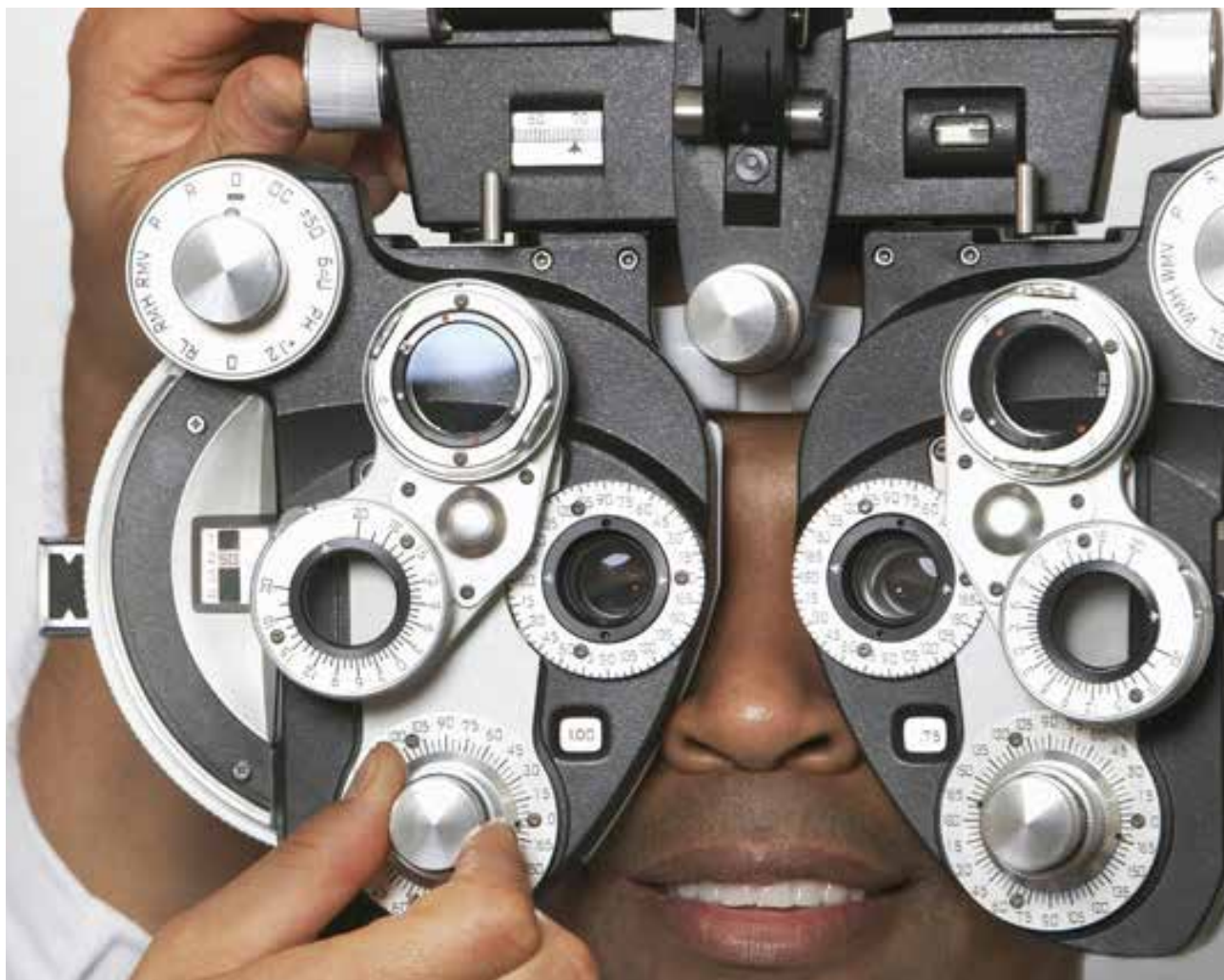




OPTISIGHT NEWS

Newsletter of the Professional Board for Optometry & Dispensing Opticians





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CHAIRPERSON'S NOTE



As we find ourselves face to face with economic hardships, many of us look for avenues and opportunities to make a living and in most cases to sustain our lifestyles. Although there is nothing wrong with the principle of looking for creative ways to earn a living, it is the creative activities we come up with as practitioners that create challenges for our profession and the people we serve. As healthcare practitioners, we should always act in the best interest of our patients. As healthcare practitioners, we should live by and display important human values such as courage, generosity, self-control, temperance, self-control, sociability, modesty, fairness and justice towards those we serve.

These values are what we, as a profession, judge to be right and what assist us in our determination of what is wrong and right. These are the value that forms the basis of our ethics and the ethical rules we set for ourselves. Although we have these set of values and ethics we espouse, in recent times, in the quest to find alternative and additional means to earn a living we have come up with activities that erode the very same values we espouse as healthcare practitioners.

Recently we have seen practitioners risk the vision and livelihood of the public at large by getting involved in programmes and companies that sell lenses online without the involvement of a qualified Optometrist. We have witnessed with great concern practitioners eroding the value of their own profession and put the vision of their patients at risk by employing non-registered people to perform clinical acts. We have in some instances witnessed practitioners going to the various areas of our country to exploit the public by conducting hit and run mobile practices that leave our fellow country men and women out of pocket and unserved. In general, we have in the recent past witnessed practitioners compromising their personal and professional values and ethics in return of an instant short gratification.

In this edition of our newsletter, as we guide practitioners about the issues of online sales of lenses, mobile practices, unregistered people performing professional acts and other important issues, I would like to remind you as a practitioner about your moral and ethical obligation to act with courage, generosity, self-control, temperance, sociability, modesty, fairness and justice towards your patients and the public at large. Lao Tzu said: "He who conquers others is strong. He who conquers himself is mighty". As a healthcare practitioner, you need to conquer yourself and rise above the urge to put short-term financial gain ahead of your profession and the public. For if we don't conquer ourselves today, when the economic dust settles we will find that we have not only compromised our values, but our patients and most critically our profession. We will find that when the economic dust settles we have no profession to practice.

