



PSYCHOLOGY **NEWS**



TABLE OF CONTENTS

CHAIRPERSON'S MESSAGE	1
WORLD MENTAL HEALTH DAY 2024:	2
PRIORITISING MENTAL HEALTH IN THE WORKPLACE	
INVITATION FOR EVALUATORS TO SUBMIT CURRICULUM VITAE	5
INVITATION FOR EXPERIENCED EXAMINERS & MODERATORS TO	5
SUBMIT CURRICULUM VITAE	
BOARD'S NEW APPOINTMENTS	6
COMPLAINTS LODGED AGAINST PRACTITIONERS REGISTERED	7
WITH THE PSYCHOLOGY PROFESSIONAL BOARD	
EMPOWERING PATIENT CHOICES:	14
NAVIGATING INFORMED CONSENT	
CPD ACTIVITY	16
ANSWER SHEET	18



CHAIRPERSON'S MESSAGE



It is with great pride and a deep sense of responsibility that I address you as the Chairperson of the Board for Psychology under the ambit of the Health Professions Council of South Africa (HPCSA). Psychology, as a profession, continues to play a crucial role in shaping not only the mental health and well-being of individuals but also the broader social and cultural fabric of our nation.

As we observed Mental Health Awareness Month this past October, it was an opportune time to reflect on the state of mental health in South Africa and renew our commitment to advancing psychological well-being for all. The month reminded us of the importance of raising awareness, breaking down the stigma, and promoting mental health as a vital part of overall well-being. It served as a call to action for psychologists, mental health professionals, and the community to work together to ensure that mental health was prioritised in schools, workplaces, and homes across our country.

In a country as diverse and dynamic as South Africa, we are faced with unique challenges that require an equally unique approach to psychological practice. Our profession has the power to transform lives, address inequalities, and foster resilience in communities affected by historical trauma, social injustices, and contemporary struggles. As psychologists, we are called upon to be agents of change, advocates for mental health, and champions of human dignity.

We stand at the intersection of traditional knowledge and contemporary practice, working to integrate evidence-based interventions with the rich cultural wisdom that defines our people. It is essential that we continue to foster inclusive and transformed

approaches to psychology that reflect the diverse identities and lived experiences of the South Africans.

This is an exciting time for psychology in South Africa, as we see growing recognition of the importance of mental health in schools, workplaces, and other spaces. However, we must also acknowledge the challenges that persist, including access to psychological services, the need for greater representation of marginalised groups in the profession, and the ongoing stigma associated with mental health issues.

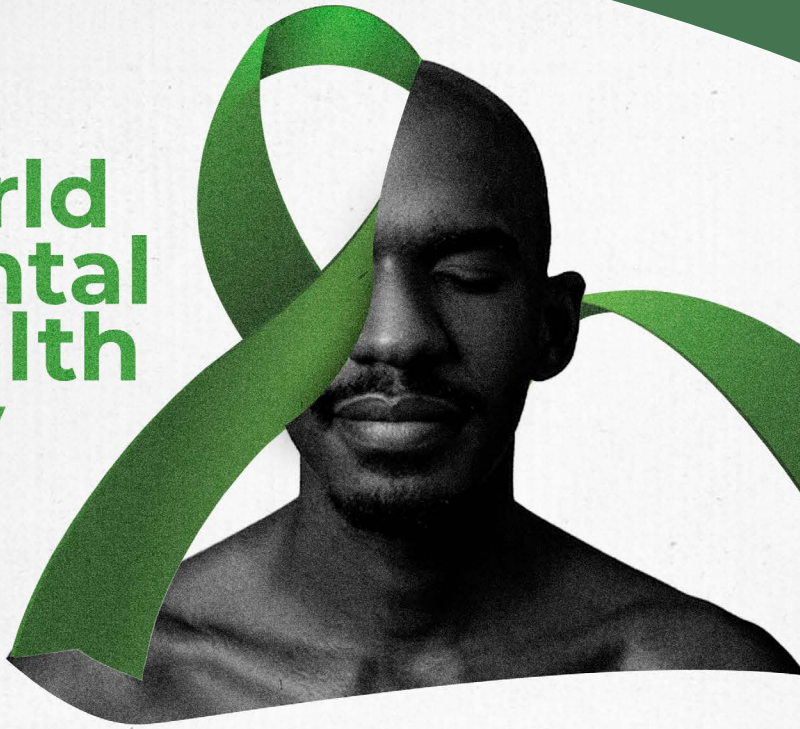
As professionals, we are called to uphold the highest standards of ethics, empathy, and professionalism. I encourage each one of you to continue to innovate, collaborate, and advocate for the advancement of psychological knowledge and practice. Our work is not only about healing but also about empowering individuals and communities to lead fulfilling, meaningful lives.

