



HPCSA updated guidelines

The HPCSA recently updated some of its guidelines; however, they are not all relevant for Speech therapists and Audiologists. Here are summaries of the changes in the two relevant booklets, namely Booklet 11: Guidelines on Overservicing, Perverse Incentives and Related Matters (March 2025), and Booklet 16: Social Media Guidelines (March 2025).

Booklet 11: Guidelines on Overservicing, Perverse Incentives and Related Matters

Changes are as follows:

1. Much stronger and clearer rules on technology, platforms and equipment.

The March 2025 version adds a distinct section on technological equipment and platforms that (a) requires practitioners to own/use such equipment only where it's an integral part of their scope and they're trained, and (b) explicitly prohibits over-use of equipment or charging fees for non-market-related use. This is much more detailed than the older text which mentioned technology only briefly.

2. New / clarified obligations to disclose financial interests and to document conflicts.

The 2025 booklet requires open disclosure to patients and public declarations for financial/commercial arrangements communicated in the public domain. It also makes explicit that conflict-of-interest discussions should be recorded in the patient record. The draft adds concrete duties (e.g., annual reporting obligations — see below). This tightens transparency requirements compared to the older version.

3. Obligation to submit an annual report to the Council about referrals where the practitioner holds shares.

The amended booklet says a practitioner who has shares in a hospital/healthcare institution must annually submit a report to Council showing how many patients they referred to that facility versus other facilities. That is a new, specific monitoring measure not present (or not explicit) in the 2016 text. (This is a high-impact operational change.)

4. Clearer treatment of rentals, commissions and fees — more concrete prohibitions.



The March 2025 text expands and clarifies what counts as rentals as perverse incentives (e.g., preferential lease terms tied to turnover/admissions are specifically prohibited) and restates that accepting or paying commissions or charging fees for referrals is forbidden. The older booklet prohibited perverse incentives, but the 2025 version gives many more concrete examples and prohibitions.

5. Advertising / promotion and inducements spelled out (including discounts in return for advertising).

The new booklet emphasises that practitioners may not advertise/endorse anything if they derive financial gain from it and explicitly prohibits enticing patients with discounted services in return for advertising (e.g., discounts for posting/promotion). The 2016 version already restricted advertising but the 2025 wording is clearer and includes modern scenarios (discounts/online promotion).

6. Stronger statement that offering or accepting perverse incentives is an offence and possible criminal referral.

The 2025 edition explicitly states it is an offence to offer or accept perverse incentives and notes the HPCSA may lay charges under the Prevention and Combating of Corrupt Activities Act where warranted. The original also condemned perverse incentives, but the 2025 update makes the legal/criminal consequences and enforcement posture more explicit.

7. Emphasis on patient choice and documentation of alternatives.

The updated booklet requires practitioners to disclose alternative treatment options, explain interests that could influence recommendations, and ensure the patient's right to second opinions — with the specific instruction that these disclosures be documented in the patient record. The 2016 text had the principle; 2025 increases the operational detail and recordkeeping expectation.

Implications for Healthcare Practitioners

- If you own or plan to use medical devices/software/telehealth platforms: confirm the device/platform is within your scope, ensure documented training, and avoid charging patients fees for non-market uses. (New guidance is explicit.)
- If you hold shares in hospitals or have referral ties: be prepared for the annual reporting requirement to HPCSA and strengthen peer-review/clinical governance to show you're not overservicing.



- Review lease/room rental contracts: remove any turnover or admissions targets and ensure rents are market-related and arm's-length. Contracts with conditional rentals are now explicitly forbidden.
- Advertising & discounts: remove or revise any patient-discount promotions that might be construed as payment for advertising or incentives to recommend your services; document any endorsements and the financial arrangements.
- Records & disclosure: update consent/conflict-of-interest templates so financial interests, alternative options and any potential conflicts are documented in the patient record.

Booklet 16: Social Media Guidelines

Changes are as follows:

1. Explicit coverage of AI-generated content 2019 had no AI references. The 2025 update brings an explicit position: practitioners remain fully responsible for any content produced or assisted by AI (e.g., captions, images, posts, chatbots).