As you go through this newsletter, I invite you to have regard to your moral and ethical obligation as healthcare practitioner and make a conscious decision to not only comply with the ethical rules as prescribed by the HPCSA, but also as prescribed by your own moral compass.

I wish you all the best in conquering yourselves during this tough economic climate.

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

Maemo Kobe

FUTURE PROJECTS

The Board will soon conduct the client satisfaction survey. The aim of the survey is for the Board to get an idea on how it is doing in guiding the profession as well as on meeting the practitioners' expectations, and develop improvement plans based on the survey feedback.

Practitioners are therefore notified to be on the lookout and when selected to please participate in the survey. Practitioners are further urged to update their contact details with the HPCSA as required by the Act.

ONLINE SALE OF CONTACT LENSES



The Board is currently reviewing its Regulations/ Rules and guidelines to clarify online sales of contact lenses and is also currently engaging the Medicines Control Council (MCC) on this matter.

Hard contact lenses, soft contact lenses, contact lens solutions and comfort solutions as per the MCC guidelines, legislative framework to regulate Medical Devices and IVDs as per the provisions of Section 14 of the Medicines and Related Substances Act No 101 of 1965, are deemed to be medical devices and will be subject to registration in terms of Section 14 and 15 of the Medicines and Related Substances Act, 1965 (Act 101 of 1965).

The Professional Board for Optometry and Dispensing Opticians ("the Professional Board") will lay criminal charges against any person who is not registered as an Optometrist in terms of

the Health Professions Act No 56 of 1974 and who supplies contact lenses to the members of the public or continue to supply contact lenses to the members of the public after 28 January 2015, for contravention of section 39 of the Act. This supply of contact lenses to members of the public by unregistered person became a criminal offence with effect from 28 January 2015 when the supply of contact lenses was prescribed by the Minister of Health in terms of section 33 of the Act, as an act which pertains to the profession of Optometry.

The Registrar/Board may lay and address a complaint of unprofessional conduct against a practitioner for supplying contact lenses to members of the public without conducting an eye examination or without following Clinical protocols, in Optometry.

ONLINE SALE OF SPECTACLES

The Board is currently reviewing its Regulations/ Rules and guidelines to clarify online sales of spectacles. Feedback will be provided when the matter is finalised.



MOBILE PRACTICE

The Professional Board for Optometry and Dispensing Opticians previously communicated that it was reviewing the mobile practice guidelines. Practitioners are hereby informed that the guidelines have been finalised with effect from June 2017 and have been published on the HPCSA website (you may visit www.hpcsa.co.za).

The Board apologises for any inconvenience caused by the delays in finalising the guidelines.

Practitioners are encouraged to submit their applications to the Board for consideration.

THERAPEUTICS CLINICAL HOURS

The Board engaged the National Department of Health (NDoH) in September 2016 on challenges faced by practitioners in gaining access to facilities with co-ordinated resistance from Ophthalmologists at public sector facilities. The NDoH addressed the matter with all Provincial HoDs. The Board is aware that challenges are still continuing in other areas and have taken the matter to NDoH for further assistance.

The Board congratulates the seven practitioners who qualified in the postgraduate programme in therapeutics at UKZN and are in a process to be registered with the HPCSA as Optometrists with Ocular Therapeutic privileges!!

LIST OF CPD ACCREDITORS AND ACCREDITED SERVICE PROVIDERS

Accreditors 2015-2020

University of Johannesburg (UJ)

University of Limpopo (UL)

University of KwaZulu-Natal (UKZN)

Cape Peninsula University of Technology (CPUT)

University of the Free State (UFS)

Accredited Service Providers 2017

University of Johannesburg (UJ)

University of KwaZulu-Natal (UKZN)

Cape Peninsula University of Technology (CPUT)

University of Limpopo (UL)





GENERAL ETHICAL GUIDELINES FOR HEALTHCARE PROFESSIONALS

Adapted from: HPCSA Guidelines for Good Practise in the HealthCare Professions: Booklet 1



1. INTRODUCTION

- 1.1.** Being registered as a healthcare professional with the Health Professions Council of South Africa (HPCSA) confers on us the right and privilege to practice our professions. Correspondingly, practitioners have moral or ethical duties to others and to society. These duties are generally in keeping with the principles of the South African Constitution (Act No. 108 of 1996) and the obligations imposed on health care practitioners by law.
- 1.2.** This first booklet on general ethical guidelines contains value-oriented principles and expresses the most honourable ideals to which members of the healthcare profession should subscribe in terms of their conduct.
- 1.3.** More specific ethical guidelines and rules are derived from these general ethical guidelines. They offer more precise guidance and direction for action and also make it possible for the HPCSA to implement sanctions against transgressors.
- 1.4.** It is impossible, however, to develop a complete set of specific ethical prescriptions applicable to all conceivable real-life situations. Healthcare professionals are required to ethically reason the best course of action.
- 1.5.** This booklet lists thirteen core ethical values and standards that underlie professional and ethical practice in health care professions, and gives a short explanation of how one makes practical decisions through ethical reasoning. It then explains what a duty is, and catalogues the general ethical duties of health care professionals.

The expressions “professional” or, “practitioner” are used interchangeably to refer to healthcare practitioners.