Let us move forward together, committed to the growth and transformation of the psychology profession, with a shared vision of creating a healthier, more just society for all.

Warm regards,
Professor Justin August

Chairperson of the Professional Board for Psychology

World Mental Health Day



WORLD MENTAL HEALTH DAY 2024: PRIORITISING MENTAL HEALTH IN THE WORKPLACE

World Mental Health Day is celebrated on 10 October every year. This year's theme, "**Time to Prioritise Mental Health in the Workplace**", highlighted the undeniable impact that work environments have on our mental health. As the lines between personal and professional life are increasingly blur, it is becoming ever more important to create workplaces that support, rather than challenge, our mental well-being.

THE WORKPLACE AS A CRUCIAL FACTOR IN MENTAL HEALTH

For those who are employed, jobs can provide a sense of purpose, structure, community, and financial security. However, the pressures of modern work life, from high demands and tight deadlines to constant connectivity, can lead to stress, burnout, and other mental health challenges. According to the World Health Organisation, depression and anxiety cost the global economy approximately USD 1 trillion annually in lost productivity. Prioritising mental health in the workplace is thus essential to the well-being and productivity of individuals, organisations and communities.

Companies are increasingly recognising that workplaces need to be supportive environments for mental health, and that a proactive approach to workplace mental health is more effective than treating issues after they arise. This includes implementing strategies such as **fostering open communication** about mental health without fear of stigma; **promoting work-life balance**; **training managers** to recognise signs of distress and create supportive work environments; **providing access to mental health resources** that are easy to access, confidential, and without barriers; and **creating safe workplaces** that promote inclusivity and rapidly address toxic behaviour.

MENTAL HEALTH AND DOMESTIC WORKERS

In South Africa, this year's World Mental Health Day theme also shines a crucial spotlight on the frequently overlooked mental well-being of domestic workers. These essential workers, many of whom are women from disadvantaged backgrounds, form the backbone of countless households across the country, and hence comprise a vital sector of our workforce. Despite their significant contributions, domestic workers are marginalised and face unique challenges that put their mental health at risk.

Domestic work is physically demanding, and many workers are isolated, with little access to support systems. The emotional toll of working long hours, often with long commutes to and from work, dealing with financial pressures, and navigating the complexities of frequently informal employer-employee relationships can lead to heightened levels of stress, anxiety, and depression. Additionally, the lack of clear boundaries between personal and professional life for those who have live-in arrangements and/or unreasonable work demands create work environments where the risk of burnout and associated mental health issues are high.

The importance of domestic workers' mental health is highlighted by the crucial supporting role they provide to many South African households. When domestic workers are mentally well, they are better equipped to care for the households they serve and their own families. However, without proper support, the mental strain can lead to decreased productivity, frequent absenteeism, and ultimately a breakdown in the care system on which so many South African families rely.

Employers should thus take steps to ensure that the mental health of their domestic workers is prioritised. These include:

1. **Fair Treatment and Respect:** Employers must treat domestic workers with dignity and respect, ensuring they are provided with fair wages, reasonable working hours, and time off. These measures can significantly reduce stress and improve mental well-being.
2. **Creating Safe Work Environments:** Domestic workers need to feel safe, not just physically but emotionally. Open communication, clear expectations, and addressing any grievances promptly can foster a healthy working relationship.
3. **Access to Support Services:** Employers should be aware of mental health services that can provide support to domestic workers in need, such as counselling services available at community clinics and local hospitals, as well as mental health support groups. One such group is the South African Depression and Anxiety Group (SADAG), which has toll-free helplines for anyone who needs assistance with depression, anxiety, trauma, and other mental health issues.
4. **Legal Protection:** Domestic workers should be made aware of their rights under South Africa's labour laws, as these protect them from exploitation, unfair dismissal, and workplace abuse, which is crucial for their mental well-being.





A CALL TO ACTION

On this World Mental Health Day, we committed to creating work environments that are not only productive, but also compassionate, supportive, respectful, fair, and mentally healthy for all. Research continues to show that employers and companies that embrace mental well-being have higher levels

of productivity, lower turnover, and a more engaged workforce. Thus, by prioritising the mental health of our workforce we not only uplift individuals, but contribute to the mental well-being of our communities and country.



