June 2025

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QualiCare

Newsletter

STRONG POSSIBILITY THAT OHSC WILL NOT BE ABLE TO BEGIN PRACTICE INSPECTION OF GP PRACTICES FOR SOME TIME

Dear Colleagues,

6 June 2025

There is significant uncertainty about the future dates of General Practice inspections by the Office of Health Standards Compliance (OHSC).

Despite this, we have provided a shortened version of the two manuals released by OHSC for your perusal. Please use these shortened versions as a self-evaluation exercise for your practice.

We request that you inform us via email at pa@cpcqualicare.co.za , of any OHSC inspection criteria that you feel are unnecessary, excessive, or currently unachievable/unaffordable. We are in regular communication with both the OHSC and the National Department of Health, who are keen to receive our feedback.

Strong Possibility That OHSC Will Not Be .....continue to page 3

Inside this issue

Newsletter was Delayed to Ensure Comprehensive Information

QualiCare

GEORGE OPEN DAY EVENT 2025

SAVE THE DATE

- **Maximum CPD Points will be applied for**
- **Fun Atmosphere**
- **Great Food**
- **A chance to meet your colleagues, is GUARANTEED!!**

George Open Day

Date: ***19 July 2025***

Venue: PINE LODGE, Corner of Knysna Road and Madiba Drive, George East

It is important to note that OHSC inspectors are not currently conducting inspections in the field. If anyone claims to be from OHSC without presenting a full , signed inspection authority and letter of appointment and without a pre-arranged booking with your practice, they should be politely turned away and requested to obtain the prescribed documentation before being offered entry into your rooms.

Additionally, it has been reported that certain unidentified officials , allegedly from the Health Professions Council of South Africa (HPCSA) are visiting doctors in various areas.

Any inspector from the HPCSA must produce their full identification, letter of appointment, as well as a written reason for the appointment. Such inspections are only permitted to inspect your rooms in response to a complaint to the HPCSA or in terms of a magistrate's warrant.

HPCSA inspectors are not entitled to inspect labour documentation, workplace-specific documentation, Protection of Personal Information (POPI) documentation, or patient records, without a production a written document detailing a complaint that they are investigating against your practice. If they fail to provide the necessary documentation, they should be refused entry and asked to return with the relevant documents at a pre-approved time convenient to both yourself and the inspector.

Tony Behrman and the QC team

Strong Possibility That OHSC Will Not Be .....continue to page 4

Strong Possibility That OHSC Will Not Be .....continue from page 3

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Dear Shareholders & Members, 20 June 2025

Postponement in inspections and need to implement various criteria suggested by the OHSC manuals for GP PRACTICES?

I refer to the urgent announcement which we sent out by mass e-mail on the 4th of June 2025 concerning practice inspections by the Office of Health Standards Compliance.

The executive committee of the UFFP, on which I represent Qualicare doctors, dentists and Allieds, met with senior officials in the Department of Health on 05 05 2025, who explained that there was uncertainty as to the necessity of certain criteria required by general practitioners for compliance with the OHSC, as well as the date of implementation and the dates for future inspections.

There appears a possibility that the urgent information which was relayed to us on the 3rd of June 2025 by the OHSC, may have been premature, and that the full contents of the OHSC manual (which we dutifully distributed as a matter of urgency to you all), as well as the implementation and inspection dates are not yet cast in stone and may still need to be decided.

This is in contradistinction to what was relayed to us at the meeting with the OHSC on the 3rd of June 2025. It makes it extremely difficult for us to receive two 2 differing messages within 24 hours from various officials in, or interacting with, the Department of Health and is equally alarming, confusing, difficult and frustrating for you, as hard working General practitioners.

We WILL CONSTANTLY keep you informed up to the minute of any news and further developments regarding practice inspections and quality standards required by the OHSC, once we are given absolute clarity. Despite this, please diligently read and assimilate 2 summary documents of the OHSC documentation we have sent you and implement obvious needs into your practices whilst providing us with your input as to what you believe is necessary, nice to have, or totally unnecessary /unaffordable in general practice, and we will feed back to the OHSC accordingly.

Tony Behrman and the QC team

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Strong Possibility That OHSC Will Not Be .....continue to page 6

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References: 1. Current DoH price file. 2. Lawate P, et al; Effectiveness of Rabeprazole and Other Proton Pump Inhibitors in Managing GERD with Varying Severity: A Retrospective, Real-world EMR-based Study (POWER GERD Study); Journal of the Association of Physicians of India (2023): 10.59556/japi.71.0366.

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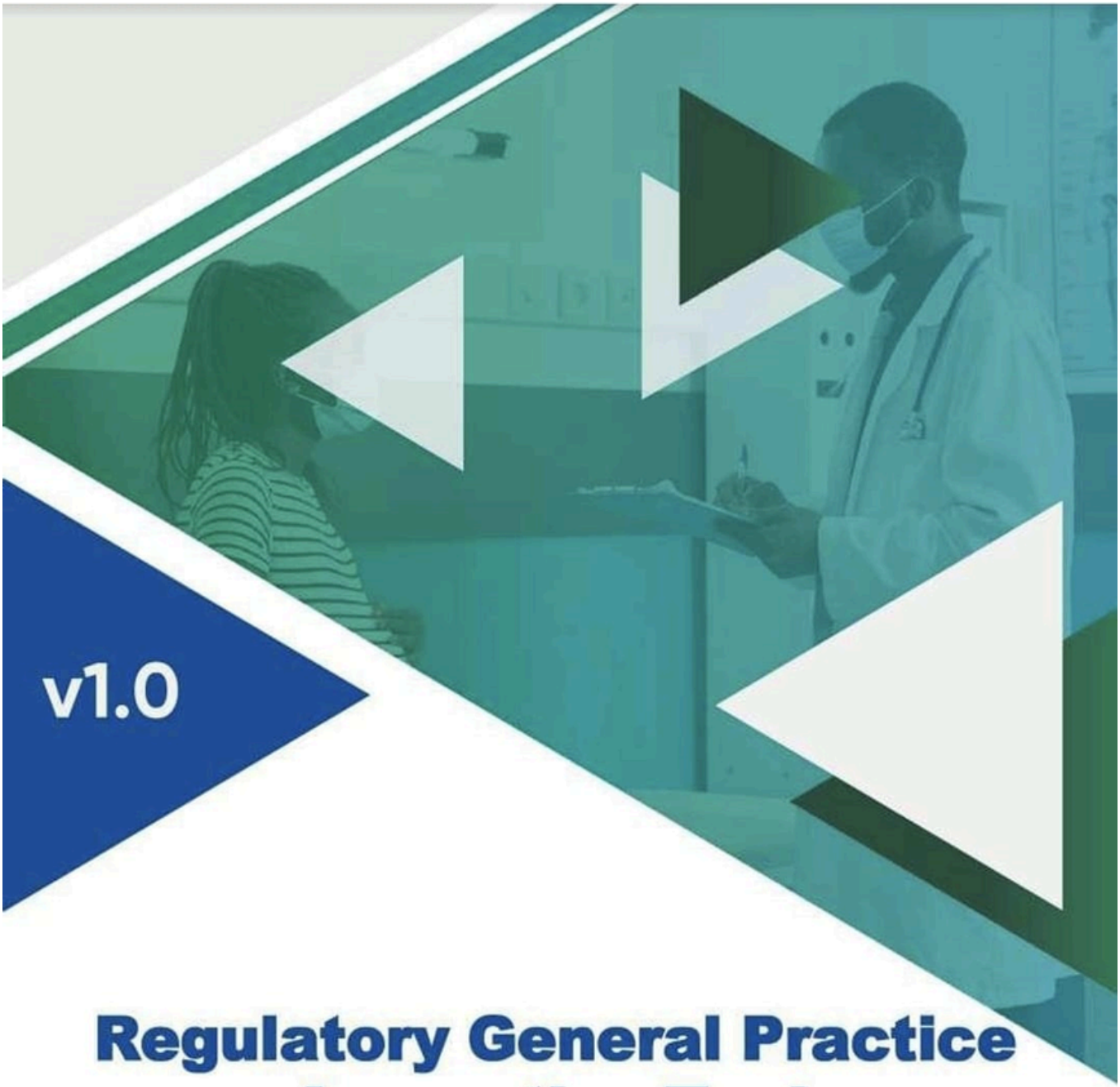