What it means:

- If you use AI to draft posts or create images/videos, treat them exactly like your own speech: check for accuracy, professionalism, and compliance with POPIA and Booklet 2 advertising rules before posting. Keep a record of what was generated and what you edited.

2. Clearer guardrails for patient engagement via social platforms 2019 already discouraged interacting with patients on social media and urged keeping boundaries. The 2025 edition tightens and clarifies when to redirect to proper clinical channels, and when messages/comments become part of the clinical record (alignment with Booklet 10 – Telehealth and Booklet 9 – Records).

What it means:

- Don't diagnose or manage care in DMs/comments (except emergencies); move the discussion to approved channels and document clinically relevant information in the patient record.
- Keep a simple SOP: screenshot/export any message that contains clinical information and file it appropriately.



3. Stronger linkage to advertising, touting and endorsements online 2019 prohibited touting/canvassing and unfair product/hospital endorsements. The 2025 refresh aligns wording more tightly with the (also updated) Booklet 11 and Booklet 2, reflecting today's "influencer" formats and affiliate links.

What it means:

- No paid or unpaid endorsements that could be seen as promoting a specific practitioner, product, or facility for gain.
- If you discuss services or products educationally, avoid superlatives ("the best"), disclose any interests, and stick to balanced, evidence-based information.

4. Sharpened consent rules for images/video and case material online 2019 required written consent before publishing any patient-related information or images (even if "de-identified"). The 2025 edition keeps this but typically spells out modern scenarios (stories/reels, short-form video, livestreams, clinic "before/after" reels, and facial-recognition risks).

What it means:

- Assume de-identification on social media is fragile. Obtain specific written consent that mentions the platform(s), the media type (photo/video/audio), and the potential for wide sharing.
- For minors: keep the parent/guardian's written consent and the child's assent if appropriate—before any posting.

5. Heightened privacy expectations for "closed" groups and messaging apps 2019 warned that content can leak even from "invisible" groups. The 2025 edition recognises the ubiquity of WhatsApp/closed groups and underlines that privacy settings/end-to-end encryption do not remove your ethical duties.

What it means:

- In professional groups, share only the minimum necessary information, anonymise properly, and remind members periodically that onward sharing is prohibited.
- If a case discussion is for care or teaching, ensure the recipient cannot identify the patient, or get written consent first.



6. More concrete guidance for handling online complaints and reviews 2019 discouraged public engagement that risks confidentiality; 2025 typically provides more step-by-step direction (acknowledge offline, do not confirm the person is a patient, move to formal channels).

What it means:

- Use a standard reply: “Please contact our practice directly so we can help,” and never discuss specifics online.
- Keep an internal log of social-media complaints and the offline resolution pathway.

7. Re-emphasis on professional image and conduct—now with platform-specific examples

2019 listed behaviours to avoid (e.g., photos during surgery, derogatory comments). 2025 keeps these and adds contemporary examples (memes, duets, stitches, satire that could be discriminatory).

What it means:

- Treat trending formats as publications. If it would be unacceptable in a journal or waiting-room poster, don't post it.

8. Cross-references updated across the booklet suite

The 2025 edition refreshes references and cross-links (e.g., Booklet 10 Telehealth Dec 2021 update; Booklet 11 March 2025 update; POPIA remains central).

What it means:


- When in doubt, read Booklet 16 together with Booklet 2 (Ethical Rules), Booklet 9 (Records), Booklet 10 (Telehealth), and Booklet 11 (Advertising/Perverse incentives). Your social media conduct will often be judged against all four.

Quick, actionable checklist for practitioners (post-March 2025)

- Consent before content: written, specific, and stored; treat de-identification as weak.
- No clinical care in DMs: redirect promptly; document anything clinically relevant in the official record.




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- No endorsements/touting: avoid “best,” avoid affiliate links/paid plugs; disclose interests if discussing products educationally.
- AI ≠ shield: you are responsible for any AI-assisted posts or images.
- Professional tone everywhere: assume screenshots last forever; don’t comment on colleagues’ probity/skill publicly.
- Group chats aren’t safe harbours: share the minimum, anonymise, and set house rules against onward sharing.

Compiled by: Ethics and Standards Committee (SASLHA)