ASAIPA | Alliance of South African Independent Practitioners Associations

IPA COST EFFECTIVE QUALITY HEALTH CARE

DOCTOR'S DESK REFERENCE BOOK





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Introduction

Foreword by the Chairman of ASAIPA, Dr. George Aldrich

Dear Colleague,

It is indeed my privilege to be invited to write the foreword to this Doctor's Desk Reference Book, which was so ably put together by the editorial team of Drs. Mike Nicholas (Editor), Shanaze Ghood and Wessel Neuhoff and generously sponsored by Arctic Healthcare, to whom we extend our sincere gratitude. Their input both financial and in production has been formidable.

Arctic Healthcare Medical Representatives will distribute the Doctor's Desk Reference Book to all the members of ASAIPA. We will appreciate your co-operation in making time to see these representatives, as in future there will be ongoing contact with them handing out updated material.

The decision by the ASAIPA Council of Chairpersons to publish such a Reference Book, underlines the continual commitment of ASAIPA to add value to its members by assisting them in their busy practices and by trying to alleviate the ever increasing administrative load.

While ASAIPA works very closely and cooperates with many other organisations and stakeholders, its main focus will always remain the welfare of the members of ASAIPA and their patients.

On behalf of the ASAIPA Council of Chairpersons I hope that you will find this Reference Book a useful adjunct to your busy lives and I would like to invite our members to let us have any suggestions for future editions.

Ons hoop dat hierdie boek baie vrugbaar gebruik sal kan word. Dit is u boek en ons hoop dat dit vir u van groot waarde sal wees.

With Kind Regards / Met Vriendelike Groete

DR G W Aldrich
Chairperson / Voorsitter

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Letter from the Editor and Chairman of WCIPA, Dr. Mike Nicholas

Dear Colleague,

This ASAIPA DOCTORS' DESK REFERENCE BOOK is unique in the South African Medical World.

Some time ago certain doctors on the ASAIPA Council of Chairpersons mooted the idea of having a single, easy to use, Desk Reference Book to keep on doctors' desks and help them in their busy lives.

Drs Shanaze Ghood, Wessel Neuhoff and I took it upon ourselves to develop this DRB.

With the help of Jenny McQueen (WCIPA Secretary) and our sponsors, Arctic Healthcare, in particular Fred Green the CEO and Hilana Cronje the Business Analyst of Arctic Healthcare, this exciting project has now come to fruition.

Dear colleagues and fellow ASAIPA members, this is your book. Use it and enjoy it and please give of your time to see the Arctic Healthcare representatives when they call on you.

Dr Mike Nicholas
Editor and Chairman - Western Cape Independent Practitioners' Association

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A message from our sponsor, Arctic Healthcare

Arctic Healthcare has over the past decade become a market leader of nutritional supplements in South Africa. We pride ourselves in the knowledge that all our products have been brought to market with one sole criterion in mind, and that is that our products are to be based on solid scientific evidence.

As a result of this, Arctic Healthcare has a number of products which are, or are amongst, the prescription market leaders in the different categories, from Iron and Calcium supplements, through to our range of essential fatty acids.

We, as a company have received great support from Medical Practitioners, who have endorsed our products, hence our association with ASAIPA, and our sole sponsorship of the ASAIPA Doctor's Desk Reference Book.

Much effort has gone into producing this handbook and we sincerely hope that it will add value to your practice. We look forward to a long association with ASAIPA.

Fred Green
CEO - Arctic Healthcare

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WHY BELONG TO YOUR LOCAL IPA AND IN PARTICULAR TO ASAIPA?

1. UNITY

Now, more than ever, especially with the proposed implementation of NHI, it is important to unite as General Practitioners, and speak with one voice.

The IPA movement fulfills this role, more particularly at a business level, where it plays the dominant role.

SAMA, with whom ASAIPA and its IPAs have a good working relationship, is more active on the socio-political front and does a good job. It must however also represent specialist and public sector doctors as well, whereas ASAIPA exclusively addresses the business needs and aspirations of the General Practitioners.

Many of our members belong to both ASAIPA and SAMA, which in our opinion, is both prudent and prescient.

2. LEADERSHIP

We have the leadership, knowledge and experience of Lex Visser, our CEO, and his great team at ASAIPA Head Office.

Lex has eighteen years experience of running IPAs and dealing with medical aids, the Department of Health and other doctor groups. This know-how is available to our members at all times. We are here for you – the member. Never, ever sign a contract with any medical aid before consulting with Lex at Head Office!!

3. PRO-ACTIVE EXECUTIVE COMMITTEE

A very active ASAIPA executive team of George Aldrich (chairman), Lex Visser (CEO), Hermann Kohlöffel and Anton Prinsloo.

This Exco meets regularly (mostly by e-mails) to brainstorm and deal with issues. The policy and direction of ASAIPA, is decided by the Council of ASAIPA's Chairpersons, which is the highest authority.

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4. THE NATIONAL FOOTPRINT

Perhaps ASAIPA's greatest strength.

While it is extremely important that a General Practitioner should belong to a local/regional IPA, it is vital that these IPAs belong to a national body that provides a national footprint across the country. Ask the medical aids, the pharmaceutical companies and other bigger institutions out there. They want to deal with an organization with a national footprint, and not just a regional IPA.

5. ETHICAL

ASAIPA is new. It is lean and mean and unencumbered by historical baggage and it is a pure, ethical IPA for YOU - the General Practitioner - South Africa's most valuable asset in the health chain - and under huge threat!

6. COMMITTEES

ASAIPA also represents its members on the following committees:

6.1 GP/BHF Forum
Discusses low income medical schemes, plans for essential basic healthcare, balanced billing, prescribed minimum benefits, etc.

6.2 Industry Forum
Represents the GPs on the provider team (which consists of representatives from the dentists, the specialists and the private hospitals) under the patronage of the Council for Medical Schemes. Taking issue with pre-authorization and reversal of payments due to technical errors at the scheme.

6.3 GP/Bankmed Forum
Drawing up a comprehensive contract, to become, together with the other networks, a preferred provider network.

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6.4 GP/Discovery Forum
Where it discusses issues such as accreditation, NHI, cooperation with the Department of Health, the Discovery GP network, social projects, up skilling of the GP, etc.

6.5 National Convention on Dispensing
ASAIPA is a full member and it also heads up the legal Task Team, which advises our legal counsel.

6.6 By invitation a member of the GP-Private Practice Committee and the SGFP.

6.7 ASAIPA was a founding member and chairs the Medscheme/IPA Forum, a body consisting of the major IPA Networks and Medscheme. This body not only discusses mutual projects, but also initiatives which benefit all general practitioners and the healthcare industry as a whole, e.g. peer management, referral management, ultrasound training, standardization of form.

7. ISSUES

Current issues being handled on behalf of members:

7.1 The Dispensing Fee.

7.2 We have engaged the Department on the whole question of the dispensing regulations and have thus far achieved a lot and have extended the validity of a dispensing licence from three to five years, and have reduced the annual fee.

7.3 We also set up personalised Websites for our doctors at R250 and maintain such Websites at R25 per month.

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IN SUMMARY

No GP, either in solo practice or in a partnership practice, has the time, the knowledge, the skills, the know-how, or the business acumen to deal with the issues that ASAIPA is dealing with on a daily basis. These encompass items such as contracts, medical aids, threats and legislation from the government (e.g. the dispensing issue) etc. A non-aligned GP is thus very, very isolated in these trying times.

Dr Mike Nicholas
Editor and Chairman - Western Cape Independent Practitioners' Association

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1. COMMUNICATION WITH MEMBERS

Obviously one of the more important services that ASAIPA provides to the members of its IPAs. The system has been perfected and communications are sent out via e-mail, fax and when critical via sms. Our members are the best informed in the country!!

The usual communication is via the News 4 U, which contains information which is important and sometimes critical to our members. When it is required, (i.e. contracts) ASAIPA also sends out envelopes, but this is an expensive exercise and costs about R11 000.

Our communication system is sophisticated that by cross stratification we can send communications to only a selected group of doctors if it so wishes. The IPA Chairpersons send out IPA Newsletters via the ASAIPA system.

2. SCRUTINY OF LEGISLATION ON A WEEKLY BASIS

To ensure that we remain aware of all legislation that affects our members and their profession, a summary of the contents of the Government Gazette, together with new laws or new amendments reaches ASAIPA weekly, giving us the opportunity to comment or react or inform our members.

3. INPUT INTO LEGISLATION

Over the years ASAIPA has spent a great deal of time and effort giving input into proposed legislation or proposed amendments. This is done by submission or by appearing before the relevant body in person.

3.1 Although, as may be expected we are not always successful, the legislator is made fully aware of the opinion of the GP in private practice.

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3. INPUT INTO LEGISLATION

3.2 In this regard ASAIPA has built up a vast store of knowledge about how to approach legislation and how to remodel it if possible. This is underlined by the fact that other networks have in the past asked ASAIPA to act on their behalf as far as legislation is concerned. ASAIPA often works very closely with SAMA in this regard.

4. CONTRACTS

One of the main functions of ASAIPA is to negotiate contracts with schemes or medical schemes administrators on the one hand and on the other hand to advise members on contracts that they have been asked to sign.

As far as negotiating contracts with funders is concerned, ASAIPA is required to remain within the constraints imposed by the Competitions Act and may in consequence not negotiate fees. ASAIPA can however discuss and negotiate other elements of the contracts including the services ASAIPA and its doctors will provide as a dedicated network to the members of a client scheme, as well as increased payments for performance based reimbursements.

The basic principle being that where doctors practise cost efficiency and therefore generate savings, they share in those savings by means of augmented payments.

In other cases, negotiations may include doctors being paid for managing wellness programmes, receiving incentives for following certain cost-saving protocols and coordinating the care of their patients.

Many of these functions have and will increasingly be taken over by the IPA Foundation (see later).

At present ASAIPA, through the Foundation or Forum, holds contracts with AECI, Bonita's, Fedhealth, BMW Med, Sasolmed, MB Med, Wits, X-strata, Bankmed and the Necesse option of Medihelp. We are also busy with other negotiations.

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4. CONTRACTS

It is important to note the following:

4.1 As a basic philosophy ASAIPA believes very strongly that each doctor should have the right to set his or her own fees for consultation and procedures which may be lower, at, or higher than the scheme benefit. We feel equally strongly that all schemes should pay the scheme benefit (portion) to the doctor in all cases, leaving the doctor to collect any excess above the scheme benefit, where applicable. This is a true free market system.

ASAIPA takes exception to the process, whereby the schemes "punish" the doctor for charging fees higher than its benefits, by paying the patient, not the doctor.

And in the case of a number of schemes, we have been successful, and they pay our members, even if they do Balance Bill.

4.2 Although ASAIPA offers negotiated contracts to its members (often through the Foundation / Forum), its members are never forced or pressured to sign contracts. It is always the doctor's choice.

Similarly, when an ASAIPA IPA member asks for advice on a service contract, ASAIPA will give its opinion on the contract, but in the end the doctor must make the final decision. ASAIPA's role here is to study the contract to determine whether its terms and conditions are ethical and fair. Whether there are any clashes with current legislation, whether the payment schedules are acceptable and whether the services that the doctor is expected to provide are reasonable and are reflected in the remuneration. ASAIPA also tries to determine the risk to the doctor, if that is applicable. i.e. a capitation contract.

It is perhaps important that ASAIPA reminds members that any contract can be cancelled. Certain schemes, such as Discovery, Bestmed and Prime Cure accept that ASAIPA may represent and act on behalf of its members, even in the absence of a scheme / ASAIPA contract.

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5. FORUM / FOUNDATION

The IPA Forum was established in 2007 by ASAIPA in conjunction with the other major IPA Networks and Medscheme. This still exists today, but only co-operates with Medscheme. The ASAIPA CEO is its Chairman.

However, due to a request from Bankmed, the three major IPA Networks (ASAIPA, SPNet, and SAMCC) founded a Section 21, not for profit company, the IPA Foundation, who as a single body represents these three networks. GPMG, later also joined.

The CEO of ASAIPA was also asked to act as the CEO of the Foundation and still holds this position.

Although only a year old, the influence of the foundation is already a factor in the healthcare industry.
Its projects, together with the Forum include:
- the negotiation of contracts
- a standardized pathology form for GPs
- assistance with ultrasound training and accreditation
- accreditation of our member's facilities, all of which are in various phases of development.

We also assist client schemes with wellness and other benefit designs which ensure that our patients receive excellent care. The CDE initiative being a good example.

The Foundation is undoubtedly evolving into the Premier GP Network in South Africa, with the added advantage to our members and their patients, that it is owned and managed by your representative organizations, which has the single goal of adding value to you and your patients.