2. CORE ETHICAL VALUES AND STANDARDS FOR GOOD PRACTICE

- 2.1.** Good professional practice is grounded in core ethical values and standards.
- 2.2.** The demands of these core values and standards may clash, creating the need for the practitioner to engage in ethical reasoning.
- 2.3.** The core ethical values and standards required of health care practitioners include the following:
- 2.3.1. **Respect for persons:** Respect patients as persons, and acknowledge their intrinsic worth, dignity, and sense of value.
 - 2.3.2. **Non-maleficence:** First do no harm; do not act against the best interests of patients, even when in conflict with the self – interests of the practitioner.
 - 2.3.3. **Beneficence:** Act in the best interests of patients even when this is in conflict with own self-interests.
 - 2.3.4. **Human rights:** Recognize the human rights of all individuals.
 - 2.3.5. **Autonomy:** Honour the right of patients to self-determination and to make informed choices, in relation to their beliefs, values and preferences.
 - 2.3.6. **Integrity:** Incorporate these core ethical values and standards as the foundation of health care practice.
 - 2.3.7. **Truthfulness:** Truth and truthfulness is the basis of trust in professional relationships with patients.
 - 2.3.8. **Confidentiality:** Treat personal/private information of patients as confidential unless overriding reasons necessitate a moral or legal obligation to disclosure.
 - 2.3.9. **Compassion:** Be sensitive to the social needs of patients and seek to create mechanisms for comfort and support where appropriate and possible.
 - 2.3.10. **Tolerance:** Respect the rights of people to have different cultural ethical beliefs.
 - 2.3.11. **Justice:** Treat all individuals in an impartial, fair and just manner.
 - 2.3.12. **Professional competence and self-improvement:** Endeavour to continuously attain the highest level of professional knowledge and skills.
 - 2.3.13. **Community:** Contribute to the betterment of society in accordance with professional abilities and standing in the community.

3. HOW TO RESOLVE ETHICAL DILEMMAS

- 3.1.** The core values and standards are the foundation of the general ethical guidelines and must be applied in dealing with ethical dilemmas.
- 3.2.** Four steps of ethical reasoning to apply to ethical dilemmas:
- 3.2.1. **Formulating the problem:** Determine whether the issue at hand is an ethical one.
 - 3.2.2. **Gathering information:** All the relevant information must be gathered viz. clinical, personal and other data. Consult clinical and ethical guidelines, practitioner associations, respected colleagues/experts for clarity and opinions.
 - 3.2.3. **Considering options:** Consider all possible solutions in light of the principles and values they uphold.
 - 3.2.4. **Making a moral assessment:** The ethical content of each option should be weighted by asking the following questions:
 - 3.2.4.1.1. What are the likely consequences of each option?
 - 3.2.4.1.2. What are the most important values, duties, and rights? Which weighs the heaviest?
 - 3.2.4.1.3. What are the weaknesses of the practitioner's view concerning the correct option?



3.2.4.1.4. How would the health care practitioner himself/herself want to be treated under similar circumstances?

3.2.4.1.5. How does the health care practitioner think that the patient would want to be treated in the particular circumstances?

3.2.4.1.6. Discuss your proposed solution with those whom it will affect.

3.2.4.1.7. Act on your decision with sensitivity to those affected.

3.2.4.1.8. Evaluate your decision and be prepared to act differently in the future (Adopted from WMA – Medical Ethics Manual).

4. DEFINING A DUTY

4.1. Ethical guidelines express duties. A duty is an action or task that one is legally or morally obligated to perform or refrain from performing.

4.2. If we have a duty to another person, it means we are bound to that person in some respect and for some reason. We

owe that person something, while he or she holds a corresponding right or claim against us.

4.3. An example of a right with a corresponding duty is the following: Suppose a health care practitioner reaches an agreement with a colleague that the latter will do a locum for him while he is away on family business: The colleague has a duty to do the locum and the health care practitioner has a right to the colleague's services. At the same time the colleague has a right to fair remuneration and the health care practitioner has a duty to compensate her/him.

4.4. To have a duty is to ask the question "What do I owe others?" To have a right is to ask the question "What do others owe me?"

4.5. Duties may be ethical, legal or both concurrently, and may be personal, social, professional or political.

4.6. Health researchers fulfill different roles. Accordingly, they have different kinds of duties:



- 4.6.1. As human beings we have “natural duties”, namely acquired general duties simply because we are members of the human community - for example the natural duties to refrain from doing harm, to promote the good, or to be fair and just. As is the case with everyone, health care professionals owe these duties to all other people, whether patients or not, and quite independently of our professional qualifications.
- 4.6.2. As professionals we have “moral obligations”, namely general duties we acquire by being qualified and licensed as professionals, that is, professionals entering into contractual relationships with patients - for example the professional duties to provide care, relieve pain, gain informed consent, respect confidentiality, and be truthful.
- 4.6.3. Institutional duties: Institutional duties are imposed upon health care practitioners working in specific institutions. They are specific to the health care practitioner’s particular institutionalized role, for example the duties of a practitioner employed by a company, a health care practitioner working in a governmental research agency, or a doctor engaged in private practice. These duties are contained in employment contracts, job descriptions, conventional expectations etc. Institutional duties must be consistent with the ethical and legal duties of health care practitioners.
- 4.6.4. Legal duties: Legal duties are duties imposed by the common law and by statute law (for example, the National Health Act (No. 61 of 2003)) that require health care practitioners to follow certain procedures and to use particular skill and care when dealing with patients.
- 4.7. The duties listed in these general guidelines mostly fall into the general category, but are acquired duties of a health care professional.
- 4.8. No duty is absolute or holds without exception irrespective of time, place or circumstance as different duties may prescribe alternate decisions and actions, as the situation requires.
- 4.9. For example, duties to patients may compete with duties to employers; the duty to respect a patient’s confidentiality may clash with the duty to protect innocent third parties from harm. (e.g. disclosing HIV/AIDS status).
- 4.10. Although not exhaustive the catalogue of duties below presents a comprehensive list of duties that bind health care practitioners. However, it should be noted that duties not honored, without sufficient justification, may constitute a basis for sanctions being imposed on the professional by the HPCSA.
- 4.11. Any classification of duties is arbitrary, because specific duties may be owed to different parties simultaneously. Therefore, the classifications used below should be viewed only as a guide. Underlying these duties are core ethical values and standards of good practice that are regarded as basic ethical principles. (see above para 2).

