This report is presented at the end of the term of office of the fourth AHPCSA Council since 2001 and is intended to supplement all reports presented by Dr Craig Wright and myself who have held terms of office as chairpersons of the AHPCSA since 2007, in certain respects, but also as an update in other respects.

I should like to express my appreciation and gratitude to all members of Council over the past five years who have continued to provide guidance and advice in furtherance of Council matters, and more importantly, in furtherance of the AHPCSA’s mandate to protect the health of the public. In addition, I should like to express my appreciation and gratitude to the Registrar and Council House staff for their significant contribution in furtherance of the AHPCSA’s administration and guidance in all Council and Professional Board matters. In particular, the conclusion of a legal administrative review by the Registrar, with the assistance of the then Assistant-Registrar, of all Council decisions, processes has led Council to function on a proper and correct legal footing - many areas of concern have been addressed, adjusted and rectified.

A. FORUM OF STATUTORY HEALTH COUNCILS (FSHC)

The AHPCSA has continued to interact positively at each biannual meeting of this institution and has continued to raise issues of concern which are required to be addressed by the NDOH and to be brought to the attention of the Minister. In particular, advantage of the presence of the Deputy Minister at a particular meeting was used to appraise him of the challenges and issues that remain of concern to the AHPCSA and at which the Deputy Minister issued an apology for a lack of progress in these areas of concern. During the period under review, the AHPCSA, nor any other statutory health council, has been informed of any views that the Minister may have proffered around the areas of concern that have been raised. The AHPCSA looks forward to feedback from the Minister.

Of particular concern and a matter which has been reported to the NDOH for more than a decade is the question of persons practising allied health professions unlawfully, over which the AHPCSA has no legal jurisdiction. This matter will see
further interaction between the AHPCSA and the FSHC by the submission requesting that a special unit of the SAPS be established to tackle this particular task and closer links with the NPA.

We note that, during our interaction at the FSHC, many of the issues raised by the AHPCSA are common to other statutory health councils including, in particular, the question of illegal providers of education and training which requires closer interaction with the DHET. This, too, will be an area of concern for the new council.

B. NATIONAL HEALTH INSURANCE

In the period under review meeting was held with the NDOH to ascertain how the NHI will impact on the health industry. It is noted that the dental profession, in the form of its professional association, has indicated, with regret, that it appears that that profession will not see any substantive coverage by the NHI. In the case of allied health professions, it remains a challenge to provide to the NDOH proof of an evidence-based approach in the complementary health paradigm to substantiate why allied health professions should be accepted into the NHI.

Of concern, is the lack of response by the Minister of Health to the summary exclusion of the AHPCSA in OPERATION PHAKISA LAB and also the apparent unwillingness by the relevant civil service in the NDOH to receive the AHPCSA to provide reasons for the exclusion of the AHPCSA.

Notwithstanding, the AHPCSA expresses its gratitude in particular to Ms Mihloti Mushwana for her continued professional interaction with this council.

C. AHPCSA/MEDICINES CONTROL COUNCIL (MCC) INTERACTION

The AHPCSA continues to interact with the MCC on a regular basis to contribute substantively and comprehensively to the regulation of medicines in all allied health professions. The AHPCSA has welcomed the expanded and revised definition for a complementary medicine and agreed with the removal of the link to the legal scopes of practice of allied health professions as this would restrict the types of products that could be registered, such as, for example, the registration of any Tibetan medicine, where there is no such profession registered under the AHPCSA or under any other statutory health council. The AHPCSA has also provided the MCC with a revised list of reference texts for complementary medicine having taken due regard to the question of which specific medicines resort specifically under the various professions as per the legal scopes of practice.
The question of access to medicines by registered practitioners is an ongoing matter and expected to be finalised early in the first term of office of the new Council.

D. LEGAL

The Legislative Committee, a recently constituted sub-committee of Council, is currently reviewing all legal scopes of practice for submission to the Minister of Health. The legal scope of practice for Chiropractic and Osteopathy has been submitted, revised by the State Law Adviser and will be resubmitted by the AHPCSA given that it agrees with AHPCSA external legal counsel that the changes made by the State Law Adviser are inappropriate, even fatuous, in most respects.

All other scopes of practice are currently under revision and this, too, will be a matter for the new Council to take forward.

E. SOCIAL MEDIA

The AHPCSA took significant steps to become part of the social media world, via Facebook and Twitter, and it is encouraging that the number of persons visiting the AHPCSA Facebook page is growing steadily and currently stands at about 2000 persons. Social media is a valuable tool for the AHPCSA in communicating with its practitioners and members of the public alike.