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6. COMMITTEES

ASAIPA sits on a number of Committees and is the only IPA Network body that is represented on the GP Private Practice Committee of SAMA.

ASAIPA is also part of an industry Forum, which is assessing the reversal of payments and pre-authorization.

ASAIPA believes that if a GP has delivered services to a patient in good faith, then he/she should not have to pay that money back, if the scheme or the patient was at fault.

Similarly, ASAIPA believes that pre-authorization has a very limited role at present and should for the most part be scrapped.

The IPA Foundation is also in discussion with the new specialist group, the SAPPF, about matters of mutual concern and interest. One of the subjects is the difficult problem of referral management and another how private practice should react to the new suggestions for the determining of fees for private practice.

More recently ASAIPA has also been asked to serve on an Advisory Committee that, together with other major role players in the industry, is advising on the National Health Initiative and monitoring any progress made.

7. NRPL FEES

ASAIPA was very involved in the court case, which finally cancelled NRPL due to technical reasons, but also the fact that the DOH had not applied its mind sufficiently to the calculation of the NRPL Fees.

These fees were supposed to be based, once again, on the practice cost studies that were done, but were once again ignored and we considered the NRPL unacceptable. The court agreed!

The DOH has sent ASAIPA a document on the determination of fees in the private sector. ASAIPA will give its input, but it is not in favour of the setting of fees for private practice.

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8. PEER REVIEW

ASAIPA has successfully resisted all attempts by funders to do their own peer reviews. The IPAs currently perform the peer review.

ASAIPA is also a member of the Central Peer Review Committee of the IPA Foundation that has already brought about changes in the way profiling is performed.

This Committee is the only one of its kind in South Africa and has vast knowledge and experience in practice profiling, peer management and review. The acceptance of the Committee by both funders and doctors underlines its independence and integrity.

9. LIAISON

ASAIPA constantly liaises with other GP groups on matters of mutual concern, in order to once again establish the pre-eminent position of the GP in South Africa. Other organizations that are communicated with include: HPCSA, Council for Medical Schemes, SAMA, BHF and various Funders.

10. MEMBER REPRESENTATION

ASAIPA has represented members and their enquiries with the HPCSA and a variety of funders and other organizations and has for the most part been successful or at least has brought finality to the issue. This is a direct consequence of the large membership of ASAIPA, so that it and its IPAs speak with authority.

Please note it is not the function of ASAIPA to handle day to day problems that practices have with claims, payments, etc. If necessary that must be taken up with the IPA you belong to.

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11. ASSISTANCE TO ITS IPAS

This is one of the main roles of ASAIPA, to assist and co-ordinate the activities of the IPAs, where they require this. It should be noted that the day to day running of ASAIPA is undertaken by a CEO and an Executive Committee, but it is governed and controlled by its Council of Chairmen of its 17 IPAs, one of whom acts as a Chairman. The Chairpersons are again responsible to the members of their IPAs, so that ASAIPA is truly run from the bottom up.

12. DATABASE

The Network Division of ASAIPA manages a most sophisticated database, on which all necessary details of its members are captured and stored. The database has the necessary flexibility to handle any enquiries and contains all the information of the contracts held by doctors, including all the contracts, signed by members, dispensing licences, etc.

It also has a system that allows ASAIPA to warn doctors whose dispensing licences are due for renewal.

The database is also extremely important, when ASAIPA has to prove its footprint and therefore clinical coverage, across South Africa (ASAIPA does have the widest footprint!!). This is important for contracting.

Secondly, the bigger an organization can prove itself to be, the greater authority it speaks with in various forums.

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13. WEBSITE

There is a section that can be visited by non-members and the general public. The core of the website including the member database, is only available to members of ASAIPA IPAs, including their own biographical information which is only available to the individual and doctor and certain members of senior management. A personal Website is available for the doctor or practice.

Members may also advertise at very competitive rates and there are a variety of notices, including of general interest and CPD activities, on the website's notice board.

The facility that members of the public have to find our doctors is to be expanded and refined to include travellers and tourists. There is also another project which will add to the income of doctors who wish to take part.

14. ASSISTANCE TO MEMBERS

Members have been assisted in a variety of ways, unrelated to representation or contracts. Members have also been assisted with interpretation of claim codes, balance billing, ICD-10 coding, locum licences, administration of medicines by non-dispensing doctors and interpretations of various laws.

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15. DISPENSING

ASAIPA is a very active member of the National Coalition on Dispensing (NCD) and is one of the three members of its legal task team. The NCD recently presented its third submission to the Pricing Committee of the Department of Health.

The NCD finally pressured the DOH to publish the new regulations as required by the Constitutional Court and in the process got them to agree to extend the validity of a licence to five years and to reduce the annual licence fees.

We are still fighting for an improved dispensing fee, especially for tiered system based on the cost of drugs, as was awarded to the pharmacists. We are also refining a system whereby our doctors who dispense, chronic drugs will be advantaged.

16. CPD

This is a function of each IPA, but ASAIPA assists the IPAs with the infrastructure and administration.

17. NHI

ASAIPA is very active in this area and is a member of a number of discussion groups that discusses these issues and delivers input. It is quiet at the moment and we believe that they are struggling with the financial implications, which are huge.

Change has already occurred, e.g. the ruling party, has acknowledged the continued existence of a private sector, for those who can afford it.

ASAIPA's basic feeling is that a strong private sector must be supported and enlarged, but that it should deliver services to the patients of the public sector.

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Letter from the CEO, Dr. Lex Visser

Dear Colleague,

This is what ASAIPA and its IPAs are all about. This is the minimum that you receive for your monthly membership fee. All these services except for advertising are included in the IPA's membership fee and are free. ASAIPA is a non-profit organization.

The local IPA retains a portion of the fee for its own activities and the remainder is paid over to ASAIPA to perform its services.

ASAIPA is an independent association which, while it works closely and co-operates with many other organizations, it retains full autonomy. It is critical that ASAIPA is and remains self-funded.

Everything that ASAIPA does, it does only for and on behalf of its members and no one else. It believes very strongly that it is vital that the General Practitioner is strongly and aggressively represented in the market place and that his/her profession should be protected at all costs, as should be the rights and welfare of our member's patients.

However, to be successful we need to be a strong and nationally representative organization that has the firm support and backing of its members. Our strength lies in our numbers and your committed support.

Dr Lex Visser
ASAIPA: Chief Executive Officer

THE CHAIRPERSONS
Members of the Executive Committee:
Dr A.A. Visser (Chief Executive),
Dr G. Aldrich (Chairman),
Dr A.H. Prinsloo,
Mr H. Kohlöffel.

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3 ASAIPA Chairpersons' contact details

IPA REGION	CHAIRMAN	MOBILE	TELEPHONE	FAX	E-MAIL
PRETORIA	Shanaze Ghood	082 579 7391	012 375 5028	012 374 2937	shanazel@gmail.com
SOUTH WEST GAUTENG	Faruk Saloojee (MF)	082 852 2941	011 412 4528	011 693 2992	faruk@gpnet.net
EASTERN GAUTENG	Wessel Neuhoff (WJW)	083 377 6603	011 811 5780	011 811 2881	neuhoffw@samedical.co.za
VAAL	Lex Visser (Acting)	083 274 1852	012 348 8855	012 361 3684	lexv@asaipa.co.za
NORTH WEST	Hans Botha (JP)	082 651 7729	018 297 5577	018 297 7766	habab@iafrica.com
LIMPOPO	Anton Prinsloo (AH)	082 446 9263	015 223 0219	086 693 4556	ahprinsloo@vodamail.co.za
MPUMALANGA	Kobus Meintjies (JW)	082 491 1678	017 811 5821	017 819 7831	medentco@skyafrica.co.za
ORANJEMED	George Aldrich	082 494 5713	051 522 9261	051 522 9286	galdrich@oranjemed.co.za adrich@intekom.co.za
EASTERN CAPE	Gys Roux	072 198 5390	041 368 3706	041 368 1984	gysroux@gmail.com
WESTERN CAPE	Mike Nicholas (ML)	082 881 0484	021 434 9741	021 434 3516	docmike@viamediswitch.co.za
KZN	Hugh Akerman (HN)	083 631 6105	033 345 8032	033 394 7070	hakerman@iafrica.com drhnak@iafrica.com
RUSTENBURG	Carel Bouwer (CJ)	082 800 0759	014 596 6492	014 596 7499	bouwercj@mweb.co.za
NIMPA HEALTHCARE	Hermann Kohlöffel	082 443 0358	011 463 8629	011 463 8291	nimpa@icon.co.za
KOSH	Sarel Kritzinger	083 463 3131	018 468 5458	018 468 3291	sarelkritzinger@telkomsa.net
SASDOC	Bertus Esterhuyse (A)	083 456 5922	016 971 2127	016 971 1654	bertus.esterhuyse@gmail.com
MAMELODI	Sam Phalafala (MS)	082 338 6032	012 805 8080	012 805 8088	samp2@telkomsa.net
HEALTH-WORX	Eugene Hofmeyr	082 456 1226	011 214 1700	086 730 8086	eugene@health-worx.co.za
CHIEF EXECUTIVE ASAIPA	Lex Visser (AA)	083 274 1852	012 348 8855	012 361 3684	lexv@asaipa.co.za

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3 ASAIPA Chairpersons' contact details

IPA REGION	CHAIRMAN	POSTAL ADDRESS	PHYSICAL ADDRESS
PRETORIA	Shanaze Ghood	PO Box 13418 Laudium 0037	Nr 3, 32nd Avenue Laudium 0037
SOUTH WEST GAUTENG	Faruk Saloojee (MF)	PO Box 9082 Azaadville 1750	29 Village Rd, Randfontein Johannesburg 1759
EASTERN GAUTENG	Wessel Neuhoff (WJW)	PO Box 15667 Riverfield 1564	57 Kruger Str, Petersfield Springs 1559
VAAL	Lex Visser (Acting)	PO Box 36826 Menlo Park 0102	Suite 57, Rynlal Building, 5th Floor 320 The Hillside Str, Lynnwood, Pretoria 0002
NORTH WEST	Hans Botha (JP)	PO Box 1152 Potchefstroom 2520	94 Peter Mokaba Str Potchefstroom 2520
LIMPOPO	Anton Prinsloo (AH)	PO Box 1180 Pietersburg 0700	1073 Zone 4, New Era Drive Seshego 0742
MPUMALANGA	Kobus Meintjies (JW)	PO Box 256 Ermelo 2350	ALL MED Kliniek, Melmentz Str Ermelo 2350
ORANJEMED	George Aldrich	27 James Scott, Westdene Bloemfontein 9301	Cairnell Hospital, 20 Logeman Str Bloemfontein 9301
EASTERN CAPE	Gys Roux	PO Box 15370 Emerald Hill 6011	4 Greenways Avenue, Lovemore Heights Port Elizabeth 6070
WESTERN CAPE	Mike Nicholas (ML)	144 Main Road Sea Point 8005	144 Main Road Sea Point 8005
KZN	Hugh Akerman (HN)	328 Burger Str Pietermaritzburg 3201	328 Burger Str Pietermaritzburg 3201
RUSTENBURG	Carel Bouwer (CJ)	PO Box 70047 Ridderpark 0303	36 Ridder Str Rustenburg 0299
NIMPA HEALTHCARE	Hermann Kohlöffel	PO Box 2967 Northcliff 2115	NHC Health Centre Cnr Christiaan de Wet & Dolfyn, Honeydew 2115
KOSH	Sarel Kritzinger	PO Box 7014 Flamwood 2570	4 Sport Str, Flamwood Klerksdorp 2571
SASDOC	Bertus Esterhuyse (A)	PO Box 62410 Vaalpark 1948	2 Van Staden Str Vaalpark 1948
MAMELODI	Sam Phalafala (MS)	PO Box 356 Menlyn 0063	795 Section C Mamelodi 0122
HEALTH-WORX	Eugene Hofmeyr	PO Box 2670 Pinegowrie 2123	Nr 16, Willscarlett Ave, Cnr. Oak & Willscarlett, Randburg 2123
CHIEF EXECUTIVE ASAIPA	Lex Visser (AA)	PO Box 36826 Menlo Park 0102	Suite 57, Rynlal Building, 5th Floor 320 The Hillside Str, Lynnwood 0002

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IPA COST EFFECTIVE QUALITY HEALTH CARE

4 Important health contact details

A. STATUTORY COUNCILS

Alliance of South African Independent Practitioners Associations (ASAIPA)
Website www.asaipa.co.za
Postal PO Box 36826, Menlo Park, 0102
Tel 012 348 8855
Fax 012 361 3684