5. DUTIES TO PATIENTS

5.1. PATIENTS BEST INTERESTS OR WELL-BEING

Healthcare practitioners should:

- 5.1.1.1. Always regard concern for the best interests or well being of their patients as their primary professional duty.
- 5.1.1.2. Honor the trust of their patients.
- 5.1.1.3. Be mindful that they are in a position of power over their patients and avoid abusing their position.
- 5.1.1.4. Within the normal constraints of their practice, be accessible to patients when they are on duty, and make arrangements for access when they are not on duty.
- 5.1.1.5. Make sure that their personal beliefs

do not prejudice their patients' health care. Beliefs that might prejudice care relate to patients' race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.

- 5.1.1.6. If they feel that their beliefs might affect the treatment they provide, they must explain this to their patients, and inform them of their right to see another health care practitioner.
- 5.1.1.7. Not refuse or delay treatment because they believe that patients' actions have contributed to their condition, or because they – the health care practitioners - may be putting their own health at risk.
- 5.1.1.8. Apply their mind when making diagnoses and considering appropriate treatment.
- 5.1.1.9. Act quickly to protect patients from risk.
- 5.1.1.10. Respond to criticism and complaints promptly and constructively.
- 5.1.1.11. Not employ health care practitioners with restricted HPCSA registration in their own or any associated health care practice.
- 5.1.1.12. Inform patients of potential conflict of interest in their employment.
- 5.1.1.13. provide health care within the scope of their practice, experience and competency. If unable to do so, refer the patient to where the required care can be provided.

5.2. RESPECT FOR PATIENTS

Healthcare practitioners should:

- 5.2.1. Respect the privacy and dignity of patients.
- 5.2.2. Treat patients politely and with consideration.
- 5.2.3. Listen to patients and respect their opinions.

5.2.4. Avoid improper relationships with their patients, their patients' friends or their patients' family members (for example, sexual relationships or exploitative financial arrangements).

5.2.5. Guard against violating the human rights of patients; do not permit, condone or participate in any actions that lead to violations of the rights of patients.

5.3. INFORMED CONSENT

Healthcare practitioners should:

- 5.3.1. Inform patients about their condition, treatment and prognosis.
- 5.3.2. Inform patients in lay terms in a language that they understand.
- 5.3.3. Refrain from withholding information, investigations, treatment or procedures that are in the patient's best interests.
- 5.3.4. Continuously apply the principle of informed consent.
- 5.3.5. Allow patients access to their medical records.

5.4. PATIENT CONFIDENTIALITY

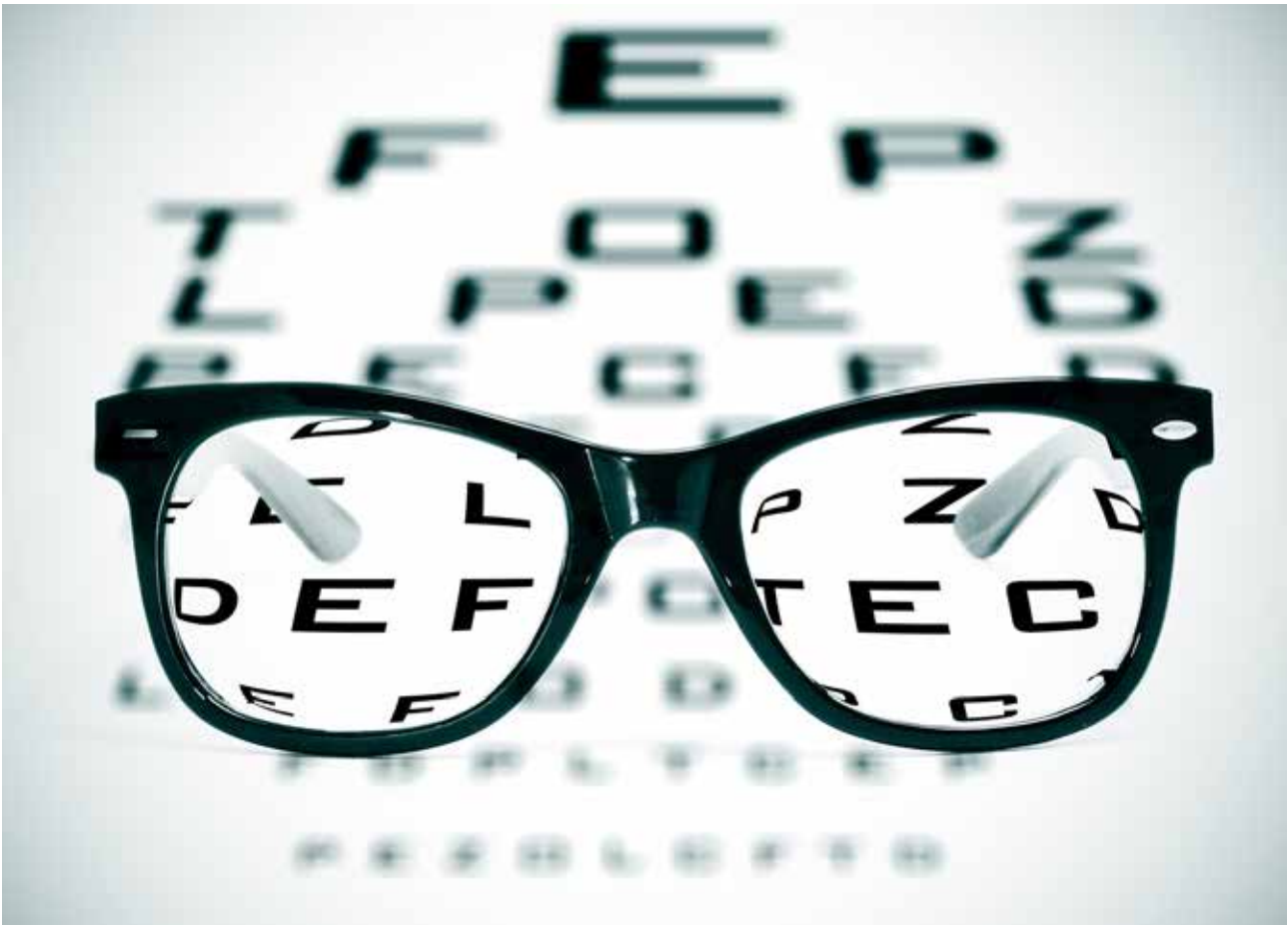
Healthcare practitioners should:

- 5.4.1. Recognise the right of patients to confidentiality.
- 5.4.2. Not breach confidentiality without sound reason or consent of patients
- 5.4.3. Explain the significance of ICD- 10 coding with respect to medical aid claims and acquire permission of patients to make disclosure when submitting claims for payments on the patients behalf.