WE ARE HIRING

JOIN OUR TEAM

INVITATION FOR EVALUATORS TO SUBMIT CURRICULUM VITAE

One of the mandates of the Professional Board of Psychology is to ensure that programmes offered by universities and internship institutions comply with specific requirements. This is done to ensure that the interests of the public are protected. The Board's Accreditation and Quality Assurance Committee appoints a panel of evaluators to evaluate these programmes at the institutions from time-to-time.

For some time, programme evaluations were put on hold following the national state of disaster. Now that the Board has resumed with evaluations, it is experiencing a backlog and is inviting interested professionals to assist with the evaluation of programmes offered by universities and internship institutions. Evaluators are required especially in the Registered Counsellor and Psychometry categories.

To ensure that these evaluators are well equipped and use a common approach to all evaluations conducted, the Board will arrange a workshop to train the prospective evaluators in the new year. The criteria to be met include the following:

- Five (5) years' experience in teaching and training of professional psychology programmes at institutions of higher education
- Proof of registration with the HPCSA for three (3) years or more
- Proof of being registered in good standing or status.

For submission and more information please contact Ms Matshidiso Mogole at:

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of the Division: Education and Training.

INVITATION FOR EXPERIENCED EXAMINERS & MODERATORS TO SUBMIT CURRICULUM VITAE

The Professional Board for Psychology has been delegated the powers to appoint Examiners, Markers, Moderators and Invigilators, as provisioned for in terms of Section 15b of the Health Professions Act 56 of 1974. To ensure continuity in the examinations process, the Board invites practitioners to submit their CVs for consideration in order to assist the Board with facilitating and administering the National Board Examinations. The criteria to be met include the following:

- Five (5) years' experience in teaching and training of professional psychology programmes at institutions of higher education
- Proof of registration with the HPCSA for three (3) years or more
- Proof of being registered in good standing or status.

The criteria does not apply for invigilators. When submitting your CV, please indicate what you wish to assist with in the four aspects.

For submission and more information please contact Ms Matshidiso Mogole at:

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of the Division: Education and Training



BOARD'S NEW APPOINTMENTS



The Board welcomed the appointment of Dr Dudu Shiba in October 2023 by the Minister to serve in the Board as a Department of Health Representative, and

the appointment of Dr Ewald Crause in January 2024 by the Minister of Health to serve in the Board as a Counselling Psychologist.



COMPLAINTS LODGED AGAINST PRACTITIONERS REGISTERED WITH THE PSYCHOLOGY PROFESSIONAL BOARD



The Professional Boards are empowered in terms of Section 41 of the Health Professions Act, 56 of 1974, to institute an inquiry into any complaint, charge or allegation of unprofessional conduct against any person registered under the Act, and, on finding such person guilty of such conduct, to impose any of the penalties prescribed in Section 42(1). The Complaints Handling and Investigation Division is mandated to receive complaints lodged against registered practitioners; peruse, analyse, and categorise complaints; and mediate on minor transgressions and conduct preliminary investigations. This report will demonstrate complaints lodged against practitioners that are registered with the Professional Board for Psychology (PSB) in the period April 2023 to March 2024.

The total number of complaints registered for the 2023/24 financial year period under review including all the Professional Boards were 1 820. One hundred

and sixteen (116) out of the 1 820 cases were lodged against practitioners registered with PSB. Eighty-one (81) required routine preliminary investigation and eight (8) required section 41(A) investigation. Twenty-seven (27) complaints were referred for mediation. From the 116 complaints registered against practitioners with the PSB Board, hundred and four (104) were against Psychologist, 10 against Registered Counsellors (PRC) and 2 against Psychometrist (PMT).

Hundred and ten (110) (95.0%) were against practitioners practising in private sector (either in private hospitals or own private practice) whilst six (6) (5.0%) were against practitioners practising in the public sector. Most complaints were related to Medical reports, followed by Informed Consent. The below table reflects the nature of the complaints received for the period under review

Nature of complaints	Number of complaints	Percentage
Medical reports	43	37.06%
Informed Consent	16	13.80%
Incompetence	7	6.03%
Disclosure of confidential information	5	4.31%
Charging for services not rendered	4	3.44%
Unprofessional conduct	4	3.44%
Accounts	3	2.60%
Billing	3	2.60%
Communication	3	2.60%
Financial informed consent	3	2.60%
Fraud	3	2.60%
Professional reputation of colleagues	3	2.60%
Other Categories	19	16.40%
Total	116	100.00%

PHASING OUT OF THE PSYCHOMETRY SUPERVISED PRACTICE BOARD EXAMINATION

After considerable deliberations, the Professional Board for Psychology resolved to discontinue the Psychometry examinations in the category supervised practice. The decision of the Board will

not affect those who are currently/actively registered as Psychometrist Supervised Practice, as they will remain registered. These examinations are usually for restoration purposes.

FAIR USE OF ASSESSMENTS: A GUIDE TO THE PRACTITIONERS ON GOOD ASSESSMENT PRACTICES

Fairness in the psychological assessment begins with a choice of a test. Health professions act 56 of 1974 allows the use of test that are classified as measuring a psychological construct. Such tests and similar instruments are published in the government gazette. As health practitioners we have moral and ethical obligations to both our clients and the society at large. Most of these obligations emanate from the South African Constitution and other laws. Examples of Constitutional obligations include those of care and respect, dignity and right to privacy. Most prominent pieces of legislation about the use of psychological assessments is the Employment Equity Act. This act prohibits the use of psychological assessment unless it is valid and reliable, can be applied fairly to all targeted; and is unbiased against and in favour of any individual or group.

Practitioners are ethically bound to act in the best interest of their clients or patients. Many times, health practitioners are faced with ethical dilemmas where they must choose between the best interest of their clients and something else, i.e. monetary gains in the form of renewed contract or higher wage bill, encountered along the process of assessing and of report writing.

When that happens 'fair use of assessment' is impaired. As a health practitioner, when faced with an ethical dilemma, we must ask ourselves the following questions before embarking on the assessment process.

- Is it honest and truthful, i.e does it break any of the principles of telling the truth?
- Is it legal from all points of view?
- Do I feel comfortable doing it, i.e. will I sleep well after doing it?
- What are possible unintended consequences of the decision makers, i.e. consider the physical and emotional costs to the client / patient?
- If broadcasted, will I be proud to be associated with such an act, i.e. can I still do it even if someone is watching me?

The use of psychological assessments is a protected terrain. Permission is only granted to those entrusted with moral and ethical competencies to do it fairly within the confines of the Health Professional Act.



FEEDBACK ON THE CPD SURVEY FOR THE PROFESSIONS BOARD FOR PSYCHOLOGY

The Board, like all other Professional Boards, is mandated to dispense statutory regulatory mandates through (a) Registrations, (b) Education and Training, (c) Professional Practice, and (d) Professional Conduct programmes. These programmes are administered on wide array of stakeholders (practitioners, educational institutions, clinical training sites) as well is reviewed and/or interacted with by tertiary stakeholders such as professional associations, patients, accreditors, evaluators, the department of health and others.

The purpose of the Continuing Professional Development (CPD) is to assist health practitioners to maintain and acquire new and updated levels of

knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice. The aim is to enhance and promote professional integrity. The beneficiary will ultimately be the patient/ client. All registered health practitioners are required to complete a series of accredited continuing education activities each year. The activities are clustered together to represent a hierarchy of learning. Health practitioners may select activities at any level of learning that meet their particular needs and the demands of their practice environments. In 2023 a CPD compliance survey was sent out all practitioners registered with the Board, participation was as follows:

Participant Stakeholder Registration categories	Number of Respondents
Psychotechnician	1
Psychometrist	307
Registered Counsellor	425
Psychologist	1 516

Feedback was as follows:

Attitude towards CPD

Respondents indicated that the number of CEUs expected was too high. The majority of the respondents indicated that they disagreed that attending CPD activities has no impact on professional practice.

Barriers to engaging with CPD

Barriers to participating in CPD activities were reported as cost and location of CPD activities, loss of workdays and difficulty getting time off work were primary barriers across several professional registration categories. Connectivity was not identified as an issue to attending CPD activities.

CPD and the workplace

The workplace did not support CPD by offering learning activities and by allowing time off work to engage with CPD.

Perceived impact of CPD

CPD was reported to have improved professional practice. A high number of respondents (68.1%) perceived that CPD resulted in an improvement in professional practice, majority of respondents agreed

that CPD activities improves their professional practice in having positive health system outcomes.