Health Professions Council of South Africa
Website www.hpcsa.co.za
Postal P O Box 205, Pretoria, 0001
Tel 012 338 9300
Fax 012 328 5120
Email hpcsa@hpcsa.co.za

South African Medical Research Council
Website www.mrc.co.za
Postal P O Box 19070, Tygerberg 7505
Tel 021 938 0911
Fax 021 938 0200
Email info@mrc.ac.za

The South African Nursing Council
Website www.sanc.co.za
Postal P O Box 1123, Pretoria 0001
Tel 012 420 1000
Fax 012 343 5400

The South African Pharmacy Council
Website www.pharmcouncil.co.za
Postal P O Box 40040, Arcadia 0007
Email customercare@sapc.za.org

Medicines Control Council
Website www.mccza.com
Postal Private Bag X828, Pretoria 0001
Tel 012 312 0000

Council for Medical Schemes
Website www.medicalschemes.com
Postal Private Bag X34, Hatfield 0028
Tel 012 431 0500
Fax 012 430 7644
Email information@medicalschemes.com
Complaints Tel 012 431 0500
Complaints Fax 012 431 0560
Complaints Email complaints@medicalschemes.com

Allied Health Professions Council of South Africa
Website www.ahpsa.co.za
Postal Private Bag X4, Queenswood, Pretoria 0121
Tel 012 329 4001
Fax 012 329 2279

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4 Important health contact details

B. REPRESENTATIVE BODIES

South African Medical Association
Website www.samedical.org
Postal P O Box 74789, Lynnwood Ridge 0040
Tel 012 481 2000
Fax 012 481 2100
Email members@samedical.org

Board of Healthcare Funders
Website www.bhfglobal.com
www.bhf.com
Postal P O Box 2324, Parklands 2121
Tel 011 537 0200
Fax 011 880 8798

Dental Association of South Africa
Website www.sada.co.za
Postal Private Bag 1, Houghton 2041
Tel 011 484 5288
Fax 011 642 5718
Email info@sada.co.za

Hospital Association of South Africa
Website www.hasa.co.za
Postal P O Box 4038, Cresta 2118
Tel 011 478 0156
Fax 011 478 0410
Email info@hasa.co.za

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C. GOVERNMENT BODIES

Compensation Commissioner
Website www.labour.gov.za
Postal P O Box 955, Pretoria 0001
Tel 012 319 9111
Fax 012 357 1810
Email info@wcomp.gov.za

Road Accident Fund – Head Office
Website www.raf.co.za
Postal Private Bag X2003, Menlyn 0063
Tel 012 429 5000
Fax 012 429 5500

Department of Health
Website www.doh.gov.za
Postal (PTA) Private Bag X828, Pretoria 0001
Tel 012 395 8000/9000

Sabinet Government Gazettes
Website www.sabinet.co.za
Postal P O Box 9785, Centurion, 0046
Tel 012 643 9500
Fax 012 663 3543
Email info@sabinet.co.za

Department of Health: Dispensing Licensing
Tel 012 395 8000/9000

Contact Person Tsholo
Tel 012 395 8213
Fax 086 529 8584
Contact Person Mahlako
Tel 012 395 8314
Fax 086 529 8585
Contact Person Malebo
Tel 012 395 8214
Fax 086 590 0339

Department of Health: Yellow Fever Licensing
Contact Person Esther
Tel 012 395 8206
Fax 086 529 8585

Department of Health: Supervisors
Contact Person Nthambeleni (Admin Officer)
Tel 012 395 8215
Fax 086 529 8781
Contact Person Chris (Snr Admin Officer)
Tel 012 395 8212
Fax 086 529 8781

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D. TOXICOLOGY CENTRES IN SOUTH AFRICA

Tygerberg Poison Information Centre
Region Western Cape
Website www.sun.ac.za
Postal Tygerberg Poison Information Centre
Division of Pharmacology,
Faculty of health sciences,
University of Stellenbosch, Tygerberg
P O Box 19063, Tygerberg, 7505
Dr GJ Muller
Tel 021 931 6129 (24 Hours)

Red Cross War Memorial Children's Hospital
Poisons Information Centre
Region Western Cape
Website www.childrenshospitaltrust.org.za
Postal Red Cross War Memorial Children's Hospital
Poisons Information Centre
Department of Paediatrics and Child Health,
Rondebosch
Cnr of Klipfontein Road & Milner Road,
Rondebosch, 7700
Tel 021 689 5227
Fax 021 658 5006

Poison Control and Medicine Information Centre
Region Free State
Website www.bfnmcc.co.za
Postal Poison Control and Medicine Information Centre
Department of Pharmacology,
Faculty of health sciences,
University of the Free State,
Bloemfontein
P O Box 7761, Bloemfontein, 9300
Tel 082 491 0160
Fax 051 444 3012

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4 Important health contact details

E. OTHER

Life Offices' Association of South Africa
Website www.loa.co.za
Postal P O Box 23525, Claremont 7735
Tel 021 673 1620
Fax 021 421 2599

Human Sciences Research Council
Website www.hsrc.ac.za
Postal Private Bag X41, Pretoria 0001
Tel 012 302 2000
Fax 012 302 2001

World Health Organisation
Website www.wma.net
www.dfa.gov.za
Postal Private Bag X152, Pretoria, 0001
Tel 012 351 1000
Fax 012 329 1000
Email consular@dirco.gov.za

World Medical Association
Website www.wma.net
Email wma@wma.net

College of Medicine of South Africa
Website www.collegemedsa.co.za
Address 17 Milner Road, Rondebosch, 7700
Tel 021 689 9533
Fax 021 685 3766
Email administration@colmedsa.co.za

Glenrand MIB
Website www.glenrand.co.za
Postal P O Box 2544, Randburg 2125
Tel 011 329 1111
Fax 011 329 1333
Email info@glenrandmib.co.za

Medical Protection Society (MPS)
Website www.medicalprotection.org/southafrica
Address P O Box 74789, Lynwood Ridge, Pretoria 0040
Tel 012 481 2070
Fax 012 481 2061
Email mps@samemedical.org

Foundation of Professional Development
Website www.foundation.co.za
Postal P O Box 75324, Lynwood Ridge 0040
Tel 012 816 9000
Email foundation@foundation.co.za

Medicines Information Centre
Region Western Cape
Website www.mic.uct.ac.za
Postal Medicines Information Centre
Division of Clinical Pharmacology,
Faculty of health sciences,
University of Cape Town, Observatory
Private Bag X3, Observatory, 7935
Tel 021 406 6829
Fax 021 448 0503

Amayeza Info Centre
Region Gauteng
Website www.amayeza-info.co.za
Postal Amayeza Info Centre
Unison House, Fairland
P O Box 731169, Fairland, 2030
Tel Tel 011 678 2332
Fax Fax 011 476 7697

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IPA COST EFFECTIVE QUALITY HEALTH CARE

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Basic practice requirements

A. Important information for practice accreditation

1. PUBLIC LIABILITY INSURANCE

Any company or person who provides services to the public should have public liability insurance. This safeguards you e.g. should a patient slip in your rooms and fracture his/her hip or pelvis or sustain other injuries. This insurance essentially compensates for risks of an unexpected nature. The cost of this insurance is negligible compared to the cover you will receive.

2. PROFESSIONAL LIABILITY INSURANCE

It will become a mandatory requirement for every doctor in practice to be insured for medical mistakes. Often these may be proven to be due to negligence and patients may choose to litigate. Whether you belong to an independent practitioners' association or are in practice on your own, professional liability insurance is a must.

Please refer to the following websites and contact numbers:

GLENRAND MIB
www.glenrand.co.za
www.glenrandmib.co.za
Tel: 011 329 1111
Fax: 011 329 1333
E-mail: info@glenrandmib.co.za

MEDICAL PROTECTION SOCIETY (MPS)
www.medicalprotection.org/southafrica
Tel: 021 481 2070
Fax: 021 481 2061
E-mail: mps@samedical.org

ACKNOWLEDGEMENT
With special thanks to Professor Morgan Chetty, the University of Kwazulu-Natal and the IPA Foundation for granting permission for the use of the Accreditation Form for Basic Practice Requirements.

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Basic practice requirements

A. Important information for practice accreditation

3. EMERGENCY CONTACT DETAILS

As a responsible family practitioner or GP it is important to remember that your patients rely on you to be their advisor and caregiver at all times. With the introduction of networks, practices are being advertised and patients have a greater choice. When a patient chooses a doctor the big question always is: *Is the doctor available at all times?* If this is not a service you offer you should indicate with appropriate signage where your patients can get after-hours care at a facility approved by you.

4. DRUGS (ESSENTIAL DRUGS, INTRAVENOUS FLUIDS, INFUSION SOLUTIONS, AND SAFE-KEEPING)

It is important for doctors who are in practice to keep a supply of essential and life saving drugs and injectables. Most practitioners will be responsible to choose these drugs themselves or be advised by their peers or have been guided when attending CPD meetings. In an emergency you almost always have to deliver fluids such as dextrose saline in hypoglycemia. It is also essential to have a lock-up facility for drugs and injectables. This is a legal requirement and which you must have in your practice.

5. STERILIZER

No practitioner can engage in practice without using a sterilizer. Even reusable items such as needle holders and scissors must be sterilized. The type of sterilizer you use is important as this will enable you to negotiate with administrators of medical schemes to cover the costs of doctors who perform specific procedures in their rooms, rather than to refer patients.

6. ECG MACHINES

An ECG machine is now considered an essential requirement to help you make the right diagnosis and appropriate treatment. It is important to perform certain crucial procedures in you rooms. A patient with chest pains that dies of complications may have grounds for litigation if you cannot prove that you did a resting ECG. Latest models provide a print-out and report abnormalities which is an extra advantage.

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Basic practice requirements

A. Important information for practice accreditation

7. OXYGEN POINT AND CYLINDERS (PORTABLE CYLINDERS)

Oxygen point and oxygen cylinders are an essential requirement in your practice.
It saves lives.

8. ENDOTRACHEAL TUBES AND AMBU BAGS

It is important that you are able to maintain a patient's airway in the event of an epileptic attack or coma to help the patient breathe through the emergency airway. This is supported by the use of an Ambu bag which is sometimes necessary when transporting a patient to hospital. Laryngoscopes are also necessary to insert the endotracheal tube and suck out the airways. You may rarely have a use for them but it is however still important for you to have them available.

9. CLEAN SUPPLIES AREA

It is vital and part of basic healthcare to place dirty linen, disposables and used sharps in a separate allocated area from where you treat patients and do procedures.

10. CONCLUSION

The intention of the facility accreditation process is to promote quality care within your practice and the first attempt in endorsing the concept of identifying good primary care practitioners. With this easy process we will attempt to introduce a tangible outcome measure, driving the development of an accomplished group of doctors at primary care level. Clearly this outcome is a first throughout the world and it should be seen as an achievement that your practice meets the accreditation requirements and is therefore an accredited primary care facility.

