HPCSA
Health Professions Council of South Africa

Issue 01/11/2024

# OPTOMETRY & DISPENSING OPTICIANS NEWS

Newsletter of Professional Board for Optometry and Dispensing Opticians

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# CHAIRPERSON'S MESSAGE

Warm greetings once again as we embark on new and challenging chapter in the structural politics of our beautiful country. Despite the uncertainty that hangs over us at present, the PBODO remains resolute in our commitment to protecting the public and driving the professions of optometry and dispensing opticianry ever forward.

In continuing our commitment to improving engagements and communication the Board successfully hosted a physical roadshow with practitioners on 6 March 2024 at the Radisson Blu Hotel in Durban. The event was attended by 84 practitioners and students with whom we enjoyed robust engagement. During the roadshow we reported on the strategic goals and activities of the Board, in addition to educating practitioners on some of the guidelines that the Board has developed and reviewed. Some of the administrative departments and divisions within the HPCSA also made presentations.

We have taken the opportunity to re-iterate some of the key points presented in this newsletter. This includes the recent amendments to the Ethical Rules of Conduct which has raised several questions and multiple interpretations among practitioners. We have therefore included an article from our Professional Practise Division to further explain these amendments.

Compliance with Continuing Professional Development (CPD) cannot be over-emphasised. It is not merely an ethical obligation but a legal obligation that enables us as healthcare providers to offer a higher level of service to our patients. There are a range of CPD activities that can be accredited to enable you to accumulate the required number of Continuing Educational Units (CEUs). Furthermore it has now become easier to track and update CPD points on the HPCSA's online portal. We encourage all practitioners to use the online portal to check and update your compliance.

In this issue we have also provided more clarity and guidance on voluntary erasure from the Register, as well as suspension and restoration. Many practitioners are unaware of the option of voluntary erasure and consequently find themselves facing hefty fees when reapplying for restoration.

I am mindful of the Centennial Celebration of the South Africa Optometric Association (SAOA) that took place from 18-20 July 2024. The celebration marked more than 100 years of optometry and dispensing opticianry serving South Africans. Over the past few years we have built a good working relationship with the SAOA, we take this opportunity to extend our congratulations and well wishes and look forward to continuing to work together.

I once again invite you to continue to engage with the Board in creating excellence as eye care professionals. During these times of uncertainty and change I remind you of lessons from the life of Nelson Mandela. "Change begins from the inside out."

*"If there was a silver lining to his years of imprisonment, Madiba said it was to look in the mirror and create within himself that which he most wanted for South Africa: peace, reconciliation, equality, harmony and freedom. Perhaps his most profound impact and greatest legacy was to teach us, through vivid, living, personal example, to be human before anything else."* - Kevin and Jackie Freiberg (Madiba Leadership, Forbes, July 2018)

***Chairperson of Professional Board for Optometry and Dispensing Opticians***

**Yurisa Naidoo**

# FOUR DECADES OF DISPENSING OPTICIANRY EDUCATION IN SOUTH AFRICA:

## UNDERSTANDING THE DEVELOPMENT OF OPTICIANRY QUALIFICATIONS

**Article authored by: A Walbrugh**
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### 1. INTRODUCTION

Dispensing opticianry education has a history spanning nearly four decades in our country. This article provides a look at the academic developments, contextualised against our country's dynamic educational landscape from 1985 to now, that have led to the array of qualifications from the ND: Optical Dispensing to the latest offering: the BHSc: Opticianry.

It bears noting that the changes to the educational landscape have not taken place in isolation, but that the impact of the macro-environment over the past 39 years has influenced the programme and its graduates significantly.

### 2. WHAT IS THE BHSC: *OPTICIANRY?*

The Bachelor of Health Sciences (BHSc) degree in Opticianry offered at the Cape Peninsula University of Technology (CPUT) is a three year, 360-credit undergraduate qualification at Level 7 of the National Qualifications Framework (NQF). It is one of two qualifications currently offered to train professionals in the field of dispensing opticianry in South Africa for registration as a dispensing optician with the Health Professions Council of South Africa (HPCSA).

The BHSc: Opticianry was designed to address the changes in both the Higher Education and healthcare landscapes in South Africa. As stated in the South African Qualifications Authority (SAQA) registration document: "The qualification should contribute to making vision care accessible to the community by providing the learner with the necessary awareness, understanding, knowledge, skills and values to function as an independent practitioner within the eye care field." [1]

## 3. HISTORY OF THE ND: *OPTICAL DISPENSING*

The longstanding National Diploma (ND): Optical Dispensing was initially designed in accordance with the South African Post-Secondary Education (SAPSE) system of the country in the mid-1980s as a National Accredited Technical Education Diploma (NATED) programme to be offered at the Cape Technikon. The programme was structured to incorporate the in-service training component across second and third years, as well as the compilation of a patient case portfolio.

Post democracy, the Department of Higher Education and Training (DHET) implemented an extensive alignment process for the entire sector, as well as formal Technikon instructional programmes [2]. The original ND: Optical Dispensing: programme 3211161 was subsequently replaced with the ND: Optical Dispensing programme 3211014 in 2002, which introduced a more structured instructional offering with subjects linked to the 12-month third-year experiential learning period and a structured 75-patient case portfolio.

In 2004, the ND: Optical Dispensing programme was further developed into its third and final iteration in consultation with the Professional Board for Optometry and Dispensing Opticians (PBODO) to include a research project and the compilation of a comprehensive 120-patient case portfolio.

In 2005, the Cape and Peninsula Technikons merged to form the Cape Peninsula University of Technology. As stated on the SAQA registration document for the initial NATED programme [3]: "While South Africa still had technikons, all of their qualifications were registered under the Committee of Technikon Principals (CTP). After the technikons became Universities of Technology or merged with universities, the qualifications were registered under each of these institutions, and the CTP qualifications fell away."

The ND: Optical Dispensing was also offered on a part-time basis in Gauteng and Cape Town during that time. This offered an opportunity for individuals with industry experience to formalise their education and qualify as dispensing opticians. Unfortunately, the attrition rate was high, as many of the adult learners had competing demands on their time. The low success rate relative to the initial cohort size affected the viability of the offering and future part-time planning negatively.

## 4. THE HEQSF – *IMPACT ON THE SOUTH AFRICAN HIGHER EDUCATION ENVIRONMENT*

The Council on Higher Education (CHE) commenced the Higher Education Qualifications Sub-Framework (HEQSF) alignment process around 2011 to align all qualifications in SA within a single coordinated NQF with the purpose of standardising and simplifying SA qualifications [4].

The new system was designed to improve articulation between qualifications and institutions in SA and abroad [5].

Under the HEQSF, NQF levels 5 – 7 are considered undergraduate qualifications, and levels 8 to 10 are considered postgraduate qualifications [6]. All non-HEQSF aligned qualifications offered by SA Higher Education Institutions (HEIs), particularly qualifications offered at former technikons were revised.

## 5. FROM ND: OPTICAL DISPENSING TO BHSC: *OPTICIANRY*

The ND: Optical Dispensing needed to be revised for HEQSF alignment thus the BHSc: Opticianry was developed. A Category-C application for the BHSc: Opticianry as a new qualification was submitted for approval to the Department of Higher Education and Training (DHET) in 2013, and following a rigorous institutional and statutory approvals process [8] it was finally approved by the CHE in 2017 after the department met all conditions set by the CHE.

The Minister of Higher Education pronounced that all non-HEQSF aligned qualifications were to be phased out by December 2019 and pipeline students were allocated a final completion date by the DHET. The ND: Optical Dispensing thus recorded its last date of achievement last year on 20 December 2023 [9] with no further opportunity to confer the qualification beyond this date.

## 6. THE DIPLOMA: *OPTICIANRY DETOUR*

While the Professional Board for Optometry and Dispensing Opticians (PBODO) supported the three year BHSc: Opticianry degree, it did not initially support the replacement of the ND: Optical Dispensing by the BHSc. Furthermore, there was no change to the scope of profession, nor any distinction made between the professional registration of holders of the ND: Optical Dispensing or the BHSc: Opticianry following graduation, as both would be eligible to register with the Board as dispensing opticians in the category: Independent Practice. For these reasons, the department of Ophthalmic Sciences submitted a Category B application for a minor change to the ND: Optical Dispensing qualification, and the three year 360-credit NQF Level 6 Diploma in Opticianry was approved in June 2016.

The first intake of the Diploma: Opticianry was January 2018. The biggest change to the Diploma: Opticianry was the reduced time in practise-based placement in the final year. Whereas the practise-based experiential learning was a full year in the ND: Optical Dispensing, it was only six months in the Diploma: Opticianry. Additional changes were made to the first-year subject offerings, where semester subjects were combined into year offerings, and a new subject, Applied Opticianry Science, was developed to introduce Chemistry concepts to students. The Diploma: Opticianry had its first intake in January 2018 and is currently phasing out. The prospectus may be accessed at the following link: **CPUT Prospectus Diploma: Opticianry**

## 7. REFOCUSING ON THE BHSC: *OPTICIANRY*

In line with the institutional processes and permissions, applications for the BHSc: Opticianry were invited in May 2022 for the 2023 academic intake. The entrance requirements for the BHSc are in alignment with similar programmes in the Faculty, with an achievement rating of 4 or higher for Maths, Physical Science and Life Science (1 level higher than the Diploma) and English rating of 4 (same as the Diploma). Academic merit is a deciding factor for admission.

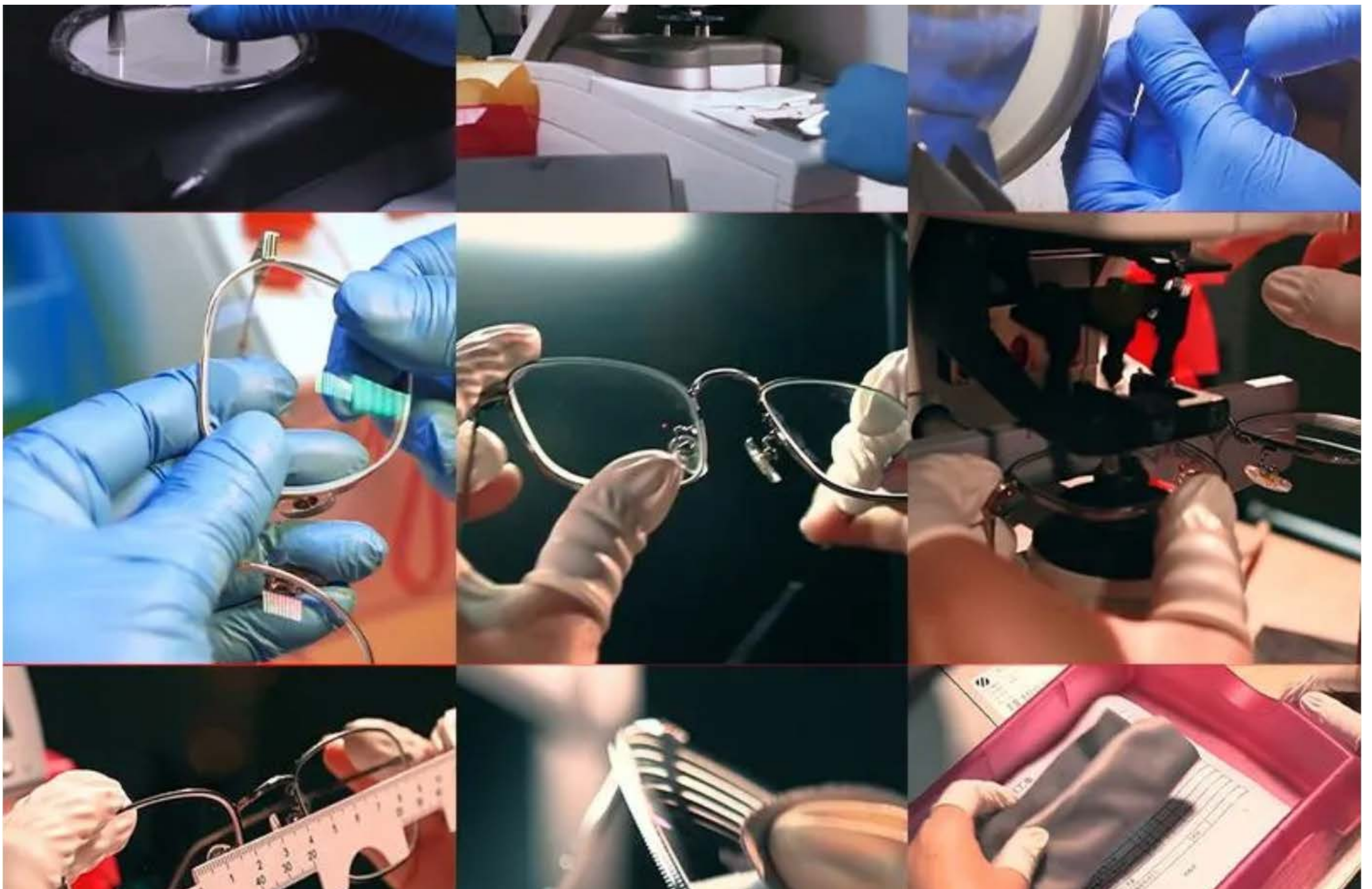
The qualification is currently in its second year of offering and the first BHSc cohort will graduate in April 2026. The qualification offers a largely scientific foundation in first year, with only two disciplinary subjects. The second year has similar subject content to the Diploma but the third year has an entirely new subject structure offered at the Exit Level (Level 7) of the qualification. The prospectus for the BHSc: Opticianry may be accessed here **CPUT Prospectus**. Another significant difference is that there is no practise-based experiential learning in the BHSc: Opticianry. The students are exposed to supervised onsite clinical training in the Departmental Eye Clinic and required to collate their patient cases/ clinical hours in their clinical rotations.

## 8. ARTICULATION AND ACADEMIC PROGRESSION AND PROFESSIONAL RECOGNITION

The articulation opportunities from Diploma to BHSc Degree are limited, as the academic credit allocation to be credited with a qualification must exceed 50%. Therefore, to qualify with the BHSc: Opticianry, graduates or current students may only carry a maximum of 49% of their diploma credits to the BHSc: Opticianry after which they would need to obtain 51% or more in BHSc credits to complete the qualification.

On the question of professional equivalency between BHSc and Diploma qualifications in Opticianry/ Optical Dispensing, there is currently no distinction made at registration level, as all these qualifications have been accredited by the PBODO to register graduates as Dispensing Opticians in Independent Practice with the HPCSA. The biggest difference between the qualifications is that the BHSc is at a higher academic level than the NQF Level 6 Diplomas.

Opportunities exist to offer formal or short courses in some of the BHSc: Opticianry subject areas including among others: Low Vision Dispensing, Ophthalmic Instrumentation and Techniques and also Quality Control in Ophthalmic Optics to facilitate skills development in these areas, or even for industry specialisation. This is an area that the department of Ophthalmic Sciences is actively exploring in consultation with the PBODO and we invite inputs from all stakeholders in this regard.



## 9. CONCLUSION

The opticianry qualifications have undergone many changes from the initial NATED ND: Optical Dispensing to the BHSc: Opticianry. The purpose of this article is to develop an understanding of the qualifications underpinning dispensing opticianry and the amendments that have been necessitated through the years. It is hoped that this article would encourage some ideas and discussion around the opportunities presented by the BHSc: Opticianry for increased formal and informal training opportunities in and around opticianry throughout the country.

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# THE OCULAR COMPLICATIONS OF VENOMOUS SNAKEBITE

**Article authored by:HL Sithole**
**(Cert Mon Ev; BOptom; MOptom; Dlit et Phil)**

## INTRODUCTION

A snakebite constitutes a common acute medical emergency and has several systemic and even ocular consequences. According to Patil et al,[1] the importance of this public health problem has largely been ignored by medical science. There are approximately 3 000 snake species worldwide, of which fewer than 15% are classified as venomous.[2] The incidence of snakebites is estimated to occur in 2.5 million people annually worldwide, with 125 000 resulting in death.[3] A poisonous snakebite is a serious public health problem in Africa, [4] with an incidence rate of 100-400 bites per 100 000 people.[5] The identification of the type of snakebite injury is usually uncertain, especially in the 40% of patients who do not see the offending snake, unless there are paired fang marks or typical findings of envenomation syndrome.[6] Also, snakebites lead to between 30 and 80 hospital admissions per 100 000 people per year.[7-10] They are most common in the summer months, from late afternoon to early evening, and affect men and women equally.[6] Unfortunately, snake venoms are complex heterogeneous poisons and have multiple effects on the central nervous system.[11] Venoms are rich in protein and peptide toxins that have specificity for a wide range of tissue receptors, making them clinically challenging and scientifically fascinating, especially for drug design.[12] The venom mass ratio is larger in children, resulting in a higher mortality rate than it occurs in adults. [7,8,9,10]

Although ocular complications following venom exposure are rare, [4,11] they do take place and need urgent medical attention when they arise. Therefore, it is important for primary care physicians to know about the incidence of ocular complications as a result of a snakebite and to be familiar with some discourse on the management of such incidences.

# NEUROTOXIC AND HAEMOSTATIC EFFECTS OF VENOM IN THE EYE

Snakebites are a common medical emergency in tropical and subtropical regions,[1] particularly in rural and farming areas.[13] At present, the literature is restricted to case reports which have predominantly contributed to formal protocols on management.14 Venomous snakebites may result in neurological or haemostatic dysfunction,[13] and involvement of the eye has also previously been reported as a result.[15-18] Snake venom neurotoxins act mainly on the peripheral nervous system at the neuromuscular junction and can affect the cranial nerves.[2] Mild neurological symptoms that relate to cephalic muscle paralysis include exotropia,[2] ptosis, diplopia[19-21] and ophthalmoplegia.[22] This is because the extraocular muscles are especially susceptible to neurological muscular blockage because the ratio of nerve fibres to eye muscle fibres (1:6 to 1:12), is high compared to that seen in large proximal limb muscles.[23]

As a result, even a small amount of neurotoxin can affect the extraocular muscles.[2] Other neurological complications include accommodation paralysis, optic neuritis, globe necrosis, keratomalacia, uveitis[18] and loss of vision due to cortical infarction.[24] Haemostatic complications may include subconjuctival haemorrhage, hyphema, and vitreous and retinal haemorrhage.[22] With such a variety of ocular complications, it is important for primary care physicians to have some basic knowledge of the management of these complications, as this knowledge may prove to be vital should patients present with snakebites.

According to some reports on literature reviews, other forms of ocular complications as a result of snakebite may include macular infarction, ocular injury and loss of vision.

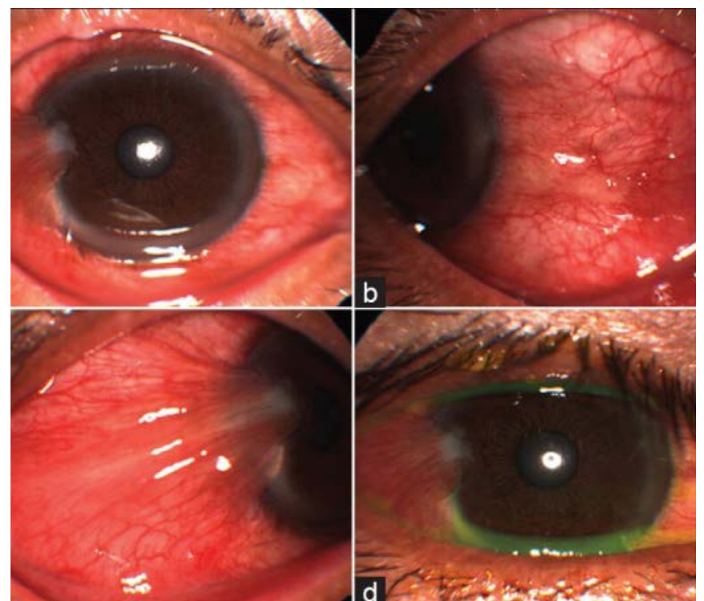
## Macular infarction

Singh et al[18] reported a case where a 17-year- old female was bitten by a snake and admitted to a local hospital in an unconscious state. The patient regained consciousness 14 hours after the snakebite and 6 hours later reported loss of vision in the left eye. Visual acuity was recorded as 20/20 in the right eye, while there was no light perception in the left eye. An ophthalmological examination disclosed unremarkable anterior segment and normal intraocular pressures in both eyes. A relative afferent pupillary defect was observed in the left eye. A fundus examination revealed optic disc hyperaemia, splinter-shaped haemorrhages at the posterior pole and a cherry-red spot of the macula, which indicated nonperfusion of the retina.

Following systemic examination and laboratory investigations, which revealed no deficit and mild anaemia respectively, the visual acuity remained , as no light perception in the left eye. Optic disc pallor and gross attenuation of the perifoveal vessels was noted. The macula showed pigment clumping and atrophy. The most likely cause of visual loss is ophthalmic artery occlusion, with subsequent dislodging of the fibrin emboli into the end arterioles at the posterior pole, or retinal necrosis and macular infarction secondary to an aborted disseminated intravascular coagulopathy process associated with toxic optic neuropathy.[18] This further shows that the neurotoxic and haemostatic effects of venom may result in serious complications and compromise the integrity of the vasculature in the eye. This may subsequently lead to irreversible loss of vision and consequently, blindness.

## Ocular injury

Another rare complication of snake bite is ocular injury. A case report by Chen et al[25] revealed that intraocular injection of venom from a snakebite can occur. The case reported that a 34-year-old man was bitten by a snake on the right eye. It was reported that the patient had no light perception in the eye four-and-a-half hours after the snakebite. Facial swelling, periorbital ecchymosis, massive subconjuctival haemorrhage, severe corneal oedema and exophthalmos were noted in the affected eye.[25] Unfortunately, this kind of injury may result in permanent loss of vision as early evisceration is deemed to be necessary to reduce the amount and effects of venom in the eye. Also, it is believed that necrosis and loss of vision cannot be prevented by intraocular injection of antivenom.[25] This further indicates that loss of vision is inevitable should a snakebite occur in the eye area.



## Loss of vision

In another case report by Kweon et al,[15] a patient with controlled aplastic anaemia developed loss of vision after bilateral retinal and subretinal haemorrhages following a snake bite. The patient presented with blurred vision in both eyes and a best corrected visual acuity of 20/400 in both eyes. The intraocular pressures were 19 mmHg (right eye) and 18 mmHg (left eye). Anterior segment examination of both eyes was unremarkable. The fundus examination showed profound retinal and subretinal haemorrhages with Roth spots, which also indicate nonperfusion of the retina.

Blood tests revealed a haemoglobin value of 4.9 g/dl, a hematocrit of 15.2%, 2 000 platelets/µl and increased titres of fibrin degradation products and D-dimer (previously 5.8 g/dl, hematocrit 17.7% and 10 000 platelets/µl before the snakebite). After transfusion, the blood counts returned to normal values of a haemoglobin of 8.1 g/dl, hematocrit of 23.3% and 21 000 platelets/µl. After two months, the best corrected visual acuity had improved to 20/100 in the right eye and 20/60 in the left eye. However, a funduscopic examination showed persistent retinal and subretinal haemorrhage in both eyes.[15]

The observed complications in the above-described patient occurred because of the complex nature of snake venom, which is a mixture of proteins26 that affect both the haemostatic and neurologic systems, as explained earlier.2,22 According to Kweon et al,[15] the general manifestations of a snakebite depend on the specific toxins that constitute the venom. Antihaemostatic snake venom factors can lead to acute fibrinolysis, a severe reduction in platelet levels and damage to the vascular endothelium.[15] Snake venom also causes the breakdown of permeability barriers, provoking fluid extravasation and oedema. The peripheral neutrophil count can increase up to 20 000 cells/µl or more in severely venomed patients. Initial haemoconcentration, a consequence of plasma extravasation, is followed by anaemia caused by bleeding, or more rarely, haemolysis. However, it is important to note that the signs, symptoms and magnitude of snake venomation depend on multiple factors, such as age, the presence of underlying disease and the time interval between the bite and treatment.[15] Therefore, it is possible that loss of vision after a snake bite may be as result of a combination of these factors.

### First aid considerations

As a defensive mechanism, the Mozambique spitting cobra,[27,28] which is found mostly in the KwaZulu-Natal province of South Africa, [27] spits very accurately up to a distance of 2m, aiming for the eyes of the victim.[27] This results in severe pain on contact. The eye should be irrigated well to prevent the rare complication of blindness. [29,30] However, there is no single good first aid measure for all snakebites.[6] The measures attempt to denature the venom, remove it, or retard its absorption. Venom on the skin should be wiped or washed away. However, venom ophthalmia may be complicated by corneal erosions which require slit lamp examination, specific treatment and follow-up by the practitioner.[31] Therefore, it is important that eye care practitioners are consulted as soon as possible. First aid applications after eye exposure to venom are shown in Figure 1.

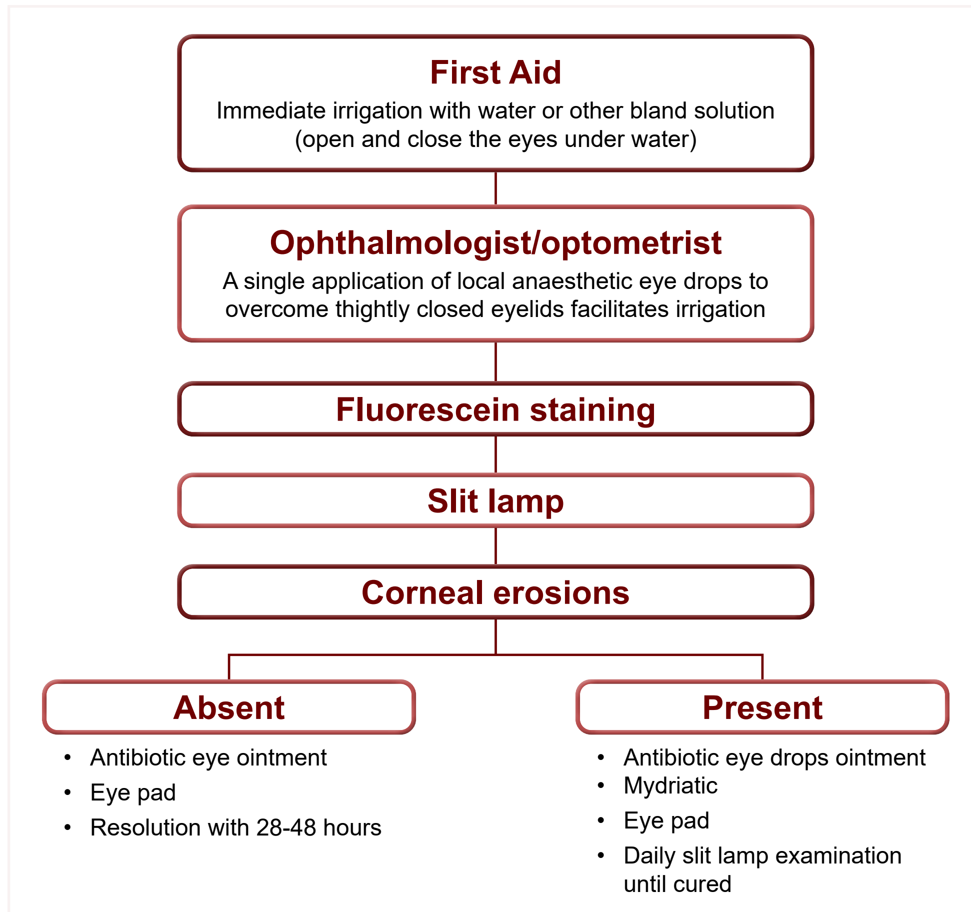



Figure 1: Management of venom ophthalmia. Antivenom (dilute) not indicated, topically or systemically. Steroids (topical or systemic) are also contraindicated.

## CONCLUSION

If the offending snake has been captured, is important to check if the venom glands are empty or not. This will help the attending physician to decide whether or not administration of antivenom is required. However, it should be noted that such a decision cannot be straightforward, especially when the victim requires medical attention soon after the snakebite, before any signs of venoming are detectable. Although ocular complications following a snakebite are relatively rare, as reported in the literature, disturbances of the visual system do occur. Unfortunately, when these disturbances transpire, they are usually very serious, and may cause irreversible loss of vision and blindness. Therefore, it is important for primary care physicians to be well conversant with the necessary first aid measures when a patient presents with eye exposure to snake venom. It is also important to note that snakebites are medical emergencies. Therefore, victims should always be referred to appropriate treatment facilities, such as clinics and hospitals, as soon as possible.