F. PROVIDERS OF HIGHER EDUCATION AND TRAINING

Members of the Education Committee and professional boards are to be thanked for their continued engagement in this particular sphere to ensure that education and training is such that persons exiting with allied health professions qualifications do so with competency to enter the profession. Recently, a site visit was conducted at the University of the Western Cape and the final report will be provided to that institution at an imminent date for a meeting with the Deputy Vice Chancellor who is currently abroad. It is to be noted that significant challenges have been identified and the AHPCSA will continue to work with the UWC to ensure that qualifications are such that persons exiting with those will enter the professions with competency.

A site visit will be conducted towards the end of September at the Durban University of Technology for the professions of Chiropractic and Homeopathy.

A site visit, scheduled for March 2017, will be conducted at the University of Johannesburg for the professions of Chiropractic and Homeopathy. The AHPCSA has welcomed the change for the Department of Homeopathy to the Department
of Complementary Medicine and has also welcomed the intention of the University of Johannesburg to offer postgraduate diplomas in Phytotherapy and Acupuncture. The new Council will be required to review the content of these two diplomas, from an educational perspective, in 2017. Further engagement with University of Johannesburg is required to ascertain the status of the offering of the Compounding and Dispensing Licence course, which presents the AHPCSA with a significant challenge given that no such course is available for practitioners and is a legal requirement in terms of the Medicines and Related Substances Act (101/1965) against the background of the fact that practitioners overwhelmingly maintain dispensaries in which they compound and from which they dispense.

A review of the private providers of education and training should also be considered by the professional board and the new Council which is due for 2017 given that the last review took place in 2012.

The AHPCSA looks to future interaction with the CPUT which has also indicated its intention to offer a Compounding and Dispensing Licence course, as well as to offer diplomas in therapeutic reflexology and therapeutic massage therapy.

G. SUB-REGISTERS: THERAPEUTIC AROMATHERAPY AND THERAPEUTIC REFLEXOLOGY

A reply from the Minister of Health in this matter, a year after the matter had been raised, has created a legal hiatus which is due to a question of legal terminology. The AHPCSA will resubmit its application with terminology amended accordingly. It is to be regretted that the reply from the Minister of Health does not acknowledge a fundamental challenge for the AHPCSA around the question of persons practising allied health professions unlawfully.

H. COUNCIL HOUSE

I should like to express my thanks to the Registrar and Council House staff for the supporting role that they have played over the past five years towards ensuring that the AHPCSA has acted both legally and professionally which is, I believe, recognised by the NDOH.

The Registrar is to be congratulated for passing the first three semesters towards his M Phil (medical law and ethics) with distinction. The knowledge gained through this course has seen resonance in the approach to legal matters within Council and is to be welcomed. I believe that the dissertation will be of interest and contribute to the body of South African law.

We congratulate Ms Camille Terry on the birth of her daughter, albeit a premature birth, and we wish both mother and daughter well.
I. AHPCSA INTERACTION WITH THE NATIONAL DEPARTMENT OF HEALTH AND/OR THE MINSTER

Certain matters remain unresolved and we hope that the new Council will enjoy resolution of the various outstanding issues and better interaction with the Minister of Health and the NDOH.

J. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The AHPCSA, currently within the second cycle of CPD, has redressed outstanding issues from the first cycle and will continue to review this to ensure, especially for those professions for which CPD courses are not generally available, greater access and that all CPD courses are of the proper standard.

K. DEPARTMENT OF HIGHER EDUCATION AND TRAINING (DHET)

Of particular concern and a significant challenge for the AHPCSA, are those courses offered by unlawful institutions of education and training. In the case of the College of Natural Health (CNH), the AHPCSA liaised with the DHET in 2014 and this institution has now indicated that it has temporarily closed pending registration with the DHET, accreditation with the CHE, registration of the qualification with the SAQA and approval by the AHPCSA of its qualifications. The offer by the CNH to reimburse all persons who do not wish to continue studying further is to be welcomed, as is the recognition/acceptance of the legal jurisdiction of this Council in education and training relating to allied health professions.

I should like to express my thanks and gratitude to all councillors for the cooperation and collaboration over the past five years. I believe that, albeit possibly less speedy than one might have wished, good progress has been made in various spheres and it will be for the new council to build on progress that has been made.

I wish the new Council every success and may the engagement by all councillors, professional board members and committees on Council continue to achieve our mandate of regulating the professions and protecting the health of the people of South Africa.

MS SHARON DU RAAN
CHAIRPERSON: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA