity in relation to their patients, the public, and other health care providers.

6.4.2.2 It is the responsibility of all NHP' to enhance their reputation and that of the professional by practicing phytomedicine to the best of their ability and within the limits of their expertise, and by continually upgrading and expanding their knowledge base.

6.4.2.3 A practitioner shall not be entitled to practice phytomedicine or to charge a fee for practice until they have attained their full qualifications unless they are fully supervised by a trained practitioner of phytomedicine.

6.4.2.4 A Natural Health Practitioner shall not discourage or attempt to prevent a patient from seeing another practitioner when they have made an informed choice to do so.

6.4.2.5 A Natural Health Practitioner shall not criticize, condemn, or otherwise diminish any recommendations made by another practitioner, nor make comments with the purpose of denigrating the personal character of another practitioner.

6.4.2.6 It is a requisite of practice that a practitioner remains medically, physically and psychologically fit so as not to bring him or herself or the profession into disrepute.

6.4.2.7 A Natural Health Practitioner shall at no time adversely affect the standing of the profession by taking part in or promoting any activity or product that will reflect improperly on the practice of phytomedicine or on the profession.

6.4.2.8 A practitioner will not permit any unqualified person to treat a patient within their clinical environment

6.4.2.9 It is the duty of a Natural Health Practitioner to support the SANHPB in its endeavors and activities relating to continuing professional education and advancement of the phytomedicine profession.

6.5 Conduct in Relation to Patients

6.5.1 The religious, spiritual, political and social views of any individual irrespective of race, colour, creed, sex, sexual orientation, physical or intellectual disability, age, economic or social status shall be respected by a Natural Health Practitioner at all times.

6.5.2 When personal or religious belief impairs a Natural Health Practitioner's ability to treat a patient in a professional manner, the practitioner must inform the patient and suggest an alternative practitioner.

6.5.3 Natural Health Practitioners must behave with courtesy, respect, dignity, discretion, tact and empathy in their Boards with patients.

6.5.4 Natural Health Practitioners recognize that patients have individual needs and respect the rights of patients to make informed choices in relation to their care.

6.5.5 Natural Health Practitioners maintain the highest standard of professional confidentiality and obtain the consent of the patient before discussion of any aspect of the history or treatment with another professional. A Natural Health Practitioner shall exercise due professional judgment in providing such information to other health care professionals.

6.5.6 The Natural Health Practitioner shall not knowingly undertake any action or treatment that might adversely affect the health of a patient or fellow human being.

6.5.7 The practitioner shall be primarily concerned with the health care and safety of the patient and not be influenced by motives of profit.

6.5.8 Natural Health Practitioner must never claim to 'cure'. The possible therapeutic benefits may be described but recovery must never be guaranteed.

6.5.9 When consulting with patients who are deemed incapable of self-determination of their own health care needs, for example, minors or intellectually handicapped persons, the Natural Health Practitioner shall follow accepted legal practice by involving and informing the

parents, next of kin or guardian in administration of care and decisions about treatments.

6.5.10 Practitioners shall not neglect or abandon a patient or discontinue treatment without due notice to the patient or until another practitioner has assumed responsibility.

6.5.11 Practitioners shall arrange a consultation or second opinion with a colleague or another practitioner whenever the patient so desires, provided the best interests of the patient are served.

6.5.12 The practitioner shall ensure that other Natural Health Practitioners who are asked to assist in the care of the patient are qualified and competent.

6.5.13 A practitioner shall not treat a patient or offer herbal advice while under the influence of drugs or alcohol; or while their reasoning and/or decision-making are impaired in any way.

6.5.14 Patients should be advised appropriately of the possible risks and benefits of a particular herbal treatment and encouraged to make an informed choice about the treatment.

6.5.15 Natural Health Practitioner shall carry appropriate levels of professional indemnity insurance.

6.6 TREATING FAMILY MEMBERS

6.6.1 Practitioners should encourage family members to have an independent and trusted practitioner to coordinate their care. Practitioners should only discuss the health of their family member with a treating practitioner with the knowledge and consent of the client.

6.6.2 If after due consideration a practitioner decides it is appropriate to treat a family member, good records must be maintained, the consultation should be formalized and follow up should be arranged. If the family member has a regular practitioner, there should be communication with that practitioner about the treatment given.

6.6.3 A client is not entitled to claim health fund rebates for a consultation or treatment by a family member.

6.7 CONTRACTS

A practitioner shall not enter into any contracts, multi-level marketing or any other arrangement with a colleague, patient or organization that may diminish a patient's autonomy, result in a conflict of interest, or impair the practitioner's impartiality or professional integrity in any other way.

6.8 ADVERTISING

6.8.1 A practitioner may advertise in a proper and professional manner in order to inform members of the general public of their location and details of their practice as a Natural Health Practitioner.

6.8.2 Full members of the SANHPB are entitled to use the letters 'NHP' after their name and to incorporate the SANHPB logo in printed matter or in the advertising of their practice provided:

6.8.2.1 The material does not contravene any of the points in the Code of Ethics.

6.8.2.2 The material does not make false or misleading claims about the Board or the practice of medical phytomedicine.

6.8.2.3 The material is not biased toward or critical of a company, person or Board.

6.8.2.4 Practitioners shall not use advertising material that may bring the profession into disrepute by identifying past or present patients; or use material that is ethically or professionally unsuitable.

6.8.2.5. Practitioners shall not use titles or descriptions that give the impression of other qualifications to which they are not entitled.

6.8.2.6 A practitioner shall not advertise secret or exclusive methods of treatment or claim to be able to achieve unexpected cures.

6.9 Conservation, Ethics and the Board

6.9.1 It is the responsibility of herbal practitioners to have some awareness of the geographic and cultural origins of the main herbs prescribed in his/her practice.

6.9.2 Natural Health Practitioner should not utilize herbs or herbal products derived from any wild species known to be threatened or endangered in their natural habitat.

6.9.3 Natural Health Practitioner has a duty to support products whose manufacturers demonstrate commitment to the sustainability of wild medicinal plants.

6.9.4 Wherever possible Natural Health Practitioner should maintain communication with those responsible for supplying medicinal herbs i.e. growers, wild crafters, indigenous communities and industry representatives.

6.9.5 It is the duty of all Natural Health Practitioners to remain cognizant with those herbs that are endangered and threatened and adopt appropriate practices in the harvest and use of these herbs.

6.9.6 Natural Health Practitioner have a responsibility to train the next generation of Natural Health Practitioner not to promote the use of wild crafted herbs whose survival is threatened or endangered.

6.9.7 Members have a duty not to prescribe or recommend plant medicines, supplements or foods derived from GE technology.

6.9.8 The Board believes that Natural Health Practitioner should be aware of and respect international treaties and national laws relating to medicinal plant conservation, especially the 1993 Convention on Biological Diversity (CBD), the Convention on International Trade in

Endangered Species of Wild Fauna and Flora (CITES), and the United Nations Draft Declaration on Rights of Indigenous Peoples. Information of this nature is kept at the SANHPB office.

6.9.9 The Board aims to work with industry and government authorities to bring an awareness of medicinal plant conservation issues to all concerned.

6.9.10 The Board aims to keep all members informed of the 'at risk' herb species for the purpose of restricting their use.

6.9.11 The SANHPB is opposed to Genetic Engineering (GE) and believes that the use of genetically engineered medicinal plants does not conform to traditional usage of phytomedicines.

6.10 Standards of Care

The relationship between a practitioner and patient is such that the patient places trust in the care, skill and integrity of the practitioner. It is the duty of the practitioner and the practitioner's staff to act with due diligence at all times and not abuse this trust in any way.

6.10.1 The Consultation

6.10.1.1 The Natural Health Practitioner shall at all times endeavour to practice phytomedicine to the best of their ability and to administer a satisfactory standard of care to the patient.

6.10.1.2. The practitioner shall ensure that the patient is aware of all fees and costs involved in consultation and prescribed treatments prior to commencement of a consultation.

6.10.1.3 Consultations shall be conducted in such a way as to evaluate completely and competently each patient at each consultation.

6.10.1.4 Accurate, clear and comprehensive records shall be kept of each consultation. These should include but not be limited to name, address, contact details and occupation of the patient; date of consultation; presenting complaint including duration; past and family history; relevant lifestyle history, details of previous treatments and current medications; known allergic reactions; and findings from pathology tests or other investigations.

6.10.1.5 Natural Health Practitioner should maintain a sense of professional responsibility for factual statements expressed in reports and other similar documents when these are to be used or signed in a professional capacity.

6.10.1.6. The practitioner must provide a client with a printed invoice which includes the name of the practitioner, the address of the clinic and details of the service provided.

6.10.2 Email, internet and telephone consultations

6.10.2.1. Any initial consultation must be face to face. Where in exceptional circumstances this is not practical the practitioner:

6.10.2.1.1 must ensure that the patient is assessed by an appropriately qualified practitioner before any course of treatment is recommended;

6.10.2.1.2 has the responsibility to sight any relevant reports generated from a consultation conducted by another appropriately qualified practitioner prior to the email or telephone consultation;

6.10.2.1.3 conduct follow up consultations in absentia provided that the practitioner evaluates the progress of the patient competently;

6.10.2.1.4 conduct a face to face follow up consultation at least every 12 months.

6.10.2.2 Fees may be charged for email, internet or telephone consultations however health fund rebates cannot be claimed for these consultations.

6.10.2.3 Receipts issued for email, internet or telephone consultations must clearly state that the fee charged is for the email, internet or telephone consultation and that a health fund rebate is not available.

6.11 The Premises

6.11.1 Practitioners shall maintain working conditions suitable for the professional practice of phytomedicine.

6.11.2 The clinic premises shall be of high standard in order to reflect favorably on phytomedicine and the profession.

6.11.3 The minimum requirements for a professional clinic shall be a separate clinic room for private consultations, a separate waiting room, and hygienic washroom and toilet facilities in accordance with local government requirements for medical rooms.

6.11.4 The clinic environs must be well maintained and appropriately clean.

6.11.5 Access to all records, whether written or computerized, shall be restricted to only those personnel who are authorized to view this material.

6.11.6. Medicines prepared for a patient's use shall be prepared in accordance with the strictest standards of hygiene and shall be labeled in the manner stipulated by the relevant government bodies.

6.12 Complaints Resolution

6.12.1 Responsibilities Relating to Complaints and Complaints Resolution SANHPB has developed policies and procedures for its members for the management of complaints. Providing an opportunity to deal with complaints to the satisfaction of patients is an important aspect of improving the standard of the health care services provided.

SANHPB encourages Natural Health Practitioner to resolve complaints directly with patients wherever possible.

A complaint may be made in writing or may be made by the patient verbally to either the Natural Health Practitioner or his or her staff and may be defined as:

6.12.1.1 A communication from a patient regarding a Natural Health Practitioner's services where concerns are raised about the treatment provided by the Natural Health Practitioner

6.12.1.2 A communication expressing concern about the adequacy or appropriateness of the verbal or actual conduct between the Natural Health Practitioner and the patient. When dealing with a complaint a Natural Health Practitioner should observe the following principles:

6.12.1.3 It is the right of patients to make a complaint

6.12.1.4 Complaints should be accepted politely and with due regard for the patient

6.12.1.5 The procedures through which a complaint can be made should be accessible and open. The patient should be given the name of the appropriate person in the clinic who will handle the complaint

6.12.1.6 The patient shall be given the contact details of the SANHPB and the contact details of the Health Care Complaints Commission from the appropriate Province or territory if the complaint cannot be dealt with satisfactorily in the first instance.

6.12.1.7 The facts relating to the complaint should be evaluated

6.12.1.8 The principles of natural justice must be observed.

6.12.1.9 Patients should be protected against any adverse consequences of exercising their rights to complain and should continue to receive quality care by the practitioner if this is their choice.

6.12.1.10 Complaints should be treated confidentially.

6.12.1.11 Complaints made by patients may result in disciplinary action by the Board or in legal action of some kind.

6.13 Procedures for Complaints Resolution

When a complaint is received from a patient, the following procedures should be adopted:

6.13.1 Complaints should be received and recorded and an attempt made to resolve the complaint immediately

6.13.2 Complaints should be dealt with promptly and the patient should be given feedback of the outcome of their complaint.

6.13.3 Adequate information should be collected and recorded relating to the complaint, the details of which should include the name/s of the individuals involved; the time and date the incident is said to have occurred; whether there was an attempt to resolve the problem immediately and if so, how this was undertaken. Any developments subsequent to the initial

incident including dates, times and personnel involved should also be recorded.

6.13.4 When the complaint cannot be resolved within the clinical setting, the patient should be referred to the SANHPB to be resolved in accordance with the 'Protocol for Complaints' procedures as defined by the Board of Directors.

6.13.5 An apology should be tendered and/or appropriate action taken where a complaint has been substantiated.

6.14 The Natural Health Practitioner and Members of the Board and the Profession

6.14.1 A practitioner shall at no time take part in or promote any activity, verbal or otherwise, which will reflect improperly or denigrate the standing of phytomedicine or the Board within the general community or in any professional circles.

6.14.2 A practitioner shall not use his/her professional connections or Affiliation with the Board for personal gain.

6.14.3 If a practitioner acts as a locum, the practitioner shall not:

6.14.3.1 Continue to treat that patient without consent from the original practitioner

6.14.3.2 Attempt to coerce or discourage the patient from returning to their original practitioner

6.14.3.3 Continue to contact patients of the originating practitioner with the intent of inviting them to leave their existing practitioner

6.14.3.4 When establishing a new practice or relocating, a practitioner shall observe the courtesy of contacting all existing practitioners/members in the nearby locality.