5.5. PATIENT PARTICIPATION IN THEIR OWN HEALTH CARE

Healthcare practitioners should:

- 5.5.1. Respect the right of patients and/ or their legal guardians to be fully involved in decisions about their treatment.
- 5.5.2. Respect the right of patients to refuse treatment or participation in teaching



or research.

- 5.5.3. Inform their patients that they have a right to seek a second opinion without prejudicing treatment.

5.6. IMPARTIALITY AND JUSTICE

Healthcare practitioners should be aware of the rights and laws concerning unfair discrimination in the management of patients or their families on the basis of race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability such as contained in health rights legislation.

5.7. ACCESS TO CARE

Healthcare practitioners should:

- 5.7.1. Promote access to health care. If they are unable to provide a service, they should refer the patient to another health care practitioner or to a health care facility where the required service can be obtained, provided that in an

emergency situation practitioners shall be obliged to provide care in order to stabilize the patient and then to arrange for an appropriate referral to another practitioner or facility.

5.8. POTENTIAL CONFLICTS OF INTEREST

Healthcare practitioners should:

- 5.8.1. Always seek to give priority to the investigation and treatment of patients solely on the basis of clinical need.
- 5.8.2. Avoid over-servicing: They should recommend or refer patients for necessary investigations and treatment only, and should prescribe only treatment, drugs or appliances that serve the needs of patients.
- 5.8.3. Declare to patients, verbally and by displayed notice, any financial interest they may have in institutions, diagnostic equipment, or the like to which they make referrals, if the holding of such interest is permitted by the HPCSA.

- 5.8.4. Refrain from coercing patients or their family members to provide them (health practitioners) with gifts or any other undue benefit.

6. DUTIES TO COLLEAGUES AND OTHER HEALTHCARE PRACTITIONERS

6.1. REFERRALS TO COLLEAGUES AND POTENTIAL CONFLICTS OF INTEREST

Healthcare practitioners should:

- 6.1.1. Act in their patients’ best interests when making referrals and providing or arranging treatment or care. They should not ask for, or accept, any undue inducement or incentive, from colleagues to whom they refer patients because it may affect or be seen to affect the healthcare practitioner’s judgment.
- 6.1.2. Treat patients referred to them in the same manner in which they would treat their own patients.

6.2. WORKING WITH COLLEAGUES

Healthcare practitioners should:

- 6.2.1. Work with and respect other health-care professionals in pursuit of the best health care possible for all patients.
- 6.2.2. Not discriminate against colleagues, including health care practitioners applying for posts, based on race, culture, ethnicity, social status, lifestyle, perceived economic worth, age, gender, disability, communicable disease status, sexual orientation, religious or spiritual beliefs, or any condition of vulnerability.
- 6.2.3. Refrain from speaking ill of colleagues or other healthcare practitioners. (Rule 12 of the ethical Rules of conduct).
- 6.2.4. Not make a patient doubt the knowledge or skills of colleagues by making comments about them that cannot be justified.
- 6.2.5. Support colleagues who uphold the core values and standards embodied

in these guidelines.

- 6.2.6. Advise colleagues who are impaired to seek professional assistance.

7. DUTIES TO PATIENTS OF OTHER HEALTH CARE PRACTITIONERS

Healthcare practitioners should:

- 7.1.1. Act quickly to protect patients from risk due to any reason.
- 7.1.2. Report violations and seek redress in circumstances where they have a good or persuasive reason to believe that the rights of patients are being violated.

8. DUTIES TO THEMSELVES

8.1. KNOWLEDGE AND SKILLS

Healthcare practitioners should:

- 8.1.1. Continuously maintain and improve the standard of professional knowledge and skills by regularly participating educational activities.
- 8.1.2. Acknowledge the limits of their professional knowledge and competence. i.e. not pretend to know everything.
- 8.1.3. Observe and keep informed of the laws and regulations that affect professional health care practice e.g. the provisions of the National Health Act (Act No. 61 of 2003).

8.2. MAINTAINING A PROFESSIONAL PRACTICE

Healthcare practitioners should:

- 8.2.1. Keep their equipment in good working order. Maintain proper hygiene in their working environment.
- 8.2.2. Keep accurate and up-to-date patient records
- 8.2.3. Refrain from engaging in activities that may affect their health and lead to impairment.
- 8.2.4. Ensure that staff members employed by them respect patients’ rights and confidentiality.



9. DUTIES TO SOCIETY

9.1. ACCESS TO SCARCE RESOURCES

Healthcare practitioners should:

- 9.1.1. Deal responsibly with scarce health care resources.
- 9.1.2. Refrain from providing a service that is not needed, whether it provides financial gain or not.
- 9.1.3. Refrain from unnecessary wastage, and from participating in improper financial arrangements, especially those that escalate costs and disadvantage individuals or institutions unfairly.
- 9.1.4. Healthcare practitioners should include ethical considerations, legal requirements and human rights in the development of health care policies.

9.2. HEALTH CARE POLICY DEVELOPMENT

Healthcare practitioners should include ethical considerations, legal requirements and human rights in the development of health care policies.

