

## “Engaging our stakeholders is our mandate” - Board

The Board actively took part in various road shows where it engaged community members and practitioners on its activities and developments. Pictured during one of its road shows in Kimberley are Board members and members of the community.



## Board gives nod to register for graduate Clinical Technologists

Following the promulgation of regulations, Clinical Technologists holding a BTech degree in Clinical Technology will be now registered.

To be accommodated in this register, graduates must submit a completed application form (Form 24) and pay the prescribed registration fee.

## Your registration number is your reference on payments

Following the HPCSA's "No Cash on Premises" policy, practitioners have had to make direct deposits at the bank or do internet transfers.

With the new initiative, some practitioners are making the payments but do not write a reference number. Without the reference number in place, it is difficult to allocate the payment

and presently there is money in Council's suspense account that has not been allocated.

Practitioners are encouraged to use either their HPCSA registration number or a reference number provided on registration or pre-registration or examination number. Only then can a payment be allocated.

## Highlights in this issue

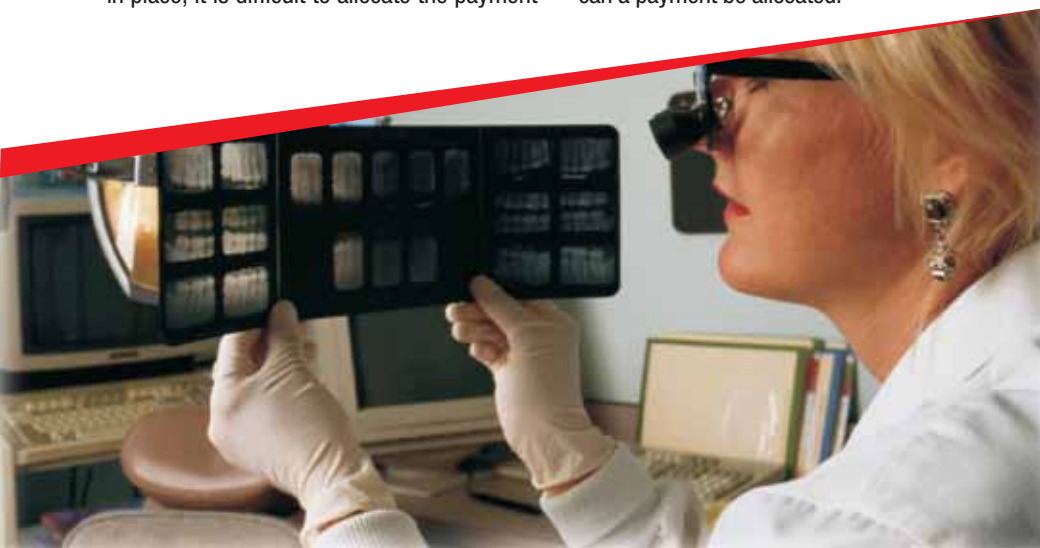
CPD	4
Graduate Clinical Technology register established	4
Practitioners and shares in health institutions	6
Annual fees	6
Name restoration to the register	7
Mammography requirements	7

## General Information

For any information or assistance from Council, please direct your queries to the Call Centre: 012 338 9301  
E-mail: [info@hpcsa.co.za](mailto:info@hpcsa.co.za)  
Fax: 012 328 5120

Communication with the Board should be directed to Abegail Nkosi: 012 338 9380  
E-mail: [abegailn@hpcsa.co.za](mailto:abegailn@hpcsa.co.za)

or visit our website  
Website: [www.hpcsa.co.za](http://www.hpcsa.co.za)



# From the Chairperson's desk

Here we are, at the end of the fifth year in office, the end of our term as the Board. It is time to reflect on what we learnt, our achievements, challenges we encountered as well as offer a word of advice for the incoming Board members. It has been an interesting and challenging five years for me as the chairperson. I learnt a lot in terms of the policies of the Department of Health as well as the activities and mandate of the Health Professions Council and the Radiography and Clinical Technology Board in particular. Thank you to members of the legal department at the HPCSA for all the support and help in interpreting the legal documents. For the incoming Board, be rest assured that Council administration will not let you struggle alone. They are always there to offer a helping hand.