6.14.3.5 If a Natural Health Practitioner forms the opinion that a fellow practitioner/member is behaving in an unethical manner, they may first discuss this with that practitioner before reporting their concerns to the Board.

6.14.3.6 Should a consultation or investigation find a condition in a patient that requires treatment outside the practitioner's area of qualification, expertise or knowledge, that practitioner bears a duty of care to the patient to make a referral for specialized treatment.

6.15 The Natural Health Practitioner and Other Professions

6.15.1 Practitioners shall at all times show due respect to practitioners of other disciplines.

6.15.2 A Natural Health Practitioner should not criticize, condemn or otherwise denigrate another practitioner or any recommendation made by that practitioner.

6.15.3 A practitioner should consider it a privilege to treat another

practitioner/member or member of an associated profession.

6.15.4 A practitioner should always obtain a patient's prior consent before releasing information to another practitioner

6.15.5 A practitioner shall not denigrate or otherwise cause disrepute to a member of any other medical or complementary health modality for the purpose of self gain in front of any layperson, patient or through any public medium

6.15.6 A member may not give or receive commissions, bonuses, fees or gifts for the referral of patients to any other health care professional

6.15.7 A practitioner shall not repeat any confidential communications from members of other professions or Boards without permission

6.15.8 Any interdisciplinary dispute should be attended to in an honorable, respectful and professional manner

6.15.9 Any complaints of conduct of associated professionals must first be discussed with the associated professional, and then reported to their professional Board as well as the SANHPB.

6.15.10 It is the practitioner's responsibility to know their own educational and professional limitations and to refer when specialist treatment is required to serve the best interests of the patient.

6.15.11 Where an opinion is required in a court of law or before the media, a practitioner shall not in any way denigrate another practitioner or the profession or practice of phytomedicine.

6.15.12 When speaking in public, a practitioner shall clearly indicate Which statements are opinions that are in conflict with or contrary to Those generally held by the profession or the Board.

6.15.13 When a practitioner is consulted by a patient through referral or because the practitioner whom the patient usually consults is unable to see them for any reason, the practitioner should treat that person, and refer the patient back to the referring practitioner, outlining assessments and treatment if requested. The current professional relationship shall not be interfered with unless and until the patient or referring practitioner clearly indicates that the new practitioner is to assume the continued care.

6.15.14 Where a patient is referred to another practitioner for a second opinion, that opinion shall be granted to the referring practitioner without prejudice.

6.15.15 Practitioners shall arrange consultation with a colleague whenever the patient so desires or requires, provided the best interests of the patient are served. The practitioner bears a responsibility to ensure that the colleague assisting in their patient's health care is suitably qualified and competent.

6.16 The Natural Health Practitioner and the Community

The Natural Health Practitioner will adopt a sense of community by providing information through the media, public speaking and written material to assist the general public in making informed health choices in relation to phytomedicine.

6.16.1 The Natural Health Practitioner will not mislead the community with claims of herbal cure alls, magic bullets and wonder herbs.

6.16.2 A Natural Health Practitioner will Endeavour at all times to behave in an appropriate manner in a public place, recognizing that failure to do so will reflect badly on the Board and on the profession of phytomedicine.

6.17 Education, Teaching and Research in Phytomedicine

6.17.1 Education

The Board provides the South African public, members, and the Government with professional assurance that the SANHPB is a reliable and recognized authority monitoring the quality of entrants into the profession. The SANHPB and all members shall at all times recognize and abide by all Government, Provincial, educational institution and registration board requirements for standards of education, including upgrading as deemed necessary. In accepting the role of Natural Health Practitioner, a practitioner must be educated and show continuing competence in:

6.17.1.1 The ability to conduct a comprehensive diagnostic assessment

6.17.1.2 An understanding of the individual, the family and the community

6.17.1.3 The ability to practice disease prevention and health promotion

6.17.1.4 Analyzing and defining health problems

6.17.1.5 Managing health problems [planning and implementation of herbal care, referrals]

6.17.1.6 Establishing appropriate conditions for patient or patient care by creating a favorable practice milieu

6.17.1.6 Ensuring patient safety and avoiding complications in practice by referring patients to the appropriate professionals for investigations such as laboratory, radiological or other specialized physical tests or examinations

6.17.1.7 Managing a practice

6.18 Continuing Professional Education (CPE)

6.18.1 A commitment to CPE is mandatory for continuing membership of SANHPB

6.18.2 CPE cards are issued annually with membership renewal.

6.18.3 The SANHPB requires all members to meet CPE criteria and cards are to be submitted to the Board for assessment annually.

6.19 First Aid

6.19.1 It is compulsory for all practicing members to hold a current First Aid and Cardiopulmonary Resuscitation (CPR) certificate

6.19.2 All practitioners must be able to demonstrate competence in First Aid and CPR skills both functionally and theoretically.

6.20 Teaching

6.20.1 Membership of the SANHPB is encouraged of lecturers who are teaching SANHPB accredited courses.

6.20.2 The aim of teaching is to provide solid foundations in the theory and practice of phytomedicine from which the student acquires an enquiring mind and knows where to seek out the required information.

6.20.3. SANHPB members who are lecturers will not enter into sexual relations with their students or behave in a manner which is unbecoming to the profession or victimize any student who resists such an advance.

6.20.4 Lecturers must be mindful that students are future members of the profession and therefore must be assessed on their competence as a practitioner. If a student is found lacking or only obtaining partial competence in a particular area, this must be drawn to the attention of the remedial efforts put in place.

6.20.5 Members of the SANHPB teaching in institutions shall obtain permission from their patients to present a case study in the classroom and preserve and respect the anonymity, privacy and dignity of their patients at all times.

6.20.6 It is considered mandatory that all those involved in teaching phytomedicine actively pursue continuing professional education seminars and conferences and seeks out medical and herbal journals to substantiate their knowledge where appropriate.

6.20.7 Those teaching in any educational institution shall not use their influence over students to promote or denigrate a particular company, product or individual.

6.21 Research

6.21.1 The SANHPB encourages its members to undertake research/clinical trials to further the knowledge base and practical application of phytomedicine.

6.21.2 Members undertaking research, and their staff, should keep as paramount the health, dignity, privacy and freedom of choice of the research subjects. An opportunity to debrief at the conclusion of the clinical trial and to receive information as to the risks/benefits of the treatment should be made available to all participants.

6.21.3 The member must obtain the subject's written consent to enter the investigation/trial after informing the patient of any risks or invasive procedures involved.

6.21.4 A member must not exert undue pressure on potential subjects by using a position of authority or a current patient/practitioner

relationship for the purpose of securing their participation in a particular research project.

- 6.21.5 Members undertaking private research must submit research proposals to the SANHPB or to the appropriate Area Health Service or University Ethics Committee or other approved appropriate body.
- 6.21.6 The research will be conducted in an ethical manner with the emphasis on human trials rather than animal studies.
- 6.21.7 Any clinical research involving human subjects shall conform to The guidelines of the Declaration of Helsinki.
- 6.21.8 While the randomized double-blind placebo controlled clinical trial is seen as the gold standard for the scientific community, the SANHPB seeks to extend these parameters to truly reflect the individualized treatment and holistic patient assessment that is at the basis of phytomedicine.
- 6.21.9 To this end, the Board supports the notion of evidence-based medicine, believing that traditional prescribing is based on these precepts.
- 6.21.10. The Board is involved in actively lobbying the appropriate government authorities to earmark research monies for phytomedicine clinical evaluations and trials.

7 STANDARDS OF EDUCATION

The SANHPB will endeavor to establish an Institute of Learning within the national spectrum of educational institutes for higher learning to fulfill the void of adequate education in the world of Phytomedicine.

It is the result of wide consultation between the various natural medical practices, to determine the shared elements of natural medical practice and the content necessary to provide education and training in those elements. The core curriculum is applicable to all education/training programmes offering study of phytomedicine. In addition, there are separate modules which identify the requirements of each specific natural form of practice.

The core curriculum is part of a wider process of accreditation and forms the skeleton around which the delivery of a course/programme leading to the practice of phytomedicine should take place. As such it delineates the minimum competencies that should be achieved by students.

The common curriculum therefore aims at making the requirements specific, while retaining the flexibility for each institute to incorporate the contents into their own curriculum of study. The Accreditation Board encourages institutions to develop their courses within the framework of the core curriculum and to justify their approach against its requirements.

The demanding of minimum course-content requirements is part of a process of accreditation by which the SANHPB can ensure competent, safe, effective practitioners aware of the breadth and limitations of phytomedicine practice.

7.1 Contents

The core curriculum consists of the following nine modules:

- 7.1.1. Human Sciences
- 7.1.2. Nutrition
- 7.1.3. Clinical Sciences
- 7.1.4. Plant Chemistry and Pharmacology
- 7.1.5. Pharmacognosy and Dispensing
- 7.1.6. Practitioner Development and Ethics
- 7.1.7. Practitioner Research
- 7.1.8. Module Specific to Each Natural Medical Practice*
- 7.1.9. Clinical Practice

* The eighth element comprises a module or modules which cover the material specific to the herbal tradition taught by any given institution. A core curriculum for each tradition is produced by the appropriate professional body. The eighth element for Ayurvedic, Chinese, Tibetan and Western medicine is appended here.

7.2 Study Time

The following table gives some guidance as to the length of practical course expected to be accredited.

MODULE HOURS

Human Sciences	250
Nutrition	80
Clinical Sciences	350
Plant Chemistry and Pharmacology	80
Pharmacognosy and Dispensing	80
Practitioner Development and Ethics	40
Practitioner Research	80
Clinical Practice	450
The Specific Natural Tradition	1150
TOTAL	2560

The above table gives guidelines for total hours. Within these totals, the relationship between contact hours and home-study hours will depend on the design of the course and the previous learning and experience of the students. Thus, an undergraduate course for younger students might have a ratio of one hour of contact time to every hour of directed home study, whilst a course designed for adult learners with considerable previous learning and experience might have a ratio of one hour of contact time to two or three hours of directed home study. It is for each Institution to present its rationale for the hours allocated to different elements of its curriculum.

In the case of the clinical-practice module, however, it is expected that on all courses at least half of the time will be spent on clinical work in direct proximity to patients. The remainder can consist of case discussions, clinical supervision, elaborating diagnoses, researching treatments, writing up cases, and other clinically relevant activities.

7.3 Levels

Each module of the core curriculum is assigned a minimum level using taxonomy of assessment domains. The use of minimum levels allows institutions some flexibility in curriculum design and in the educational nature of their courses. The levels refer to the National Qualifications Framework of the SANHPB.

7.4 Core Curriculum on Human Sciences

7.4.1 Aims

To provide an integrated course in those aspects of normal anatomy, physiology and biochemistry that are essential for understanding the causes, mechanisms, clinical features and diagnosis of disease as understood by biomedicine. To provide a foundation for the core syllabus for clinical sciences.

Minimum Level: 4 (HE certificate)

7.4.2 Learning Outcomes

By the end of the course, the student will be able to:

- 7.4.2.1. Explain the basic biochemical and physical terms related to the human body.
- 7.4.2.2. Describe the components of normal cells and their functions.
- 7.4.2.3. Explain the cellular basis of genetics and the patterns of inheritance.
- 7.4.2.4. Describe the structure and functions of the tissues of the body.
- 7.4.2.5. Describe the essential metabolic processes in the body, their integration and control.
- 7.4.2.6. Describe the structure and function of the physiological systems of the body.

7.4.3 Outline of Syllabus Contents

- 7.4.3.1. Structure and functions of the cells and their components.
- 7.4.3.2. Structure and functions of tissues: epithelium, connective, membranes.
- 7.4.3.3. Structure and functions of biomolecules: carbohydrates, lipids, proteins, co-factors, enzymes.
- 7.4.3.4. The metabolism of carbohydrates, lipids and proteins including control and integration.
- 7.4.3.5. Structure and functions of the musculoskeletal system: bones, joints, muscles, ligaments.
- 7.4.3.6. Structure and functions of the nervous system: central and peripheral systems, autonomic nervous system, sense organs.

7.4.3.7. Structure and functions of the endocrine system: hypothalamus and the pituitary gland, thyroid gland and adrenal glands, feedback control.

7.4.3.8. Structure and functions of lymphatic system: the lymphoid tissues and lymphatic circulation, natural (innate) resistance to disease, immunity.

7.4.3.9. Structure and functions of the cardiovascular system and in addition components of blood and blood clotting.

7.4.3.10. Structure and functions of the respiratory system.

7.4.3.11. Structure and functions of the digestive system.

7.4.3.12. Structure and functions of the genito-urinary system and in addition prenatal and postnatal growth and development.

7.4.4 Assessment

Assessment will emphasize students' ability to understand and use the material covered in this module. Typical forms of assessment would include home study questions and essays geared to clinical practice.

7.5 Core Curriculum on Nutrition

7.5.1 Aims

To provide a comprehensive understanding of the foundations of nutrition and diet as a means for the maintenance of good health and treating disease. Included in this would be an understanding of the effects of food and diet on specific body systems and disease processes whilst underscoring the holistic aspects of this type of approach.

To provide a perspective on the possible interactions between foods, herb supplements and drugs, with an emphasis being placed on the safe limitations of their usage including nutrient/drug/herb and food interactions.

To allow the natural practitioner and related practitioners to use an understanding of nutrition as an essential part of their existing discipline.