### Conflict of interest

I declare that I have no financial or personal relationships that may have inappropriately influenced me in writing this paper.

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# HPCSA ANNUAL FEES

## Why are the annual registration fees for optometrists and dispensing opticians higher than some of the other health professions?

The budget of the HPCSA and all of the Professional Boards is prepared on a zero based and incremental based approach. Zero-based budgeting starts from a "zero base" and every function within an organisation is analysed for its needs and costs. An incremental budget is a budget prepared using a previous period's budget or actual performance as a basis, with incremental amounts added for the new budget period. These approaches are matched to each Board's income. The annual fee and registration fee increase is determined according to this to ensure that each Board's budget is balanced.

Fees payable are determined by the budgeted amount divided by the number of practitioners registered under each Professional Board. Smaller Boards like the PBODO, have fewer registered practitioners therefore the budget is divided by a lower number of practitioners compared to larger Boards with a higher number of registered practitioners.

The annual fees vary from one health profession to another as directed by the activities and obligations of the respective Professional Boards. The amount is determined by the activities of a given Professional Board such as legal/professional conduct cases, meetings to deliberate on matters affecting the profession, Board examinations towards restoration/ registration, evaluations of educational and training programmes etc.

Furthermore, it should be noted that the fees payable by practitioners registered with a Board are not related to the fees payable by practitioners registered under any other Board nor to the income levels of practitioners but rather it is based on the activities of each Board and of Council.

The HPCSA does not receive funding or subsidies from Government or private companies, therefore all activities of the HPCSA and its Professional Boards are mainly funded by practitioners' annual fees.

# LETS TALK ABOUT COMPLIANCE

## ADMINISTRATIVE COMPLIANCE AND GOOD STANDING WITH COUNCIL

Practitioners need to maintain administrative compliance in order to stay registered with the HPCSA, viz

1. Pay annual fees timeously
2. Keep Continuing Professional Development (CPD) status up to date
3. Update contact details regularly with Council

Practitioners also need to maintain ethical compliance by-

4. Practising their profession, conducting themselves and conducting business in accordance with the rules, regulations and ethical guidelines as published and amended by the HPCSA from time to time.

Paying fees timeously is easily done using the online registration portal **https://www.hpcsa.co.za** Click on the link, scroll down to online services, log in, pay and print or download your card. Debit orders and/or monthly payments are not allowed at this time

Annual fees are approved by the HPCSA Council annually, and practitioners are duly advised and given adequate time to make payment. Revised annual fees are also published on the HPCSA website.

Keeping CPD points up to date is the responsibility of each individual practitioner. There are many accredited CPD activities that practitioners can choose from, including activities offered by Universities, Board and HPCSA stakeholder activities, conferences during the year, webinars, CPD articles etc. It is important to remember that the requirements are 5 ethical points per annum, plus 25 clinical points per annum.

Ethical business practices Society has become more aware of the ability to report business practices they might think are unfair or prejudicial, and even a small misunderstanding can lead to a complaint being laid with the HPCSA. Being called to attend a preliminary hearing can be a daunting prospect for any practitioner.

It is often difficult to contact practitioners, you are reminded that failure to notify the HPCSA of a change of contact details will compound the problem and may possibly result in a contempt of Council charge being added to any other charge already presented.

## Voluntary Erasure

If a practitioner no longer wishes to remain on the register he/she may apply for voluntary erasure. Any health practitioner may apply for voluntary erasure from the register in writing before 31 March of the applicable year. Applications made after 1 April mean that the practitioner remains liable for the new annual fee, and that the voluntary erasure be applied with effect from the 1st April of the following year.

To apply for erasure, the practitioner needs to complete an affidavit in terms of Section 19 (1)(C) of the Health Professions Act, 1974 (Act No. 56 of 1974 as amended). If the practitioner wishes to be restored to the register in the future, there will not be a penalty due on restoration. However, the practitioner still needs to be CPD compliant. While there are no penalty fees associated with voluntary erasure, it is still important for practitioners to read the Board's Guidelines for registration/restoration to familiarise themselves about the requirements for restoration based on the length of time the practitioner would be off the register.

Practitioners can apply for voluntary erasure online or by completing an affidavit found here

**www.hpcsa-blogs.co.za/wp-content/uploads/2017/02/AFFIDAVIT-Voluntary-Removal.pdf**

There are exemptions from registration for reasons of ill health and age. More information can be found here **https://www.hpcsa-blogs.co.za/hpcsa-annual-fees/#exemptions**

### SUSPENSION FOR NON-PAYMENT OF FEES

Suspension from the register for non-payment of fees is accompanied by unpleasant consequences. Practitioners will not be able to legally practise their profession without being registered, restoration may take time and financial resources. Steps for restoration:

A person whose name was erased from the register must apply to restore his/her name to the register by completing the Application for Restoration form, Form 18 which must be submitted together with proof of payment of the restoration fee, which is calculated based on the specified criteria.

1. Restoration within a period of six months after the erasure date is equivalent to two (2) times the current annual fee, plus the outstanding annual fee.
2. Restoration after a period of more than six months since the erasure date but within a year is equivalent to four (4) times the current annual fee, plus the outstanding fee(s);
3. Restoration after a period of 12 months or more since the erasure date is equivalent to five (5) times the current annual fee, plus the outstanding fee(s).
4. A health professional may be restored in the category Supervised Practice for a period of at least six months, before being restored to the category of independent practice depending on the circumstances and duration of suspension
5. Practitioners who were off the register and have been out of clinical work for longer than 5 years need to pass the Board exam before they may be restored to the register (this includes those who were voluntarily erased).