The most important thing that I learnt as the chairperson was to defend the scope of the professional groups registered with the Board, especially at Council level or during consultative meetings with the other professional boards. The other learning experience relates to the need to educate the professionals about professional and ethical conduct matters. The Board held open meetings at different provinces annually. To further contribute to the education of the professionals, I also presented talks if, and when, I was invited. This contributed to my professional development. Both the open meetings and presentations to the practitioners, offered the opportunity to interact and understand issues which concerned the practitioners.

As a member of the Council, I also served on the Ethics, Human Rights and Professional Practice Committee where I gained vast knowledge in the subjects of ethics, human rights and medical law. The introduction of these subjects in the undergraduate curriculum has been approved by the Council and all education institutions are expected to have this included in their teaching programmes. As far as registered practitioners are concerned, you are expected to increase your knowledge in these subjects through CPD activities.

Engagement with the Department of Education structures and South African Qualifications Authority was both a learning curve and a challenging experience. Having to develop the new qualifications with the facilitator who tells you one thing today and tomorrow it is wrong. Yes, this is something that I still have to develop skills on how to handle in future.

Even with these challenges, I believe as the convener of the Standards Generating Body, we have done our best in putting the professions on par with other health professions both in South Africa and worldwide.

Reflecting on some of the challenges, the one that is really of concern to me is the need for the professionals to take pride in their professions, defend and protect their scopes. One way of doing this would be to avoid in-house training similar to that of darkroom assistants, nurses or members of the clerical staff who are trained by radiographers to perform professional acts. Yes, there is a shortage of qualified radiographers and all other healthcare professionals. This does not however, warrant or justify the unaccredited training programmes where members of the public start believing that anybody can perform professional acts without appropriate education and training. This is not only degrading the scopes of the professions, but also giving members of the public false hope that it is easy to become a health care practitioner. This also results in these unregistered practitioners subjecting members of the public to unnecessary radiation. Still on the issue of qualifications, attendance of a CPD activity for a few hours does not make one competent to perform acts for which one has not received appropriate education and training. For example, attending an ultrasound demonstration of how the equipment works will not make a diagnostic radiographer or any other professional person competent to perform ultrasound examinations. This practice has led to missed diagnoses as well as misdiagnosis of serious clinical conditions.

Registration is a prerequisite to practise, hence the need to register additional qualifications.



Mable Kekana

The Directorate Radiation Control has raised concerns over the poor quality of mammography procedures. It is now a requirement that only radiographers with additional qualifications in mammography should perform these examinations. Practitioners, who successfully complete the course, or any other course in addition to their basic qualification, should make application to be registered with the HPCSA. Upon registration, they will be given the certificate, which will reflect the qualifications. The certificate can be displayed in the practice rooms for the patients to see. The additional qualification will however not reflect on the registration card issued annually as the card is not big enough to accommodate this information.

With regards to the achievements, I am proud to say that this Board developed a number of policies and guidelines to help streamline processes to be followed by Board members when carrying out activities according to our mandate. These guidelines are also of use to both the education institutions and practitioners in general. These can be accessed on the HPCSA website.

In closing, I would like to appeal to all practitioners, whether you are directly or indirectly involved with education and training, your positive contribution to the training and development of the students is highly appreciated. Let us be good role models for the future professionals.

# Additional qualification mandatory for mammography

In an effort to obtain mammograms of desired quality, protect patients from unnecessary radiation and meet international norms, the Health Professions Council of South Africa (HPCSA) has announced that radiographers involved in mammography procedures will in future be required to hold a post graduate qualification.

This follows a pronouncement by the Department of Health's Directorate – Radiation Control that all mammography procedures must be performed by qualified radiographers holding a post graduate qualification.