In order to address the issues raised above, the following recommendations were made by practitioners:

- The socialisation effort be maintained at determinable frequency annually without fail on CPD compliance.
- The various levels of CPD activities socialization effort with all stakeholders to be maintained (how to obtain free online CPD's).
- Traditional in-person CPD courses are still recommended in health institutions with shortage in resources and technology. Also, the barriers of online CPD delivery such as low internet connectivity and lack of access to digital devices by healthcare professionals need to be co-creatively addressed.
- Stakeholder engagements with Professional Practice, IT with the assistance of the online portal and processes.
- Communication strategy to be relooked and how communication is sent out to practitioners.
- Collaboration and coordination with stakeholders during the CPD programme life cycle and engagement.



COMPLIANCE TO CPD PROGRAMME

The Continuing Professional Development (CPD) programme is a programme that involves registered health practitioners in engaging and participating in learning experiences that helps to develop and improve professional practice. This can include building on professional strengths as well as developing capability where gaps are noted.

Compliance to the CPD programme is an obligation imposed on all health practitioner registered in terms of the Health Professions Act, 1974 (Act No. 56 of 1974) (The Act), in order to maintain registration with the Council.¹ Essentially, the above means that if a health practitioner is not compliant with the minimum CPD requirements as determined, the Psychology Board (PSB) may deregister or suspend such a health practitioner.²

Several initiatives have been embarked upon to raise awareness regarding the importance of compliance with the CPD requirements. The common channels being utilised to communicate include the use of a Short Messaging Services (SMS); E-bulletins etcetera. Since the awareness begun, the PSB has noted positive improvement in terms of CPD compliance. Despite this positive effect, the PSB is mindful that some health practitioners may still view CPD compliance from a punitive lens in contrast to its actual purpose, especially from the antiregulation campaigners³; the real purpose of the CPD programme is to ensure that health practitioners are empowered with knowledge and experience in order to remain professionally relevant, to practice safely and engaged in relevant client's needs concerning healthcare^{4,5}. Unfortunately, some clients still do not receive healthcare that is informed by best evidence, and sometimes clients even receive inappropriate care⁶. It goes without saying that the HPCSA would like to assure, and even to

¹ Rules relating to Continuing Education and Training of registered practitioners, 2007.

² Health Professions Act, 1974

³ Horowitz R. (2018). Let the consumer beware: Maintenance of licensure and certification in the United States. In *Professional Health Regulation in the Public Interest* (pp. 161-180). Policy Press.

⁴ Merry L., Castiglione S., Rouleau G., Letourneau D., Larue C., Deschenes M.F., Gonsalves D., Ahmed L. (2023). Continuing Professional Development (CPD) system development, implementation, evaluation and sustainability for healthcare professionals in low- and lower-middle-income countries: a rapid scoping review. *BMC Medical Education*. 23:498.

⁵ Giri K., Frankel N., Tulenko K., Puckett A., Bailey R., Ross H. (2023). Keeping Up to Date: Continuing Professional Development for Health Workers in Developing Countries.

⁶ Singh S.A., Fish T.D. (2019). South African health practitioners' patterns of CPD practices—implications for maintenance of licensure. *African Journal of Health Professions Education*, 11(4), pp.123-128.

restore the public confidence, that all registered practitioners are up to date with new knowledge, skills and current national and international trends.

CPD also has a broader impact in promoting like-minded health practitioners in becoming part of a community of practice and improving the identity of those practitioners.⁷

Health practitioners can choose any formal and/or informal training activities to update their knowledge and skills to remain lifelong contributors to the