Regulatory General Practice Inspection Tool

Clinical Care and Support

OHSC
Office of Health Standards Compliance
Ensuring quality and safety in health care

Strong Possibility That OHSC Will Not Be .....continue to page 7

Name of Facility:
Inspection Date:

- **Tool Name:** Regulatory General Practice Inspection Tool V1.0 - Final
- **HEs Type:** General Practice
- **Sector:** Private
- **Specialization:** Group practice and Single/Solo practice
- **Created By:** Health Standards Development and Training

2 Clinical Care And Support

The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

The health establishment must provide users with information relating to the health care services provided by the health establishment.

2.1.1.1.1.1 Users are informed about services offered in the practice.

Assessment type: Observation - **Risk rating:** Essential measure
Information on services provided to users must be available. Services could include but is not limited to management of minor ailments, minor surgical procedures, chronic disease management, travel health, reproductive health and provision of SONARs. The information may be available or displayed at the entrance of a practice which is the sole occupant of a building, or in the foyer or waiting room of a practice that shares a building with other businesses. The information can be on a poster, manual or electronic notice board, booklets or pamphlets or a notice indicating that the information is available on the practice's website.
Not applicable: Never

The health establishment must provide users with information relating to service opening and closing times.

2.1.1.1.2.1 Users are informed about the practice operating hours.

Assessment type: Observation - **Risk rating:** Essential measure
The information can be displayed in the practice or available in booklets or pamphlets which are made available to users or a notice indicating the information is available on the practice's website.

The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

2.1.1.1.3.1 A system to provide users with information on the complaints management procedure is available.

Assessment type: Observation - **Risk rating:** Essential measure
There must be a system in place to inform users on the procedure for lodging complaints in the practice. The system could include but is not limited to information displayed within the practice informing users about the complaints procedure or where to access information about complaints procedure. This can be a manual or electronic system.

The health establishment must provide users with information relating to any fees that are payable for health care services, insofar it being practical to do so before the commencement of the provision of health care services.

2.1.1.1.4.1 Users are informed of indicative costs related to services provided by the practice prior to these costs being incurred.

Assessment type: Observation - **Risk rating:** Essential measure
This requirement refers to an indicative, not definitive cost and applies to interventions to be provided by the practice only including but not limited to assessment, investigation, management of their condition and any invasive procedures.
Routine costs, e.g. private consult tariff, consultation costs, can be communicated by means of a poster or notice at reception or a notice indicating the information about the costs on the practice's website. This notice can include a disclaimer indicating the user's responsibilities and additional costs should be communicated at the time that the service is recommended

Criterion 2.1.1.1.5 *4(2)(c)* The health establishment must display the results of user experience of care surveys conducted within the past twelve months.

2.1.1.1.5.1 Results of the user experience of care survey are displayed.

Assessment type: Observation - **Risk rating:** Essential measure

Domain 2.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 2.2.1 ***6*** User health records and management

Standard 2.2.1.1 ***6(1)*** The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 2.2.1.1.1 ***6(2)(a)*** **The health establishment must have a health record filing, archiving, disposing, storage and retrieval system which complies with the law.**

2.2.1.1.1.1 The health records are secured.

Assessment type: Observation - **Risk rating:** Essential measure
Observe if the health records are secured, this will include but not limited to a security gate which is lockable or access control measures, e.g. a tag/card, lockable cabinets. Electronic records must be safeguarded with passwords or any other security measures.

Criterion 2.2.1.1.2 ***6(2)(b)*** **The health establishment must ensure confidentiality of health records.**

2.2.1.1.2.1 The Protection of Personal Information Act (POPI Act) is displayed.

Assessment type: Observation - **Risk rating:** Essential measure
Observe whether the Protection of Personal Information Act (POPI Act) is displayed in the practice.
2.2.1.1.2.2 Confidentiality of health records is maintained.

Assessment type: Observation - **Risk rating:** Essential measure
Observe how user health records are managed in various areas within the practice and determine whether unauthorised individuals would be able to access the information in the health records. This will include the health records of users waiting to be seen, users who have already been seen but whose records have not yet been returned to the records storage area/room, health records being used for clinical audit or other administrative purposes, or health records outside the records storage area/room for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the record. Electronic records must be safeguarded with passwords or any other security measures.

Standard 2.2.1.2 ***6(3)*** The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 2.2.1.2.1 ***6(4)(a)*** **The health establishment must record the biographical data of the user and the identification and contact information of the user and his or her next of kin.**

2.2.1.2.1.1 Biographical, demographic and contact information of the user is recorded in the user health record.
Assessment type: Patient record audit - **Risk rating:** Essential measure
Select three health records of users who were seen at the time of inspection or records from the previous month and verify if the aspects listed below have been recorded. Score 1 if compliant and 0 if not compliant.