Licence holders were expected by 30th June 2008 to provide written proof to the Directorate: Radiation Control that radiographers involved in mammography procedures have been either enrolled in a recognised training course or have obtained the required additional qualification in mammography.

Following concerns on the inadequate consultation by the Radiation Control Directorate in the implementation of additional licensing requirements, the HPCSA sought clarity on the 30th June 2008 deadline. The Directorate, Radiation Control indicated that changing the dates would not be feasible, but that they were going to evaluate each case individually. Council urges all practitioners concerned to make efforts to meet the stipulated requirements.

A process has also been approved and guidelines developed by the Board for the recognition of prior learning. This is for experienced Radiographers who, as at 1 January 2008, had been performing mammography procedures for a minimum of four years.

There are currently five educational institutions in the country offering the additional mammography course. Radiographers

wishing to apply for recognition of prior learning are also advised to contact these institutions. For licensing purposes, the following qualifications are recognised:

- Certificate in Mammography – University of Johannesburg;
- Certificate in Mammography – Durban University of Technology;
- Certificate in Breast Imaging – Central University of Technology/University of the Free State;
- Certificate in Mammography – University of Pretoria; and
- Certificate in Mammography – Cape Peninsula University of Technology.

## Sun shines on non-clinical register practitioners

## Need time out? Voluntary erasure is the way!

A practitioner wanting to take time out from his/her profession without the risk of having to pay penalty fees on resumption of duty should consider voluntary erasure.

Application for voluntary erasure must reach the HPCSA before the last day of March of every year. A practitioner voluntarily removed from the register and not practising his/her profession will have to apply for reinstatement in terms of the following criteria:

- If a person requests reinstatement following a period of 1 – 3 years, a period of supervised practice as determined by the Professional Board will be required, or alternatively a written and clinical examination in relevant areas of practice may be recommended.
- If a person requests reinstatement after a period of three years, a written and clinical examination as determined by the Professional Board will be conducted in

relevant areas of practice.

- If a person has been registered with another acceptable Professional Board or an equivalent licensing institution/body outside South Africa and has complied with the CPD requirements of that institution, he/she may apply for reinstatement to the register by submitting proof of that registration and compliance with the Continuing Professional Development (CPD) of that institution.
- If a practitioner has been attending CPD activities and desires to be restored to the register, proof of Continuing Education Units accrued during that period must be submitted to Council's CPD Committee before one's name can be restored to the register.

A practitioner may not practise his/her profession in South Africa until such time as his/her name has been restored to the register.



The footwork done concerning the establishment of a register for non clinical practitioners has come to fruition following the final promulgation by the Minister of Health in February 2008.

The promulgation allows registration of practitioners who are restricted to non clinical practice and include provisions for restorations, exemption from compliance with the requirements of Continuing Professional Development (CPD) as well as limited involvement in healthcare matters.

# Council increases annual fees

Rising administrative costs have forced the HPCSA to increase the annual fees paid by practitioners with effect from 1 April 2008.

Different percentages have been allocated to different Professional Boards based on the formula used internally which takes into account the number of practitioners on the register and the combined income strength.

Other factors attributed to the increase include the rising costs in executing the disciplinary cases which Council is legally obligated to

investigate and where necessary prosecute.

The different fees practitioners pay are determined by the activities of the Board throughout the financial year. Some of the activities included are the Board and Committee meetings, examinations for foreign qualified radiographers and the evaluation of the education and training facilities.

Last year, Council's increases were nominal and the year prior to that no increases were

effected, resulting in a huge strain on the budget.

"The figures we reached are not exorbitant and Council will continue looking at better models of financing its business so as to alleviate the burden on practitioners," said Council Registrar, Adv Boyce Mkhize.

The HPCSA is not subsidised by government and to meet its mandate of protecting the public and guiding the professions, it relies heavily on registration and annual fees paid by practitioners.

**A full list of fees payable by practitioners is available on the HPCSA website.**

## Conscientious CPD adherence puts you ahead of the pack

As the old adage goes, practise makes perfect, strict adherence to Continuing Professional Development (CPD) initiatives puts every practitioner on top of his or her game.

It has been proved that conscientious adherence to CPD plays a vital role in helping healthcare practitioners acquire new and updated levels of knowledge, skills and ethical attitudes that will not only add measurable benefits to the professional practice healthcare, but also enhance and promote professional integrity to the ultimate benefit of the patient/client.

As such, all healthcare professionals registered with the HPCSA are compelled to complete a series of accredited CPD activities every year.

Starting from 1 January 2007, every practitioner was required to accumulate 30 Continuing Education Units (CEUs) per twelve-month period and five of the units must be on ethics, human rights and medical law.

Each CEU will be valid for 24 months from the date the activity took place (or ended, in the event of post-graduate studies) after which it would lapse. This means that practitioners should aim to accumulate a balance of 60 CEUs by the end of their second year of practice, and thereafter top-up the balance through additional CPD as each 24-month validity period expires.

As from January 2009, Council will embark on mandatory random audits on registered

practitioners to check compliancy. Once a practitioner's name is selected, he / she must submit a CPD portfolio to Council within 21 days.

A non-compliant practitioner will be given six months to comply. After 6 months a practitioner will again be audited and if there is still no compliance, their name will be given to the Board which will then decide whether the practitioner can continue practising or not.

Practitioners must submit their CPD portfolios only when their names are drawn in the random sample audit and when requested to submit their completed form CPD 1 IAR with accompanying proof of CPD activities undertaken.

## Have you updated your contact details?

Healthcare practitioners are legally obliged to inform the HPCSA in writing of their change of address within 30 days of the change. This is in accordance with Section 18 (3) of the Health Professions Act, Act No. 56 of 1974.

Failure by practitioners to notify Council of their change of address constitutes an offence. In terms of Section 19 (1)(b) of the Act, Council may erase such practitioners from the register

for failing to inform Council within three months of the Registrar sending a certified letter of enquiry to the practitioner.

"Following our recent annual fee reminders sent to practitioners, many of the letters were returned to us unopened. We then sent registered letters to request written confirmation of the change of address details, but have had few responses. In these cases, we may – as we are entitled to by the Act –

strike a practitioner's name from the register for frustrating our efforts to uphold the law," said Adv. Boyce Mkhize, HPCSA Registrar.

The address details need to be changed in writing and can be sent through to fax (012) 338-9312, by e-mail to marthinav@hpcsa.co.za, or by post to P O Box 205, Pretoria, 0001 for attention: Records Department.

# Do you want your name restored to the register?

In order to streamline applications for the restoration of names to the register, the Board recently adopted the following policy:

Names of practitioners who have been erased from the register for a period of less than two years would be restored to the register without further requirements upon receipt of a duly completed application form. These practitioners would be dealt with administratively in terms of fees and penalties due (if any) and these applicants would be advised of the requirements of Council pertaining to CPD.

In the case of applicants whose names had been removed from a register for a period of more than two years, the practitioners would be informed that they have to work under supervised practice for a period of six (6) months.

In order to deal with applications in a constructive manner, the initial applications should include the following documents as per the "Restoration of names to the register" guidelines:

- The duly completed form 18;
- The applicable restoration and annual fees;
- A detailed CV detailing the work experience with proof of registration during the period of erasure;
- Original documentary proof of work experience issued by the relevant employers. Evidence regarding experience and appointments held must specify the exact nature and extent of work performed and the periods during which the appointments were held;
- A summary of CPD activities completed during the period of erasure as per the Continuing Professional Development policy of Council;



- Original documentary evidence regarding undergraduate and / or postgraduate studies since erasure from the register in South Africa (if applicable); and
- If the applicant was registered outside South Africa since erasure of his/her name from the register, a recent original Certificate of Status (Certificate of Good Standing), indicating that the applicant is in good standing, issued by the foreign registration authority within the preceding three months.

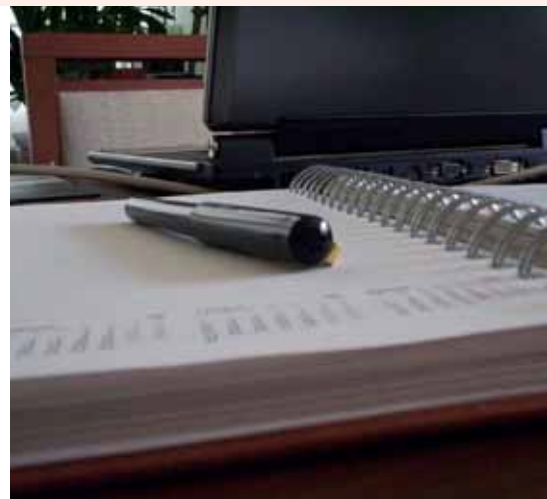
## Practitioners lose licence to practice

About 356 practitioners registered with the Professional Board for Radiography and Clinical Technology have lost their licence to practice as a result of non payment of annual fees.

Practitioners are urged to pay their annual fees by 1 April of every year to avoid being deregistered and having to pay penalty fees

to be restored to the register. This year, Council gave practitioners more than three months grace period as erasures were only effected in August.

Practising without HPCSA registration is a criminal offence in terms of the Health Professions Act of 1974.



## Deans thinking of merging minds

Deans from Universities and Universities of Technology offering health sciences programmes that require registration with the Allied Health Professions Council of South Africa (AHPCSA), HPCSA, SA Nursing Council, the Dental Technicians Council and the SA Pharmacy Council (SAPC) have proposed to get together and share notes.

The need to achieve maximum standards and

efficiency in the training of undergraduate and post graduate students in health sciences has prompted the initiative which has had the full backing the HPCSA Registrar/CEO.

To operate under the banner of South African Committee of Health Sciences Deans (SACOHSD), the initiative is also aimed at boosting research in the country.

# Board members share their experience with us

*Zaloonisa Holland*

“Setting the standards” for the profession gave rise to many levels of interaction with people of various character.

The issues that the Board members had to deal with during their 2004 -2008 term of office often involved intensive debate and consideration. The camaraderie that prevailed amongst members enabled vibrant discussions, despite being prolonged. The most impressive issue for me was that in all discussions, the guiding thought was always to maintain the integrity of the profession.

As Board members we travelled to different parts of the country to meet our colleagues, and the question and answer sessions were of great value in appreciating issues within the service sector which informed and enriched our discussions at Board level.

The Board’s achievements in the last five

years can only be described as remarkable.

I am proud to be part of the successful team which ensured that adequate training and satisfactory standards of work among the radiography professions was maintained. Mention should also be made of the challenges we encountered in achieving the right to work in private practice capacity.

Submissions of future qualification standards for the profession to SAQA provided invaluable insights. This involved interactions with various experienced people outside of the Board. The input provided enriched my knowledge of all the disciplines within Radiography and I feel privileged to have been part of the Standard Generating Body - HPCSA Radiography and Clinical Technology Board.

My experience during the current Board’s tenure will be cherished.

*Mrs. R Fensham*

*Chief Radiographer*

*Dental Hospital*

As I was only a member of the Board for a little over a year, I can only say that it was a WOW experience. It was a privilege to work with people that are dedicated to their profession, and go to lengths to secure a good future for our profession by planning ahead and controlling job opportunities.

Serving as a public representative also gave me a chance to observe and see Radiography out of the public’s view. At the Road Show in Nelspruit, we got different views of Radiographers, which helped with planning for the profession. As there are a few studies where the X Ray dose patients receive are being monitored and controlled, I am involved in a similar project in our Dental Department. It also is very important that the service patients receive is up to standard and no unnecessary tests are requested.

To me it really was a great experience, and I thank you for appointing me.

I would be honoured to be selected to serve for a full term next year, to be able to take part in the educational planning and X ray dosage control of the public in hospitals, as well as to try and help the public to get the service they expect.

Thanks again for the opportunity.

*Miriam Mabidilala*



Being on the Board was an eye-opener. You come on board with all the concerns and expectations of your colleagues, thinking, and even expecting the Board to resolve them, only to find that the Board is not for that.

I must say that the road shows that were conducted by the Board informed the practitioners - WELL DONE!!!

What I enjoyed most was being part of the Preliminary Committee. Compared with the previous Board, we had quite a few more cases to deal with. I think as more practitioners are registering for private practice, more cases might be reported in future.

Bear this in mind...”DON’T DO CRIME”, act ethically, professionally and be proud of your profession, the community need us out there!

## Board urges correct use of titles

The Professional Board for Radiography and Clinical Technology has urged its members to stick to their correct titles. This comes in the wake of some individuals using the title “Dr”

when they are not qualified as such. To eliminate confusion for patients and other practitioners, the Board has discouraged the tendency as it might lead to the abuse of the “Dr” title.

“It is professional when practitioners use their correct titles and it becomes worrisome when wrong titles are used,” said Board Chairperson, Mable Kekana.

Doctors and dentists registered with the HPCSA have been given the green light to own limited shares in healthcare institutions.

According to the amended rule on financial interests in health care institutions, a practitioner may have a direct or indirect financial interest in a hospital or any other health care institution up to a joint maximum of 26% interest in the entity owning the hospital or health care institution. Such interest may only be held subject to the prior written approval of the Council to hold such an interest.

Dentists, doctors and other professionals who collectively have more than 26% shareholding are required to sell off their shares.

In an effort to eliminate indirect or direct excessive shareholding amounting to Undesirable Business Practice, practitioners cannot sell or transfer their extra shares to spouses or family members. This may also lead to self referral and over-servicing which is not in the public interest.

The HPCSA may request in terms of present and future shareholding:

- A written summary of the proposed acquisition of the financial interest in the facility which must set out the nature of the commercial transaction;
- full details of the parties to the transaction;
- percentage shareholding of the applicant;

- the total aggregate percentage interest of all practitioners holding or applying to have an interest in the hospital or health care institution;
- the purchase price or other consideration to be paid or exchanged in return for the acquisition of the financial interest;
- how the acquisition of the financial interest is to be funded;
- and whether there are other ancillary contractual relationships between all the parties to the transaction or with related parties or entities and if so, the nature of such contractual relationships;
- Copies of all the proposed underlying written agreements which have been concluded or to be concluded by the parties to the proposed acquisition of the financial interest;
- Copies of any other agreements concluded or to be concluded between the applicant and the other parties to the transaction or alternately with related parties of the applicant or the other contracting parties;
- Copies of the audited financial statements of the legal entity that owns the hospital or health care institution for the two years preceding the proposed acquisition or alternately, if the said entity has not yet commenced business, then a business plan incorporating its financial projections for the first 24 months of its business operations;
- Memorandum and Articles of Association of the companies which owns the hospital



*Prof Abdul Wahab Barday  
HPCSA Ombudsman*

or health care institution and of any subsidiary companies, and if any of the shares in the companies are held by a Trust, the Trust Deed of such a Trust;

- Policies or protocols for admission of patients into such hospital or health care institution and quality monitoring mechanisms which serve to ensure that the practitioner complies with the ethical rules of Council, and
- Any other information or documents which the Council may deem relevant.

*To avoid breaching an ethical rule, practitioners are encouraged to relook their present situations and adhere to regulations.*

## Board clarifies x-ray examination requests

The Professional Board has received queries regarding the request for Medical X-ray examinations. Most of these concerns were raised by practitioners from the state healthcare institutions.

Improper examinations are being requested by members of the nursing staff and this resulted in radiographers being overworked while exposing patients to unnecessary radiation. The Board acknowledges the concerns and the need to address the matter with all concerned.

The rules of conduct regarding the profession of Radiography stipulates that a radiographer shall perform professional acts at the written request and under the supervision of a practitioner approved by the Board for such purpose provided the prohibition shall not apply in respect of –

- (i) acts pertaining to the profession of radiography determined by the Board for such purpose;
- (ii) a radiographer who complies with the conditions set by the Board in this regard

and who in the opinion of such Board is competent to perform professional acts without supervision at the written request of such practitioner; and (iii) a request from such practitioner which in the opinion of the radiographer was based on good and sufficient grounds, provided that such a request was in writing and signed by the person making the request.

With regard to the concerns raised about the policy and specifically on the terms or

# Board clarifies x-ray examination requests

Continued from page 7

expressions which seem to be posing a problem to radiographers, policy is that X-ray examinations may only be requested by any other person appropriately trained or a registered health professional, e.g. physiotherapist, primary healthcare nursing staff/occupational safety nursing, provided that such a request is based on good and sufficient ground.

According to the Health Professions Act, 56 of 1974, appropriately trained refers to the professional who underwent an education and training programme at an institution that has been accredited by the Board or any other professional council like South African Nursing Council (SANC). The scope of practice is based on the education programme and will thus determine what the practitioner can or cannot do.

A request based on good and sufficient ground relates to the fact that the professional making the request shall have performed a clinical

examination on the patient because he/she has been educated and trained.

Other registered professionals may request x-ray examinations in an emergency only as this will be outside their scope of practice. A radiographer in his/her professional capacity may refuse or accede to the request provided that sufficient grounds exist for one's decision.

Should the radiographer question the qualifications and competency of the professional making the request, or the possibility of an unsubstantiated request, for example, clinical history indicated does not justify or necessitate the performance of the x-ray examination. The radiographer can refuse to perform the examinations.

Secondly, from literature and research conducted internationally, the problem is not limited to state healthcare institutions or requests made only by nursing staff. Mendelson and Murray (2007) raised concern that "imaging investigations are replacing the old paradigm of history taking physical examinations and provisional clinical diagnosis". Extensive debates are going on between the radiologists and referring medical practitioners that imaging should not be used as an alternative to the three classical paradigms with the advent of high-tech medicine. According to Schattner (2006), the three paradigms are:

- The fact that medicine should focus on the prevention of disease is being practised to just a fraction of its full capacity,
- The clinician's art of obtaining a good history, performing a skillful examination and making sense of simple clinical facts has substantially receded in recent times, and
- Current medicine is biologically focused and disease orientated, instead of being patient-centered and psychosocial, with the result that patients are being less involved in decision making.

Based on these paradigms, we would like to challenge the radiographers in private practice to honestly state that they never receive unnecessary requests for x-ray examinations. Of concern is their silence on the matter. For all who raised their concerns, the Professional Board considered these and concluded that -

- Annexure 10 of the Rules of Conduct was compiled to provide broad guidelines for the request of X-Ray examinations and a Radiographer as a professional, had to apply his/her own discretion and could consult to obtain clarification where required. Furthermore, should the request for an X-Ray examination appear to be inappropriate, consultation or referral to the clinician or referring professional is recommended;
- Serious cases of contravention of the ethical rules in terms of requesting X-Ray examinations should be reported to the HPCSA Legal Department to be dealt with in terms of the professional conduct provisions.

As practitioners, we should all remember that the welfare of the patient is of the utmost importance. Should a radiographer have concerns that some professionals are performing outside their scopes or are proving to be incompetent in their scopes of practice, the professionals concerned should be reported to the relevant council, e.g. HPCSA or SANC.

Consultation with the South African Nursing Council provided some guidelines with regard to the scope of practice of the primary healthcare/occupational safety nurses. According to Ms M Mohamed, nurses are required at all times to practise within their scopes of practice and this is stipulated in the Nursing Act No. 33 of 2005, chapters two and five.

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5. Schattner, A (2006) Clinical Paradigms revisited. Medical Journal of Australia. 2006. 185 (5) 273-275

## RCT News

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