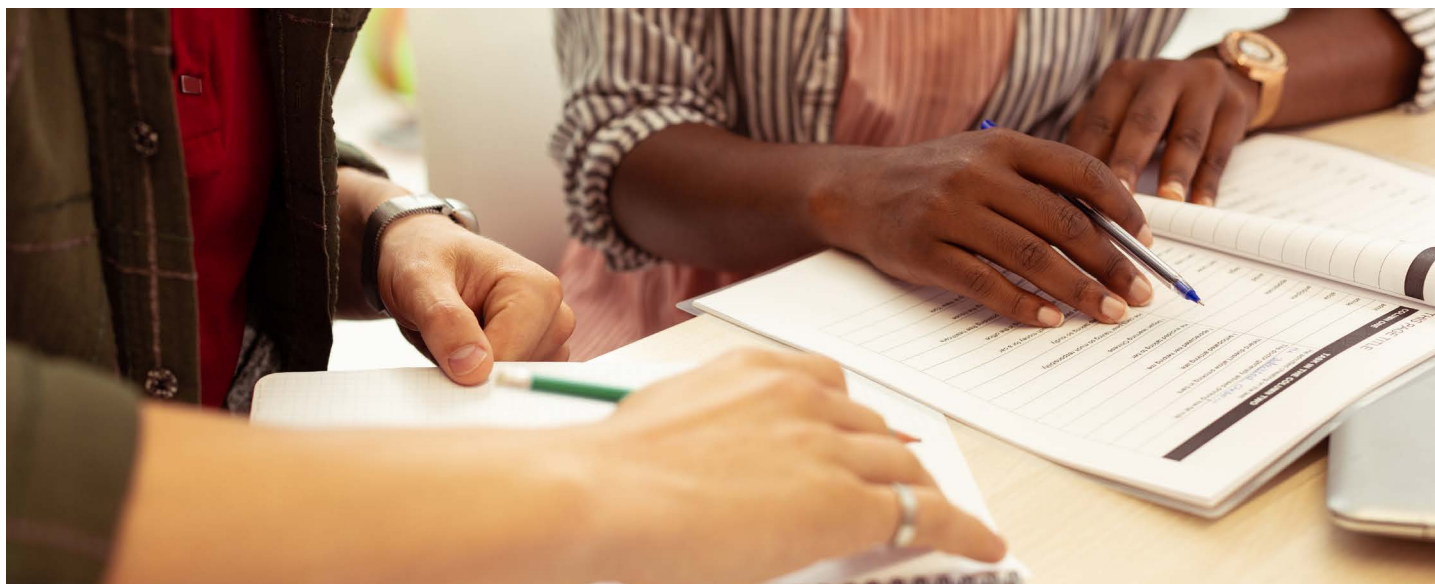
healthcare profession.⁸ Health practitioners are required to accumulate Continuing Education Units (CEUs) on an annual basis. Attendance and/or participating on the CPD recognised activity earns such CEUs; inclusive those for professional practice, ethics, human rights and medical law⁹. Each CEU is valid for 24 months from the date on which the activity took place. This means that the health practitioners should at all material times maintain a balance of two years' worth of CEUs, topping-up on an ongoing basis.¹⁰

There are ongoing developments relating to streamlining the CPD programme, mainly affecting the manner in which evidence of compliance are submitted to the HPCSA for recording purposes. The important changes for noting: -

- 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 the set 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. The link below provides a step-by-step procedure on how to access the online portal:

https://www.hpcs.co.za/Uploads/Professional_Practice/CPD/2021/CPD_Manual_for_Practitioners_2021.pdf

- The HPCSA has approved that authorised facilitators and service providers of CPD programmes submit the attendance registers directly to the HPCSA in order to update the practitioner's CPD profile.
- 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 practitioner will receive a notification, at their nominated contact, of any update done on their CPD profile.



The current CPD compliance for PSB stands at 44% (that is 6440/14598 health practitioners). The PSB may, at any time, resolve to take action to all non-complying health practitioners, which may include¹: -

- Changing the category of registration to supervised practice.
- Writing of a board examination;
- Suspension from the register until submission of proof of compliance with the CPD requirements is submitted; or
- Any other resolution by the relevant professional board.

Non-compliant health practitioners are given until 31 March 2025 before penalties can be imposed.

¹ Rules relating to Continuing Education and Training of registered practitioners, 2007.

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HEALTH PROFESIONS COUNCIL OF SOUTH AFRICA: ONLINE COMPLAINTS MANAGEMENT SYSTEM

The HPCSA launched an online complaints management system in August 2022 which is aimed at ensuring that HPCSA upholds its mandate and becomes a more effective and efficient regulatory body. The Online Complaints Management System enable members of the public and practitioners to:

- Lodge complaints against registered practitioners on the Online platform
- Ease of tracking of cases and communication with relevant officials

HOW TO ACCESS THE ONLINE COMPLAINTS MANAGEMENT SYSTEM

- The system is available on the HPCSA website under online services
- Complainants are requested to create a profile before lodging a complaint
- Practitioners should utilise their HPCSA online portal login details to access the system

Link: <https://hpcsaonline.custhelp.com/>

HOW DOES SYSTEM BENEFIT PRACTITIONERS

- The complaint will reflect against the profile of the practitioner on the portal
- Ease of communication through the system
- Ease of tracking the cases through the updating of the status of complaints by the relevant officials

WHAT IS EXPECTED FROM PRACTITIONERS

- To utilise the system in responding to the allegations within the stipulated time period
- Engage with relevant officials where clarity is needed