Unit 1 User Health Record 1

Aspects		
1. Name and surname		
2. Unique registration number. Explanatory note: This may include but is not limited to alphanumeric number, file number as used by the practice. The unique number can be generated manually or electronically.		
3. Gender/Sex		
4. Identification number or date of birth or passport number or refugee number		
5. Residential address		
6. User contact details		
7. Next of kin contact details		

8. Records should be kept in non-erasable ink and erasure fluid should not be used. Explanatory note: The requirement is in line with HPCSA Booklet 9 section 4.2. Not applicable where electronic records are used.		

Unit 2 User Health Record 2

Criterion 2.2.1.2.2 ***6(4)(b)*** **The health establishment must record information relating to the examination and health care interventions of users.**

2.2.1.2.2.1 The clinical assessment and management plan for the user is recorded in the user health record.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Select three health records of users who were seen at the time of inspection or records from the previous months and verify if the aspects listed below have been recorded. Score 1 if compliant and 0 if not compliant. Score not applicable for any aspects not applicable to the user. The requirement is in line with HPCSA Booklet 9 section 4.1 and section 4.2

Aspects		
1. Date of consultation		
2. Time of consultation.		
3. Allergies (where applicable)		
4. Assessment of the user's condition.		
5. Clinical management plan of the user		
6. Medication prescribed (where applicable).		
7. Details of referrals (where applicable).		
8. Adverse effects to treatment or medication (where applicable).		
9. Results of investigations requested. (where applicable).		
10. Follow-up requirements are agreed with users and documented in the user record (where applicable)		
11. Records should be kept in non-erasable ink and erasure fluid should not be used. Explanatory note: The requirement is in line with HPCSA Booklet 9 section 4.2. Not applicable where electronic records are used.		
12. Each entry signed by health care provider.		

Diagnostic investigation results are available in the user's health record.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Select health records of three users who have had investigations done in the previous three months and assess whether the results are available in the user's health record. Score 1 if the results are available and 0 if not available.
Manual or electronic health records are acceptable

2.2.1.2.2.2 diagnostic investigation results are reviewed by the doctor.

Assessment type: Patient record audit - **Risk rating:** Essential measure
Select health records of three users who were seen at the practice in the previous three months and verify whether the results were reviewed by the doctor. This will include but is not limited to signing the results or using a stamp or making notes in the record acknowledging the results. If using electronic systems, notes can be made indicating results have been reviewed.

This can include the reviewer's electronic signature indicating that they have accessed the result and provided instruction on further management, including no action required. Score 1 if the aspect is compliant and 0 if not compliant. Score not applicable if the investigations were not requested for the user. Manual or electronic health records are acceptable.

2.2.1.2.2.3 Users are informed about the results of diagnostic investigations.

Assessment type: Patient record audit - **Risk rating:** Essential measure
Select health records of three users who have had investigations done in the previous three months and assess whether evidence that the user has been informed about the results is available in the user's health record. Score 1 if compliant and 0 if not compliant.

2.2.1.2.2.4 Action required in response to diagnostic investigation results is documented.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Select records of three users who have had investigations done in the previous three months and assess whether evidence of action required has been documented in the user's health record. Score 1 if the aspect is available and 0 if it is not available. Score not applicable if the investigations did not require any further action.

Standard 2.2.1.3 ***6(5)*** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 2.2.1.3.1 ***6*** **A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).**

2.2.1.3.1.1 Informed consent forms are completed correctly.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Select three health records of users who were seen at the time of inspection or health records from the previous three months. Verify whether an informed consent was signed for each invasive procedure or treatment. Check whether the details listed below are recorded on the consent forms. Score 1 if is recorded and 0 if it is not recorded.

Sub Domain 2.2.2 ***7*** Clinical management

Standard 2.2.2.1 ***7(1)*** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 2.2.2.1.1 ***7(2)(a)*** **The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.**

2.2.2.1.1.1 Clinical guidelines are available in consultation rooms.

Assessment type: Document - **Risk rating:** Essential measure
This includes but is not limited to National Department of Health clinical guidelines or other evidence-based clinical guidelines. Check the consulting room(s) for the availability of the latest clinical guidelines. Guidelines can also be available electronically or via electronic application.
Not applicable: Never

Standard 2.2.2.2 ***7(2)*** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 2.2.2.2.1 ***7*** **The health establishment implements process to ensure environmental cleanliness.**

2.2.2.2.1.1 Disinfectants, cleaning materials and equipment are available.

Assessment type: Observation - **Risk rating:** Essential measure

Check the available cleaning materials. Score 1 if the item is available and 0 if it is not available. Score not applicable if the item is not part of the routine supplies of the practice.

Aspects		
Disinfectant and cleaning materials		
1. Chlorine releasing agent - hypochlorite (e.g. Biocide D or Clorox)		
2. Alcohol based agent (70%-90%)		

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3. Detergents – neutral pH
4. Cleaning solutions are labelled
Cleaning equipment
5. Colour labelled mop - Red for toilets and bathrooms
6. Colour labelled mop - Blue for Clinical and non-clinical service areas
7. Mop labelled for cleaning exterior areas (where applicable)
8. Green bucket and cloths for bathroom and consulting room hand washing basins
9. Red bucket and cloths for toilet
10. White cloths for kitchen
11. Blue bucket and cloths for clinical areas and non-clinical service areas
12. Mop sweeper or soft-platform broom

2.2.2.2.1.2 The practice is observed to be clean.

Assessment type: Observation - **Risk rating:** Vital measure
Observe general cleanliness in all areas of the practice. Cleanliness could include but not limited to whether the area is free of dirt and dust.
Not applicable: Never

Criterion 2.2.2.2.2 *7* Users are involved in decision-making in relation to their care.

2.2.2.2.2.1 Users are informed of their diagnosis.

Assessment type: Patient interview - **Risk rating:** Essential measure
Interview three users who have been seen by the general practitioner and verify whether they have been informed about their diagnosis. This can be a working diagnosis where a definitive diagnosis is not yet established. Score 1 if user was informed and 0 if not informed.

Criterion 2.2.2.2.3 *7* The practice must have systems in place to ensure users requiring resuscitation receive an immediate response by health care providers trained in resuscitation .

2.2.2.2.3.1 Emergency bag or trolley is stocked with medicines, medical supplies and equipment.

Assessment type: Observation - **Risk rating:** Non negotiable measure

Inspect the contents of the emergency bag or emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (where applicable) and score 0 if the aspect is not available, not functional or expired (where applicable).