ACKNOWLEDGEMENT
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Basic practice requirements

B. Doctor's checklist for basic practice requirements

ENVIRONMENT OF CARE-PATIENT ACCESS	YES	NO
Is the practice in a highly visable position?	YES	NO
Is the practice within close proximity of public transportation?	YES	NO
Is there adequate parking at the practice?	YES	NO

ENVIRONMENT OF CARE-PRACTICE PREMISES	YES	NO
Signage (Name and purpose)	YES	NO
Emergency contact details	YES	NO
Reception area (does it ensure confidentiality and privacy?)	YES	NO
Waiting room (is it safe and comfortable to the patient?)	YES	NO
Are there adequate toilet facilities for patients and staff?	YES	NO
Are there adequate toilet facilities for handicapped people?	YES	NO
Does the practice accommodate handicapped patients/ people?	YES	NO
Access for emergency- accommodate vehicle	YES	NO
Access for emergency- wheelchair/ ambulance	YES	NO

HUMAN RESOURCES	YES	NO
Receptionist	YES	NO
Accounts and administrative staff	YES	NO
Nursing staff -unregistered	YES	NO
Nursing staff -qualified and registered nurse	YES	NO
Dispensary staff	YES	NO
Cleaning staff	YES	NO

ACKNOWLEDGEMENT
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Basic practice requirements

B. Doctor's checklist for basic practice requirements

PROCEDURAL FACILITY	YES	NO
Separate /Private procedure room	YES	NO
Adequate light source	YES	NO
Drip stand	YES	NO
Sterilizer type (minimum 1)		
- Autoclave	YES	NO
- Chemical	YES	NO
- Ultra violet	YES	NO
ECG machine	YES	NO
Opthalmoscope/ oroscope	YES	NO
Thermometer	YES	NO
Spirometry	YES	NO
Ultrasound- optional	YES	NO

EQUIPMENT	YES	NO
Haemoglobinometer	YES	NO
Glucometer	YES	NO
Cholesterol meter	YES	NO
Electrocautry set	YES	NO
Baumanometer/ BP machine	YES	NO
Snellen chart	YES	NO
Needle holder	YES	NO
Stitch scissors	YES	NO
Artery forceps	YES	NO
Surgical blade holder	YES	NO
Cutting scissors	YES	NO
Suture materials	YES	NO
Dressings and gloves		

ACKNOWLEDGEMENT
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Basic practice requirements

B. Doctor's checklist for basic practice requirements

OTHER	YES	NO
Lock up facility for scheduled injectibles	YES	NO
Drug register for scheduled drugs	YES	NO
Anti tetanus serum	YES	NO
Dedicated fridge for medicines and injectibles	YES	NO
Oxygen point/ cylinders	YES	NO
Stock of essential drugs	YES	NO
Clean supplies area/ demarcated dirty area	YES	NO
Sharps disposable	YES	NO

EMERGENCY EQUIPMENT	YES	NO
Endotracheal tubes	YES	NO
Ambu bag	YES	NO
Laryngoscope	YES	NO
Suction machine	YES	NO
On site emergency trolley	YES	NO
Intravenous fluids	YES	NO
Infusion sets	YES	NO
Defibrillator	YES	NO

ACKNOWLEDGEMENT
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IPA COST EFFECTIVE QUALITY HEALTH CARE

6 HPCSA CPD guidelines

GLOSSARY

PREAMBLE

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   - Health Professionals
   - Continuing Education Units (CEUs)
   - Certificate Of Attendance
   - CPD Activity Record
   - Accreditors
   - Service Providers
   - Accredited Service Providers
   - Service Providers
   - Responsibilities Of Accredited Service Providers/Service Providers
   - Professional Boards
   - National Accreditors Forum
   - HPCSA CPD Committee
   - HPCSA CPD Section
2. Hierarchy Of Learning Activities
3. Activities That Do Not Qualify For CEUs
4. Non-Compliance
5. Deferment
6. Health Professionals Abroad
7. Retirement, Illness and Non-Clinical Practice
8. Community Service and Internship
9. Voluntary Removal from Register: De-Registration
10. Restoration after Erasure

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IPA COST EFFECTIVE QUALITY HEALTH CARE

6 HPCSA CPD guidelines

To find out more about HPCSA and HPCSA CPD Guidelines please visit www.hpcsa.co.za

GLOSSARY

Accreditor is a group or institution that is appointed by a Professional Board, once it has met the criteria set out by HPCSA CPD Committee. The role of the Accreditor is to review and approve applications for the provision of CPD activities (within its profession's ambit) by organizations and individuals without accredited service provider status; to monitor these activities; and to revise counting education units (CEUs) allocated where the provider failed to comply with the rules and regulations of CPD guidelines. Professional Boards may delegate their responsibility for accrediting service providers to Accreditors with the mutual agreement of the Accreditor. The criteria and process to be followed as well as the procedures for record keeping are contained in the **Criteria and Guidelines for Accreditors** document.

Accredited Service Providers are the profession specific higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specific criteria and have been accredited by the Board or its designated Accreditor to present learning activities for Continuing Professional Development.

Attendance Register is the record of attendees at the learning activity reflecting the names, the HPCSA registration numbers of those present and their signatures or completion of activity. This registration must be held by the presenting organisation or institution for three years following the activity; the original register may be audited in a compliance check.

Compliance Checks on a randomly selected sample of health professionals from every register are undertaken by the CPD section of the HPCSA every two months. The health professionals should submit the information requested to that Department within 21 days on receipt of notification of being selected.

Continuing Education Units (CEUs) indicate the value attached to a learning activity for Continuing Professional Development.

Continuing Professional Development
In terms of Section 26 of the Health Professions Act, 1974 (Act No. 56 of 1974) the HPCSA may from time to time make rules which prescribe –

(a) Conditions relating to continuing education and training to be undergone by persons registered in terms of this Act in order to retain such registration;
(b) The nature and extent of continuing education and training to be undergone by persons registered in terms of Act; and

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6 HPCSA CPD guidelines

GLOSSARY

(c) The criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

CPD Section of the CPD, Registration and Records Department at the HPCSA administers and monitors the CPD process.

Criteria and Guidelines for Service Providers details the criteria for and requirements of Service Providers; the nature of the learning activities and the CEUs at each level of the hierarchy; the process to be followed to publicise; present and record the activities.

Deferment is formal permission sought by the health professional and granted by the HPCSA CPD Committee to suspend/postpone CPD requirements for a period of time. There are conditions for re-entry into practice.

Ethics, Human Rights and Medical Law is an understanding of the bioethical principals that determine how health professionals perform research and interact with patients/clients and society and is also described in Chapter I and II of the Constitution. Health care is a constantly advancing field and with these advances conflicts often arise within the arenas of politics, law, religion, philosophy and economics. An understanding of bioethics helps us to recognise, admit and sometimes resolve these conflicts.

HPCSA CPD Committee, which is accountable to Council, comprises representatives from each Professional Board. Together with the Professional Boards the Committee develops policy proposals for Continuing Professional Development.

HPCSA Individual CPD Activity Record (Form CPD IAR 1) is the document held by individual health professionals as a record of every learning activity attended or completed. It should be accompanied by the Attendance Certificates for each event or series of events. For level 3 qualifications, a certified copy of the qualification is required. The record must be regularly updated and kept current. In the event that a health professional's name is drawn in the compliance check, the individual CPD Activity Record (Form CPD IAR 1) for the previous two years, together with the attendance certificates and copies or qualifications that may have been obtained during this period, must be sent to the CPD Section of Council with 21 days on notification requiring such information.

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GLOSSARY

Learning Activities are CPD activities for which Continuing Education Units are obtained. There are three levels of activities: those with non-measurable outcomes; those with measurable outcomes that do not necessarily constitute a full year of earned CEUs (including education, training, research and publications) and those associated with formally structured learning programmes.

Learning Portfolio (Level 3 Activity) is the record of a health professional's learning and self development over time, reflecting the health professional's growth and improved practice.

National Accreditors Forum is the body which has representatives from among the Accreditors, and which meets regularly to deliberate on policy and issues of common concern. Feedback is provided to the HPCSA CPD Committee.

Non-Compliance is the failure of an individual to annually obtain 30 CEUs (or the required CEUs for their register as determined by their Professional Board) which includes at least 5 CEUs for Ethics, Human Rights and Medical Law. There are various penalties, which will be applied in the event of non-compliance, by individual Professional Boards in collaboration with the HPCSA CPD Committee.

Practice Audit involves a health professional undertaking a systematic review of aspects of patient care and comparing these against explicit criteria.

Recognition of CEUs refers to the fact that if a CPD activity has been accredited by an Accreditor for a specific Professional Board, all health care professionals may attend that activity if it is **relevant to their specific scope of practice.** Health professionals will therefore not need to apply for that activity to be re-accredited by their own Professional Board in order to claim the CEUs accrued for attending that activity.

Restoration after Erasure occurs once the conditions for restoration to the register have been met. The conditions vary, and depend upon the duration for which the health professional has been erased from the register, and the requirements of the relevant Professional Board.

Service Providers are individuals/institutions/organisations/societies who have to submit each of their learning activities to an Accreditor for review and accreditation prior to presenting the CPD activity.

Shelf Life refers to the time the CEUs will be valid, which is 24 months from the date that the activity took place or ended, thus the CEUs have a 'shelf life' of 24 months.

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6 HPCSA CPD guidelines

PREAMBLE

Ethical Practice of health professions requires consistent and ongoing commitment from all concerned to lifelong learning to update and develop the knowledge, skills and ethical attitudes that underpin competent practice. This perspective protects the public interest and promotes the health of all numbers of the South African society.

Guided by the principle of **beneficence,** health professionals aspire to standards of excellence in health care provision and delivery. The Health Professions Act, 1974 (Act No. 56 of 1974) (as amended) endorses Continuing Professional Development (CPD) as the means for maintaining and updating professional competence, to ensure that the public interest will always be promoted and protected, as well as ensuring the best possible service to the community. **CPD should address the emerging health needs and be relevant to the health priorities of the country.**

In this spirit of dedication to best practice and a desire to act and serve wisely and well, the following Guidelines for Continuing Professional Development, through engagement with continuing education activities is presented for all health professionals who are registered with the Health Professions Council of South Africa. The hierarchy of activities detailed include traditional learning experiences such as attendance at conference presentations and workshops, as well as structured courses and quality assurance audits of practices or groups of professionals in their work environments. CPD providers are encouraged to offer learning activities in line with adult education principles and greater learner involvement, with the goal of not only acquiring new or updating knowledge, but also of improving competence and ultimately the performance of the health professional with an end benefit to the patient / client.

The CPD system is based on trust. The HPCSA believes that health professionals will commit themselves to meeting the requirement for continuing education in the belief that both they and their patients / clients will reap the benefits of ongoing learning, and personal and professional development.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.1 HEALTH PROFESSIONALS

The purpose of CPD is to assist health professionals to maintain and acquire new and updated levels of knowledge, skills and ethical attitudes that will be of measurable benefit in professional practice and enhance and promote professional integrity. The beneficiary will ultimately be the patient/client. All registered health professionals 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 professionals may select activities at any level of learning that meet their particular needs and the demands of their practice environments.

Any health professional who registers for the first time as a health care professional after 1 January of a particular year will commence with his or her CPD programme immediately. Health administrators who are not in clinical practice are required to comply with CPD requirements, unless they are registered on the non-clinical register.

When health professionals who are actively practising in South Africa attend an accredited professional or academic meeting or activity abroad it will be recognised for CPD purposes. The activity attending abroad should be accredited by an Accreditor in South Africa if not accredited/recognised for CEU equivalent in the country where it was held.

1.1.1 Continuing Education Units (CEUs)

Each registered health professional is required to engage in CPD and accumulate **30 CEUs** per 12 month period of which at least **5 CEUs should be for ethics, human rights and medical law.** CEUs accrued for CPD activities will be valid for a period of 24 months from the date that the activity took place/ended. Thus health professionals should aim to accumulate a balance of 60 CEUs by the end of their second year of registration and thereafter "top up". The requirement for compliance is to reach and MAINTAIN a level of 60 CEUs (of which at least 10 CEUs should be for ethics, human rights and medical law) at all times.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.1.1 Continuing Education Units (CEUs)

Health professionals who are registered in two professions from two Professional Boards are required to obtain **30 CEUs per profession with the 5 CEUs for ethics, human rights and medical law (per 12 month period) being credited to both professions.** Health professionals registered in more than one category **within the same Professional Board** should accrue 30 CEUs per profession with the 5 CEUs for ethics, human rights and medical law per 12 month period applicable to both professions.

Cross Recognition of CEUs: If a CPD activity has been accredited by an Accreditor for a specific Professional Board, all health care professionals may attend that activity if it is relevant to their **specific scope of practice.** Health professionals will therefore not need to apply for that activity to be re-accredited by their own Professional Board in order to claim the CEUs accrued for attending that activity already in the document at the definitions under **Recognition.**

1.1.2 Certificate of Attendance

All health professionals shall ensure that they are in possession of a certificate of attendance for every activity they have attended. They shall keep these for at least two years so that their certificates will be available if required for a random compliance check.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.1.3 CPD Activity Record

Every health professional shall maintain a record of their own learning activities and document these on an official **HPCSA Individual CPD Activity Record (Form CPD 1 IAR)** which includes the following:

- The name and registration number of the health professional;
- The name and number of the Accredited Service Provider or individual activity accreditation number;
- The topic of activity (ethics, human rights and medical law must be specified separately):
- The level of the activity
- The number of CEUs; and
- The attendance / completion date.

This record is the only data required of individual health professionals. It should be duly completed so that it accurately reflects a health professional's CPD activities for the previous 24 months. This is a record that needs to be submitted should the health professional be selected in the randomly selected audits.

An individual drawn in the audit may submit the data and copies of CPD certificates in one of the following three ways:

- A paper copy of the Excel spreadsheet record of his/her individual CPD Activity Record (Submitted by post to the CPD Section at HPCSA at P O Box 205, Pretoria, 0001);
- Electronic copy of the Excel spreadsheet record of his/her individual CPD Activity Record (Form CPD 1 IAR) (submitted electronically to the CPD Section at HPCSA at cpd@hpcsa.co.za);
- An electronic copy of the Excel spreadsheet that has been captured and held by arrangement between the health professional and a relevant individual or business (submitted electronically to the CPD Section at HPCSA at cpd@hpcsa.co.za).