Minimum Level: 4 (HE certificate)

7.5.2 Learning Outcomes

By the end of the course the student will be able to:

7.5.2.1. Describe the structural characteristics and function of a range of key macronutrients and micronutrients.

7.5.2.2. Describe processes involved in the catabolism of food components.

7.5.2.3. Explain terms used in Western nutrition and dietetics.

7.5.2.4. Discuss the effects of food additives, processing and drugs on nutrition.

7.5.2.5. Evaluate dietary assessment methodologies.

7.5.2.6. Discuss the similarities and differences between different dietary approaches.

- 7.5.2.7. Discuss dietary needs at different stages of development.
- 7.5.2.8. Discuss relationships between diet and disease.
- 7.5.2.9. Recommend suitable diets for individual cases.

7.5.3 Outline of Syllabus Contents

- 7.5.3.1. Structural characteristics and function of polysaccharides, proteins, enzymes, nucleic acids and lipids. The nature and importance of essential amino and fatty acids in the diet.
- 7.5.3.2. Metabolic routes used in catabolism of components of foods.
- 7.5.3.3. Energy value of foods.
- 7.5.3.4. The importance of physiological systems in nutrition.
- 7.5.3.5. Government papers on diet and nutrition. Methods for assessing biochemical and clinical nutritional
- 7.5.3.6. The nature, occurrence, role and effects of deficiency of micro nutrients.
- 7.5.3.7. Nutrition at cellular level. The importance of fiber and water in the diet.
- 7.5.3.8. The effects of drugs, alcohol, smoking and food additives on nutrition.
- 7.5.3.9. Dietary assessment methodologies such as weighed dietary and portion records, questionnaires and surveys, food tables.
- 7.5.3.10. Diet as prevention culture and cuisine.
- 7.5.3.11. Types of food, preparation, storing.
- 7.5.3.12. Effect of environment, age, work on nutrition.
- 7.5.3.13. Comparative philosophies of nutrition: Western scientific, naturopathic, macrobiotic, traditional Chinese medicine, Ayurveda, etc.
- 7.5.3.14. Diets for individual specific cases.

7.5.4 Assessment

Assessments will probably be designed to assess students' understanding of the material and their ability to apply it to typical cases. Typical assessments might include home study questions and essays, some of which would probably be based on hypothetical clinical situations.

7.6 Core Curriculum on Clinical Sciences

7.6.1 Aims

To provide an integrated course in clinical sciences aimed at outlining the common diseases, their causes, mechanisms, clinical features and diagnosis.

To provide experience of case-history taking and physical examination.

To provide students with a foundation from which to compare and contrast this

knowledge with their own approach to medicine and to communicate effectively with practitioners of orthodox medicine.

To enable students to develop an understanding of the limits of their own medical capabilities and thereby enhance the skills of appropriate referral.

Minimum Level: 5 (HE diploma)

7.6.2 Learning Outcomes

By the end of this course, the student will be able to:

7.6.2.1. Describe the diagnostic techniques and clinical applications in orthodox medical practice and compare and contrast them with their own medical equivalent.

7.6.2.2. Discuss the distribution of disease in the community and the approach to prevention from the orthodox and holistic points of view.

7.6.2.3. Explain how normal cell and tissue structure and function can change to produce genetic changes, abnormal cell growths, tissue injury, inflammation and repair.

7.6.2.4. Describe the general nervous, endocrine and metabolic responses to ageing, stress and tissue injury.

7.6.2.5. Describe the principles of infection and the ways in which alterations in natural and acquired defenses (immunity) can lead to disease.

7.6.2.6. Discuss the consequences of changes in the circulation, resulting from vascular narrowing and obstruction, fluid excess and loss and organ failure.

7.6.2.7. Describe diseases leading to the differential diagnosis of common symptoms and signs affecting the covering and support systems of the body (skin, joints and bone), control systems (nervous and endocrine systems) and maintenance systems (cardiovascular, respiratory, gastrointestinal and urinary systems).

7.6.2.8. Demonstrate effective case-history taking.

7.6.2.9. Perform a clinical examination of the major body systems.

7.6.2.10. Interpret basic pathology laboratory data and results of investigative procedures.

7.6.2.11. Understand major actions and side-effects of the major classes of orthodox drugs and how to access drug information (use of National Formularies etc.).

7.6.2.12. Recognise potentially serious signs and symptoms and recognize when to refer patients to orthodox medical practitioners.

7.6.3 Outline of Syllabus Contents

7.6.3.1 The orthodox medical model:

Causes and mechanisms of disease, describing diseases, the principles of differential diagnosis.

7.6.3.2. Disorders of cells:

Genetic diseases. Disorders of cell growth; abnormal growth, benign and malignant tumors. Cancer, epidemiology, clinical effects, principles of treatment. Blood-cell disorders.

7.6.3.3. Local response to tissue injury:

Acute and chronic tissue injury, inflammation and its complications.

7.6.3.4. General response to tissue injury:

Fever, neuro-endocrine and metabolic response, role of the immune system, psychological factors, shock, post-operative trauma.

7.6.3.5. Disturbance of body response:

Excessive immune response: hypersensitivity (allergy), auto-immune diseases. Immune deficiency: AIDS, cancer immunology.

7.6.3.6. Infectious diseases:

Principles of infection. Microbial classification. Septicemia and pyrexia of unknown origin. Common bacterial, viral and fungal diseases.

7.6.3.7. Circulatory disorders:

Atheroma, atherosclerosis, thrombosis, embolism, infarction, shock, hemorrhage, edema, organ failure, clotting disorders.

7.6.3.8. Symptoms and signs related to diseases of the various body systems:

Common skin signs; eczema/dermatitis, psoriasis, acne, skin infections and infestations, melanoma. Joint pain; rheumatoid arthritis, osteoarthritis, osteomalacia, ankylosing spondylitis, gout. Soft-tissue disorders. Bone pain and fractures; osteoporosis, osteomalacia, Paget's disease, Hypocalcaemia.

7.6.3.9 Symptoms and signs related to diseases of control systems:

Nervous system: paralysis and coma (stroke, cerebral hemorrhage, metabolic disorders), convulsions and epilepsy, disorders of the central nervous system, facial pain and facial weakness (trigeminal neuralgia, shingles, cluster headache, Bell's palsy), motility disorders (Parkinson's disease, cancer, endocrine disorders, peripheral nerve disorders), dementia, Alzheimer's disease.

Special Senses: ageing effects on vision, impaired vision, ageing effects on hearing and balance, ear infection, tinnitus, nasal problems, polyps, sore throat, sinusitis, allergies, tonsillitis, swollen glands.

Endocrine Disorders: under active and overactive thyroid, adrenal failure, adrenal over activity (Cushing's disease), pathological effects of steroid therapy, diabetes, and hypoglycemia.

7.6.3.10 Symptoms and signs related to diseases of maintenance systems:

Heart and lungs: chest pain, breathlessness, wheezing and pleural signs, cough with sputum (with or without haemoptysis), palpitations, cyanosis and clubbing of the fingers.

Gastrointestinal tract: abdominal pain and abdominal obstruction, jaundice, altered bowel habit (diarrhea and constipation), rectal bleeding, nausea and vomiting, weight loss, difficulty in swallowing, hiatus hernia, peptic ulcer, stomach cancer, inflammatory bowel diseases, irritable-bowel syndrome, biventricular disease, large-bowel cancer, hernias, appendicitis, peritonitis, gall stones, hepatitis, cirrhosis, pancreatitis.

Genito-Urinary tract: urinary frequency and dysuria, increased urine output

(polyuria) and decreased urine output (oliguria), haematuria, kidney failure, nephritis, nephritic syndrome, urinary stones, prostatic enlargement, cancers of the urinary tract and male reproductive organs, impotence, sterility, urinary tract infection.

Heart and blood vessels: angina, myocardial infarction, heart failure, hypertension, abnormal heart rhythms, peripheral vascular diseases.

Lungs: chronic bronchitis and emphysema, asthma, lung cancer, pneumonia, tuberculosis, lung collapse, lung fibrosis, upper-respiratory tract infections.

7.6.3.11 Disorders of growth and reproduction:

Abnormalities of menstruation, menopausal problems, pelvic inflammatory disease and vaginal discharges.

Non-malignant conditions: uterine fibroids, cysts, endometriosis.

Cancers of the reproductive system: cervix, endometrium, ovary, testicular, prostate, breast lumps and breast cancer.

Sexually transmitted diseases.

7.6.3.12 Tests in Clinical Sciences:

Pathology tests on body fluid: blood, urine, cerebrospinal fluid, faeces.

Investigative tests: X-ray, CT, MRI. Physical examination: cardiovascular, respiratory, abdominal, and neurological.

7.6.3.13 Pharmacology and therapeutics:

Key concepts, major categories of drugs, accessing information on drug actions and side effects, drug management issues, liaison with patient and practitioner

7.6.3 Assessment

Assessments will be designed to assess students' understanding of the material, their ability to apply it to typical cases, and their ability to read relevant books to widen their knowledge.

Typical assessments might include home-study questions and essays, some of which would probably be based on hypothetical clinical situations.

7.7 Core Curriculum on Plant Chemistry & Pharmacology

7.7.1 Aims

To ensure that natural practitioners are familiar with the main chemical constituents of the most common herbs, the effects they have on the human body, and their reactions with orthodox drugs.

Minimum Level: 4/5 (HE certificate/HE diploma)

7.7.2 Learning outcomes

By the end of this course the students will be able to:

7.7.2.1. Describe the nature and properties of plant substances.

7.7.2.2. Explain simple chemical identification tests and separation techniques and understand the value and uses of more sophisticated techniques.

7.7.2.3. Describe the pharmacological effects of the major groups of plant compounds as detailed below.

7.7.2.4. Describe the mode of action of common medicinal plants. Discuss the limitations of plant biochemistry as an explanatory model for herb actions.

7.7.2.5. Carry out information searches and evaluate current information on plant biochemistry and phytopharmacognosy.

7.7.3 Outline of Syllabus Contents

7.7.3.1. The chemical and physical structure, properties and functions of the main classes of secondary plant chemicals, including: terpenes, mono-, sesqui-, di-, tri-terpenes, steroids and carotenoids.

fatty acids, triglycerides, waxes, alkenes, polyacetylenes.

alkaloids, non-protein amino acids, amines.

purines and pyrimidines, chlorophyll.

carbohydrates - mono-, oligo- and poly-saccharides, gums, sugar alcohols and cyclitols.

phenols and phenolic acids, phenylpropanoids and coumarins, quinines, flavonoids, tannins.

sulphur compounds (sulphides, thiophenes, glucosilicates). cyanogenic compounds.

7.7.3.2. The dynamics and kinetics of medicinal substances upon the human body – remedy absorption, distribution, metabolism, excretion and sensitivity.

- 7.7.3.3. The toxicology of commonly used medicinal plants: side effects, cautions and contraindications.
- 7.7.3.4. Known and possible comparisons and interactions of orthodox drugs with phytomedicines, dietary modification, etc.
- 7.7.3.5. Synergistic and reductionist models of medicinal plant activity.

7.8 Core Curriculum on Pharmacognosy & Dispensing

7.8.1 Aims

To ensure the safety of natural medicine practice by enabling Natural Health Practitioners to evaluate quality control and quality-assurance processes for phytomedicines.

To ensure a good understanding of the processes by which phytomedicines are grown, harvested, stored and processed.

To enable Natural Health Practitioners to read and evaluate technical material published on phytomedicines in pharmacopoeias monographs etc.

To teach the legal requirements relating to phytomedicine practice.

To teach the necessary skills for the running of a phytomedicine dispensary.

Minimum Level: 5 (HE diploma)

6.8.2 Learning Outcomes

By the end of the course, students should be able to:

- 7.8.2.1. Describe the processes and issues of Quality Assurance in relation to phytomedicines.
- 7.8.2.2. Demonstrate knowledge of the identifying characteristics of commonly used herbs.
- 7.8.2.3. Explain the botanical terms used to describe herbs, including Latin terms for parts of plants.
- 7.8.2.4. Demonstrate knowledge and understanding of a full range of dispensary skills.
- 7.8.2.5. Demonstrate knowledge and understanding of the legislation relating to the storage, labeling and dispensing of phytomedicine.
- 7.8.2.6. Compare and contrast the different forms of administration of herbs.
- 7.8.2.7. Describe procedures for interacting with pharmacists, licensing authorities, medical profession and toxicologists.

7.8.3 Outline of Syllabus Contents

7.8.3.1 Quality Assurance

Source and growing environment, harvesting, processing, storage and packaging of herbs. Possible sources of

contamination, including aflatoxins, heavy metals and pesticides. Batch numbers and records.

7.8.3.2 Quality Control Macroscopic identification, microscopic examination, chromatography (TLC, GC, HPLC), spectroscopy, water or ethanol soluble contents, presence of foreign matter and microbial contamination, DNA analysis, volatile oil determination, water content, ash value etc., as methods for differentiating good quality herbs from poor or substitute herbs and for identifying adulterants. Quality control and standardization.

7.8.4 Botanical terms used to describe herbs.

Identifying characteristics of commonly used herbs. Common fakes and substitutes.

7.8.5 Dispensary skills

Dispensing (accurate weighing and measuring, containers etc.), labeling of stock and dispensed items (legal requirements, clarity, additional written and verbal advice, patient identification), posology (dosage, contraindications, record keeping, adverse reactions), quality control in the dispensary, storage in the dispensary (shelf life, expiry dates, stock rotation, storage conditions, and appropriate containers), processing in the dispensary, confidentiality and communication skills for dispensary staff, hygiene, ordering and stock-taking, information and updating on herb regulations.

7.8.6 The law and phytomedicine

Relevant legislation; labeling; adverse event reporting systems; restricted substances; endangered species and CITES; etc. (Note that specifics of the legislation to be covered will vary from country to country, see appendix to this module).