Aspects		
Devices to open and protect airway.		
1. Oropharyngeal airway (a minimum of two different sizes one for adult and one for paediatric users)		

Strong Possibility That OHSC Will Not Be .....continue to page 13

Devices to deliver oxygen/ventilate users.		
2. Oxygen cylinder or oxygen concentrator x1		
3. Manual resuscitator device or bag and valve mask (adult) x1		
4. Manual resuscitator device or bag and valve mask (paediatric) x1		
5. Oxygen Masks - re-breather (adult) x1		
6. Oxygen Mask - re-breather (paediatric) x1		
7. Nebulising mask (Adult) x1		
8. Nebulising mask (Paediatric) x1		
9. Pulse oximeter (must be available in the vicinity not necessarily on the trolley) x1		
Devices to gain intravascular access and administer intravenous fluids		
10. Intravenous administration sets x2 sets		
11. Intravenous cannulae (a minimum of three different sizes that accommodate both adult and paediatric users)		
12. NaCl 0,9% IV solution 1000ml (a minimum of x1 vaculiter)		
13. Ringers or Balsol IV solution 1000ml (a minimum of x1 vaculiter)		
14. Half Darrows solution 200ml or 500 ml (a minimum of x1 vaculiter)		
Equipment to provide cardiac compressions		
15. Cardiac resuscitation board x1		
Medicine: Emergency treatment for anaphylaxis/initiating resuscitation		
16. Adrenaline 1mg ampoule (a minimum of x1 ampoule)		
17. Water for injection 10ml (a minimum of x1 ampoule)		
18. Hydrocortisone 100mg/2ml (a minimum of x1 ampoule)		
19. Promethazine 25mg/ml or 2ml ampoule. Explanatory note: This can be stored in a schedule 5 lockable cupboard or Doctors bag (a minimum of x1 ampoule).		
20. Aspirin 300mg tablet (a minimum of x1 tablet)		
21. Salbutamol inhalation ampules (a minimum of x1 ampoule)		
22. Diazepam 10 mg ampoule or other suitable Benzodiazepine. Explanatory note: This can be stored in a schedule 5 lockable cupboard or Doctors bag) (a minimum of x1 ampoule)		

23. Dextrose 5% 50ml or 100ml or 200ml (a minimum of x1 vaculiter)		
24. Naloxone 0,4mg ampoule (a minimum of x1 ampoule)		

2.2.2.2.3.2 Medical supplies and equipment for emergency care are available.

Assessment type: Observation - **Risk rating:** Vital measure
Inspect whether medical supplies and equipment used for emergency care are available. The items may be available in the emergency bag or trolley or vicinity of the bag or trolley. Score 1 if the aspect listed is available and not expired (where applicable) and score 0 if the aspect is not available or expired (where applicable).

Aspects		
1. Gloves		
2. Syringes (a minimum of two syringes of any size,2ml or 5ml or 10ml or 20ml)		
3. Needles (a minimum of three different sizes that accommodate both adult and paediatric users)		
4. Alcohol swab		
5. Plaster to secure intravenous cannulae		
6. Resuscitation protocol or Resuscitation Algorithm		
Equipment to diagnose and treat cardiac dysrhythmias and cardiac arrest		
7. Automated External Defibrillator (AED) or defibrillator with pads, paddles and electrodes		

2.2.2.2.3.3 The emergency bag or emergency trolley and emergency equipment are checked.

Assessment type: Document - **Risk rating:** Vital measure
Request a documented practice for checking the emergency bag or emergency trolley and emergency equipment. Verify whether it is checked in line with the documented practice. This must also include checking of the defibrillator/Automated External Defibrillator. Request records from the previous month. In the event that the Automated External Defibrillator is locked and serviced by an online service centre ,the documentation from the service centre must be requested for the previous month.
Not applicable: Never

Sub Domain 2.2.3 ***8*** Infection prevention and control programmes

Standard 2.2.3.1 ***8(1)*** The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 2.2.3.1.1 ***8(2)(a)*** **The health establishment must ensure that there are hand washing facilities in every service area.**

2.2.3.1.1.1 Hand washing facilities are available.

Assessment type: Observation - **Risk rating:** Vital measure
Select three different service areas in the practice and use the checklist below to check whether the hand washing facilities and items listed below are available. Score 1 if the aspect is available and score 0 if the aspect is not available.
Score not applicable if the health establishment has fewer areas than those listed for review.

Unit 1 Area 1

Aspects		
1. Functional hand wash basin. Explanatory note: The basin should not be blocked, broken or have cracks.		

Strong Possibility That OHSC Will Not Be .....continue to page 15

2. Taps are functional and not broken.		
3. Plain liquid soap or wall - mounted soap dispenser.		
4. Paper towel dispenser with disposable hand paper towels		
5. General waste container. Explanatory note: This could be disposable or reusable vessels or bins in which waste is placed and must have an appropriate liner.		

2.2.3.1.1.2 An alcohol-based hand rub is available.

Assessment type: Observation - **Risk rating:** Vital measure
Select three user care areas and observe whether alcohol-based hand rub is available. Score 1 if available and 0 if not available. Where the practice has less than three areas only assess the number of available areas and score not applicable for the other aspects.

2.2.3.1.1.3 Posters on hand hygiene are displayed.

Assessment type: Observation - **Risk rating:** Essential measure
Select three user care areas and observe whether posters on hand hygiene are displayed. This could be a single hand hygiene poster or individual posters for hand washing or correct use of alcohol-based hand rub. The posters must be laminated or framed. Score 1 if available and 0 if not available. Where the practice has less than three areas only assess the number of available areas and score not applicable for the other aspects.

Criterion 2.2.3.1.2 *8(2)(c)* The health establishment must ensure there is clean linen to meet the needs of users.

2.2.3.1.2.1 Clean linen is available in the practice.

Assessment type: Observation - **Risk rating:** Essential measure
Check whether clean linen is available as determined by the practice requirements. This can be cloth or disposable linen.
Not applicable: Never

2.2.3.1.2.2 There is a designated area or cupboard for storage of clean linen.

Assessment type: Observation - **Risk rating:** Essential measure
Observe if there is a dedicated area for storage of clean linen.
Not applicable: Never

2.2.3.1.2.3 The practice has a designated area for the temporary storage of dirty linen.

Assessment type: Observation - **Risk rating:** Essential measure
This is only required where the practice uses cloth linen.
Not applicable: Where only disposable linen is used.

Criterion 2.2.3.1.3 *8(2)(d)* The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

2.2.3.1.3.1 Health care personnel are informed about prophylactic immunisations for high-risk infections.

Assessment type: Staff interview - **Risk rating:** Essential measure
Interview three health care personnel to establish their awareness of the procedure to follow for accessing prophylactic immunisations for high-risk infections. Score 1 if complaint and score 0 if not compliant. Where the practice has less than three health care personnel available score not applicable for the other aspects.

Criterion 2.2.3.1.4 *8* Decontamination processes provide safe, effective decontamination of medical devices.

2.2.3.1.4.1 Health care personnel responsible for decontamination can explain the procedure.

Assessment type: Staff interview - **Risk rating:** Essential measure
Interview three health care personnel responsible for decontamination and ask them to describe how they perform decontamination of instruments from start to finish. Score 1 if the aspect is described and 0 if not described.

Strong Possibility That OHSC Will Not Be .....continue to page 16

Score not applicable where decontamination is outsourced or in practices that utilise single use disposable instruments.

Unit 1 Health care personnel 1

Aspects		
1. Personal protective equipment to be worn.		
2. Clean sink or bowel to be filled with water and detergent.		
3. Detergent solution to be constituted and replaced in accordance with manufacturer's instructions. Explanatory note: Detergent to disinfect instruments should be used.		
4. Instruments to be fully immersed in solution.		
5. Instruments to be brushed, to remove all visible material. Explanatory note: These actions must be performed while holding the instruments under water to prevent splash injury to the health care provider/worker.		
6. Instruments to be rinsed.		
7. Instruments to be dried before disinfecting.		
8. Sterile packaging to be done according to procedure.		
9. In-pack chemical indicator to be placed in all sets and towels.		
10. Tracking system indicators to be marked on packs and sets.		
11. Packing is done in wraps or containers according to the manufacturer's instructions and SANS standards (ISO 11607)		
12. Storage to ensure the integrity of materials. Explanatory note: The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture.		

Sub Domain 2.2.4 ***9*** Waste management

Standard 2.2.4.1 ***9(1)*** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 2.2.4.1.1 ***9(2)(b)*** **The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

2.2.4.1.1.1 Health care waste is managed in line with waste management practices.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether health care risk waste is managed as required. Score 1 if the aspect is compliant and score 0 if it is not compliant.

Unit 1 Consulting Room

Aspects		
1. Health care risk waste disposal bins with functional lid or health care risk waste box.		

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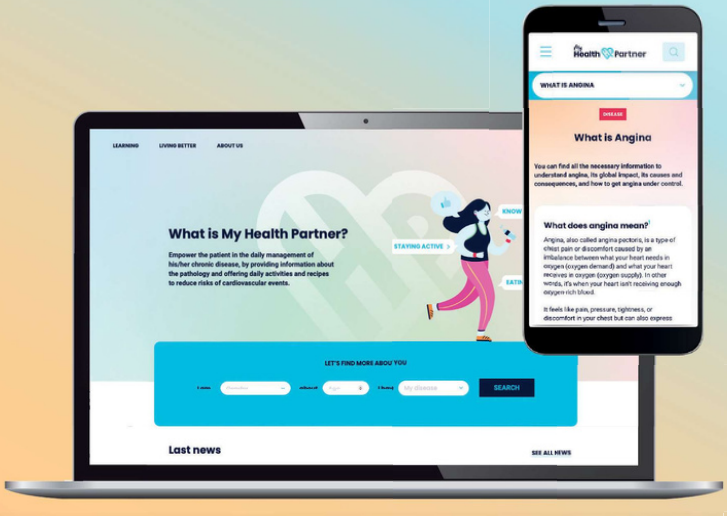

Angina | Diabetes | Heart Failure | High Cholesterol | Hypertension

2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		
4. Sharps container. Explanatory note: Sharps are disposed of in impenetrable, tamperproof containers that is not overflowing.		
5. Expired or obsolete medicine is placed in a dark green container marked with the words "Pharmaceutical waste liquid or solid. Explanatory note: The container can also be located in the Medicine storage or dispensing area.		
6. General waste container. Explanatory note: This could be disposable or reusable vessels or bins in which waste is placed and must have an appropriate liner (black, beige, white, or transparent packaging can be used)		

Bathroom

Aspects		
1. Sanitary bins (box or container)		
2. General waste container. Explanatory note: This could be disposable or reusable vessels or bins in which waste is placed and must have an appropriate liner (black, beige, white, or transparent packaging can be used)		

Domain 2.3 CLINICAL SUPPORT SERVICES

Sub Domain 2.3.1 *10* Medicines and medical supplies

Standard 2.3.1.1 *10(1)* The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 2.3.1.1.1 *10(2)(a)* The health establishment must implement and maintain a stock control system for medicine and medical supplies.

2.3.1.1.1.1 The practice has a system to order medicines and medical supplies.

Assessment type: Observation - **Risk rating:** Essential measure
Observe if there is a system to order medicine and medical supplies in place. The system can be manual or electronic.
Score 1 if compliant and 0 if not compliant.

2.3.1.1.1.2 The practice monitors stock levels of medical supplies.

Assessment type: Observation - **Risk rating:** Vital measure
Randomly sample three items held as stock and verify whether minimum, maximum, and/or reorder levels are documented. The levels must be recorded on the bin cards, or any other system used by the practice. The system may be manual or electronic. Score 1 if compliant and 0 if not compliant.

2.3.1.1.1.3 The practice monitors stock levels of medicine.

Assessment type: Observation - **Risk rating:** Vital measure
Randomly sample three medicines held as stock and verify whether minimum, maximum and/or reorder levels are documented. The levels must be recorded on the bin cards, or any other system used by the practice. In non-dispensing practices, this will be the emergency medicines held as stock. The system may be manual or electronic. Score 1 if compliant and 0 if not compliant.

Criterion 2.3.1.1.2 ***10(2)(b)*** **The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

2.3.1.1.2.1 Medicines are available in the practice.

Assessment type: Observation - **Risk rating:** Vital measure
Request the list of medicines for the practice. In non-dispensing practices, this will be the emergency medicines held as stock. Randomly sample five items and check whether the medicines are available and not expired. Document the names of the non-compliant medicine that was sampled. Should medicines be out of stock, substitutions will be accepted where medicine list or guidelines used by the practice recommends equivalent medicines for treatment. Score 1 if the sampled items are available and not expired and score 0 if not available or expired or if there is no list of medicines available.

2.3.1.1.2.2 There is no repackaging of medicines on the practice premises.

Assessment type: Observation - **Risk rating:** Vital measure
Check whether there is no repackaging of medicine for dispensing purposes in the practice. Reference: Medicines and Related Substances Act, 1965 General Regulations 22(4) d.
Not applicable: Where the practice does not dispense medication.

2.3.1.1.2.3 Cold chain for thermolabile medicines is maintained.

Assessment type: Observation - **Risk rating:** Vital measure
Use the checklist below to verify whether the cold chain for thermolabile medicines are maintained. Score 1 if compliant with the aspect below and 0 if not compliant. Score not applicable where the practice does not keep thermolabile medicine.