Health professionals who are non-compliant or who do not submit their CPD records will automatically be included in the next audit.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.2 ACCREDITORS

Accreditors are groups or institutions appointed by a Professional Board on the basis that they meet the criteria set out by the HPCSA CPD Committee. The role of the Accreditor is to review and approve applications for the provision of CPD activities (within its profession's ambit) by organizations and individuals without accredited service provider status; to monitor these activities; and to revise continuing education units (CEUs) allocated where the provider failed to comply with the rules and regulations of CPD guidelines. Professional Boards may delegate their responsibility for accrediting service providers to Accreditors with the mutual agreement of the Accreditor. The criteria and processes to be followed as well as the procedures for record keeping has been developed by the HPCSA CPD Committee in consultation with the Accreditors and are contained in the **Criteria and Guidelines for Accreditors** document. These guidelines enable the Accreditors to standardise the process of accreditation and to fulfil their mandate effectively and timeously.

Accreditors who have been approved by a Professional Board will continue to function for the duration of the Board's term of office. Potential Accreditors should apply to the relevant Professional Boards for registration as an Accreditor on Form CPD4. Professional Boards shall, within their first year of office, review the existing Accreditors and appoint new Accreditors or re-appoint the existing Accreditors for a further period of five years.

1.3 SERVICE PROVIDERS

There are 2 categories of service providers namely (1.3.1) accredited service providers, and (1.3.2) service providers who are not accredited.

1.3.1 Accredited Service Providers

Accredited Service Providers are the profession specific higher education institutions and departments, professional associations or formally constituted professional interest groups who meet the specific criteria and have been accredited by the Board/Accreditor to present learning activities for Continuing Professional Development. Accredited Service Providers are required to apply annually on Form CPD 2 to a Professional Board or its designated Accreditor to be formally accredited to offer CPD activities. Accredited Service Providers will be allocated a Service Provider specific identification number linked to the relevant profession.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.3.2 Service Providers

All interested parties (who are not Accredited Service Providers) who wish to be a Service Provider and present CPD activities, must submit an application (Form CPD 2A) for accreditation of each CPD activity, as well as all the relevant documentation and fees to the profession-Specific Accreditor designated by the Professional Board or to the Professional Board if no external Accreditors have been appointed by the Board. The Service Provider will be allocated a Board specific activity number, which should appear on the documentation for the particular activity.

1.3.3 Responsibilities Of Accredited Service Providers / Service Providers

An accredited Service Provider / Service Provider shall publicise the proposed activity together with its CEUs. The activity will take place as advertised. An Accredited Service Provider / Service Provider shall keep a record that reflects attendance at the entire event / completion of activity and should retain these **for a period of three years after the activity** as these may be required in a compliance audit. Following the CPD activity and Accredited Service Provider / Service Provider shall issue to all health professionals who attend the activity, an attendance certificate containing:

- The accreditation and activity number (a board specific identification) (eg.MDB001/12/09/2008);
- The topic of the activity (ethics, human rights and medical law must be specified separately);
- The level of activity;
- The number of CEUs for that activity;
- The attendance / completion date; and
- The name and HPCSA registration number of the attendee.

An Accredited Service Provider / Service Provider shall provide certificates to attendees on completion of the activity / event or a series of events. If these are not available on the day / on completion of the activity or event the certificate/s should be sent to attendees within one month. (Note: In those instances where a health professional completes a structure learning programme for degree or certification purposes, the health professional may be constrained by the administrative processes of the provider institution with respect to a delay between the completion and the formal recognition of the programme of study. The CPD Section will take this into consideration if the health professional is selected in a compliance audit).

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HPCSA CPD guidelines

1. Roles and responsibilities

1.4 PROFESSIONAL BOARDS

Professional Boards shall appoint professional-specific Accreditors and approve Accredited Service Providers in accordance with HPCSA CPD Committee's criteria and guidelines. A Professional Board shall ensure that high standards are set and maintained for their Accreditors and Accredited Service Providers. A Professional Board or designated functionary will be responsible for conducting quality checks from time to time on activities presented to their respective health professionals.

1.5 NATIONAL ACCREDITORS FORUM

The National Accreditors Forum comprises representatives from the Accreditors of each Professional Board. The Forum meets regularly to deliberate on policy and issues of common concern. Representatives of the forum shall consult with the HPCSA CPD Committee on such matters applicable to all Accreditors across all the Professional Boards.

1.6 HPCSA CPD COMMITTEE

The HPCSA CPD Committee together with the Professional Boards develops policy proposals for a uniform but flexible system of CPD that will accommodate the diversity of health professions; facilitates continuing development of all health professionals registered with the HPCSA and the Professional Boards; addresses all CPD related issues within the existing policy parameters of the Council and the Professional Boards; and reports thereon to the Council and the Professional Boards.

The CPD committee takes cognizance of Section 26 of the Health Professions Act, 1974 (Act No.56 of 1974) whereby the Council may from time to time make rules which prescribe:

a) Conditions relating to continuing education and training to be undertaken by persons registered in terms of this Act in order to retain such registration;
b) The nature and extent of continuing education and training to be undertaken by persons registered in terms of this Act; and
c) The criteria for recognition by the Council of continuing education and training courses and of education institutions/professional associations offering such courses.

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HPCSA CPD guidelines

1. Roles and responsibilities

1.7 HPCSA CPD SECTION

The HPCSA CPD System will be administered and monitored by **the CPD Section** of the Council. **The CPD Section of the CPD, Registrations and Records Department at the HPCSA** will randomly select individual health professionals for compliance checks every two months. The sample size will depend on the number of health professionals on the register. Health professionals are obliged to submit the required documents within 21 working days on receipt of notification of being selected. The results of the compliance check will be submitted to the HPCSA CPD Committee as well as to the relevant Professional Boards for their further action, if any.

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HPCSA CPD guidelines

2. Hierarchy of Learning Activities

There are three levels of activities, those with non-measurable outcomes, those with outcomes that do not necessarily constitute a full year of earned CEUs, and those associated with formally structured learning programmes. **A health professional may obtain CEUs at any level depending on personal circumstances and individual learning needs.**

Level 1

These are activities that do not have a clearly measurable outcome and are presented as a once off non-continuous basis. CEUs are allocated according to time, one CEU per hour to a maximum of eight CEUs per day.

Presenters/co-presenters can claim once for CEUs if the same presentation is given more than once.

These activities include:

(a) Breakfast meetings or presentations;
(b) Formally arranged hospital or inter-departmental meetings or updates;
(c) Case study discussions;
(d) Formally organised special purpose teaching/learning ward rounds (not including routine service ward rounds);
(e) Formally organised special purpose lectures that are not part of business meeting;
(f) Mentoring/supervision and activities that are specific to certain professions;
(g) Conferences, symposia, refresher courses, short courses without a measurable outcome, international conferences (must be approved by a South African Accreditor if not accredited / recognised for CEU equivalent in the country where it was held).
(h) Interest groups meeting less than six times per year.

Presenters of such activities can be allocated double CEUs. Eg. If attendee receives one CEU, presenters can get two CEUs excluding presenters at large group activities who would be allocated CEUs from level 2.

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HPCSA CPD guidelines

2. Hierarchy of Learning Activities

Level 2

This level includes activities that have an outcome but do not constitute a full year of earned CEUs. It includes education, training, research and publications. (Teaching and examination of undergraduate and postgraduate students will not be accredited if these activities fall within a registered health professional's job description).

		CEUs
a	Principal author of a peer reviewed publication or chapter in a book	15
b	Co-author / editor of a peer reviewed publication or chapter in a book	5
c	Review of an article / chapter in a book / journal	3
d	Principal presenter / author of a paper / poster at a congress / symposium / refresher course.	10
e	Co-presenters / co-authors of a paper / poster at a congress / symposium / courses / refresher course	5
f	Presenters of accredited short courses	10
g	Co-presenters of accredited short courses	5
h	Interactive skills workshop with an evaluation of the outcome	5
i	All learning material (which could include DVD, CD, internet or email activities) with MCQs for evaluation with a pass rate of 70%	3 per questionnaire
j	Guest / occasional lecture at an accredited institution	3 per lecture
k	Health personnel who supervise undergraduates/interns/postgraduates in clinical / technical training in collaboration with an accredited training institution on a regular basis during the academic year (if not in the job description)	2 per student (max 16 CEUs per calendar year)
l	External examiner of Masters and Doctoral thesis	5 per thesis
m	Workshops, lectures, seminars on ethics (not including general presentations with a so-called component on ethics)	2 per hour
n	Single modules of Masters degrees with part-time enrolment for study for non-degree purposes	5 on completion of module
o	Professional Interest Groups (this could include Journal Clubs if compliant with criteria) that are formally constituted and present a regularly recurring programme that extends for one year with a minimum of 6 meetings per year. These activities should be ongoing or have a measurable outcome that is assessed according to criteria determined by the group, which may be interdisciplinary.	3 per meeting

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HPCSA CPD guidelines

2. Hierarchy of Learning Activities

Level 3

This level comprises structural learning, i.e. a formal programme that is planned and offered by an accredited training institution, is evaluated by an accredited assessor and has a measurable outcome. Successful completion of an activity at this level will earn 30 CEUs.

Activities include:

(a) Postgraduate degrees and diplomas that are recognised as additional qualifications by the relevant Professional Board. At the end of each year of study (not exceeding the normal duration of the degree), 30 CEUs may be claimed upon submitting an academic report on progress. An additional 30 CEUs may be claimed on successful completion of the qualification;
(b) Short courses with a minimum of 25 hours with additional clinical hands-on training, plus a formal assessment of outcome.

Other Activities

(c) Learning portfolios;
(d) Practice audit.

Guidelines for the latter two activities are available on the HPCSA website. Health professionals will need to submit documentation/portfolios to an Accreditor to obtain the 30 CEUs for these activities.

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HPCSA CPD guidelines

3. Activities that do not qualify for CEUs

The following activities do not qualify for CEUs:

- Time spent in planning, organising or facilitating any activity;
- Published congress proceedings;
- Non-referenced letters to the editor of accredited journals;
- Daily ward rounds;
- Written assignments;
- Compilation of student training manuals for internal use;
- Staff and/or administrative meetings;
- Tours and/or viewing of exhibits and technological demonstrations;
- Membership of professional bodies, Professional Boards or associations;
- Holding a portfolio on the professional body's executive or council structure; and
- Presentations and publications to the public.

Meetings arranged by pharmaceutical companies and manufacturers or importers of products and technical devices (including assistive device technology) or their representatives purely for the purpose of **marketing and/or promoting their products** are not eligible for accreditation.

Activities for the purpose of training in the use of company products or technological devices may be presented by arrangement with an Accredited Service Provider.

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HPCSA CPD guidelines

4. Non-Compliance

The CPD Section:

a. Will on receipt of a non-compliant audit or request for extension –

i. Automatically afford the health professional with six months' extension in which they can attempt to be compliant. After the period of six months those practitioners will again be audited, where after the names of bona fide non-compliant health professionals will be submitted to the professional boards for noting, and to the HPCSA CPD Committee for action according to (c) below;

ii. Health professionals who have not submitted their portfolios as requested will be regarded as non-compliant and –

- A letter will be sent to the health professional requesting a reason for not responding to the audit. The health professional will be required to furnish the CPD Section with a letter of explanation or with his/her CPD portfolio within 21 days of the date of the letter. Should the explanation be acceptable, the health professional will be given 6 months to comply with the CPD requirements if found to be non-compliant.

- Those health professionals will be audited again after 6 months.

b. Should the health professional in respect of a (ii) still not submit their portfolios when audited after a six months' period the following processes will be followed –

i. A registered letter will be sent to the health professional to inform him/her that if his/her portfolio of compliance is not received within 21 days of the letter dated, the following steps will be taken:

- The health professional will be suspended from the register in terms of section 19A(1)(d). The health professional will then have to apply to be restored to the register by duly completing the application form, Form 18. Upon receipt of the application for registration the practitioner will have to pay the applicable restoration fee according to the restoration regulations applicable at the time.

- Upon restoration proof has to be submitted of any CEUs accrued, if any.

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HPCSA CPD guidelines

4. Non-Compliance

- The health professional will also be informed that if his/her name is suspended from the register, he / she **may not perform** any duties related to his/her profession and that the medical aids will be informed of the suspension and no claims lodged at the medical aids will be paid.
- The health professional will again be audited after a year of restoration to ensure compliance with the CPD requirements.
- Any other action as recommended by the relevant Professional Board.

c. Should the health professional in respect of a (i) still be found to be non-compliant after the extension of the 6 month period, the following steps will be taken –

i. The name of the health professional will be submitted to the relevant professional board for action, which might be any of the following:

- Changing the category of registration to Supervised practice; until proof of compliance with the CPD requirements are submitted.
- Successfully passing a Board exam;
- Suspension from the register until submission of proof of compliance with CPD requirements are submitted; or
- Any other resolution by the relevant professional board.