7.8.7 Health and safety

The practice premises.

7.8.8 Forms of administration of herbs

Internal (decoctions, infusions, powders, tinctures, capsules, tablets, etc.) and external (creams, ointments, lotions, liniments, poultices etc.). Choosing between different forms of administration.

7.8.9 Addendum

Incompatibilities between herbs should also be covered within the Chinese phytomedicine, western medical phytomedicine, or other specific curricula.

Where preparation methods for crude herbal materials are an integral part of a herbal tradition, this will be covered in the module(s) specific to that tradition, up to the level required for prescription dispensing.

7.8.10 Appendix

The law and phytomedicine - for SA this includes all as per CE:
Restricted substances, Schedule 1, 2 and 3 substances and the requirements of the Medicines Act 1969.
The Environmental Protection Act 1991.
The Medicines Order 1977.
Directive 65/65 EEC.
Medicines for Human Use (Marketing Authorizations 1994).
The Law 9 phytomedicine for Denmark includes: Danish food law paragraph 12,
article: 1,2,3,4,5,6,7 & 8
Dank Levnedsmiddelovens paragraf 12 stk: 1,2,3,4,5,6,7 og 8
Den samlede lovgivning på området er omtalt i bogen: Vejledning om planter og plantedel i levnedsmidler, udg. af Veterinær- og Fodvaredirektoratet

7.9 Core Curriculum on Practitioner Development & Ethics

The code of conduct as prescribed in 5 above will be applicable to all learners.

7.9.1 Aims

To support student self-development leading to effective communication (including listening and counselling skills, and empathy) within the therapeutic relationship and within their professional lives as a whole, e.g. in liaising with practitioners, etc.

To support the development of reflective practice - the practitioner as a life-long learner; and an understanding of how personal and psychological factors influence the therapeutic relationship.

To ensure that students are familiar with the ethical, legal and professional foundations of good practice, and are able to apply these principles appropriately.

Minimum Level: 4/5/6 (HE certificate/diploma/honors)

7.9.2 Learning Outcomes

By the end of the module students will be able to:

7.9.2.1 Demonstrate an understanding of the role of self, personality and psychological factors in personal development and in establishing an effective therapeutic relationship and environment.

7.9.2.2 Understand, and apply, the fundamental principles of medical ethics. Discuss moral, ethical and legal obligations to patients and the public in general, their profession and fellow practitioners, other health-care professionals, and staff they employ.

- 7.9.2.3 Practice in accordance with the relevant code of ethics and conduct.
- 7.9.2.4. Demonstrate a clear understanding of their limits of competence and when and how to make referrals.
- 7.9.2.5. Identify and access sources of advice, guidance and continuing professional education which will enable them to grow and develop as professional Natural Health Practitioners.

7.9.3 Outline of Syllabus Contents

- 7.9.3.1. Individual and cultural prejudices, personal areas of strength and weakness, health beliefs, the ability to give and receive feedback, the ability to self-assess.
- 7.9.3.2. The patient/practitioner relationship - communication skills to include models of conscious and unconscious communication, building empathy, transference and counter transference, setting boundaries, proper professional conduct, beginning and endings in a therapeutic relationship, dealing with sensitive issues such as bereavement and loss.
Consent (including minors) - justification for treatment and the patient's right to refuse, assault, issues of power and control.
- 7.9.3.3. Confidentiality - confidentiality and the law, Data-protection act, situations in which patient information may be disclosed, sources of legal help and advice; confidentiality within the practice, other staff, making and storing case notes, patient access to their own notes
- 7.9.3.4. Referrals - patient care when the practitioner is absent.
- 7.9.3.5 Advertising standards: methods and wording, creating expectation and making claims; the use of titles "doctor, nurse and medical practitioner". Providing an appropriate environment to practice. Fees, charges and prescription costs - fairness, clarity and communication.
- 7.9.3.6. Relationships between practitioners: communication, courtesy, professional and ethical conduct; disputes and complaints procedure; transfer and referral of patients, case histories and patient notes.
- 7.9.3.7. Supervision, mentoring and personal support for the practitioner; continuing professional education; boundaries of the therapeutic space; safeguarding the legitimate needs of the practitioner.
- 7.9.3.8. Professional misconduct: complaints, disciplinary procedure, advice and guidance, insurance.
- 7.9.3.9. Prescribed conduct regarding: abortion, venereal disease, notifiable diseases, consent and supervision of minors and people with learning difficulties, procedures for the intimate examination of a patient of the opposite sex, notification of adverse events.
- 7.9.3.10. Taxation and business issues.

7.10 Curriculum on Practitioner Research

7.10.1 Aims

To enable practitioners of phytomedicine to develop an orientation towards continuous professional development, recognizing that learning is a life-long process, and that part of this process is concerned with the ability to frame enquiry within the context of personal practice, reflecting and analyzing in a systematic and critical way To introduce the principles and practice of research as a system and critical process of enquiry in the context of health care in general and phytomedicine in particular

Minimum Level : 5/6 (HE diploma/honors)

7.10.2 Learning Outcomes

By the end of the course the student will be able to:

- 7.10.2.1 Demonstrate the skills of finding, reviewing and critically analyzing relevant research literature.
- 7.10.2.2 Evaluate research methodology within a range of different research paradigms.
- 7.10.2.3. Demonstrate practical skills in research design, operation and data analysis.
- 7.10.2.4. Develop a research proposal, including appropriate methodology and consideration of the ethical and legal issues.
- 7.10.2.5. Discuss, collaborate on and disseminate research with other Natural Health Practitioners and in the wider healthcare field.
- 7.10.2.6. Be aware of the value of research for their own practice and understand the importance of audit.

7.10.3 Outline of Syllabus Contents

- 7.10.3.1. The research culture in phytomedicine - strengths and weaknesses, keeping up with the field, continuous professional development, using research evidence to inform clinical practice. Audit techniques.
- 7.10.3.2. The epistemology of research: positivist v. interpretative studies, quantitative and qualitative work, co-operative enquiry, action research, ethnography, evidence-based medicine, phenomenology. The value and limitations of a particular approach to a given research
- 7.10.3.3. Research skills: types of controlled trials, outcome measures, survey and interview techniques, case studies, discourse analysis and personal narrative, introduction to statistics, audit techniques.
- 7.10.3.4. Designing a research question and identifying an appropriate methodology.
- 7.10.3.5. Ethical and legal issues in research, including negotiating access, informed consent, working with patients within the established health authority.

7.11 The Eighth Element

Modules for each tradition of phytomedicine. Some of these are still in preparation and will be published at a later date. The detailed curricula for Ayurvedic, Chinese, Tibetan and Western Phytomedicine are published in the appendices to this document.

7.12 Core Curriculum on Clinical Practice

7.12.1 Aims

To develop in students the full range of a Natural Health Practitioner's skills under the careful supervision of an experienced Natural Health Practitioner(s), including developing a phytomedicine treatment strategy, dispensing phytomedicines, dispensary management, health and safety aspects and practitioner development issues.

To motivate students to continue learning and studying by observing beneficial outcomes of treatment.

Minimum Level: 6 (HE honors degree)

7.12.2 Learning Outcomes

By the end of the course the student will be able to:

7.12.2.1. Develop herbal-medicine practical skills.

During clinical practice students demonstrate the development of competence at the following skills:

7.12.2.2 Dispensary administration, including ordering and stock rotation.

7.12.2.3 Herbal quality assessment and safe storage.

7.12.2.4 Weighing, packaging, labeling and safe dispensing

of

phytomedicine

7.12.2.5 Practice and extend the theories of phytomedicine and to develop diagnostic skills.

During clinical practice students will be able to extend their experience of the following aspects of phytomedicine with the guidance of the Clinic Supervisor(s):

7.12.2.6 Taking the case - building rapport, clear questioning, good record-keeping.

7.12.2.7 Making the diagnosis - including pathology and aetiology, according to the theories of phytomedicine.

7.12.2.8 Palpation - sensitivity to patient and responsiveness to physical clues.

7.12.2.9 Appropriateness of the patient's condition for treatment with phytomedicine.

7.12.2.10 Analysis of the patient's condition from a natural medicine perspective and the selection of the most appropriate formulae and herbs.

7.12.2.11 Modification of the herbal strategies used as the

patient's condition changes.

7.12.3 Patient-practitioner relationship skills

Students will progressively develop these skills, with particular attention to:

7.12.3.1 establishing good contact and building confidence and trust.

7.12.3.2 providing information in everyday language.

7.12.3.3 time management.

7.12.4 Patient management skills

Students will develop their skills in

7.12.4.1 lifestyle monitoring and advice

7.12.4.2 limits to competence

7.12.4.3 referrals and recommendations

7.12.4.4 drug monitoring and management

7.12.4.5 response of the patient to natural treatment

7.12.4.6 ethical considerations.

7.12.5 Outline of Syllabus Contents

During Clinical Practice students will begin to practice the skills outlined above under Objectives. At first these skills will be practiced with close supervision and support, but increasingly the students will be encouraged to formulate their own decisions regarding the diagnosis and treatment and the progress of the patient's healing and recovery. Their judgments must then be checked with the Clinical Supervisor before action is taken.

7.12.6 Code of Ethics and Practice

The Codes of Ethics and Practice of the SANHPB will apply throughout clinical practice.

7.12.7 Assessment

Students are expected to develop the ability to deal confidently with the complexities and contradictions that arise in clinical practice. Students must show awareness of the ethical dilemmas which may occur in their work, and must be able to formulate solutions to these. Clinical skills should be performed consistently and with confidence. By the end of the module students must show that they are ready to practice phytomedicine independently.

Students may be assessed in a variety of ways including writing up case histories of patients seen in clinic, completing competency logs, clinic supervisor's assessment, clinical exams, etc. The assessment process will be designed so that the University is able to satisfy itself

that students have developed both the necessary competencies, and an adequate level of global competence in phytomedicine.

7.13 AYURVEDIC MEDICINE

7.13.1 CORE CURRICULUM

These guidelines cover the following areas:

- Aims
- Objectives
- Outcomes
- Curriculum Outline
- Means of Assessment
- Recommended allocation of time

7.13.2 Aims

The aim of professional entry training in Ayurvedic medicine shall be to produce a practitioner who can:

- 7.13.2.1. Display theoretical knowledge and clinical competence sufficient to undertake a professional role as an Ayurvedic physician.
- 7.13.2.2. Utilise the principles and practice of Ayurveda effectively in the promotion of health and alleviation of illness for patients.
- 7.13.2.3. Establish and maintain effective professional relationships with Colleagues within the Ayurvedic community and beyond.
- 7.13.2.4. Assume responsibility for own personal and professional growth.
- 7.13.2.5. Participate in defining, maintaining, interpreting, and co-ordinating services within the complementary health care systems.
- 7.13.2.6. Facilitate Ayurvedic research and utilise research findings from multiple disciplines in providing care to patients.
- 7.13.2.7. Utilise a holistic approach in the delivery of patient care based on the philosophy of Ayurveda.
- 7.13.2.8. Reflect upon everyday practice

7.13.3 Outcomes

Upon completion of the prescribed training and subsequent qualification in Ayurvedic medicine, a practitioner shall:

- 7.13.3.1. Be able to obtain and record patient information by performing a complete roga-rogi pariksha (history and physical assessment) in an empathetic fashion, including:
 - Prashna and Panchendriya Pariksha (History taking, Inspection, Palpation, Percussion and Auscultation)
 - Astavidha Pariksha (Eight-point Disease Assessment)
 - Dasavidha Pariksha (Ten-point Patient Assessment)
 - Sadanga Pariksha (General Physical Examination)

Sroto Pariksha (Complete Systemic Examination)

7.13.3.2. Exhibit proficiency in modifying patient interview and examination based on the circumstances, including the ability to:

7.13.3.2.1 Review patient history and physical examination based on laboratory findings.

7.13.3.2.2 Conduct focused history and physical examination in a timely manner based on a patient's presenting symptoms and signs.

7.13.3.2.3 Conduct screening examinations for health maintenance.

7.13.3.2.4 Modify interview technique based on client's interactional style and abilities.

7.13.3.2.5 Identify patient's diagnosis and make appropriate referrals when necessary.

7.13.3.3 Apply knowledge in clinical settings to:

Assess acuity of illness:

7.13.3.3.1 Recognizing patients with life-threatening conditions

7.13.3.3.2 Evaluate patients suffering chronic illness. Help manage patients (together with their families) who are facing death

7.13.3.3.3 Apply understanding of basic mechanisms of disease processes according to the principles of Ayurveda to analyze data obtained via the history, physical, and laboratory examinations.

7.13.3.3.4 Present patients case analyses and treatment plans in a well-organized, concise, and effective manner.

7.13.3.3.5 Where appropriate, present information to other members of the healthcare team, and to the patient's General Practitioner.

7.13.4 Suggest a preliminary treatment plan which manifests:

7.13.4.1 Critical appraisal of the diagnosis.

7.13.4.2 Understanding of natural history of disorders and likelihood that treatment could alter the disease process.

7.13.4.3 Basic understanding of the indications, contra-indications, potential adverse reactions, costs and benefits of therapeutic intervention.

7.13.4.4 Basic understanding of mechanisms of herbal actions, pharmacotherapeutics, pharmacodynamics, herb-herb interactions, herb-drug and herb-nutrition interactions.

7.13.5 Evaluate the patient's progress during treatment, assessing compliance with therapy and unexpected deviations, and reassessing both diagnosis and treatment in the light of the treatment outcomes.