EMPOWERING PATIENT CHOICES: NAVIGATING INFORMED CONSENT

Informed consent is a fundamental principle in medical ethics and a legal requirement for registered health practitioners in South Africa.^{1, 2} Informed consent is enshrined in the Constitution and serves to protect patient autonomy, a key ethical principle in healthcare practice, ensuring that patients are well-informed and voluntarily agree to health interventions.^{1, 3, 4} Section 7 (3) of the National Health Act No. 61 of 2003 defines informed consent as consent for the provision of a specified health service given by a person with legal capacity to do so and who has been informed.⁵ Informed Consent must always be “expressed and not implied”; as stipulated by the Health Professions Council of South Africa (HPCSA) guidelines for good practice, this makes proper documentation critical component in the process of obtaining informed consent.⁶

The Importance of Informed Consent

A study conducted in the UK affirms what is known, that patients who are inadequately informed about their therapy prior to its commencement were significantly more likely to report adverse effects from the treatment⁷. This supports the idea that offering detailed, and sufficient information about health services can help improve patient experience and generally the treatment process.⁸ Informed consent is crucial for fostering trust between practitioners and patients, ultimately contributing to more positive outcomes.⁷ It empowers patients to make decisions about their health care based on a comprehensive understanding of their options, the associated risks, benefits, and potential alternatives. This process is rooted in the ethical obligation of respect for patient autonomy, which is essential in healthcare practice.¹



Requirements by the HPCSA

Registered health practitioners must adhere to the Ethical Rules of Conduct, and the ethical guidelines as provided by Council, when obtaining informed consent. Ethical rule 27A (g) requires that unless it's an emergency, informed consent must be obtained from the patient, and where the patient cannot provide consent, seek it from an authorized person such as a parent or legal guardian in the case of a minor patient.^{2, 6} Practitioners must ensure that patients are given clear and comprehensive information about proposed treatments or interventions, including their purpose, benefits, potential risks, and available alternatives.^{2, 5, 6} This information should be presented in an understandable language that considers the patient's literacy level to ensure they can make voluntary and informed decisions without coercion.⁵ Additionally, practitioners must verify the patient's capacity to consent; if the patient lacks this capacity, a legally authorized representative must provide consent^{5, 6}. The entire informed consent process, including the information shared and the patient's decision, should be properly documented.^{6, 10, 11}

Ethical and Legal Implications

Failure to obtain informed consent can have significant ethical and legal implications.¹ It can lead to claims of medical negligence and breaches of patient rights. Practitioners are advised to keep up to date with the latest HPCSA guidelines on Informed Consent (Booklet 4) and ensure compliance with both ethical standards and legal requirements.⁶

Conclusion

Informed consent is not just a legal formality but an integral part of ethical healthcare practice. By adhering to the HPCSA's guidelines, registered health practitioners ensure that patients' rights are respected; and they are empowered in their healthcare decisions.

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CPD ACTIVITY

1. What is the primary purpose of informed consent in healthcare?
 - a. To empower the healthcare provider
 - b. To empower patients to make informed decisions
 - c. To reduce healthcare costs
 - d. To expedite health interventions

2. Who benefits from informed consent?
 - a. Only practitioners
 - b. Both patients and practitioners
 - c. Only patients
 - d. Patients and their families

3. What is a key ethical principle that informed consent is based on?
 - a. Justice
 - b. Non-maleficence
 - c. Autonomy
 - d. Beneficence

4. Which of the following is NOT required in the informed consent process according to HPCSA guidelines?
 - a. Patient's proof of medical aid
 - b. Patient's understanding and voluntariness
 - c. Written proof of informed consent
 - d. Capacity to consent

5. Why is documentation of the informed consent process important?
 - a. To ensure the patient remembers the procedure
 - b. To speed up medical scheme claims
 - c. To improve patient experience
 - d. For ethical and legal protection

6. Informed consent must include information about:
 - a. The practitioner's personal life
 - b. The risks and benefits of the procedure or intervention
 - c. The patient's financial status
 - d. Hospital policies

7. What should practitioners do if a patient lacks the capacity to consent?
 - a. Obtain consent from a legally authorised representative
 - b. Proceed without consent
 - c. Ignore the patient's preferences
 - d. Delay treatment or interventions indefinitely

8. Which document provides detailed guidance on informed consent for HPCSA registered practitioners?
 - a. The South African Constitution
 - b. Guidelines for Informed Consent (Booklet 4)
 - c. The Patient's Bill of Rights
 - d. The National Health Act

9. When is informed consent NOT required?
 - a. In emergency situations where the patient is unable to provide consent
 - b. For every consultation
 - c. When providing free services
 - d. When the patient is a minor

10. What is the legal implication of failing to obtain informed consent?
 - a. It is considered best practice
 - b. It can lead to claims of medical malpractice
 - c. It has no consequences
 - d. It is a minor violation

11. Which of the following must be included in the information provided to the patient?
 - a. The practitioner's qualifications
 - b. Alternative treatments or interventions
 - c. The patient's dietary preferences
 - d. Facility cleanliness ratings

12. How often should practitioners update themselves on informed consent guidelines?
 - a. Once in their career
 - b. Every five years
 - c. Regularly, to ensure compliance
 - d. Only when a legal issue arises

13. What does patient autonomy refer to in the context of informed consent?
 - a. The practitioner's right to make decisions
 - b. The practitioner's obligation to provide information
 - c. The patient's ability to make uninformed decisions about their health
 - d. The patient's right to make their own informed decisions

14. Informed consent is considered a:
 - a. Legal formality
 - b. Core component of ethical medical practice
 - c. Optional step in treatment
 - d. Burden on healthcare professionals

15. What is the role of a healthcare practitioner in the informed consent process?
 - a. To provide all necessary information for decision-making
 - b. To persuade the patient to agree to interventions
 - c. To make decisions for the patient
 - d. To minimise unnecessary discussions

HOW TO EARN YOUR CEUs

1. Complete your personal details below.
2. Read the booklet: **EMPOWERING PATIENT CHOICES: NAVIGATING INFORMED CONSENT**
3. Indicate the answers to the questions by marking an "x" in the appropriate block at the end.
4. **You will earn 2 CEUs if you answer 70% or more of the questions correctly. A score of less than 70% will unfortunately not earn you any CEUs.**
5. Make a photocopy for your own records in case your answers do not reach us.
6. Scan and email or post your answers to:
Professionalpractice@hpcsa.co.za

Please note: The answers should not reach us later *than 30th January 2025*.
Answer sheets received after this date will not be processed.



ANSWER SHEET ACTIVITY

HPCSA Number:

Initials:

Surname as registered with the HPCSA:

Contact number:

E-mail address:

PLEASE ANSWER ALL THE QUESTIONS AND MARK THE APPROPRIATE BLOCK WITH AN "X "

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D
11. A B C D
12. A B C D
13. A B C D
14. A B C D
15. A B C D

CONTACT DETAILS

NATURE OF QUERY	CONTACT
HPCSA Call Centre	Tel: (+27) 12 338 9300
All registration related matters Annual fee payments, Practising Cards, Restorations to the register	Email: kgomotsom@hpcsa.co.za and neilf@hpcsa.co.za
Certified Extracts from the register. Certificates of Status, Verification of Licensure	Email: lebogangm@hpcsa.co.za
Applications for Registration (Foreign Qualified)	Ms Matshidiso Mogole Email: matshidisomo@hpcsa.co.za
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Scope, ethical, professional practice related and CPD queries	HoD: Professional Practice- Mr M Mbodi : Email: Professionalpractice@hpcsa.co.za
Lodging of complaints against registered practitioners	Email: Legalmed@hpcsa.co.za
HPCSA Ombudsman Office	Email: Ombudsman@hpcsa.co.za
Inspectorate Office- Dealing with non- registered persons	Email: Inspectorate@hpcsa.co.za
Statistical Information and data bases	Email: Yvetted@hpcsa.co.za
Executive Company Secretariat	Board and Committee Secretariat, arrangements and facilitation of Board, Committee and Task Team meetings. Policy Development, review and update of policies and guidelines, report writing. Board Newsletter and stakeholder engagement and advocacy. Operationalisation and implementation of Board five- year strategy, development and maintaining of Board Annual Performance Plan (APP), Risk Register and maintaining of risk treatment actions plans.
	Mrs Nurse Mabena : Secretary Email: nurseem@hpcsa.co.za
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GENERAL INFORMATION

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

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Fax: 012 328 5120

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Certified Extracts from the register. Certificates of Status, Verification of Licensure

Email: lebogangm@hpcsa.co.za

Change of contact details

Email: records@hpcsa.co.za

Scope, ethical, practice related and CPD queries

Email: Professionalpractice@hpcsa.co.za

Service Delivery

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