Aspects		
1. Medicine refrigerator is available. Explanatory note: The medicine fridge must not contain any food items or beverages.		
2. The temperature of the refrigerator is monitored. Explanatory note: The temperature of the refrigerator must be monitored twice a day, 7-12 hours apart, and maintained between 2 and 8 degrees Celsius. The temperature monitoring could be done manually or using an electronic device and should be recorded. Check records from the previous three months, for electronic monitoring historic readings must be made available for review.		

2.3.1.1.2.4 Basic medical supplies (consumables) are available.

Assessment type: Observation - **Risk rating:** Vital measure

Observe whether the items listed below are available and not expired (where applicable). Document the names of the non-compliant items. Score 1 if the item is available and not expired (where applicable) and 0 if not available or expired.

Aspects		
1. Non-sterile gloves		
2. Sterile gloves. Explanatory note: Only applicable where sterile procedures are performed.		
3. Disposable gowns or aprons		
4. N95 or KN95 or FFP2 respirators or approved equivalent		
5. Oxygen face mask or reservoir mask or nasal cannula (prongs) for oxygen		
6. Nebuliser mask (Adult)		

7. Nebuliser mask (Paediatric)		
8. Intravenous cannulae		
9. Intravenous administration set		
10. Suture material		
11. Basic dressing pack		
12. Scalpel blades		
13. Disposable eye patches		
14. Gauze swabs		
15. Cotton wool balls		
16. Bandage crepe		
17. Alcohol swabs		
18. Syringes		
19. Needles		
20. Plaster roll or Adhesive micro-porous surgical tape		
21. Spatula		
22. Lancets		
23. Blood glucose strips		
24. Urine dipsticks		
25. Pregnancy tests		
26. Urine specimen jar or flask		
27. Vacutainer blood collection tubes. Explanatory note: Not applicable where phlebotomy is not done at the practice.		
28. Venepuncture needles. Explanatory note: Not applicable where phlebotomy is not done at the practice.		
29. Vacutainer needle holder. Explanatory note: Not applicable where phlebotomy is not done at the practice.		
30. Pap smear collection materials. Explanatory note: Not applicable where pap smear is not done at the practice.		

Criterion 2.3.1.1.3 *10* The practice must implement controls for the management, recording and distribution of medicines listed in Schedules 5 and 6 of the Medicines and Related Substances Act.

2.3.1.1.3.1 Schedule 5 and 6 medication storage area is kept locked.

Assessment type: Observation - **Risk rating:** Vital measure
Observe whether the schedule 5 and 6 medication storage area is kept locked.
Not applicable: Where the practice does not keep schedule 5 or schedule 6 medicine.

2.3.1.1.3.2 The entries in the schedule 5 and 6 drug register are complete.

Assessment type: Document - **Risk rating:** Vital measure
All columns in the registers must be completed comprehensively. Any omitted information noted during the review of the register will result in a non-compliant score. Verify whether all sections of the register have been completed. In a solo practice there might not be another health care provider to counter sign the entries.
Not applicable: Where the practice does not keep schedule 5 or schedule 6 medicine.

2.3.1.1.3.3 Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.

Assessment type: Observation - **Risk rating:** Vital measure
Randomly sample three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 1 if there is correspondence 0 if not. Score not applicable where the practice does not keep schedule 5 or schedule 6 medicine.

Criterion 2.3.1.1.4 *10* Medicines must be stored and managed in compliance with the Pharmacy Act 53 of 1974, the Medicines and Related Substances Act 101 of 1965 and the relevant rules and regulations.

2.3.1.1.4.1 Medicines in the practice are stored and managed in accordance with Good Pharmacy Practice in South Africa.

Assessment type: Observation - **Risk rating:** Vital measure
Check whether the practice complies with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant.

Criterion 2.3.1.1.5 *10* The practice must ensure that medication is prescribed in accordance with legislation and best practice guidelines.

2.3.1.1.5.1 Users are informed about their medicines.

Assessment type: Patient interview - **Risk rating:** Vital measure
Interview three users who have received medicines and verify whether they have been informed about the aspects listed below. Score 1 if user was informed and 0 if not informed. Score not applicable if the practice does not dispense medicine.

Unit 1 User 1

Aspects		
1. The user is informed about what each medicine is for.		
2. The user is informed when to take the medicine.		
3. The user is informed about how to take each medication (the route)		
4. The user is informed whether to take the medicine with or without food.		
5. The user is informed about the most common side-effects they could expect from the medicine		
6. The user is provided with an opportunity to ask any questions or discuss any concerns about their medicine.		

Criterion 2.3.1.1.6 *10* The practice ensures that medication is dispensed in accordance with legislation, and to minimise the risk of user harm.

2.3.1.1.6.1 Medicines dispensed for users are labelled as per applicable legislation.

Assessment type: Observation - **Risk rating:** Vital measure
Request permission from three users to assess the medicine that has been dispensed to them on the day of the inspection. Verify whether the medicine dispensed complies with the requirements listed below.

Score 1 if the aspect is compliant and 0 if not compliant. Score not applicable if the practice does not dispense medicine.

Unit 1 User 1

Aspects		
1. The label includes the name of the user		
2. The label includes the name of the medicine.		
3. The label includes the strength of the medicine.		
4. The label includes the dosage of the medicine		
5. The label includes the route of administration for the medicine		
6. The label includes the frequency with which the medicine should be taken		
7. The label includes the duration for which the medicine should be taken (where applicable)		
8. The expiry date of the medicine is visible.		

2.3.1.1.6.2 Medicines are dispensed by licensed health care providers.

Assessment type: Observation - **Risk rating:** Vital measure
Observe whether medicine is dispensed to users by a licensed health care provider in terms of Medicines and Related Substances Act, 1965 General Regulations section 14(4).
Not applicable: Where the practice does not dispense medication.

Sub Domain 2.3.2 ***13*** Medical equipment

Standard 2.3.2.1 ***13(1)*** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 2.3.2.1.1 ***13(2)(b)*** **The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.**

2.3.2.1.1.1 Functional medical equipment is available.

Assessment type: Observation - **Risk rating:** Vital measure
Use the checklist below to check whether medical equipment is available and functional in the practice. Score 1 if the item listed is available and functional and score 0 if it is not available or functional.