- 7.13.6 Demonstrate responsibility for continuity of care of the whole patient, with regard to factors influencing that care, including:
 - 7.13.7 Psychological factors.
 - 7.13.8 Social, economic, and cultural concerns.
 - 7.13.9 Potential for substance abuse.
 - 7.13.10 Nutrition, health and lifestyle habits.
 - 7.13.11 Environmental and occupational concerns.
 - 7.13.12 Consideration of long-term as well as short-term goals.
- 7.14 Demonstrate skill in preventative health and health promotion:
 - 7.14.1 Demonstrate disease risk assessment in the areas of:
 - Nutrition, dietary and life-style management
 - Tri-doshic imbalance reduction.
 - 7.14.2 Promote healthy lifestyles through health behavior assessment and counseling.
 - 7.14.3 Demonstrate awareness of implications of patient's prakruti alterations in disease processes.
 - 7.14.4 Appreciate the physician's role in care of a community's health, including the ability to describe the impact of health-care systems on community health and how it might be improved.
- 7.15. Record observations, major thought processes, and decision-making considerations in the patient record, including:
 - 7.15.1 Initial consultation, interview and examination, diagnosis and treatment notes.
 - 7.15.2 Progress notes, which communicate patient's progress, status, findings, and management options.
 - 7.15.3 Readable, well-organized, and concisely written reports.

8 GUIDELINES TO ADMINISTRATION

Refer to annexure "A" to be amended

9 STANDARDS OF PRODUCT MANUFACTURING

The SANHPB considers the maintenance of biodiversity and the conservation of plant species in natural habitats to be vital to the interests of phytomedicine, the quality of the environment and the welfare of future generations. The Board supports the principles of sustainable harvesting and protection of endangered species, encouraging the cultivation of medicinal plants in preference to harvesting from the wild wherever practicable. In the usage of

non-cultivated medicinal plants, members of the SANHPB should ensure as far as possible that: The Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES) and any relevant national regulations have been observed. Neither plant species nor their natural habitats are threatened by irresponsible harvesting or over-exploitation. Members of the SANHPB include companies involved in the manufacture or supply of phytomedicines, Natural Health Practitioners, academics, pharmacists, students of phototherapy and others. The SANHPB has supported these members with advice and comments on legislation and labeling from the beginning. We reserve the right to identify harmful substances in food and the right to advise thereon and be recognized.

10 STANDARDS OF DISPENSING

Standards of dispensing will be adhered to as set out in the code of ethics.

- 10.1 All phytomedicine will be dispensed prepacked and labeled
- 10.2 No phytomedicine will be sold or dispensed in bulk unless:
 - 8.2.1 Proper application was evaluated and approved.
 - 8.2.2 Applicant is a clinic or dispensing outlet.
- 10.3 Labels must contain original product name, batch no. and expiry date.
- 10.4 Natural Health Practitioners may only prescribe already prepacked and labeled medicine to patients.

11 REGISTRATION OF PRODUCTS

All natural medical products must be registered at the SANHPB. The following information will be critical in the upkeep and protection of the intellectual property of manufacturers.

- 11.1 Origin of product
 - 11.1.1 Name of formulation holder
 - 11.1.2 Place of origin
 - 11.1.3 Place of residence of formulation holder
 - 11.1.4 Place of business of formulation holder
 - 11.1.5 Contact details of formulation holder
- 11.2 Formulation of product as well as copyright
 - 11.2.1 Details of ingredients and composition
 - 11.2.2 Details of price structure
- 11.3 If formulator is not the manufacturer
 - 11.3.1 Name of manufacturer
 - 11.3.2 Place of business of manufacturer
 - 11.3.3 Contact details of manufacturer
 - 11.3.4 Name of distributor
 - 11.3.5 Place of business of distributor
 - 11.3.6 Contact details of distributor

- 11.4 SANHPB will seek Government approval for the acceptance of and registration of all natural medical medicine on the same level as all orthodox medicine.
- 11.5 Resale of phytomedicine will be controlled by the SANHPB on pricing, packaging, labeling and distribution.
- 11.6 Phytomedicine to be included in Nappy Code system

12 GUIDELINES TO COMMUNICATION

Communication between SANHPB, members of the board, other medical professions and the public is of the utmost importance to enlighten them of the possibilities and the availability of alternative medical help. Correspondence by means of regular news letters, current magazines, national and international, newly assigned magazines and by means of the government gazette could be utilized on all planes of medical communication.

13 REPRESENTATION TO EQUIVALENT INTERNATIONAL BODIES

Foreign international bodies will be made aware of the growing natural medical industry in South Africa by mutual exchange of knowledge and know-how to sustain the growth and upliftment of South Africa's Natural Health Practitioners.

The registration of foreign qualified Natural Health Practitioners will be conducted according to annexure "D" to be amended.

14 GUIDELINES TO INDEMNITY

Refer to annexure "C" to be amended

15 MALPRACTICE AND DISCIPLINARY PROCEDURE

Where the SANHPB wishes to investigate an allegation of unacceptable professional conduct it will, within 7 days, appoint a Professional Ethics Committee (PEC).

15.1 Composition of the Professional Ethics Committee(PEC)

The PEC consists of not less than three and not more than five persons appointed by the SANHPB, to include a minimum of three Natural Health Practitioners who provide a reasonably balanced representation of the Membership preferably including a representative of the phytomedicine system practiced by the Practitioner concerned. If, after the first hearing, the membership of the PEC shall fall below five, for any reason whatsoever, the remainder of the members of the PEC who sat at the first hearing shall be deemed to be a properly constituted PEC for further or adjourned hearings provided that their number does not fall below three. No more than one member of the PESC should be a member of the SANHPB or of any of its associated professional bodies.

Any person about whose conduct a complaint has been made or who has lodged a complaint against a Member or is likely to be called upon to give evidence in relation to any such complaint or who is directly interested in its outcome shall not be eligible to sit on the PEC at which any such complaint is considered.

15.2 Notice to practitioner

The SANHPB shall, within 7 days of the decision to refer the complaint to the disciplinary procedure, serve on the practitioner concerned written notice of the allegation made against him including:

- 15.2.1 full details of the complaint made against him.
- 15.2.2 the date, time and place of the first hearing of the PEC which shall be not less than 15 days after the date of service of the notice.
- 15.2.3 notification of his right to submit a full written statement of evidence on his own behalf.
- 15.2.4 a written request to submit oral evidence on his own behalf if he wishes to do so.
- 15.2.5 notification that such statement and/or request must be served on the PEC not more than 12 days after service on the practitioner concerned of the notice specified in this clause.
- 15.2.6 notification of the practitioner's right to seek legal representation.

15.3 Postponement of hearing and request for further evidence

The Member concerned may, not less than 7 days before the date for the hearing notified to him/her (but not an adjourned or postponed hearing), serve on the PEC a request for further time in which to prepare his/her case. The PEC shall, on receipt of such a request, adjourn or postpone the hearing for a period of at least 15 days from the date of the request for further time.

The PEC may call for such further evidence as it may require to be submitted before the first or subsequent hearings (or any adjournment or postponement), provided that it serves on the practitioner concerned a written notice including reasonably full details of such further evidence and notifying him of his right to submit:

- 15.3.1 a written reply to such further evidence
- 15.3.2 a written request to give oral evidence in reply to such further evidence. Such reply and/or request is to be served on the PEC not more than 14 days after service on the practitioner concerned of such

notice of further evidence. If there are less than 14 clear days between the service of such a notice of further evidence and the date (or adjourned or postponed date) of the first or subsequent hearing, the PEC shall postpone or adjourn such hearing and give notice thereof at the same time as it serves the notice of further evidence specified in this Section.

15.4 Conduct of the enquiry

The decision whether to accept oral evidence at the first hearing shall be at the absolute discretion of the PEC who shall, before the date of the first hearing, or any adjourned or postponed date, serve on the practitioner notice of such decision. If the practitioner concerned shall fail to serve a statement and/or reply and/or notice in accordance with 13.2 or 13.3, the PEC may, after expiry of the time for service permitted by such clause, proceed to the first hearing without considering any written evidence which would have been included in such statement and/or reply and/or notice and in the absence of the practitioner concerned. The PEC may adjourn or postpone (more than once, if necessary) any hearing for such period as it thinks fit, provided that at least 15 days before the new date fixed for such hearing, it serves written notice of the new date, time and place for such hearing on the practitioner concerned.

15.5 Decision of Professional Ethics Committee

The PEC shall, at the time and place and on the date notified for the first hearing, or of any duly notified postponement or adjournment thereof, meet to decide whether a case of unacceptable professional conduct has been made out against the practitioner concerned. If it finds that a case has not been made out against the practitioner concerned, the PEC shall dismiss the case. If it finds that a case has been made out, then it shall hear the matter and, if it finds the case proved, it may advise the SANHPB to:

15.5.1 admonish the practitioner

15.5.2 admonish and fine the practitioner concerned a sum not exceeding R50,000 (fifty thousand rand only) requiring him to pay such sum within 28 days.

15.5.3 make the practitioner subject to conditions of practice order for up to three years, or a suspension order for up to one year and refer the case to the Professional Ethics Appeal Committee

15.6 Decision of Professional Conduct Committee

The SANHPB shall, not more than 28 days after receiving the report of the PEC, serve written notice on the practitioner concerned of the decision of the SANHPB and of his right to appeal to the SANHPB and details of the appeal procedure.

15.7 Appeal by practitioner

If the practitioner concerned intends to appeal to the SANHPB against either the finding of the PEC or the penalty imposed or a fine imposed, he shall

appeal not more than 28 days after service on him of written notice of the decision of the PEC and SANHPB. If the practitioner concerned fails to serve such notice within such time, his right to appeal shall be lost.

If the SANHPB shall have received notice of appeal in accordance with 13.8, it shall, within 14 days, notify the practitioner of the date that the appeal procedure will begin.

15.8 Service of notices

Notices to be served in connection with any procedure relating to unacceptable professional conduct shall be served in accordance with the following procedure:

15.8.1 a notice may be served by the SANHPB, PEC upon any practitioner either personally or by letter, sending it by first class recorded delivery post addressed to the practitioner at his last registered address.

13.8.2 a notice so sent through the post shall be deemed to have been served two days following that on which the letter containing the same was posted.

15.8.3 any notice, requisition or other document which is to be served on the SANHPB, PEC or any officer thereof may be served by sending it by first class postal delivery to the Registered Office.

15.9 Professional Ethics Appeal Committee

The Appeal will be heard by the Professional Ethics Appeal Committee. The PEAC shall have vested in it all the powers and discretions conferred upon the SANHPB by the Memorandum of Association or by these clauses so far as they relate to any disciplinary action to be taken against a practitioner or the reason therefore.

15.10 Composition of Professional Ethics Appeal Committee

The PEAC shall consist of six to seven persons, including at least two lay members, who will be assisted by a Legal Assessor who shall be a barrister or solicitor. The PEAC is appointed by the SANHPB, with the advice of the PEC, using appropriate procedures. If sufficient members of the PEAC are not available or eligible to form a quorum, sufficient additional persons may be appointed by the SANHPB as members of the PEAC to constitute such quorum. A minimum of four members of the PEAC must be Natural Health Practitioners preferably including a representative of the phytomedicine system practiced by the Practitioner concerned. No more than two members of the PESC should be a member of the PEC, the SANHPB or of any of its associated professional bodies.

15.11 Notice to practitioner

The PEAC shall serve on the Member concerned written notice informing him of the hearing, which shall be not less than 15 days after the date of service of such notice, and notifying the Member concerned of his right to submit:

- 15.11.1 notice of his intention to be heard in person or by his counsel, solicitor or lay representative. Such notice or statement to be served on the PEAC not more than 14 days after service on the practitioner concerned of the notice specified in this clause.
- 15.11.2 The practitioner concerned may, not less than 7 days before the date for the hearing (but not an adjourned or postponed hearing) notified to him, serve on the PEAC a request for further time in which to prepare his case. The PEAC shall, on receipt of such a request, adjourn or postpone the hearing for a period of at least 15 days from the date of the request for further time.

15.12 Decision of Professional Ethics Appeal Committee

The PEAC shall at the time and place and on the date notified for the hearing or any duly notified postponement or adjournment thereof meet to determine the case. In considering the case, a conviction of any offence or any finding of fact by a Court or competent jurisdiction or of any other relevant professional tribunal shall be binding on the PEAC. After hearing all the evidence presented for and against the Member concerned, the PEAC shall determine whether he has been guilty of unacceptable professional conduct. If it finds that he has not been guilty of unacceptable professional conduct, the PEAC shall dismiss the case. If it finds that he has been guilty of unacceptable professional conduct it shall:

- 15.12.1 admonish the practitioner
- 15.12.2 admonish and fine the Member concerned a sum not exceeding R 50 000.00 (fifty thousand rand only), requiring him to pay such sum within 28 days
- 15.12.3 make the practitioner subject to a conditions of practice order for up to three years or suspension order for one year
- 15.12.4 remove the name of the practitioner from the Register

The PEAC shall, not more than 14 days after the final hearing, serve written notice on the Member concerned of its decision which will be final and binding on all parties and shall submit a written report to the Council. The final decision to remove the name of the practitioner from the register must be ratified at a meeting of the Council.

15.13 Fines

No Member who has been fined, shall, so long as his fine remains unpaid, be entitled to attend or take part in the meetings of his/her Professional Association nor shall he/she be entitled to vote. If any Member on whom a

fine has been imposed in accordance with 13.12, shall fail to pay such fine in full within the period required for payment thereof, the SANHPB may resolve that name be removed from the Register forthwith, and, if it thinks fit, the SANHPB may prescribe a period of time during which no application for reinstatement of the Member concerned shall be considered.

