



SUMMARY OF THE AMENDMENTS TO THE HPCSA RULES OF ETHICAL CONDUCT

On the 17th of November 2023, the Registrar of the Health Professions Council of South Africa (HPCSA) published certain amendments to the Ethical Rules for the Conduct of Practitioners Registered under the Health Professions Act, 1974 (GNR 717, dated 4th August 2006) (The Ethical Rules). Although the title of the Amendment Notice refers to "Proposed Amendments", the Registrar of the HPCSA has since confirmed that the amendments are indeed final. This is a summary of the changes; for the full version, please go to the SASLHA Ethics and Standards webpage.

Introduction of New Concepts

The amended Ethical Rules of Conduct introduce the following new concepts:

- ***Multidisciplinary Healthcare:*** Defined as healthcare delivery that involves multiple health practitioners from different professions of healthcare. The health practitioners often work as a team to provide wholesome healthcare services for the benefit of the patient'.
- ***Quality Healthcare Services:*** Defined as the delivery of health care that is effective, safe and people-centred, aimed at achieving desirable outcomes using evidence-based healthcare services to all who could benefit.
- ***Appropriate Healthcare:*** Defined as healthcare delivery which is expected to deliver clinical benefits of care that outweigh the expected negative effects to such an extent that the treatment is justified.
- ***Collaborative Practices:*** Defined as the practices that occur when multiple health practitioners, from different professional backgrounds, work together with patients, families, carers and communities to deliver the highest quality of care across settings.

The information below aims to summarise and highlight those amendments believed to be of most relevance to our professions of Speech-Language Therapy and Audiology.

1. Fees and Commission

Rule 7 (6) has been introduced, which provides an exception under which fees can be shared, in a multi-disciplinary model, so that a patient can receive holistic care and be charged one single fee to see, for example,



an Audiologist, Occupational Therapist, Physiotherapist, Dietician and/or Speech Language Therapist. The participating practitioners will share the charged fee, according to a formal agreement that must be in place.

Based on the amendments to Rule 7, further opportunities appear to now be available to practitioners to extend the way they collaborate, and consequently bill, for healthcare services. This amendment still does not allow for payment of commission, e.g., for referrals from other healthcare providers.

Do's

You may now share fees with another healthcare professional, but only if:

- There is an upfront agreement in place in this regard,
- the treating healthcare professional is receiving appropriate compensation for their work, and
- this arrangement enhances the clients' access to appropriate healthcare without increasing the costs.

2. Partnerships and Juristic Persons

New Rule 8 (5) allows HPCSA-registered healthcare practitioners to provide services with anyone registered with any healthcare regulatory body, such as the SA Nursing Council (SANC), as long as certain conditions are met.

Do's

You may now render services in collaboration, and together with, other members of the multidisciplinary team, provided that:

- There is a formal agreement in place with respect to the model or structure of the multidisciplinary healthcare services,
- the services rendered are of the same, or higher quality, and are more accessible than they would be if they were rendered individually, and
- the cost of these services is not higher than if they were rendered individually, instead of in a multidisciplinary model.

3. Sharing of Rooms



Rule 8A has been changed to allow the establishment of multidisciplinary services, which may now operate together in the same premises. Healthcare practitioners may share rooms with any other healthcare practitioner, as long as they are registered with a healthcare regulatory body.

Do's

You may now share rooms with any healthcare professional provided that:

- They are registered with any healthcare regulatory body in terms of the Health Professions Act.

4. Professional Appointments

Healthcare providers may now be employed by any employing entity without written approval from the HPCSA, as long as the employment is in the interests of the public and the profession.

Do's

The position of the HPCSA is that:

- Non-registered persons are no longer required to apply for approval from the HPCSA to employ registered practitioners to perform clinical services.
- You may accept employment from a business/organisation that has not received explicit permission from the HPCSA to employ you.
- Practitioners must ensure that they only accept employment contracts that are aligned with the Basic Conditions of Employment Act and the Ethical Rules provided by the HPCSA. This includes rule 2.4 in the HPCSA Policy on Business Practices which states that:

4. *Clinical Independence of Practitioner*: Practitioners should refrain from engaging in practices that would compromise patient care or in services not indicated in order to acquire financial or material benefit. No undue influence should be exerted on a practitioner to compromise his/her clinical independence.


5. *Method of Remuneration*: There should be no Perverse Incentives. This is an undesirable practice involving enriching a practitioner either financially or in kind at the cost of a payer for professional practice with no evidence based scientific basis or cost-effective considerations.

Don'ts

You may not accept such employment if the arrangement will:




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- Increase costs for the patients,
- reduce the quality of the healthcare services, or
- benefit the employer but be to the detriment of the patients.

The amendment to Rule 18 goes a long way towards increasing the potential collaboration between registered and non-registered entities, where the aim is to enhance access to, and the quality of, healthcare services to patients. It is also structured to contain costs as opposed to extracting profit for the benefit of the practitioner or their employer, to the detriment of the patients.