You can find more information here:

**https://www.hpcsa.co.za/?contentId=264#:~:text=Restoration%20within%20a%20period%20of,outstanding%20annual%20fee(s)**

It is important to maintain an exemplary professional record with the HPCSA

## Applying for a Certificate of Status

A practitioner may want to register with a regulatory body in a foreign country and may need a Certificate of Standing (COS) from the HPCSA.

The process is quite simple, download the affidavit following this link **www.hpcsa.co.za/Content/upload/registrations_general/certificates/COS_AFFIDAVIT.pdf**

Pay the required fees - Optometry and Dispensing Opticians R540.00 for the certificate, plus a local courier fee of R150.00, or courier abroad fee of R661.00

Once paid, please send a written request to **hpcsacgs@hpcsa.co.za** with proof of payment, your affidavit, and full details of where the certificate should be sent/posted or delivered to. The certificate is valid for 6 months, but some foreign registers will only recognise it for 3 months. A COS may be endorsed, depending on the registration status of the practitioner. Persons who have applied for voluntary erasure may be issued with a COS.

More information is available here – follow the link and click on 'certificates'

**https://www.hpcsa.co.za/?contentId=0&menuSubId=5&actionName=Core%20Operations**

Continuing
Professional
Development

# CPD

Continuing Professional Development (CPD) programme is applicable to all health practitioners registered in terms of the Health Professions Act, 56 of 1974. All registered health practitioners are required to maintain their registration with the Health Professional Council of South Africa (HPCSA), which includes the compliance with CPD programme as a pre-requisite for continued registration. Essentially, the above means that if a health practitioner is not compliant to the minimum CPD requirements as determined, the Professional Board for Optometry and Dispensing Opticians Board (PBODO) has authority to suspend such a health practitioner.

An awareness campaign is being conducted to promote CPD compliance amongst healthcare practitioners registered with the HPCSA with the usage of mainly Short Messaging Service (SMS), and that has triggered some positive results. These positive results include a slow and steady improvement in CPD compliance for the PBODO.

Despite this positive effect, the PBODO was reminded that CPD compliance is often seen from a punitive lens in contrast to the actual intent. Communities seeking healthcare services deserve to consult the health practitioner armed with most recent national and international knowledge of healthcare technologies, trends of practices, and standards. Health practitioners who keep abreast of the latest knowledge, skills and experience display competencies of relevant, safe and informed provider. CPD also has a broader impact that promotes like-minded practitioners becoming part of a community of practice and improving the identity of those practitioners.

CPD considers both formal and informal training in order to allow healthcare practitioners to remain lifelong contributors to the healthcare profession. The HPCSA's duty is to ensure that health practitioners maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession, including assessing and monitoring compliance to CPD requirements.

Health practitioners are required to accumulate Continuing Education Units (CEUs) on an annual basis. Attendance and/or participating on the CPD recognised activity earns such CEUs; inclusive of professional practice, ethics, human rights and medical law. Each CEU is valid for 24 months from the date on which the activity took place. This means that the practitioners should aim to accumulate a balance of CEUs by the end of their second year of practice, and thereafter top-up on an ongoing basis.

There are ongoing developments of optimising and streamlining the development of the CPD programme, mainly affecting the manner in which evidence of compliance is submitted to the HPCSA for recording purposes. The important changes to the existing programme which practitioners must note -

- The process of random selection of health practitioners from the HPCSA's database to verify compliance has been discontinued. All registered health practitioners are now expected to comply with CPD requirements on a continuous basis.
- The online self-service platform is available on the HPCSA's website for all registered health practitioners to submit enquiries and/or upload the required evidence of CPD compliance. Registered health practitioners can also view their CPD status online. The link below provides a step-by-step procedure on how to access the online portal: -https://www.hpcsa.co.za/Uploads/Professional_Practice/CPD/2021/CPD_Manual_for_Practitioners_2021.pdf.
- The HPCSA has approved the authorised facilitators and providers of CPD programmes to submit the attendance registers directly to the HPCSA in order to update the practitioner's CPD profile. This has been effectively commenced for some Professional Boards, as implemented on 1 March 2022.
- The issuance of CEUs certificates is no longer a mandatory requirement, as the information relating to CPD compliance will be provided directly to the HPCSA by the approved facilitators and providers of the CPD activities.
- The online portal remains active in order to cater for the exceptions, that is the activities not accredited by local providers, but recognised for CPD purposes, for example, when submitting evidence of 'self-study' activity.
- Registered health practitioners will receive a notification, at their nominated contact, of any update on the CPD profile. Please contact the HPCSA should such notification not be received within two weeks of attending the CPD activity or if the CPD status is not updated according to activities attended.

The CPD compliance as at 31 July 2024 stood at 59%, that is 2711/4598 health practitioners registered under ambit of the PBODO. Again, the Board may, at any time, resolve to take action to all non-complying health practitioners, which may include:

- Changing the category of registration to supervised practice; until proof of compliance with the CPD requirements are submitted;
- Successfully passing a Board examination;
- Suspension from the register; or
- Any other resolution by the relevant Professional Board.

# THE PROCESS OF MEDIATION

## 1. Introduction and Applicable Legislation

The Chief Mediator is empowered in terms of Regulation 3, of the regulations relating to the Conduct of Inquiries into alleged unprofessional conduct under the Health Professions Act, 1974, to mediate cases of minor transgressions referred to him/her for mediation in terms of Regulation 2(3)(d) of the same regulations.

## 2. What are Minor Transgressions?

Minor transgressions refer to conduct which, in the opinion of the Registrar or Preliminary Committee of Inquiry, based on the documents submitted to the Registrar or such committee, is unprofessional, but of a minor nature, and does not warrant the holding of a formal professional conduct inquiry.

## 3. How is Mediation Carried Out?

The Chief Mediator plays an impartial role in the facilitation of an alternative dispute resolution between parties without prejudice.