15.14 Reinstatement onto Register

A person who has been removed from the Register, or whose membership has been terminated, may apply for re-admission to the Register, provided that such application is made after any period which has been prescribed in accordance with such clauses and subject to the provisions of SANHPB Articles (reinstatement following termination of membership or expulsion from the Register).

15.15 Variation in rules

The Council, having been advised by the PEC, shall have power to make or vary rules for any matters or procedures relating to unacceptable professional conduct which are not covered by these clauses.

16 PROFESSIONAL EQUIPMENT

Any and all equipment, electrical, electronic, mechanical or whatsoever driving force will not be allowed in practice, manufacturing, packing, labeling or any part of the SANHPB unless written proof of approval and or acceptance by the SANHPB.

Application to the SANHPB for registration for the use of any such instrument or equipment will be evaluated.

17 RECOGNITION WITH MEDICAL AIDS

The aim is to all and any natural medical treatment and medicine to be accepted at all current Medical Aid Societies. The recognition of Natural Health Practitioners and Phytomedicine as equal partners to medical GPs and orthodox medicine. This target to be realized in the Government Health five year plan

ANNEXURE A

Regulations: Functions and Functioning of Professional Boards

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Notice: R979

Date: 13 August 1999

The Minister of Health, in terms of section 15(4) and (5)(f), (h) and (i) of the Health Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the Health Professions Council of South Africa, made the regulations in the Schedule.

SCHEDULE

Regulations relating to the Functions and Functioning of Professional Boards.

Arrangement of regulations

Chapter I **Establishment of Committees**

Chapter II **Conduct of Business of a Professional Board, Including the
Election of a Chairperson and a Vice-Chairperson**

Chapter III **Term of Office of Members of a Professional
Board**

DEFINITIONS

1. In these regulations -
 “**member**” means a member of a professional board;
 “**professional board**” means a professional board established in terms of section 15 of the Act;
 “**the Act**” means the Health Professions Act, 1974 (Act No. 56 of 1974).

Chapter I

ESTABLISHMENT OF COMMITTEES

2. A Professional Board -
 - (a) may from time to time establish such standing committees as it may deem necessary, each consisting of as many persons, appointed by the professional board, as the professional board may determine, but including at least one member of the professional board who shall be the chairperson of such committee, and shall determine the composition, quorum, and terms of reference of each committee so established;
 - (b) shall at its first meeting each year appoint the members of the committees established in terms of paragraph (a);
 - (c) establish professional conduct committees, each consisting of as many persons, appointed by the professional board, as the professional board may determine, but including at least one member of the professional board who shall be the chairperson of such professional conduct committee;
 - (d) may from time to time, as the need arises, establish such *ad hoc* committees as may be required to investigate and report on such matters as may be referred to such *ad hoc* committees by the professional board;
 - (e) may, subject to the provisions of regulations 3, 4 and 5, delegate to any committee so established or to any person such of its powers as it may from time to time determine, but shall not be divested of any power so delegated;
 - (f) may co-opt any person as a member of the professional board or of a committee of the professional board.
3. A decision of a professional conduct committee, unless appealed against, shall be of force and effect from the date determined by the professional conduct committee.

Chapter II

Conduct of Business of a Professional Board, including the election of a Chairperson and a Vice-Chairperson

Election of Chairperson and Vice-Chairperson

4. (1) At the first meeting of every newly constituted professional board the members present shall elect from among their number a chairperson and vice-chairperson, who shall hold office during the term of office of the professional board, unless any one of them resigns or ceases to be a member before the expiry of his or her term of office.
 - (2) The election shall be by ballot and the ballot papers shall be counted by the Registrar.
 - (3) Any member shall be competent to nominate by ballot a member for the office of chairperson, and the Registrar shall announce the names of the members so nominated and arrange for a vote by ballot.
 - (4) Each vote cast in such a ballot for any person who was not nominated shall be void and invalid.
 - (5) If only two persons are nominated, the voting in the first ballot shall be final, except in the case of an equality of votes.
 - (6) If more than two persons are nominated the candidate obtaining the lowest number of votes in the first ballot shall be eliminated, and thereafter successive ballots shall be taken with one candidate being eliminated each time until only two candidates remain, when the ballot shall be final, except in the case of an equality of votes.
 - (7) In the case of an equality of votes affecting the elimination of any candidate or the result of the final ballot, a further ballot shall be taken and, if such ballot is indecisive, the result of the ballot shall be decided by drawing lots.
5. The chairperson, having been elected, shall take the chair and the members shall proceed to elect a vice-chairperson, following the procedure prescribed by regulation 4, except that in the event of an equality of votes the chairperson shall have a casting vote.

Function of Chairperson

6. The chairperson shall preside at all ordinary and special meetings of the professional board and shall be responsible for the proper conduct of its meetings and, if during a meeting a procedural problem arises which is not provided for in these regulations, the chairperson shall determine the procedure to be followed.
7. In the absence of the chairperson, the vice-chairperson shall take the chair at a meeting of a professional board.
8. In the absence of the chairperson, the vice-chairperson shall perform all the functions of chairperson.
9. If both the chairperson and the vice-chairperson are absent from a meeting of a professional board, the members present at that meeting shall forthwith from among their number elect an acting chairperson, who shall perform all the functions of chairperson until the chairperson or vice-chairperson resumes his or her duties or vacates his or her office.
10. The chairperson, vice-chairperson or acting chairperson presiding at a meeting shall, in the case of an equality of votes, have a second or casting vote.
11. The chairperson shall *ex officio* be a member of the executive committee of a professional board and chairperson of that committee.
12. (1) The chairperson or vice-chairperson may vacate his or her office without such vacation *ipso facto* terminating his or her membership of the professional board.

(2) In the event of a vacation of office referred to in sub-regulation (1), the members present at a meeting of a professional board at which the announcement of vacation of office is made or, if vacation of office takes place between meetings, at the following meeting of the professional board, shall from among their number elect a chairperson or a vice-chairperson, as the case may be, following the procedure set out in regulation 4.

Vacation of Office and Filling of Vacancies

13. A member of a professional board shall vacate his or her office if -
 - (1) his or her estate is sequestrated or he or she has entered into a composition with the creditors of his or her estate;
 - (2) he or she has been absent from more than two consecutive ordinary meetings of the professional board without the professional board's leave: Provided that if a member of any committee of a professional board fails to attend two consecutive meetings or fails to attend three meetings within the term of office of the committee, such member shall forfeit his or her membership of that committee;

- (3) he or she is or becomes disqualified under the Act from practicing his or her profession;
 - (4) he or she ceases to hold any qualification necessary for his or her designation or appointment or tenders his or her resignation in writing to the person or body or group by whom he or she was designated or appointed and that person or body or group accepts his or her resignation;
 - (5) as an elected member, he or she notifies the professional board, in writing, of his or her resignation;
 - (6) he or she ceases to be a South African citizen;
 - (7) he or she becomes a patient as defined in section 1 of the Mental Health Act, 1973 (Act No. 18 of 1973);
 - (8) he or she is convicted of an offence in respect of which he or she is sentenced to imprisonment without the option of a fine; or
 - (9) the Minister, in the public interest and for just cause, and after consultation with the person or body or group by whom the member was designated or appointed, terminates his or her membership.
14. Every vacancy on a professional board arising from circumstances referred to in regulation 13 and every vacancy caused by the death of a member shall be filled by designation, appointment or election by the person or body or group by whom and in the manner in which the vacating member was designated, appointed or elected, and every member so designated, appointed or elected shall hold office for the unexpired portion of the period for which the vacating member was designated, appointed or elected.

Meetings

15. All acts of a professional board shall, unless consensus on a matter is reached, be decided by a majority of the votes of the members present at any meeting.
16. The date or approximate date and place of each ordinary meeting of a professional board shall be fixed by the professional board at its preceding meeting.
17. Each newly constituted professional board shall meet as soon as practicable to elect office-bearers, establish committees as set out in Chapter I and consider such other matters as may be necessary.
18. The Registrar shall determine the place, date and time of the first meeting of a newly constituted professional board.
19. Special meetings may be convened by the chairperson and shall be convened by him or her upon the written request of at least twenty-five percent of the membership of a professional board, who shall clearly state in such request the purpose for which the meeting is to be convened.

20. Notices convening ordinary meetings, together with agendas, shall be signed by the Registrar and shall specify the business to be discussed at the meeting.
21. In the case of an ordinary meeting, such notice and agenda shall be forwarded to each member at least 14 days before the date for which the meeting has been convened.
22. In the case of a special meeting, such notice and agenda shall be given as the chairperson may deem adequate and, if necessary, notice may be given by facsimile transmission, e-mail or telephone.
23. Ordinary and special meetings of a professional board shall be open to the public, but a member shall be competent to move at any time that the professional board go into committee to discuss any particular item of business and, if such a motion is seconded and carried, non-members shall retire from the meeting.
24. No business shall be discussed at a meeting other than business specified in the notice and agenda for that meeting, except such business as a professional board may resolve to deal with as a matter of urgency.
25. A professional board may adjourn a meeting to any day or hour, but no business shall be discussed at an adjourned meeting except that business specified in the agenda for the meeting of which it is an adjournment, other than business brought forward in accordance with regulation 24.
26. The Registrar shall keep an attendance register in which he or she shall enter the names of all the members attending each meeting, and the names of members absent with or without leave.
27. The chairperson shall take the chair at the appointed hour and, if at the expiry of a quarter of an hour a quorum is not present, he or she may declare the meeting postponed to a day and hour to be fixed by him or her.
28. A majority of the members of a professional board shall constitute a quorum at a meeting of the professional board.
29. Any member desirous of bringing any matter before a professional board shall forward in writing to the Registrar, at least thirty days before the date appointed for a meeting, a notice of motion thereof, which notice of motion shall be specified in the notice convening the meeting and the agenda and shall be considered in proper sequence with the other business presented to the professional board.
30. No matter shall be discussed without the notice referred to in regulation 29, unless permission has been obtained from the meeting to introduce a matter as a motion.
31. Should a motion referred to in regulation 30 find no seconder, it shall not be further considered.

Minutes

32. The proceedings of each meeting of a professional board and its committees shall be preserved in minutes ratified at the next meeting, after confirmation, by the signature of the chairperson.
33. Subject to the provisions of these regulations, the minutes of each meeting of a professional board and of its committees shall contain the resolutions adopted and, if so requested by a member, such motions and amendments as have been proposed and adopted or voted down, but without any comment or remark by any member.
34. The Registrar shall forward a copy of the minutes of each meeting of a standing committee of a professional board to all members of the professional board as soon as possible after the conclusion of the meeting of any such committee.
35. The minutes may be taken as read: Provided that any member may move that any portion of minutes should be read with a view to such correction therein or addition thereto as may be necessary.

Order of Business and Debate

36. At the opening of each meeting of a professional board an opportunity shall be given to members of the professional board to put questions regarding the work of the professional board, which questions shall be answered forthwith if possible, or, if not, at a later sitting by the chairperson or by such office-bearer or official as the chairperson may direct. No discussion thereon shall be permitted.
37. A member of a professional board shall be competent to move at a meeting that any item appearing on the agenda for that meeting be advanced in the agenda or be considered later at the same meeting.
38. No member shall address a professional board more than once on any agenda item, motion or amendment, except with the permission of the professional board: Provided that these restrictions shall not apply to meetings of any committee of the professional board: Provided further that the mover of an original motion may reply, but he or she shall confine himself or herself strictly to answering previous speakers and shall not introduce any new matter into the debate, and the right of reply shall not extend to the mover of an amendment.
39. The chairperson shall call the attention of a professional board to continued irrelevant, tedious repetition, unbecoming language or any breach of order on the part of any member, and shall direct such member, if speaking, to desist from speaking in the manner to which exception is taken or, in the event of persistent disregard of the authority of the chair, to retire for the remainder of the sitting.
40. Whenever the chairperson addresses a professional board or intervenes during a debate, any member speaking shall temporarily desist from speaking.
41. Any member, whether or not he or she has spoken on a matter under discussion, may raise a point of order or in explanation, but such explanation

shall be confined to a material part of a speech or statement which may have been misunderstood. A member so raising a point of order or in explanation shall be entitled to be heard forthwith.

42. (1) All motions in terms of regulations 29 and 30 and amendments thereto shall, unless otherwise permitted by the chairperson, be committed to writing and signed by the mover and shall, before they are spoken to by other members, be read from the chair or by the Registrar under the authority of the chair, and seconded. All formal amendments shall be framed so that they may be read as independent motions.
- (2) An amendment referred to in sub-regulation (1) shall be relevant to the motion it is intended to amend and shall not alter the original motion in such a way as to make it essentially a new motion. Such an amendment shall be so framed as -
 - (a) to add or insert certain words; or
 - (b) to omit certain words; or
 - (c) to omit certain words and add or insert others.
43. No motion or amendment shall be withdrawn after having been read by the chairperson or by his or her authority, except by leave of the professional board.
44. The seconder of a motion or of an amendment may reserve his or her speech for any stage of the debate.
45. If an amendment is proposed, it may be followed by other amendments, and the last amendment shall be considered first.
46. Should every amendment be negatived, the original motion shall then be put to the vote.
47. If an amendment is carried, it shall be regarded as a substantive motion and become the decision of the professional board.
48. When a motion is under debate, no further motion shall be received, except one of the following:
 - (a) An amendment, namely "That the motion be amended as follows:..".
 - (b) The postponement of consideration of the matter under discussion, namely "That the meeting proceed to the next item on the agenda".
 - (c) The closure of the debate, namely "That the matter be put to the vote".
 - (d) The adjournment of the debate, namely "That debate on the motion be adjourned".
 - (e) The adjournment of the professional board, namely "That the professional board now adjourn".