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HPCSA CPD guidelines

5. Deferment

Health professionals may apply for deferment of CPD and the HPCSA CPD Committee will review such applications individually on an ad hoc basis. The applicant should be strongly motivated with appropriate evidence/documentation.

Deferment may be granted in the case of:

(a) A health professional who is outside South Africa for a period of time exceeding 12 months and is not practising his / her profession;
(b) A health professional who is outside of South Africa and practising in a country where there is no access to CPD activities;
(c) A health professional who is registered for an additional qualification but is of the view that she / he will not meet the outcome within two years and thus will not be able to claim CEUs for such qualification.

Deferment may be granted for a maximum period of three years. Deferment will not be granted for a period of less than 12 months (in view of the fact that a professional may collect CEUs in a following year). Any health professional mentioned in the above paragraphs wishing to re-enter the system after deferment will be subject to the following conditions:

- If deferment was granted for more than 12 months but less than two years, proof of full employment in the profession during that time should be submitted and the health professional will, on review by the HPCSA CPD committee, be allowed to recommence the CPD year immediately.
- If deferment was granted for more than two years but less than three years, the health professional must submit proof of his/her employment during that time and the health professional will, on the recommendation of the HPCSA CPD Committee, be required to complete a period of supervised practice as determined by the Professional Board in his/her area of practice, and will recommence the CPD year immediately.
- If deferment was granted for longer than 12 months and health professionals did not practise his / her profession during the deferment period, he/she will be required to complete a period of supervised practice as determined by the Professional Board in his/her area of practice.
- If deferment was granted because the health professional was engaged in formal education and training for an additional qualification, CEUs will not be allocated for obtaining the said additional qualification. Proof of the additional qualification must be supplied to the CPD section and the health professional will recommence the CPD year immediately.

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HPCSA CPD guidelines

6. Health Professionals Abroad

Health professionals who are practising abroad in countries where a continuing professional development system is in place **should comply** with the requirements in that country. They should retain documentary proof of attendance at CPD activities for submission in the event of being drawn in the sample audit. For re-registration purposes documentary proof of compliance must be submitted for continuing professional development purposes in South Africa. This proof may be in the form of a letter from the accrediting authority in the country concerned.

When health professionals who are actively practising in South Africa attend an accredited professional or academic meeting or activity abroad it will be recognised for CPD purposes. The activity attended abroad should be accredited by an Accreditor in South Africa if not accredited/recognised for CEU equivalent in the country where it was held.

7. Retirement, Illness and Non-Clinical Practice

Deferment will not be granted to health professionals who are retired or health professionals who are not practising due to ill health. Health professionals who are registered in the non-clinical practice register will be exempted from complying with Continuing Professional Development. Applications for returning to the clinical registers must be submitted to the specific Professional Board.

8. Community Service and Internship

Health professionals in internship and community service are not required to comply with CPD requirements during the internship and community service years but are encouraged to attend and may accrue CEUs which will be to their credit for the full 24 months from date of accrual.

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HPCSA CPD guidelines

9. Voluntary Removal from Register: De-Registration

A health professional must apply in writing to the HPCSA before the last day of March for voluntary removal of his/her name from the register in terms of section 19(1)(c) of the Act.

SECRETARIAT

The secretariat for CPD is located in the CPD, Registration and Records Department of the HPCSA. All correspondence relating to CPD (but **not** applications for accreditation of activities or Service Providers) should be addressed to the CPD Officer, HPCSA, PO Box 205, Pretoria 0001 or electronically to cpd@hpcsa.co.za.

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8 ICD-10 codes for General Practitioners

CHAPTER 1 - INFECTIOUS AND PARASITIC DISEASES

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
A09	Diarrhoea and gastroenteritis of presumed infectious origin	Diarrhoea / Gastro	
A15.0	Tuberculosis of lung, confirmed by sputum microscopy with or without culture	TB Lungs	Y
A41.9	Septicaemia, unspecified	Septic shock	Y
A46	Erysipelas	Erysipelas	Y
A49.9	Bacterial infection, unspecified	Bacterial infection, unspecified	
A51.0	Primary genital syphilis	STD syphilis	Y
A54.0	Gonococcal infection of lower genitourinary tract without periurethral or accessory gland abscess	STD gonococcal infection - lower genito-urinary tract	Y
A57	Chancroid	STD Chancroid / Ulcer	Y
A58	Granuloma inguinal	STD Granuloma inguinal region	Y
A59.0	Urogenital trichomoniasis	STD Urogenital trichomonas	Y
A60.0	Herpes viral infection of genitalia and urogenital tract	STD Herpes of genitalia and urogenital tract	Y
A64	Unspecified sexually transmitted disease	STD unspecified	Y
A87.9	Viral meningitis, unspecified	Meningitis viral unspecified	Y
B00.9	Herpes viral infection, unspecified	Herpes simplex	
B01.9	Varicella without complication	Chicken-pox	
B02.9	Zoster without complication	Herpes Zoster	
B05.9	Measles without complication	Measles	
B06.9	Rubella without complication	Rubella / German measles	
B07	Viral warts	Warts - plantar/viral	
B15.9	Hepatitis A without hepatic coma	Hepatitis A	
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	Hepatitis B	
B24	Unspecified Human Immunodeficiency Virus [HIV] disease	HIV	Y
B26.9	Mumps without complication	Mumps	
B27.9	Infectious mononucleosis, unspecified	Glandular Fever	
B35.0	Tinea barbae and Tinea capitis	Dermatophytosis - Ringworm	
B35.1	Tinea unguium	Dermatophytosis - Nails	

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CHAPTER 1 - INFECTIOUS AND PARASITIC DISEASES

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
B35.3	Tinea pedis	Dermatophytosis - Athlete's foot	
B37.9	Candidiasis, unspecified	Infection - candida	
B49	Unspecified mycosis	Infection - fungal	
B50.9	Plasmodium falciparum malaria, unspecified	Malaria	Y
B54	Unspecified malaria	Malaria - unspecified	Y
B65.9	Schistosomiasis, unspecified	Bilharzia	
B82.0	Intestinal helminthiasis, unspecified	Worms - intestinal	
B83.9	Helminthiasis, unspecified	Worms	
B86	Scabies	Scabies	

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ICD-10 codes for General Practitioners

CHAPTER 2 - NEOPLASMS

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
C20	Malignant neoplasm of rectum	Cancer - Rectum (primary)	Y
C34.9	Malignant neoplasm, bronchus or lung, unspecified	Cancer - Bronchus, lungs (primary)	Y
C43.9	Malignant melanoma of skin, unspecified	Cancer - Skin	Y
C50.9	Malignant neoplasm, breast, unspecified	Cancer - Breast (primary)	Y
C53.9	Malignant neoplasm, cervix uteri, unspecified	Cancer - Cervix (primary)	Y
C61	Malignant neoplasm of prostate	Cancer - Prostate (primary)	Y
C71.9	Malignant neoplasm, brain, unspecified	Cancer - Brain (primary)	Y
C73	Malignant neoplasm of thyroid gland	Cancer - Thyroid (primary)	Y
C95.9	Leukaemia, unspecified	Leukaemia	
D22.9	Melanocytic naevi, unspecified	Naevis - melanocytic	
D24	Benign neoplasm of breast	Breast mass benign	
D25.9	Leiomyoma of uterus, unspecified	Fibroid uterus	

CHAPTER 3 - BLOOD AND BLOOD FORMING ORGANS

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
D50.9	Iron deficiency anaemia, unspecified	Anaemia iron deficiency	Y
D51.0	Vitamin B12 deficiency anaemia due to intrinsic factor deficiency	Anaemia B12 deficiency	Y

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8 ICD-10 codes for General Practitioners

CHAPTER 4 - ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
E03.9	Hypothyroidism, unspecified	Thyroid - hypo / Goiter	Y
E05.9	Thyrotoxicosis, unspecified	Thyroid - hyper / Goiter	Y
E10.9	Insulin-dependent diabetes mellitus without complications	Diabetes - Type 1 - IDDM	Y
E11.9	Non-insulin-dependent diabetes mellitus without complications	Diabetes - Type 2 - NIDDM	Y
E16.2	Hypoglycaemia, unspecified	Hypoglycaemia	Y
E27.1	Primary adrenocortical insufficiency	Addisons disease	Y
E40	Kwashiorkor	Kwashiorkor	Y
E56.9	Vitamin deficiency, unspecified	Vitamin deficiency, unspecified	Y
E66.9	Obesity, unspecified	Obesity	
E78.5	Hyperlipidaemia, unspecified	Lipidaemia	Y
E79.0	Hyperuricaemia without signs of inflammatory arthritis and tophaceous disease	Hyperuricaemia	
E86	Volume depletion	Dehydration	Y

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8 ICD-10 codes for General Practitioners

CHAPTER 5 - MENTAL AND BEHAVIOURAL DISORDERS

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
F03	Unspecified dementia	Dementia	
F10.0	Mental and behavioural disorders due to use of alcohol, acute intoxication	Alcohol - intoxication	Y
F10.4	Mental and behavioural disorders due to use of alcohol, withdrawal state with delirium	Alcohol - withdrawal state	Y
F12.0	Mental and behavioural disorders due to use of cannabinoids, acute intoxication	Drugs - acute intoxication	Y
F12.4	Mental and behavioural disorders due to use of cannabinoids, withdrawal state with delirium	Drugs - withdrawal state with delirium	Y
F20.9	Schizophrenia, unspecified	Schizophrenia	
F23.9	Acute and transient psychotic disorder, unspecified	Psychosis	Y
F30.9	Manic episode, unspecified	Manic disorder	Y
F31.9	Bipolar affective disorder, unspecified	Bipolar disorder	Y
F32.9	Depressive episode, unspecified	Depression	Y
F40.9	Phobic anxiety disorder, unspecified	Phobias	
F41.0	Panic disorder (episodic paroxysmal anxiety)	Panic disorder	
F41.1	Generalized anxiety disorder	Anxiety	
F43.0	Acute stress reaction	Stress reaction	Y
F43.1	Post-traumatic stress disorder	PTSD	Y
F50.0	Anorexia nervosa	Anorexia	Y
F50.2	Bulimia nervosa	Bulimia	Y
F52.4	Premature ejaculation	Impotence	
F52.9	Unspecified sexual dysfunction, not caused by organic disorder or disease	Sexual dysfunction	
F90.0	Disturbance of activity and attention	Attention deficit	

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8 ICD-10 codes for General Practitioners

CHAPTER 6 - NERVOUS SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
G03.9	Meningitis, unspecified	Meningitis	Y
G20	Parkinson's disease	Parkinson's disease	Y
G30.9	Alzheimer's disease, unspecified	Alzheimers disease	
G40.9	Epilepsy, unspecified	Epilepsy	Y
G43.9	Migraine, unspecified	Migraine	
G45.9	Transient cerebral ischaemic attack, unspecified	Transient cerebral ischaemic attacks	Y
G47.9	Sleep disorder, unspecified	Insomnia	
G51.0	Bell's palsy	Bell's palsy	Y
G56.0	Carpal tunnel syndrome	Carpal tunnel syndrome	
G61.0	Guillain-Barre syndrome	Guillian-Barre syndrome	Y
G80.9	Infantile cerebral palsy, unspecified	Cerebral palsy	Y
G81.9	Hemiplegia, unspecified	Hemiplegia	Y
G82.2	Paraplegia, unspecified	Paraplegia	Y

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8 ICD-10 codes for General Practitioners

CHAPTER 7 - EYE

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
H01.0	Blepharitis	Inflammation - eyelid	
H10.9	Conjunctivitis, unspecified	Conjunctivitis	
H11.0	Pterygium	Pterygium	
H11.3	Conjunctival haemorrhage	Conjunctival bleeding	
H26.9	Cataract, unspecified	Cataract - senile	Y
H40.9	Glaucoma, unspecified	Glaucoma	Y
H50.9	Strabismus, unspecified	Squint	
H52.7	Disorder of refraction, unspecified	Refractive disorders	

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8 ICD-10 codes for General Practitioners

CHAPTER 8 - EAR

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
H60.0	Abscess of external ear	Abscess / Boil	
H60.9	Otitis external, unspecified	Otitis external	
H61.2	Impacted cerumen	Wax impacted - ear	
H66.9	Otitis media, unspecified	Otitis media	Y
H70.0	Acute mastoiditis	Mastoiditis	Y
H81.0	Meniere's disease	Meniere's disease	
H83.0	Labyrinthitis	Inflammation - inner ear	
H92.0	Otalgia	Ear ache	
H93.1	Tinnitus	Ringing in ears	