Aspects		
Essential basic equipment: Explanatory note: The basic equipment listed in this section must be available in the practice.		
1. Stethoscope		
2. Blood pressure machine (manual or electronic/digital)		
3. Stadiometer (to measure height)		
4. Adult weighing scale		
5. Baby weighing scale		
6. Diagnostic sets, including ophthalmic pieces (wall-mounted or portable)		
7. Tape measure		

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8. Thermometer		
9. Gestation calculator (Manual or electronic).		
10. Foetal stethoscope or handheld Doppler or Sonar		
11. Eye chart (Snellen or equivalent), alphabet/illiterate		
12. Patella hammer		
13. Tuning fork		
14. Cusco speculum or disposable vaginal speculum. Explanatory note: Not applicable where the practice does not provide cervical screening services. Where a Cusco speculum is used an autoclave or SLA with sterilisation services should be available		
15. Examination couch/table		
16. Bed steps		
17. Peak flow meter-adult		
18. Peak flow meter-paediatric		
19. Nebuliser machine. Explanatory note: Not applicable in the event that oxygen is used to connect the nebulising mask to administer medication		
20. Glucometer		
Equipment for minor surgical procedures. Explanatory note: Score not applicable for equipment not utilised or required in the practice.		
21. Ceiling or wall mounted or portable examination light.		
22. Suture pack		
23. Dressing cart/trolley		
24. Electrocautery machine		
25. Forceps		
26. Suture holder		
27. Swab holder		
28. Scalpel/BP handle		

Domain 2.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 2.5.2 ***14*** Management of buildings and grounds

Standard 2.5.2.1 ***14(1)*** The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 2.5.2.1.1 ***14(2)(a)*** **The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.**

2.5.2.1.1.1 Fire extinguishing devices are serviced.

Assessment type: Observation - **Risk rating:** Vital measure
Each fire extinguishing device must be serviced annually and should have a label indicating the date that it was serviced and the date that the next service is due.
Not applicable: Never

Criterion 2.5.2.1.2 ***14(2)(b)*** **The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.**

2.5.2.1.2.1 The practice building is maintained.

Assessment type: Observation - **Risk rating:** Vital measure
Observe the condition of the various areas of the building(s) using the aspects listed below. Score 1 if compliant and score 0 if not compliant. Score not applicable if the health establishment does not have the listed areas or the aspects.

Aspects		
1. Walls are intact and not damaged		
2. The ceiling is intact and not damaged.		
3. Gutters or PVC pipes are intact and not damaged.		
4. The doors are in working condition and not damaged.		
5. Lights are functional and not broken.		
6. Windows are in working condition (Glass or handles are not broken).		
7. The floor is intact and not damaged.		
8. The toilets are functional and not broken.		

Criterion 2.5.2.1.3 ***14(2)(d)*** **The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.**

2.5.2.1.3.1 The practice has natural ventilation or functional mechanical ventilation.

Assessment type: Observation - **Risk rating:** Vital measure
Observe if all areas of the practice have passive ventilation (windows and doors that can be opened or ventilation grilles) or functional mechanical ventilation (i.e. Ducting system).
Not applicable: Never

Sub Domain 2.5.3 ***15*** Engineering services

Standard 2.5.3.1 ***15(1)*** The health establishment must ensure that engineering services are in place.

Criterion 2.5.3.1.1 ***15(2)*** **The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

2.5.3.1.1.1 The practice has a functional piped water supply system.

Assessment type: Observation - **Risk rating:** Vital measure
The water supply for the practice must be connected to the reticulation system.
Not applicable: Never

2.5.3.1.1.2 Emergency water supply is available.

Assessment type: Observation - **Risk rating:** Vital measure
Emergency water supply must always be available in case of water supply interruptions. Water can be made available through but not limited to containers with lids or water tanks e.g. JoJo tank, Roto tank or water supplied by service providers).
Not applicable: Never

2.5.3.1.1.3 The sewerage system is functional.

Assessment type: Observation - **Risk rating:** Vital measure
Rudimentary visual inspections of the sewerage system are carried out to check if there are no overflowing sewerage drains, leaking pipes or other potential hazards.
Not applicable: Never

2.5.3.1.1.4 An oxygen cylinder is available in the practice.

Assessment type: Observation - **Risk rating:** Non-negotiable measure
Verify whether an oxygen cylinder with a functional gauge is available, oxygen levels must not be below the minimum level indicated in the gauge.
Not applicable: Where an oxygen concentrator is used

2.5.3.1.1.5 Oxygen concentrator is available and functional.

Assessment type: Observation - **Risk rating:** Non-negotiable measure
Please note that where an oxygen concentrator is used, a backup electricity supply must be available to ensure that the unit will be functional during interruptions in electricity supply.
Not applicable: Where oxygen cylinders are used.

Sub Domain 2.5.1 *17* Security services

Standard 2.5.1.1 *17(1)* The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 2.5.1.1.1 *17(2)(a)* The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

2.5.1.1.1.1 Systems are in place to ensure safety in the practice.

Assessment type: Observation - **Risk rating:** Essential measure
Verify whether a security system is in place. Security systems could include but are not limited to physical security personnel or systems (security gate with controlled access, boom gates, biometrics, contracted armed response).

Regulatory General Practice Inspection Tool

Administration and Practice Management

OHSC

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1 Administration And Practice Management

Strong Possibility That OHSC Will Not Be .....continue to page 28

Domain 1.1 USER RIGHTS

Sub Domain 1.1.1 *4* User information

Standard 1.1.1.1 *4(1)* The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 1.1.1.1.1 *4(2)(a)(iv)* The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

1.1.1.1.1.1 A standard operating procedure for the management of complaints is available

Assessment type: Document - **Risk rating:** Essential measure

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Aspects	Score	Comment
1. The mechanism(s) by which users can report a complaint.		
2. The information to be collected to document the complaint.		
3. The procedure for investigating complaints.		
4. The procedure for redress of complainants.		

1.1.1.1.1.2 Complaints are logged in a register

Assessment type: Document - **Risk rating:** Vital measure

Aspects	Score	Comment

1.1.1.1.1.3 Complainants are informed about the complaint's resolution

Assessment type: Document - **Risk rating:** Vital measure

Select three records of resolved complaints from the previous twelve months. Verify whether a record of the communication of the resolution of the complaint to the complainant is available. This could include but is not limited to a written letter or email or report on the outcome of the investigation. Score 1 if the documentation is available and 0 if not available. Score not applicable if there were no complaints received in the previous twelve months.

Sub Domain 1.1.2 *5* Access to care

Standard 1.1.2.1 *5(1)* The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 1.1.2.1.1 *5(2)(a)* The health establishment must implement a system of triage.

1.1.2.1.1.1 A standard operating procedure to prioritise users requiring urgent care is available.

Assessment type: Document - **Risk rating:** Vital measure

1. The prioritisation procedure is described.		
2. The manner of communication of the prioritisation procedure to users is described. Explanatory note: The manner of communication could include amongst others: a notice displayed in waiting areas or on notice boards informing users; an electronic display or it can be any other process.		