10. DUTIES TO THE HEALTHCARE PROFESSION

10.1. REPORTING MISCONDUCT

Healthcare practitioners should:

- 10.1.1. Report violations and seek redress in circumstances where they have

good or persuasive reason to believe that the rights of patients are being violated and/or where the conduct of the practitioner is unethical

- 10.1.2. Where it is in their power, protect people who report misconduct from victimisation or intimidation.

10.2. ACCESS TO APPROPRIATE HEALTH CARE

Healthcare practitioners should promote access to health care. If they are unable to provide a health service, they should refer the patient to another health care practitioner or health care facility that can provide the service.

11. DUTIES TO THE ENVIRONMENT

11.1. CONSERVATION OF NATURAL RESOURCES

Healthcare practitioners should recognize that they have a responsibility to ensure that in the conduct of their affairs they do not in any way contribute to environmental degradation.

11.2. DISPOSAL OF HEALTH CARE WASTE

Healthcare practitioners should protect the environment and the public by ensuring that healthcare waste is disposed off legally and in an environmentally friendly manner.

Unregistered persons employed or doing locums: Optometrists and Dispensing Opticians

Following concerns observed by the Professional Board for Optometry and Dispensing Opticians (“the Professional Board”) regarding the performance of certain clinical and professional acts falling within the scope of the professions of Optometry and Dispensing Optician by persons who are not registered in terms of the Health Professions Act, 1974 (Act No. 56 of 1974) (“the Act”); the Professional Board saw it fit to remind/inform and educate practitioners and the members of public that:

- It is illegal, for persons who are not registered in terms of the Act including but not limited to Optometry Front liners / Optometry or optical Assistants to perform clinical and professional acts falling within the scope of the profession of Optometry and Dispensing Opticians. Any person who, without registration in terms of the Act, performs clinical and professional acts falling within the scope of the profession of

Optometry and Dispensing Optician commits an offence in terms of section 39 of the Act. The aforementioned offence attracts, inter alia, imprisonment for a period not exceeding twelve months.

- Section 17 and 39 of the Act prohibits any person from practicing any health profession registrable in terms of the Act without registration. Therefore, no person may be employed to practice any profession registrable in terms of the Act without registration with the HPCSA. Furthermore, no person may be employed or engaged as a locum for purposes of practicing any profession registrable in terms of the Act, without registration in terms of the Act.





ADJUSTABLE READERS

The Professional Board saw it fit to remind/inform and educate practitioners and the members of public about the provisions of rules 3, 6, and 23 of the Ethical rules of conduct.

In terms of Regulation 2 and 3 of the Regulations defining the scope of the profession of Optometry

and Dispensing Opticians, the acts referred to in these Regulations pertains to profession of Optometry and a Dispensing Optician.

Adjustable readers can therefore only be provided by a registered Optometrist and/or Dispensing Optician.

Scope infringement “Visual Therapy Services” in optometry/dispensing optician practice

The Professional Board reminds/informs and educate practitioners and the members of public that:

- It is illegal, for persons who are not registered in terms of the Act including but not limited to Optometry Visual Therapists / Visual Therapists to perform clinical and professional acts falling within the scope of the profession of Optometry and Dispensing Optician. Any person who, without registration in terms of the Act, performs clinical and professional acts falling within the scope of the profession of Optometry and Dispensing Optician commits an offence in terms of section 39 of the Act. The aforementioned offence attracts, inter alia, imprisonment for a period not exceeding twelve months.
- In terms of rule 7(5) of the Ethical Rules of Conduct, a practitioner shall not charge or receive fees for services not personally rendered, except for services rendered by another practitioner in his or her employment or with whom he or she is associated as a partner, shareholder or locum tenens.

Regulation (2)(1)(d) of the Regulations defining the scope of the profession of Optometry and Dispensing Optician prescribe the provision of Vision Therapy to members of the public as an act that pertains to the profession of optometry.

Section 17 and 39 of the Act prohibits any person from practicing any health profession registrable in terms of the Act without registration. Therefore, no person may be employed to practice any profession registrable in terms of the Act without registration. Furthermore, no person may be employed or engaged as a Visual Therapist for purposes of practicing any profession registrable in terms of the Act without registration in terms of the Act.

Other Matters Pertaining To Concerns By Practitioners

The Board has sought legal advice or opinion as to whether the Board is permitted by current HPCSA legislation or regulation/rule, to get involved and/or take action if need be (for example on Medical Schemes matters). Feedback will be provided when the matter is finalised.



FREQUENTLY ASKED QUESTIONS



Q: What is the difference between the professional board and professional association?

A: A professional board is the regulator in terms of the Health Professions Act 56 of 1974– it acts in the best interest of the public; it protects the public and guide the profession. The board has control and authority in all matters pertaining to the education and training of professionals required by the Health Professions Act, to register with the HPCSA, thus regulates parameters in which professionals should practice their profession and professional skills – in the best interest of the public.

A professional association is the voice of the profession – it acts in the best interest of the profession; it promotes and supports the professionals. It guides the professionals in practicing their profession within the parameters set by the regulator and on how to maximise their profits

without infringing the rights of the public.

Q: Is it the board or the association that is responsible for the fees structure (professional fees)?

A: Neither of the two, certainly not the association. The Department of Health is responsible for the determination and publication of reference price list in terms of section 90(1)(v)(ii) of the National Health Act, 2003. The board is however empowered in terms of section 53 of the Act to determine a fee norm.

Q: How do medical aid schemes feature in setting professional fees?

A: They don't set professional fees, they determine their benefits based on the reference price list in terms of section 90(1)(v)(ii) of the National Health Act, 2003.

Q: Medical aid refuses to pay professionals for certain procedures sighting that the claim is not within the scope of the profession; which body is most suited to represent the professionals in this regard?

A: The board develop the scope of the profession, which is available for anyone to access. Medical aids are able to access the scope of every health professionals from the Health Professions Council of SA. The associations should make sure on behalf of the members to keep medical aids abreast with new developments in the profession, including the scope.