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IPA COST EFFECTIVE QUALITY HEALTH CARE

8 ICD-10 codes for General Practitioners

CHAPTER 9 - CIRCULATORY SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
I10	Essential (primary) hypertension	Hypertension / High blood pressure	Y
I20.9	Angina pectoris, unspecified	Angina / Chest pain	Y
I21.9	Acute myocardial infarction, unspecified	Heart attack	Y
I42.9	Cardiomyopathy, unspecified	Enlarged heart	Y
I44.2	Atrioventricular block, complete	Atrioventricular block, complete	Y
I47.1	Supraventricular tachycardia	Rapid heartbeat	Y
I48	Atrial fibrillation and flutter	Atrial fibrillation and flutter	Y
I49.9	Cardiac arrhythmia, unspecified	Heart rhythm - lost	Y
I50.9	Heart failure, unspecified	Heart failure	Y
I64	Stroke, not specified as haemorrhage or infarction	CVA / Stroke	
I70.9	Generalized and unspecified atherosclerosis	Hardening of arteries	
I73.0	Raynaud's syndrome	Raynaud's syndrome	
I73.9	Peripheral vascular disease, unspecified	Peripheral vascular disease	
I80.2	Phlebitis and thrombophlebitis of other deep vessels of lower extremities	DVT (deep vein thrombosis)	Y
I80.9	Phlebitis and thrombophlebitis of unspecified site	Inflammation & blood clots in veins	
I83.9	Varicose veins of lower extremities without ulcer or inflammation	Varicose veins	
I84.8	Unspecified haemorrhoids with other complications	Haemorrhoids	Y
I85.9	Oesophageal varices without bleeding	Oesophageal varices	Y
I95.9	Hypotension, unspecified	Low blood pressure	

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IPA COST EFFECTIVE QUALITY HEALTH CARE

8 ICD-10 codes for General Practitioners

CHAPTER 10 - RESPIRATORY SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
J01.9	Acute sinusitis, unspecified	Sinusitis (acute)	
J02.9	Acute pharyngitis, unspecified	Pharyngitis	
J03.9	Acute tonsillitis, unspecified	Tonsillitis (acute)	
J04.2	Acute laryngotracheitis	Laryngitis	Y
J06.9	Acute upper respiratory infection, unspecified	Upper airway infection	
J11.8	Influenza with other manifestations, virus not identified	Influenza	
J15.7	Pneumonia due to Mycoplasma pneumonia	Pneumonia - bacterial	Y
J15.9	Bacterial pneumonia, unspecified	Pneumonia - bacterial unspecified	Y
J18.0	Bronchopneumonia, unspecified	Bronchopneumonia	Y
J18.9	Pneumonia, unspecified	Pneumonia	Y
J20.9	Acute bronchitis, unspecified	Bronchitis - acute	
J21.9	Acute bronchiolitis, unspecified	Bronchiolitis - acute	Y
J30.3	Other allergic rhinitis	Rhinitis - allergic	
J30.4	Allergic rhinitis, unspecified	Hayfever	
J32.9	Chronic sinusitis, unspecified	Sinusitis - chronic	
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids	Adenoidal hypertrophy	
J43.9	Emphysema, unspecified	Emphysema	Y
J44.1	Chronic obstructive pulmonary disease with acute exacerbation, unspecified	COPD	Y
J45.0	Predominantly allergic asthma	Asthma	Y
J47	Bronchiectasis	Bronchiectasis	Y
J81	Pulmonary oedema	Pulmonary oedema	Y
J90	Pleural effusion, not elsewhere classified	Pleural effusion	
J93.9	Pneumothorax, unspecified	Pneumothorax	Y
J96.0	Acute respiratory failure	Respiratory failure	Y

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IPA COST EFFECTIVE QUALITY HEALTH CARE

8 ICD-10 codes for General Practitioners

CHAPTER 11 - DIGESTIVE SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
K00.7	Teething syndrome	Teething	
K04.7	Periapical abscess without sinus	Abscess - dental	
K05.0	Acute gingivitis	Gingivitis	
K12.0	Recurrent oral aphthae	Mouth ulcers	
K21.0	Gastro-oesophageal reflux disease with oesophagitis	Reflux oesophagitis	
K25.9	Gastric ulcer, Unspecified as acute or chronic, without haemorrhage or perforation	Gastric ulcer	
K27.9	Peptic ulcer, unspecified as acute or chronic, without haemorrhage or perforation	Ulcer (peptic)	
K29.7	Gastritis, unspecified	Inflammation - stomach	
K29.9	Gastroduodenitis, unspecified	Inflammation - stomach & small bowel	
K30	Dyspepsia	Heartburn	
K35.9	Acute appendicitis, unspecified	Appendicitis	Y
K42.9	Umbilical hernia without obstruction or gangrene	Hernia - umbilical	Y
K44.9	Diaphragmatic hernia without obstruction or gangrene	Hernia - diaphragmatic	Y
K50.9	Crohn's disease, unspecified	Crohn's disease	Y
K51.9	Ulcerative colitis, unspecified	Ulcerative colitis	Y
K56.6	Other and unspecified intestinal obstruction	Abdominal obstruction	Y
K57.3	Diverticular disease of large intestine w/o perforation or abscess	Diverticular disease	Y
K58.0	Irritable bowel syndrome with diarrhoea	IBS - with diarrhoea	
K58.9	Irritable bowel syndrome without diarrhoea	IBS - without diarrhoea	
K59.0	Constipation	Constipation	
K60.0	Acute anal fissure	Anal fissure	Y
K61.2	Anorectal abscess	Perianal abscess	Y
K62.5	Haemorrhage of anus and rectum	Rectal bleeding	Y
K80.2	Calculus of gallbladder without cholecystitis	Gall stones	
K85	Acute pancreatitis	Pancreatitis	Y
K92.0	Haematemesis	Vomiting of blood	Y
K92.1	Melaena	Dark blood in stool	Y

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IPA COST EFFECTIVE QUALITY HEALTH CARE

8 ICD-10 codes for General Practitioners

CHAPTER 12 - SKIN AND SUBCUTANEOUS TISSUE

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
L01.0	Impetigo (any organism) (any site)	Impetigo / Scabs	
L02.0	Cutaneous abscess, furuncle and carbuncle of face	Abscess / Boil	Y
L02.2	Cutaneous abscess, furuncle and carbuncle of trunk	Cutaneous abscess, furuncle and carbuncle - trunk	Y
L02.4	Cutaneous abscess, furuncle and carbuncle of limb	Cutaneous abscess, furuncle and carbuncle - limb	Y
L03.0	Cellulitis of finger and toe	Infection of the nail(s)	Y
L03.9	Cellulitis, unspecified	Cellulitis	Y
L20.9	Atopic dermatitis, unspecified	Unspecified eczema	
L22	Diaper (nappy) dermatitis	Nappy rash	
L25.9	Unspecified contact dermatitis, unspecified cause	Inflammation - skin	
L40.0	Psoriasis vulgaris	Psoriasis - vulgaris	
L40.9	Psoriasis, unspecified	Psoriasis - unspecified	
L42	Pityriasis rosea	Pityriasis rosea	
L50.9	Urticaria, unspecified	Hives	
L65.9	Nonscarring hair loss, unspecified	Hair loss	
L70.0	Acne vulgaris	Acne	
L72.1	Trichilemmal cyst	Sebaceous cyst	
L82	Seborrhoeic keratosis	Seborrhoeic keratosis	
L84	Corns and callouses	Corns and callouses	

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8 ICD-10 codes for General Practitioners

CHAPTER 13 - MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
M05.99	Seropositive rheumatoid arthritis, unspecified, site unspecified	Rheumatoid arthritis - site unspecified	
M06.90	Rheumatoid arthritis, unspecified, multiple sites	Rheumatoid arthritis - multiple sites	
M10.97	Gout, unspecified, ankle and foot	Gout	
M13.00	Polyarthritis, unspecified, multiple sites	Arthritis	
M13.16	Monoarthritis, not elsewhere classified, lower leg	Monoarthritis, not elsewhere classified, lower leg	
M20.1	Hallux valgus (acquired)	Hallux valgus (bunion)	
M22.4	Chondromalacia patellae	Kneecap degeneration	
M25.46	Effusion of joint, lower leg	Effusion of joint	
M41.25	Other idiopathic scoliosis, thoracolumbar region	Scoliosis - idiopathic	
M54.22	Cervicalgia, cervical region	Cervicalgia	
M54.57	Low back pain, lumbosacral region	Backache	
M67.4	Ganglion	Ganglion	
M70.75	Other bursitis of hip, pelvic region and thigh	Olecranon - bursitis	
M70.90	Unspecified soft tissue disorder related to use, overuse and pressure, multiple sites	Soft tissue disorder	
M77.37	Calcaneal spur, ankle and foot	Calcaneal spur	
M79.09	Rheumatism, unspecified, site unspecified	Fibromyalgia	
M79.10	Myalgia, multiple sites	Muscle pain -general	
M79.19	Myalgia, site unspecified	Muscle pain - unspecified	
M81.00	Postmenopausal osteoporosis, multiple sites	Osteoporosis	
M94.82	Other specified disorders of cartilage, upper arm	Inflammation of cartilage - upper arm	

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8 ICD-10 codes for General Practitioners

CHAPTER 14 - GENITOURINARY SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
N04.9	Nephrotic syndrome, unspecified	Nephrotic syndrome	
N10	Acute tubulo-interstitial nephritis	Pyelonephritis	Y
N13.9	Obstructive and reflux uropathy, unspecified	Urinary obstruction	Y
N17.9	Acute renal failure, unspecified	Kidney failure	Y
N18.9	Chronic renal failure, unspecified	Chronic renal failure	Y
N20.9	Urinary calculus, unspecified	Renal Calculi / Kidney stones	Y
N23	Unspecified renal colic	Renal colic	Y
N30.0	Acute cystitis	Cystitis	
N34.1	Nonspecific urethritis	Urethritis	
N35.9	Urethral stricture, unspecified	Urethral stricture	
N39.4	Other specified urinary incontinence	Urinary incontinence	
N40	Hyperplasia of prostate	Prostate hypertrophy	Y
N41.0	Acute prostatitis	Prostatitis - acute	
N41.9	Inflammatory disease of prostate, unspecified	Prostatitis - unspecified	
N43.3	Hydrocele, unspecified	Hydrocele	
N44	Torsion of testes	Torsion of testes	Y
N45.9	Orchitis, epididymitis and epididymo-orchitis without abscess	Orchitis	
N60.2	Fibroadenosis of breast	Fibroadenosis of breast	
N61	Inflammatory disorders of breast	Breast abscess	
N63	Unspecified lump in breast	Breast lump	Y
N70.0	Acute salpingitis and oophoritis	PID	Y
N70.0	Acute salpingitis and oophoritis	Salpingitis - acute	Y
N71.9	Inflammatory disease of uterus, unspecified	Endometritis	
N72	Inflammatory disease of cervix uteri	Vaginitis	
N75.1	Abscess of Bartholin's gland	Bartholin's problem	Y
N76.0	Acute vaginitis	Vaginitis - acute	
N80.9	Endometriosis, unspecified	Endometriosis	
N81.1	Cystocele	Prolapse - bladder - female (cystocele)	Y
N81.4	Uterovaginal prolapse, unspecified	Prolapse - uterovaginal	Y

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CHAPTER 14 - GENITOURINARY SYSTEM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
N83.2	Other and unspecified ovarian cysts	Ovarian cysts	
N87.0	Mild cervical dysplasia	Cervical dysplasia CIN I	Y
N87.1	Moderate cervical dysplasia	Cervical dysplasia CIN II	Y
N88.3	Incompetence of cervix uteri	Cervical incompetence	Y
N91.1	Secondary amenorrhoea	Absence of menstruation	Y
N92.4	Excessive bleeding in the premenopausal period	Excessive menstrual bleeding	Y
N92.6	Irregular menstruation, unspecified	Menorrhagia	
N94.3	Premenstrual tension syndrome	Premenstrual tension syndrome	
N94.6	Dysmenorrhoea, unspecified	Dysmenorrhoea	
N95.1	Menopausal and female climacteric states	Menopause	Y
N97.9	Female infertility, unspecified	Infertility (female)	Y

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8 ICD-10 codes for General Practitioners