When complaints are received by the Chief Mediator, they are perused and analysed to further confirm if the complaints fall within the jurisdiction of HPCSA. After receiving a complaint for mediation, the Chief Mediator may contact any relevant persons for further information that would assist in the mediation to resolve the complaint. This may include requesting for a response from the practitioner whom the complaint is lodged against.

The Chief Mediator mediates on minor complaints through engaging with the parties via:-

- Telephone
- Email
- Virtually or
- Physically (Contact Mediation)

After receiving and considering all the relevant information regarding the complaint, the Chief Mediator makes a determination with a view of resolving the complaint between the parties. The determination is then communicated to the parties in writing.

If parties agree with the determination, it becomes binding to both parties and the complaint is considered finalised.

If any of the parties is not in agreement with the determination the complaint is referred to the Registrar for Preliminary Investigation as a failed mediation matter.

The information obtained by the Chief Mediator on failed mediation complaints is confidential and privileged. As such this information may not be considered by the Preliminary Committee of Inquiry.

## 4. Complaints Registered against PBODO Practitioners.

It was noted that during the financial period of April 2023 to March 2024 the Chief Mediator received 19 complaints, 61% (19/31) of the 31 registered complaints in complaints handling for PBODO. All 19 complaints referred were those of optometrists. The highest number by nature of complaints referred to the Chief Mediator Office were those of insufficient care.

**Insufficient care:**
These complaints are predominantly those where complainants are unhappy with the treatment outcome and/or they believe a practitioner could have done better. The complaints with allegations of insufficient care referred to the Chief Mediator are referred based on the expected outcomes outlined by the complainants.

The practitioner whom the complaint is lodged against may provide a response that will either: -

- Clarify the concerns and the misunderstanding of the complainant, or
- The practitioner may if he/she deems it necessary:-
  - offer as a gesture of goodwill a resolution which might include refund of fees paid by the complainant or
  - undertake to render services to correct the problem at no cost or at a discounted cost.

## Conclusion:

Mediation plays a pivotal role in resolving complaints lodged against practitioners registered under the PBODO. Mediation reduces costs of dealing with complaints and provides faster outcomes. The process preserves the relationship between the practitioners and the complainants, as the parties involved in mediation arrive at the resolution amicably. It is important to note that mediation is considered without prejudice.

The Chief Mediator office encourages practitioners with complaints lodged against their names to work together with the Chief Mediator office and to support mediation.

# AMENDMENTS TO THE ETHICAL RULES OF CONDUCT FOR REGISTERED PRACTITIONERS

The Ethical Rules of Conduct for registered Practitioners ("Ethical Rules") are defined under the authority of Section 49 of the Health Professions Act, 1974 ("The Act"), as amended. The ethical rules of Council are applicable to all registered health practitioners and are developed in consultation with the Professional Boards. Below is the summary of the amendments:

## **Ethical Rule 7** Fees and commission

Ethical Rule 7 has been amended by the addition which provide that a health practitioner may share, charge or receive fees from another health practitioner provided that there is an express agreement, arrangement or model of rendering multi-disciplinary based healthcare services to patients which is structured, and provides high quality health-care services or products, contains the costs of rendering healthcare services, and enhances access to appropriate healthcare.

## **Ethical Rule 8** Partnership and juristic persons.

Ethical Rule 8 has been amended by the addition which provides that a health practitioner may provide healthcare services with other registered practitioners, persons registered in terms of the Act, or in terms of any other legislation regulating health professions provided that the primary aim will be to enhance the quality of healthcare services to patients, and further that there is an express agreement, arrangement or model of rendering multi-disciplinary based healthcare services to patients which provides high quality healthcare services or products to patients, structured to contain costs, and enhance access to appropriate healthcare.

## **Ethical Rule 8A** Sharing of Rooms.

The amended rule permits registered health practitioners to share rooms with a person registered in terms of the Act, or in terms of any other legislation regulating health professions.

## **Ethical Rule 18** Professional appointments

Council resolved to rescind the amendments to Ethical Rule 18, interested parties will be offered another opportunity to submit comments on the proposed amendments once published in the Government Gazette.

## Ethical Rule 23A Financial interests in hospitals

Ethical Rule 23A amendments add the information that should be made available to Council on submission of the annual reports, which is:

(i) the number of patients referred by him or her or his or her associates or partners to such hospital or health care institution and the number of patients referred to other hospitals in which he or she or his or her associates or partners hold no shares;

(ii) the agreements concluded in relation to the acquisition and/or ownership of the interests of shares in the hospital or health care institution;

(iii) how the acquisition of the financial interest is funded and whether there are other ancillary contractual relationships between all the parties to the transaction or with related parties and entities and if so, the nature of such contractual relationships;

(iv) policies or peer review protocols for admission of patients into such hospital or health care institution and quality monitoring mechanisms which serve to ensure that practitioners will comply with the ethical rules of council;

(v) Any other information or document which Council may deem relevant."

(i) Health practitioners shall ensure that the criteria above is compliant at all times.

To summarise the above changes, Council accepts formalised partnerships amongst registered health practitioners, or amongst any other regulated health professionals, provided that such partnerships is not prohibited by the Professional Board.

The ownerships, fee sharing (excluding fixed renumeration) and partnerships in a professional practice is still prohibited between non-registered entities and health practitioners. The Professional Board is advising health practitioners to adhere to the ethical rules.

# GENERAL INFORMATION

**For any information or assistance from the Council direct your enquiries to the Call Centre**
Tel: 012 338 9300/01

**Where to find us:**
553 Madiba Street
Corner Hamilton and Madiba Streets
Arcadia, Pretoria
P.O Box 205
Pretoria 0001

**Working Hours :**
Monday – Friday : 08:00 – 16:30
Weekends and public holidays – Closed

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

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**Ethics and professional practice, undesirable business practice and CPD (Continuing Professional Development ):**

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**Complaints against practitioners Legal Services**
Email: legalmed@hpcsa.co.za

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