49. When an amendment is under debate, no further motion shall be received, except one of the following:
 - (a) An amendment, namely "That the motion be amended as follows:..".
 - (b) The closure of the debate, namely "That the matter be put to the vote".
 - (c) The adjournment of the debate, namely "The debate on the motion be adjourned".
 - (d) The adjournment of the professional board, namely "That the professional board now adjourn".
50. A motion for the adjournment of a debate (which may specify a date for further consideration of the matter) shall be made and seconded without debate and may be moved at any time, even during debate on an amendment. If the motion is carried, consideration of the matter shall be deferred. If it is lost, the debate shall proceed.
51. A motion that a matter be put to the vote shall be made and seconded without debate and shall be voted on forthwith. If the motion is carried, the motion or amendment under debate, shall at once be voted on by the professional board.
52. If a motion for the adjournment of a debate is carried, the professional board shall pass to the next item on the agenda, and the debate shall be resumed at the next ordinary meeting of the professional board. The mover of the adjournment shall, on the resumption of the debate, be entitled to speak first.
53. If a motion for the adjournment of a professional board is proposed and seconded, the chairperson shall, before putting the matter to the vote, be competent to take the opinion of the professional board as to whether the professional board shall, before rising, proceed to the transaction of unopposed business.
54. Except as provided for in regulation 55, when a matter is put to the vote, the chairperson, having first ascertained the number of members present, shall ask for a show of hands for or against the motion or amendment and shall then declare that the vote appears to him or her to be in the affirmative or the negative, as the case may be. Any member of the professional board may require that the numbers or the names, or both the numbers and the names, of the members voting for or against the motion or amendment shall be entered in the minutes: Provided that a member shall be competent to ask for a vote by ballot, and such request shall be granted if the majority of the members present support it.
55.
 - (1) A motion to rescind a resolution passed at a previous meeting shall be considered only if notice thereof was given in terms of regulation 29. Such a motion shall be passed if a majority of the votes recorded are in favour of it.
 - (2) A motion to rescind a resolution passed during a meeting of a professional board may, notwithstanding the above provision, be considered during the same meeting of the professional board, provided that written notice is given during the same meeting that the matter be

considered. Such a motion shall be passed only if two-thirds of the votes recorded are in favour of it.

56. The Registrar shall embody in the minutes any rulings of the chairperson as to the interpretation of these regulations, if so requested by a member at the time of the ruling.
57. If any ruling of the chairperson of the professional board is called in question, he or she shall vacate the chair while the matter is under discussion.
58. If any member dissents from the opinion of the majority and wishes to have his or her dissenting vote recorded, he or she shall declare his or her position forthwith whereupon his or her dissenting vote shall be entered in the minutes.
59. Any provision relating to the order of business and debate contained in these regulations may be suspended if a motion to that effect is carried by a majority of votes.

Chapter III

TERM OF OFFICE OF A MEMBER OF A PROFESSIONAL BOARD

60. Subject to the provisions of regulation 13, the members of a professional board shall hold office for a period of five years, but shall be eligible for re-election, re-designation or reappointment for one more term.

Repeal

61. The following regulations are hereby repealed:
- (a) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Occupational Therapy published under Government Notice No. R 2287 of 3 December 1976.
 - (b) Regulations relating to the Constitution of the Professional Board for Optical Dispensers published under Government Notice No. R 816 of 16 April 1981.
 - (c) Regulations relating to the Constitution of the Professional Board for Dietetics published under Government Notice No. R 2547 of 12 December 1980.
 - (d) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Physiotherapy published under Government Notice No. R 2297 of 3 December 1976, as amended by Government Notices Nos. R 2833 of 24 December 1987 and R 2297 of 11 September 1992.
 - (e) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Medical Orthotists and Prosthetists published under Government Notice No. R 2316 of 3 December 1976, as amended by Government Notices Nos. R 1733 of 14 August 1981, R 2353 of 23 October 1987, R 2109 of 7 September 1990 and R 1701 of 25 October 1996.
 - (f) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Medical Technology published under Government Notice No. R 2303 of 3 December 1976, as amended by Government Notice No. R 1988 of 18 September 1981.
 - (g) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Health Inspectors published under Government Notice No. R 2307 of 3 December 1976.
 - (h) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Clinical Technology published under Government Notice No. R 1213 of 25 June 1982, as amended by Government Notice No. R 1996 of 24 August 1990.

- (i) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Medical Science published under Government Notice No. R 2785 of 13 November 1990.
- (j) Regulations relating to the Constitution of the Professional Board for Oral Hygiene published under Government Notice No. R 2135 of 17 October 1980.
- (k) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Optometry published under Government Notice No. R 2311 of 3 December 1976.
- (l) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Radiography published under Government Notice No. R 2320 of 3 December 1976, as amended by Government Notices Nos. R 2297 of 12 October 1979 and R 1732 of 9 August 1985.
- (m) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Psychology published under Government Notice No. R 2327 of 3 December 1976 as amended by Government Notices Nos. R 437 of 9 March 1979, R 333 of 24 February 1984, R 334 of 24 February 1984, R 556 of 31 March 1989, R 1389 of 30 June 1989 and R 1095 of 17 June 1994.
- (n) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Speech Therapy and Audiology published under Government Notice No. R 2332 of 3 December 1976, as amended by Government Notices Nos. R 1360 of 4 July 1986 and R 765 of 21 April 1989.
- (o) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Podiatry published under Government Notice No. R 2293 of 3 December 1976.
- (p) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Emergency Care Personnel published under Government Notice No. R 173 of 10 January 1992.
- (q) Regulations relating to the Constitution, Functions, Powers and Duties of the Professional Board for Dental Therapy, published under Government Notice No. R 362 of 31 January 1992.
- (r) Regulations relating to the Conduct of the Business of Professional Boards published under Government Notice No. R 873 of 26 April 1991.

Signed:

MINISTER OF HEALTH: DR M TSHABALALA-MSIMANG

Regulations: Election of members of Professional Boards

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Notice: R1055
July 2003

Date: 28

Regulations relating to the Election of members of Professional or Professions Boards

The Minister of Health intends, in terms of section 15(5), read with section 61(1)(g)(ii) and 61(5), of the Health Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the Health Professions Council of South Africa, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General of Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Human Resource Development), within one month of the date of publication of this notice.

SCHEDULE

Definitions

In this Schedule "**the Act**" means the Health Professions Act, 1974 (Act No. 56 of 1974), and any expression to which a meaning has been assigned in the Act, shall bear such meaning and, unless inconsistent with the context -

"**board**" means a professional or professions board established by Government Notice No. R 75 of 16 January 1998 as amended by Government Notice No. R. of 2002;

(Note: The proposed amendment was submitted to the Department of Health, but has not yet been promulgated - copy attached.)

"**council**" means the Health Professions Council of South Africa;

"**member**" means a member of a board.

1. Returning Officer and Request for Nominations

The Registrar shall be the returning officer at elections of any board.

The returning officer shall, prior to the date of expiry of the term of office of members, by notice in the *Gazette* in the form set out in the First Annexure to these regulations, invite the submission of nominations during a period of not less than one month after publication of the notice.

If an elected member vacates his or her seat before the end of the term of office of members, the returning officer shall act as prescribed in regulation 14 of these regulations.

2. Requirements for Valid Nominations

- (1) For any candidate to be considered for nomination, his or her nomination shall comply with one or more of the categories of members in which candidates need to be elected to a board.
- (2) No person shall be eligible for election as a member unless –
 - (a) he or she is registered under the Act;
 - (b) he or she is a South African citizen and is permanently resident in South Africa;
 - (c) a nomination, as nearly as possible in the form set out in the Second Annexure to these regulations, reaches the returning officer not later than the hour and day appointed for the receipt of nominations in terms of regulation 3;
 - (d) the nomination form states the full first names and surname of the nominee and such other particulars as are required in the Second Annexure;
 - (e) the nomination form is signed by two persons registered under the Act and eligible to participate in the election in terms of the regulations relating to the constitution of the board concerned;
 - (f) each nomination form proposes only one person as a candidate;
 - (g) the nominee has signified to the returning officer his or her acceptance of the nomination on the nomination form or by letter or facsimile transmission not later than the hour and day referred to in paragraph (c);
 - (h) an amount of R200 is deposited with the returning officer prior to the date referred to in paragraph (c). Such deposit shall be refunded to the candidate -
 - (i) if he or she is elected; or
 - (ii) if an election by vote was held and he or she received votes equal in number to at least one third of the total number of votes received by the successful candidate elected with the smallest number of votes.
- (3) A person eligible to vote in an election may sign nomination forms for any number of candidates not exceeding the number to be elected: Provided that, if the returning officer receives a number of nomination forms signed by a person which number is greater than the number of candidates to be elected and the returning officer cannot determine in which chronological sequence

such forms were received, such person's signature shall be void and invalid on all nomination forms signed by him or her.

- (4) Nominations shall be categorised as provided for in the Regulations constituting professional boards and the nomination process shall not close even after the return date until all categories of nominations have been duly satisfied.
- (5) A nominee may at any time prior to the date referred to in regulation 5(c) notify the returning officer in writing of the withdrawal of his or her candidature. After such date no withdrawal shall be accepted.

3. Notice of Election

- (1) If the number of persons validly nominated does not exceed the number of persons to be elected, the persons so nominated shall be deemed to be duly elected, subject to the conditions specified in regulation 11(2)(b) having been met.
- (2) If the number of persons validly nominated exceeds the number of persons to be elected, the returning officer shall as soon as possible publish in the *Gazette* a notice -
 - (a) giving the names of the validly nominated persons; and
 - (b) appointing a day and hour, not less than one month after publication of the notice, before which every person entitled to vote in the election may sign and transmit or deliver to the returning officer the voting paper described in the Third Annexure to these regulations.

4. Transmission of Voting Papers

- (1) If an election by vote becomes necessary, the returning officer shall, not less than one month prior to the date referred to in regulation 8(2)(b), transmit by post to the registered postal address of every person eligible to vote in the election -
 - (a) a voting paper, as nearly as possible in the form set out in the Third Annexure to these regulations; accompanied by
 - (b) an identification envelope, as nearly as possible in the form set out in the Fourth Annexure to these regulations;

and in the event of any voting paper or envelope so transmitted being lost or destroyed or spoiled, the returning officer shall, if satisfied of the loss or destruction or spoiling, and if so requested by the person to whom it was transmitted, transmit or deliver to him or her a fresh voting paper or envelope, or both.

- (2) Every voting paper and envelope transmitted or delivered under this provision shall apply to a particular election only.

5. Manner of Voting

- (1) Each voter shall make a mark as directed on the voting paper which he or she received against the name of each candidate for whom he or she wishes to vote.
- (2) A voter shall place the voting paper in the identification envelope and seal the envelope.
- (3) A voter shall sign the declaration described in the Fourth Annexure to these regulations, which is on the envelope, place the identification envelope in a covering envelope and transmit it by post to the returning officer or otherwise deliver it to him or her.
- (4) A voter shall be deemed to have spoiled his or her voting paper, and the votes thereon shall not be counted, if the voter -
 - (a) votes for more candidates than there are persons to be elected;
 - (b) votes for a person who has not been validly nominated;
 - (c) makes any mark or inscription on the voting paper other than that which is provided for in regulation 10(1);
 - (d) votes more than once for the same person or returns more than one voting paper.
- (5) No vote recorded on a voting paper shall be counted unless the voting paper, enclosed in the identification envelope as described in sub-regulations (2) and (3), is received at the appointed place and before the date and hour referred to in regulation 8(2)(b).

6. Manner of Counting Votes

- (1) The returning officer shall -
 - (a) examine the identification envelopes and the declarations thereon to determine whether the declarations have been completed in accordance with the provisions of these regulations;
 - (b) as soon as possible and in conjunction with a scrutineer appointed by the council, open the identification envelopes which in his or her opinion conform to the provisions of these regulations and place the voting papers into an empty and closed ballot box which has an aperture for inserting the papers;
 - (c) on completion of the opening of identification envelopes and after the date and hour referred to in regulation

8(2)(b), open the ballot box, examine the voting papers and ascertain the number of valid votes recorded for each candidate.

- (2) The persons for whom the greatest number of votes have been recorded, shall be regarded as duly elected members of the board: Provided that -
 - (a) the persons elected shall, in addition, be determined by the conditions prescribed in the regulations relating to the constitution of each board pertaining to previously disadvantaged individuals as defined in those regulations;
 - (b) if the number of votes cast on two or more candidates is found to be equal and that this equality of votes affects the result of the election, the returning officer shall immediately determine by lot, in the presence of the scrutineer, which of the candidates with an equal number of votes shall be declared elected.
- (3) A candidate for election may be present in person or by a representative appointed in writing by him or her at the opening of the ballot box and the subsequent proceedings.

7. Publication of Names of Candidates, the Number of Votes Recorded for each and Keeping of Voting Papers

As soon as possible after the election has been concluded, the returning officer shall publish by notice in the *Gazette* the names of all candidates validly nominated, the number of votes recorded for each candidate, and the names of the duly elected members of the board.

11. The returning officer shall keep all the identification envelopes and voting papers applicable to an election for a period of six months from the date on which the votes recorded in that election were ascertained in terms of regulation 11(1)(c).
12. (1) Should any elected member of any board vacate his or her seat on that board prior to the end of his or her term of office for whatever reason, such vacancy shall be filled by a candidate –
 - (a) who complies with the same conditions specified in regulation 11(2) as those with which the member complied who vacated his or her seat;
 - (b) who, in succession, obtained the highest number of votes amongst the candidates who were not elected as specified in the notice referred to in regulation 12, subject to the conditions specified in paragraph (a).
- (2) Only if no validly nominated candidate in the election is available who complies with paragraphs (a) and (b) of sub-regulation (1), or if no such candidate were to be willing or able to serve in the vacancy for the unexpired portion of that board's term of office, shall the returning

officer call for a by-election in the same fashion as for an ordinary election under regulation 3 of these regulations.