CHAPTER 15 - PREGNANCY, CHILDBIRTH AND PUERPERIUM

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
O00.1	Tubal pregnancy	Ectopic pregnancy	Y
O03.1	Spontaneous abortion, incomplete, complicated by delayed or excessive haemorrhage	Spontaneous abortion	Y
O14.9	Pre-eclampsia, unspecified	Pre-eclampsia	Y
O20.0	Threatened abortion	Threatened abortion	Y
O23.4	Unspecified infection of urinary tract in pregnancy	UTI in pregnancy	
O23.5	Infections of the genital tract in pregnancy	Vaginitis in pregnancy	
O30.0	Twin pregnancy	Twins	Y
O42.9	Premature rupture of membranes, unspecified	Premature rupture of membranes	Y
O46.9	Antepartum haemorrhage, unspecified	Antepartum bleeding	Y
O47.9	False labour, unspecified	False labour	
O91.1	Abscess of breast associated with childbirth	Mastitis puerperal	Y

CHAPTER 16 - PERINATAL

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
P59.9	Neonatal jaundice, unspecified	Jaundice - neonatal	Y

CHAPTER 17 - CONGENITAL MALFORMATIONS AND ABNORMALITIES

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
Q53.1	Undescended testicle, unilateral	Undescended testicle	
Q53.2	Undescended testicle, bilateral	Undescended testicle	

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CHAPTER 18 - SIGNS AND SYMPTOMS

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
R00.8	Other and unspecified abnormalities of heart beat	Palpitations	
R02	Gangrene, not elsewhere classified	Gangrene	
R04.0	Epistaxis	Nose bleed	Y
R04.2	Haemoptysis	Coughing up blood	
R05	Cough	Cough	
R06.1	Stridor	Stridor	
R07.4	Chest pain, unspecified	Chest pain	
R09.1	Pleurisy	Pleurisy	
R10.4	Other and unspecified abdominal pain	Abdominal pains	
R11	Nausea and vomiting	Nausea and vomiting	
R12	Heartburn	Heartburn	
R17	Unspecified jaundice	Jaundice	
R18	Ascites	Fluid in abdomen	
R25.2	Cramp and spasm	Cramp and spasm	
R30.0	Dysuria	Discomfort/pain with urination	
R31	Unspecified haematuria	Blood in urine	
R32	Unspecified urinary incontinence	Enuresis	
R42	Dizziness and giddiness	Dizziness	
R50.9	Fever, unspecified	Fever	
R51	Headache	Headache	
R52.0	Acute pain	Pain - acute	
R52.2	Other chronic pain	Pain - chronic	
R53	Malaise and fatigue	Malaise and fatigue	
R55	Syncope and collapse	Syncope / Collapse	
R56.0	Febrile convulsions	Febrile convulsions	
R56.8	Other and unspecified convulsions	Convulsions, unspecified	
R59.9	Enlarged lymph nodes, unspecified	Enlarged lymph nodes	
R60.9	Oedema, unspecified	Oedema localised	
R62.8	Other lack of expected normal physiological development	Failure to thrive	
R63.4	Abnormal weight loss	Weight loss (abnormal)	

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CHAPTER 19 - INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (To be accompanied by External Cause Codes - V, W, X, Y)

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
S00.9	Superficial injury of head, part unspecified	Head injury	
S01.9	Open wound of head, part unspecified	Head - open wound	
S03.4	Sprain and strain of jaw	Jaw joint sprain	
S13.6	Sprain and strain of joints, ligaments of other and unspecified parts of neck	Neck soft tissue injury	
S22.30	Fracture of rib, closed	Fracture rib	
S33.7	Sprain and strain of other and unspecified parts of lumbar spine and pelvis	Spine and pelvis sprain	
S42.00	Fracture of clavicle, closed	Fracture clavicle	
S43.7	Sprain and strain of other and unspecified parts of shoulder girdle	Shoulder strain	
S46.0	Injury of tendon of the rotator cuff of shoulder	Injury of tendon of rotator cuff of shoulder	
S52.90	Fracture of forearm, part unspecified, closed	Fracture arm	
S62.80	Fracture of other and unspecified parts of wrist and hand, closed	Fracture wrist and hand	
S63.5	Sprain and strain of wrist	Wrist and hand strain	
S63.7	Sprain and strain of other and unspecified parts of hand	Sprain and strain of other and unspecified parts of hand	
S67.8	Crushing injury of other and unspecified parts of wrist and hand	Thumb and finger injuries	Y
S72.00	Fracture of neck of femur, closed	Fracture hip	
S73.1	Sprain and strain of hip	Hip strain	
S82.80	Fractures of other parts of lower leg, closed	Fracture ankle	
S82.90	Fracture of lower leg, part unspecified, closed	Fracture lower leg, unspecified	
S83.6	Sprain and strain of other and unspecified parts of knee	Knee soft tissue injury	
S92.90	Fracture of foot, unspecified, closed	Fracture foot	
S93.4	Sprain and strain of ankle	Ankle and foot sprain	
T00.9	Multiple superficial injuries, unspecified	Injury superficial multiple	
T01.9	Multiple open wounds, unspecified	Wounds open multiple	Y

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CHAPTER 19 - INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (To be accompanied by External Cause Codes - V, W, X, Y)

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
T06.4	Injuries of muscles and tendons involving multiple body regions	Muscle pains	
T14.0	Superficial injury of unspecified body region	Insect bite	
T16	Foreign body in ear	Foreign body-ear	Y
T20.0	Burn of unspecified degree of head and neck	Burns	
T20.3	Burn of third degree of head and neck	Burns	
T50.9	Poisoning: other & unspecified drugs, medicaments & biological substances	Overdose	Y
T63.4	Toxic effect: venom of other arthropods	Bee sting - insect bite or sting (Y34.99) (External cause code)	Y
T69.1	Chilblains	Chilblains (Y34.99) - (External cause code)	Y
T78.2	Anaphylactic shock, unspecified	Shock anaphylactic	Y
T78.4	Allergy, unspecified	Allergy	
T88.7	Unspecified adverse effect of drug or medicament	Drug side effects	

CHAPTER 20 - EXTERNAL CAUSES OF MORBIDITY AND MORTALITY

(Not to be used as primary codes)

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
W50	Hit, struck, kicked, twisted, bitten or scratched by another person	Human bite	
W54	Bitten or struck by dog	Dog bite	
Y04.99	Assault by bodily force, unspecified place, during unspecified activity	Assault (bodily force)	

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8 ICD-10 codes for General Practitioners

CHAPTER 21 - FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

ICD-10 CODE	WHO DESCRIPTION	DESCRIPTION	PMB
Z00.0	General medical examination	Examination	
Z00.1	Routine child health examination	Routine child health examination	
Z01.3	Examination of blood pressure	Blood pressure	
Z01.4	Gynaecological examination (general)(routine)	Examination - routine gynaecological	
Z02.1	Pre-employment examination	General examination	
Z02.6	Examination for insurance purposes	General examination	
Z02.9	Examination for administrative purposes, unspecified	General examination	
Z04.9	Examination and observation for unspecified reason	Health maintenence	
Z25.1	Need for immunization against influenza	Vaccinations	
Z27.9	Need for immunization against unspecified combinations of infectious diseases	Need for immunization against unspecified combinations of infectious diseases	
Z30.0	General counselling and advice on contraception	Contraception	
Z30.1	Insertion of (intrauterine) contraceptive device	Insertion of (intrauterine) contraceptive device	
Z30.4	Surveillance of contraceptive drugs	Surveillance of contraceptive drugs	
Z32.1	Pregnancy confirmed	Pregnancy diagnosis	
Z34.0	Supervision of normal first pregnancy	Pregnancy ante natal / Supervision	Y
Z34.8	Supervision of other normal pregnancy	Pregnancy ante natal / Supervision	Y
Z34.9	Supervision of normal pregnancy, unspecified	Pregnancy ante natal / Supervision	Y

Coding Guidelines

1. All S&T codes to be accompanied by External Cause Codes (V, W, X, Y)
2. External Cause Codes (V, W, X, Y) are not to be used as primary codes.

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Educational development

A. Faculty of Health Sciences of the Universities of South Africa

University of Pretoria
Region Gauteng
Website www.up.ac.za
Postal Private Bag X 20, Hatfield, Pretoria, 0028
Tel 012 420 3111
Fax 012 420 4555
Email csc@up.ac.za

University of Witwatersrand, Johannesburg
Region Gauteng
Website www.wits.ac.za
Postal Private Bag 3, Wits, 2050
Tel 011 717 2075 / 2076
Fax 011 717 1299
Email health.pg@wits.ac.za

University of Limpopo, MEDUNSA Campus
Region Limpopo
Website www.ul.ac.za
Postal The Registrar, P O Box 197, Medunsa, 0204
Tel 012 521 4111
Fax 021 521 4349
Email N/A

University of the Free State
Region Free State
Website www.ufs.ac.za
Postal P O Box 339, Bloemfontein, 9300
Tel 051 401 9111
Fax N/A
Email info@ufs.ac.za

University of Kwazulu-Natal
Region Kwazulu-Natal
Website www.ukzn.ac.za
Postal Private Bag 7, Congella, 4013
Tel 031 260 8019
Fax 031 260 7872
Email naidooe1@ukzn.ac.za

University of Cape Town
Region Western Cape
Website www.health.uct.ac.za
Postal Private Bag X 3, Observatory, 7935
Tel 021 406 6346
Fax 021 447 8955
Email N/A

Stellenbosch University
Region Western Cape
Website www.sun.ac.za
Postal P O Box 19063, Tygerberg, 7505
Tel 021 938 9111
Fax 021 808 3822 (Stellenbosch campus)
Email info@sun.ac.za

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Educational development

B. Faculty of Health Science: FPD Courses

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Certificate in Practice Management (CPM)
Certificate in Risk Assessment and Management (CRAM)
Diploma in Risk Assessment and Management (DRAM)
Diploma in Advanced Health Management (DAHM)
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INTERNATIONAL SHORT COURSES
Manchester Business School Advanced Health Management Programme
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Yale/FPD Executive Leadership Programme for Women in Health Care

OTHER SHORT COURSES
Case Management in South Africa
Clinical Issues in Health Risk Assessment
Practice Finance for Private Practitioners
Clinical Management of Allergies
Anaesthesiology Refresher Course
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Management of Asthma
Management of Cardiovascular Disease
Course in the Management of Common Vascular Diseases
Clinical Management of Dermatology
Course in Diabetes Mellitus Management
Course in the Clinical Management of Epilepsy

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Educational development

B. Faculty of Health Science: FPD Courses

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HIV/AIDS Management for Healthcare Professionals
Clinical Management of Irritable Bowel Syndrome
Clinical Management of Malaria
Mental Health Course
Paediatric HIV/AIDS Management Course
Practice Pathology Course
Prevention of Mother to Child Transmission
Rheumatology Management Course
Course in Severe Sepsis
Sexually Transmitted Infections
Management of Tuberculosis for Healthcare Professionals
Course in Diagnostic Ultrasound
Clinical Management of Urinary Incontinance
Course in Post-exposure Prophylaxis
Course in Infection Control
Course in Pain Control
Course on HIV Drug Resistance
Management of Diabetes Mellitus for Professional Nurses
Course in Muscular Dystrophy
HIV and Aids Nurse Case Management
Palliative Care Course for Professional Nurses
Nurse Initiated Management of Anti-retroviral Therapy
Adherence Counselling for ART
Counselling and Testing (C&T)
Clinical Trial Course (GCP)
HIV/AIDS in the Workplace

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Integrated Management of TB/HIV/STI
Clinical Management of Obesity
Course in Palliative Care in HIV/AIDS
Integrated Management of TB, HIV and STI in the Primary Healthcare Setting
Gender Based Violence
Anti-Retroviral Drug & Compliance Workshop for Non-Medical Professionals
HIV/AIDS Counselling, Prevention and Education Programme for Community Workers
Introduction to HIV/AIDS for Caregivers, Community Workers and Lay Persons
Introduction to TB for Caregivers, Community Workers and Lay Persons
Anatomy Course for Non-Health Professionals
ICD10 Coding Course
Postgraduate Programme in Aesthetic Medicine
Medical Terminology Course
Seminar on starting a Private Specialist Practice

E-LEARNING PROGRAMMES
Clinical Management of Urinary Incontinence
Course in the Clinical Management of Epilepsy
HIV/AIDS Management for Professional Nurses
Tuberculosis for Professional Nurses
HIV/AIDS Management Course
Certificate in Practice Management (CPM)

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Dispensing Course
Course in the Clinical Management of Epilepsy
Advanced Medical Ethics
Course in the Evaluation of Professional Drivers
ICD10 Coding Course
Clinical Management of Irritable Bowel Syndrome
Mental Health Course
Optometry Course Volume 1
Dispensing Opticians Course
Ethics for Optometrists
Optometry Course Volume 2
Palliative Care Course for Professional Nurses
Practice Pathology Course
Rheumatology Management Course
Course in Severe Sepsis
Clinical Management of Urinary Incontinence

ANNUAL EVENTS
Clinical and Ethical Refresher Seminar