Q: **When is the student Optometrist/Dispensing Optician required to register with HPCSA?**

A: First year of study.

Q: **For how long is that first registration valid? Is the student required to register annually?**

A: The first registration is valid for as long as the student is still registered with the University. Once the student is qualified he or she must immediately register as a qualified practitioner before resuming clinical care service (practicing).

Q: **Is the university responsible for first registration as a student and first registration as a qualified professional?**

A: No, however the University may facilitate the student registration processes (both on first year of study and at the end of the final year if all requirements are met). Student should ensure that they familiarize themselves with the rules and regulations of the council and their roles as students.

Q: **Are contact lenses part of the scope for the Dispensing Opticians?**

A: No, the scope of profession for the DO does not include contact lenses although it may be forming part of DO education and training.

Q: **How does an Optometrist that qualified with diagnostic privileges from an educational institution get his/her name transferred to the correct register for diagnostic privileges?**

A: The completion of an application form called Form 19 ODO - Recognition of Diagnostic Privileges - Optometry and Dispensing Opticians, can be downloaded from the HPCSA website.

Q: **How will you know that you are registered with Diagnostic Privileges with the HPCSA?**

A: On your HPCSA card, it will reflect INDEPENDENT – DIAGNOSTIC

Q: **Can a patient’s spectacle and/or contact lens prescription be shared between Optometrists and or Dispensing Opticians?**

A: Yes. This information can be shared between practitioners only with signed consent from the patient. A practitioner is not allowed to share information regarding a patient’s health history or any other information that is of a personal nature or other than what is requested without the patient’s consent as per the Ethical Rules of Conduct for practitioners registered under the Health Professions act, 1974, Rule 13 subrules (1) and (2).

Q: **May I charge a fee for a missed appointment? what code should be used and may the claim be submitted to medical aid**

A: Section 17 of the Consumer Protection Act, 2008 provides for the charging of a reasonable fee for cancellation taking into account the factors referred to in that section. A code is provided for this by medical aid.

HPCSA Moving Towards Maintenance of Licensure



In 2007 Continuing Professional Development (CPD) became compulsory for all professions registered with the Health Professionals Council of South Africa (HPCSA). From the outset, the goal was to encourage practitioners to update their knowledge and skills to enable ethical and competent practice. The focus of the HPCSA's current system of CPD has been largely on continuing education and to update knowledge. Literature, however suggests a need for a comprehensive system of CPD – beyond knowledge gain – as a method of addressing performance inadequacies of the professional as well as at the overall healthcare systems level. This comprehensive system of CPD is referred to as Maintenance of Licensure in this article to avoid confusion with CPD as it has always been referred to at HPCSA. While on one hand continuing education is acknowledged to be a core component of continuous professional development, Maintenance of Licensure as envisaged is more comprehensive and addresses a wider range of skills, including education, training, audit, management, team building and communication.

HPCSA CPD proposed MODEL (for MOL)

In 2013 the HPCSA decided that all practitioners will be required to have a license to practice their professions. The primary purpose of such a decision was to ensure that all practitioners, under the jurisdiction of the HPCSA, maintain and improve their professional knowledge, skills and performance for improved patient outcomes and health systems.

In keeping with the HPCSA's mandate of protecting the public and guiding the professions, the CPD committee of the HPCSA has critically reflected on the current programme in light of research and international trends in CPD. The rationale is to

provide a model that guides genuine learning and enables improvement of professional competence and performance, rather than a system of CPD which has equated the number of hours/CEUs accumulated with competence. Currently, many practitioners meet mandatory CPD CEUs opportunistically, erratically or casually. In contrast, the Maintenance of Licensure model places greater responsibility on practitioners to set out their CPD requirements and demonstrate how their CPD activities improve their professional performance and patient health. Such a model more explicitly recognizes that different professionals will have different development needs and require individual practitioners to take greater ownership of their professional development.

The model is depicted in the figure below:

HPCSA MODEL FOR MAINTENANCE OF LICENCE TO PRACTICE



Reflection on own practice entails critically looking at oneself across four domains; viz

DOMAIN 1: PROFESSIONALISM – encompassing good practice, integrity, intercultural competence.

DOMAIN 2: SAFETY AND QUALITY – relates to systems one has in place to protect patients/clients, how one responds to risks to safety, and how they protect patients/clients from risks posed by colleagues.

DOMAIN 3: COMMUNICATION is about communicating effectively, working constructively with colleagues and where necessary delegating effectively.

DOMAIN 4: KNOWLEDGE, SKILLS AND PERFORMANCE entails developing and maintaining professional performance, applying knowledge and experience to own practice and maintaining clear, accurate and legible records.

Determining Learning Needs can be achieved by using the following methods:

Self assessment of competence & performance;

Audit of practice or work ethic;

Peer feedback, in same profession.

3600 feedback from patients or clients, from families one interacts with, from other colleagues one works with who are not necessarily in the profession

Developing Individualised Learning: Plan is achievable through:

1. Setting own CPD programme as follows:

Embarking on Continuing Education - 20 hours per year - Learning related to performance improvement.

Involvement in Accredited activities e.g. attending conferences, workshops, courses, producing publications, engaging in research programmes.

Involvement in Non-accredited activities e.g. Self-directed learning programmes and Journals reading.

2. Ensuring own practice is audited at least once a year – systematic critical analysis of own practice, or having a senior managing own performance.

3. Participation in peer review for at least 10 hours per year – Examples include joint review of cases, review of charts, inter-professional review of cases,

mortality and morbidity meetings.

4. Ethics- related learning or practice - 5 hours per year.

Implementation of Learning Programme: CPD, which is already an HPCSA requirement, is a key component of the maintenance of licensure programme and is a major in the implementation process. There are additional requirements to demonstrate competence and performance, including peer review and engagement, audit, multisource feedback, and evaluation of competence and performance.

Application of learning to practice - Practitioners are required to determine their own learning needs, then devise an individualised CPD programme that meets these learning needs, with the ultimate aim being to improve their own practice.

Evaluating competence and performance is comprehensively done every five years; It is proposed that this should constitute a Competence Assessment(summative) which may be done online or through a training institution and performance assessments which include 3600 /multisource feedback and assessment of practice.

In Conclusion

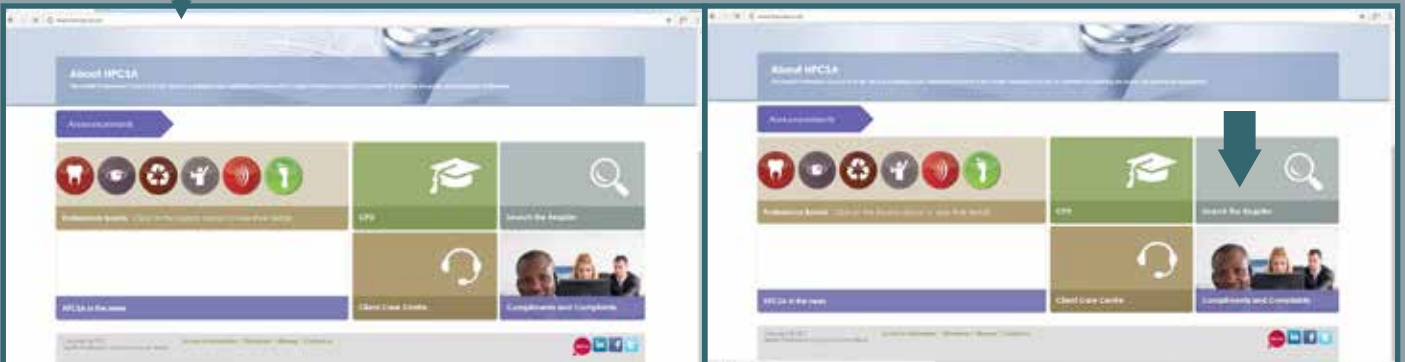
The CPD Committee has and will continue to consult iteratively with a wide range of stakeholders in refining and implementing the guidelines and standards for the comprehensive CPD programme which will be linked to maintenance of licensure. The CPD Committee welcomes and values all perspectives and commits itself to thoroughly reviewing and considering all submissions arising out of the consultation process. The feedback received will influence the final proposal.

(This article is adapted from the concept document put together by the CPD Committee starting in 2014, as well as the presentation from Prof Sanjila Singh to the Interboard Forum that was held on 31st July 2017. Prof Singh is a member of the task team of the CPD Committee that is spearheading the Maintenance of Licensure programme)

REGISTRATION

How to check if you are on the register or not:

Go to the landing page of the HPCSA: www.hpcsa.co.za



Scroll down to the bottom of the page until you get to “Search the Register” (Magnifying glass):

- Click on the magnifying glass (this may take some time, please WAIT)
- Next screen: Select search criteria and fill in the required field
- Click “Search” to find your name.
- Next screen: Click on “VIEW” to see the details of your search. Read through the results. It stipulates if you are an active member or removed from the register.

HPCSA Online Renewal And Payment Portal

HPCSA's Online Renewal of Registration is an interactive system, applying intelligence to the Renewal and payment process for the Health Professions of South Africa. The system guides the user to create an account, login, update their profile, renew the registration and complete the process by making the payment for their yearly renewal of annual fees.

The system is intuitive and usable. To assist you as the user, an easy to follow guide has been created with real graphics and an easy to use interactive index.

The process starts with creating an account and is finalised when a payment is made. The user can also generate a practicing card, view the HPCSA documents as well as invoices and statements. Please see the website.

<https://practitionersso.hpcsa.co.za/identity/login?signin=48caed057a366059ccf477320da7691a>



Benefits Of Registering With HPCSA

Practitioners practising any of the health professions falling within the ambit of the HPCSA are obliged to register with Council as a Statutory body.

The role of the HPCSA, apart from guiding the professions, is to:

Confer professional status

- The right to practice your profession
- Ensuring no unqualified person practises your profession
- Recognising you as a competent practitioner who may command a reward for service rendered

Set standards of professional behaviour

- Guiding professionals on best practices in healthcare delivery
- Contributing to quality standards that promote the health of all South Africans

- Acting against unethical practitioners

Ensure your Continuing Professional Development through:

- Setting and promoting the principles of good practice to be followed throughout the career

Practitioners who are not practising their profession may in terms of section 19(1)(c) of the Health Professions Act 1974 (Act 56 of 1974) request that their name be removed from the relevant Register on a voluntary basis. A written request should reach Council before 31 March of the year in which the practitioner wishes his or her name to be removed from the Register.

<http://www.hpcsa.co.za/Registrations/VoluntaryRemoval>

<http://www.hpcsa.co.za/PBDieteticsNutrition/Restoration>

Reminder on Online Registration and Payment of Annual Fees

A reminder to practitioners who have not yet settled their 2017 Annual fees, which was due by 1 April, to please pay as a matter of urgency. These fees form part of the legal requirements of persons registered in terms of the Health Professions Act, 1974 (Act No. 56 of 1974). Failure to pay these annual fees will result in suspensions or penalties.

This year HPCSA introduced an Online Renewal and Payment Portal which is meant to make the lives of practitioners easy.

The benefits of the online renewal portal are the following:

- Practitioners will be able to go through the renewal process online;
- Practitioners will make annual fee payments and other outstanding amounts, as invoiced, online;
- Practitioners will be able to download an electronic practitioner card including an

encrypted QR code, which when scanned, will reveal much more information about the practitioner than is currently the case, with real-time validation;

- Practitioners who prefer the printed format will be able to print their HPCSA registration details from the system;
- Practitioners will be able to view, verify and confirm, or update their contact details, as they renew their membership, or at any time, through this portal;
- The portal allows the practitioner to view their qualification(s) and registration details, and where required, send a service request for queries.



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

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: info@hpcsa.co.za

Where to find us:

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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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