8. Repeal

The Regulations published as Government Notice No. R 76 of 16 January 1998 are hereby repealed.

Signed:
MINISTER OF HEALTH

First Annexure

Notice of Election

Election of Members of the

*

(1) Notice is hereby given in terms of the provisions of the regulations relating to the election of members of the *..... that an election of **..... members of the board to serve during the period ending the day of is about to be held, as follows:

(2) ***

(3) Nominations of eligible persons are awaited. Every person whose name appears on the relevant register or registers kept under section 18 of the Act -

- (a) who has not entered into a composition with the creditors of his or her estate, or whose estate has not been sequestrated;
- (b) who is not disqualified under the Act from practicing his or her profession;
- (c) who is a South African citizen and is permanently resident in South Africa;
- (d) who is not a patient as defined in section 1 of the Mental Health Act, 1973;
- (e) who has not been convicted of an offence in respect whereof he or she was sentenced to imprisonment without the option of a fine,

is eligible for nomination.

(4) Each candidate must be nominated on a separate nomination form, but any person entitled to vote in the election may sign the nomination forms of any number of candidates NOT exceeding the number to be elected.

(5) Each nomination form must -

- (a) state the first names and the surname of the candidate nominated;
- (b) his or her registered profession and professional category, if any;
- (c) the other details of the candidate as required;
- (d) be signed by two persons whose names appear in the register or registers referred to in paragraph (2) hereof; and

- (e) the person nominated must also sign the form, confirming that he or she consents to his or her nomination; while the postal addresses registered with Council of every person so signing, must be appended to his or her signature.
- (6) If the person nominated is unable to sign the nomination form, he or she may inform the returning officer by letter or facsimile transmission that he or she consents to his or her nomination.
- (7) Every nomination form must reach the returning officer, from whom nomination forms may be obtained on application, at the address given below not later than ****

- (8) A deposit of R200 must accompany the nomination.
- (9) Every nomination form in respect of which any of these provisions has not been complied with, or which is not received by the aforesaid date and hour at the address given below, will be invalid.

.....
Returning Officer

Street Address: 553 Vermeulen Street
 Arcadia
 PRETORIA

Postal Address P O Box 205
 PRETORIA
 0001

Date

-
- * Insert the name of the board.
 ** Insert how many members are to be elected.
 *** Insert details of persons to be elected and by whom.
 **** Insert the date and hour.

Second Annexure

Nomination Form

Election of a member of the *

We, the undersigned, registered ** hereby nominate who is a registered **, a South African citizen and who permanently resides in South Africa, as a candidate for election as a member of the said Board at the forthcoming election.

(1) Signature _____
First names and surname (in block letters) _____
Registered as** _____
Registration number _____
Registered postal address _____
Tel No. _____ Cell No. _____
Fax No. _____ E-mail _____
Signed in the presence of the following two witnesses:
Signature _____
Signature _____

(2) Signature _____
First names and surname (in block letters) _____
Registered as** _____
Registration number _____
Registered postal address _____
Tel No. _____ Cell No. _____
Fax No. _____ E-mail _____
Signed in the presence of the following two witnesses:
Signature _____
Signature _____

(3) I, the undersigned, hereby consent to my nomination as a candidate for election as a member of the *and confirm the following:

(a) My registered postal address is: _____

(b) Gender Male Female

(c) Race Black White

(d) Previously disadvantaged Yes No

Tel No. _____ Cell No. _____
Fax No. _____ E-mail _____

.....
Date

.....
Signature

* Insert the name of the board.

** Insert your profession and professional category, if any.

NB The postal addresses given in this form must in every case correspond with the postal addresses registered with Council.

Third Annexure

Voting Paper

ELECTION OF *.....

Official mark of returning officer.

Election of ** members.

Column for voter's mark	Name of candidate ***	Gender	Race	Registered postal address	Province in which candidate permanently resides ****
<input type="radio"/>					
<input type="radio"/>					
<input type="radio"/>					

Instructions to Voters

1. The voter is entitled to vote for ** candidates and not more, and must vote by placing his or her mark opposite the name of each candidate for whom he or she votes.
2. The voters mark, shall be by filling in the circle next to the name of the candidate for whom you wish to vote.
3. A voting paper is invalid if the voter -
 - (a) votes for more than ** candidates;
 - (b) votes for a person who has not been validly nominated;
 - (c) places any mark on the voting paper other than the mark provided for in the first column of this voting paper and specified in paragraph 2. hereof;
 - (d) gives more than one vote for the same candidate;
 - (e) returns more than one voting paper; or

(f) returns his or her voting paper in a manner other than in the **Identification Envelope**, with the declaration thereon duly completed.

4. This voting paper must be folded, placed in the accompanying **Identification Envelope** which must then be sealed and placed in a covering envelope and sent to the Returning Officer so as to reach him or her not later than the day ofat (hour).

5. Please note the specifications pertaining to the members of the Board to be elected in terms of gender, race and previously disadvantaged individuals, as specified in the regulations relating to the constitution of the relevant board.

* Insert the name of the board.
** Insert number of candidates.
*** Insert the names of all validly nominated candidates in alphabetical order (according to surname) in this column.
**** This only applies in the case of the Medical and Dental Professions Board.

DEPARTMENT OF HEALTH

No. R.

.....2005

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**REGULATIONS RELATING TO INDEMNITY COVER FOR REGISTERED
PRACTITIONERS**

The Minister of Health intends, in terms of sections 61(1)(c) of the Health Professions Act, 1974 (Act No. 56 of 1974), in consultation with the Health Professions Council of South Africa, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations on the proposed regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Human Resource Development), within one month of the date of publication of this notice.

SCHEDULE

Definitions

1. In these regulations any expression to which a meaning has been assigned in the Act shall bear such meaning, and, unless the context otherwise indicates -

“**indemnity cover**” means insurance provided by recognised providers in terms of the relevant Insurance Act or professional indemnity provided through membership of a recognised medical protection organisation;

“**independent practice**” means the practicing of a registered profession by a practitioner for his or her own account, either in *solus* practice, or as a partner in a partnership with other practitioners, or as an associate in an association with other practitioners, or as a director of a company established in terms of section 54A of the Act;

“**practitioner**” means a person registered under the Act;

“**section**” means a section of the Act; and

“**the Act**” means the Health Professions Act, 1974 (Act No.56 of 1974).

Requirements for indemnity cover

2. A practitioner registered in the category independent practice, shall obtain a professional indemnity cover, which must be maintained at all times.

3. A practitioner referred to in regulation 2, shall provide the council with documentary proof and details of such professional indemnity cover on an annual basis.
4. Any practitioner who practises in contravention of regulation 2 commits an unprofessional conduct that may lead to an inquiry in terms of Chapter IV of the Act.

MINISTER OF HEALTH

DATE:

GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

NO. R
.....2005

HEALTH PROFESSIONS ACT, 1974 (ACT 56 of 1974)

**REGULATIONS RELATING TO THE QUALIFICATIONS FOR REGISTRATION
OF FOREIGN QUALIFIED HEALTH PRACTITIONERS**

The Minister of Health intends, in terms of section 25 of the Health Professions Act, 1974 (Act No. 56 of 1974), and in consultation with the Health Professions Council of South Africa, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments or representations in writing on the proposed regulations to the Director-General: Health, Private Bag X 828, Pretoria, 0001 (for the attention of the Director: Human Resource Development), within one month of the date of publication of this notice.

SCHEDULE

Definitions

- (1) In these regulations, any word or expression to which a meaning has been assigned in the Act shall bear such meaning and unless the context otherwise indicates:

"board" means a professional board established in terms of section 15(1) of the Act;

"foreign qualification" means a qualification obtained at an educational institution outside the Republic of South Africa;

"foreign qualified person" means a person who obtained a qualification for registration as a health practitioner at an educational institution outside the Republic of South Africa;

"independent practice" means the practicing of a registered health profession by a

registered health practitioner for his/her own account either in *solus* practice, or as a partner in a partnership with other health practitioner(s), or as an associate in an incorporated association with other health practitioners, or as a director of a company exempted from the provisions of the Act in terms of Section 54A of the Act;

“military service” means a service rendered by the South African National Defence Force;

“public service” means a service rendered by the State at the National, Provincial and local level of government, and includes organisations which function under the auspices or are largely subsidised by the state or recognised by the council for the purpose of these regulations.

“the Act” means the Health Professions Act, 1974 (Act No. 56 of 1974); and

“volunteer service” means a service rendered by a South African health care provider agency recognised by the council for the purpose of health care relief or assistance programmes.

2. Registration in the categories internship, public service, education, postgraduate study, military service, and volunteer service

(1) The Registrar may register a foreign qualified person who does not have any proof of having completed internship or a similar training elsewhere, as an **intern** in any of the professions registered under the Act and for which internship applies, if such a person holds a primary foreign qualification, the education and training standard of which is approved by the council as equivalent to the education and training standard of approved South African educational institutions: Provided that in the case of an application for registration that is based on a qualification not referred to in this sub-regulation, the applicant shall, before registration:-

- (a) furnish the council with authoritative information on the education and training required for such a qualification, and if the standard of such education and training is considered satisfactory by the council, such qualification may be approved by the council; and/or
- (b) pass an examination in terms of section 25 (2) of the Act in the profession for which he or she applies for registration or an assessment as may be determined by the council from time to time.

(2) The Registrar may register a foreign qualified person in the category **public service** in any of the professions registered under the Act, if such a person holds a foreign

qualification, the education and training standard of which is approved by the council as equivalent to the education and training standard of approved South African educational institutions: Provided that in the case of an application for registration that is based on a qualification not referred to in this sub-regulation, the applicant shall, before registration:-

- (a) furnish the council with authoritative information on the education and training required for such a qualification, and if the standard of such education and training is considered satisfactory by the council, the council may approve such qualification; and/or
 - (b) pass an examination in terms of section 25 (2) of the Act in the profession for which he or she applies for registration or an appropriate assessment as may be determined by the council from time to time.
- (3) The Registrar may register a foreign qualified person in the category **public service** in terms of an agreement entered into by the Republic of South Africa and the country of the applicant: Provided that the registration thereof shall be limited to a period as agreed upon by the two countries and the field of practice as stipulated in the registration certificate.
- (4) The Registrar may register a foreign qualified person in the category **education** in any of the professions registered under the Act, if such a person holds a foreign qualification and is to be employed as a lecturer, tutor and/or researcher by a higher education and /or research institutions approved by the board for teaching, training or research purposes.
- (5) The Registrar may register a foreign qualified person in the category **postgraduate study** in any of the professions registered under the Act, if such a person holds a foreign qualification and is to be enrolled for postgraduate study and/or research as the holder of an appointment which is of a temporary and supernumerary nature for a period not exceeding five years.
- (6) The Registrar may register a foreign qualified person in the category **military service** in any of the professions registered under the Act, if such a person holds a foreign qualification and is to participate in any military operation at the recommendation of the Surgeon General of the South African National Defence Force.
- (7) The Registrar may register a foreign qualified person in the category **volunteer service** in any of the professions registered under the Act, if such a person holds a foreign qualification and is to participate in health care relief or assistance programmes of a temporary nature at the recommendation and under the supervision of a South African health care provider agency recognised by the relevant professional board.

3. Registration in the category independent practice

(1) The Registrar may register a foreign qualified person in the category **independent**

practice in any of the professions registered under the Act and for which independent practice applies, if such a person has:-

- (a) complied with the qualification requirements for registration referred to in regulation 2 (2);
- (b) (i) registered in terms of regulation 2 (2) and completed a minimum period of five years service in the public service; or
(ii) in the case of South African foreign qualified citizens, performed community service in terms of section 24A of the Act in respect of the professions for which community service applies; and
- (c) passed the relevant examination for registration in the category independent practice.

4. Application for registration

An application for registration as a health practitioner in any of the professions registered under the Act by any foreign qualified practitioner shall be made on the prescribed application form obtainable from the professional board concerned, and shall be accompanied by:-

- (a) a certified copy of the applicant's identity document/passport or such other proof of his or her age and correct names as may be acceptable to the Registrar;
- (b) a copy of the degree certificate or other basic qualification certified by a **Notary Public** and a sworn translation thereof into English;
- (c) A certified copy of the official and detailed curriculum of the applicant's course of study, specific courses, content of education (theory) and training (practical/clinical), duration and the mode of examination/evaluation;
- (d) a verification of credentials as may be required by the board;
- (d) in the case of an application for registration in a profession for which

internship training is a requirement, a certificate of completed training as an intern or of similar training or experience obtained elsewhere;

- (e) in the case of an application for registration in the category independent practice, proof of completed minimum period of five years service in the public service;
- (g) an original certificate of good standing, which must not be more than six months old, issued by the foreign registration authority where the applicant is currently registered or was registered;
- (h) a letter of endorsement issued by the Foreign Workforce Management Programme of the National Department of Health or the relevant institution for registration in terms of regulation 2 (1) – (7) confirming employability or placement of the applicant; and
- (i) the prescribed registration fee.

5. Repeal

These regulations shall, from date of publication repeal any provision in any of the professional boards regulations dealing with the qualifications for registration of foreign qualified practitioners.

Minister of Health

Date