Domain 1.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Strong Possibility That OHSC Will Not Be .....continue to page 30

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Sub Domain 1.2.1 *6* User health records and management

Standard 1.2.1.1 *6(1)* The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 1.2.1.1.1 *6(2)(a)* The health establishment must have a health record filing, archiving, disposing, storage and retrieval system which complies with the law.

1.2.1.1.1.1 A standard operating procedure for health records management is available.

Assessment type: Document - **Risk rating:** Essential measure

1. Filing of the health record.		
2. Maintaining confidentiality and security of user health records. Explanatory note: This requirement must comply with legislative prescripts, where these are available, and minimum standards specified in government policies and guidelines. Please note this will apply to all IT systems where user information is stored and not only the electronic health record. Electronic records must be safeguarded with passwords or any other security measures.		
3. Duration of retention of health records. Explanatory note: This requirement must comply with legislative prescripts e.g. The HPCSA Booklet 9, National Health Act section 13, and Protection of Personal Information Act Section 14. In addition, further guidance is given in Medical Records in South Africa: An MPS Guide Appendix 1: Retention and Destruction of Records. S Anthony June 2016 MPS.		
4. User access to their health records.		
5. The preparation and release of health record documentation to third parties. Explanatory note: This section must include signed consent by the user for the information to be released to the requesting third party, prior to the release of the information.		
6. The archiving of health records. Explanatory note: Not applicable where no manual records are in use.		
7. The disposal of health records. Explanatory note: Confidentiality of the records must be maintained, whether the disposal or destruction is done internally or by a contracted service provider. Reference: Medical Records in South Africa: An MPS Guide Appendix 1: Retention and Destruction of Records. S Anthony June 2016 MPS. Not applicable where no manual records are in use.		

1.2.1.1.1.2 Healthcare personnel responsible for records management have received training or orientation in the management of health records.

Assessment type: Document - **Risk rating:** Essential measure

Request training or orientation records for the previous twelve months and verify if training or refresher training or orientation on health records management has been conducted for health care personnel. Evidence must include an attendance register. This can be manual or electronic. Score 1 if compliant and 0 if not compliant. Score not applicable where there has been no new/revised records management guidelines or newly appointed health care personnel in the previous twelve months.

1.2.1.1.1.3 Health records are archived and disposed of in line with HPCSA guidelines.

Assessment type: Document - **Risk rating:** Essential measure

Archiving or disposal of health records in the practice must comply with requirements of HPCSA Booklet 9; section 9 (Duration for

Strong Possibility That OHSC Will Not Be .....continue to page 31

the retention of health records).
. Score not applicable where electronic records are used or where the medical practice has been operational for less than six (6) years.

Aspects	Score	Comment
1. A register of archived records is available.		
2. A register of disposed records is available		
3. A copy of the disposal certificates is available		

Standard 1.2.1.2 ***6(5)*** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 1.2.1.2.1 ***6*** **A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).**

1.2.1.2.1.1 A standard operating procedure for obtaining informed consent is available.

Aspects	Score	Comment
1. Procedure for obtaining consent (this will include obtaining consent during an emergency).		
2. Information to be provided to the user. Explanatory note: This will include but is not limited to nature of the procedure, risks, benefits, probability of success, costs, consequences and follow up care.		
3. Legal standing to give informed consent. Explanatory note: Legal standing refers to the user's mental capacity to provide consent or the legal authority of the person providing consent on behalf of the user where the user does not have the mental capacity to provide consent, as defined in HPCSA Booklet 9.		
4. Procedure to review consent.		

Assessment type: Document - **Risk rating:** Essential measure

Sub Domain 1.2.2 ***7*** Clinical management

Standard 1.2.2.1 ***7(1)*** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 1.2.2.1.1 ***7(2)(a)*** **The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.**

1.2.2.1.1.1 Healthcare providers are informed about clinical policies and guidelines.

Assessment type: Document - **Risk rating:** Essential measure

Standard 1.2.2.2 ***7(2)*** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 1.2.2.2.1 ***7*** **The practice must implement measures and processes to protect users undergoing invasive procedures.**

1.2.2.2.1.1 A standard operating procedure for safe injection practices is available.

Assessment type: Document - **Risk rating:** Essential measure for approving the document in a group practice or the practice owner, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to a maximum of every 5 years. The information may be detailed in a single document or in several documents. The document can be manual or electronic. (www.who.int/infection- prevention).

Aspects	Score	Comment
1. Clean workspace.		
2. Hand hygiene.		
3. Sterile syringe and needle. Explanatory note: This could be a sterile syringe and needle with re-use prevention and/or injury protection feature whenever possible.		
4. Sterile vial of medication.		
5. Sterile diluent (where applicable)		
6. Skin disinfectant.		
7. Aseptic technique.		
8. Collection of sharps.		
9. Management of multi dose vials.		
10. Waste management.		
11. Recording of administered injection. Explanatory note: This could include but is not limited to name of administrator, time, site of injection, batch number, name of medicine, dosage and route.		

1.2.2.2.1.2 A standard operating procedure for invasive procedures is available.

Assessment type: Document - **Risk rating:** Essential measure

1. Consent for procedure obtained.		
2. Identified area for performing invasive procedures.		
3. Management of users receiving local anaesthetics.		
4. Infection prevention and control measures.		
5. Surgical care. Explanatory note: This will include but is not limited to use of diathermy, estimated blood loss, suturing, wound dressing, and histology. These examples do not apply to all procedures.		
6. Monitoring of users before, during and after the procedure.		
7. Documentation of procedure.		

Criterion 1.2.2.2.2 ***7*** There are mechanisms in place to ensure the safety of users enrolled into research programmes via the practice.

1.2.2.2.2.1 Standard operating procedures for conducting research in the practice is available.

Assessment type: Document - **Risk rating:** Essential measure

1. Research conducted at the practice must be approved. Explanatory note: All research conducted on human subjects in the Republic of South Africa must be approved by a Health Research Ethics Council registered with the National Health Ethics Research Council, as per Regulation 6(a) of the Regulations relating to research with human participants, R719, 19 Sept 2014. The practice has the required documents, or a copy thereof, that indicate permission was granted for the researcher to conduct the research at that practice.		
2. Researchers declare any potential conflict of interest in relation to the research to be conducted.		
3. The research participants are informed of insurance cover. Explanatory note: Regulation 5(m) of the Regulations relating to research with human participants, R719, 19 Sept 2014 stipulates that users must be informed of insurance for compensation in the event of a research-related injury.		
4. Participants must be provided with comprehensive and understandable information about the aim of the research.		
5. Participants must be provided with comprehensive and understandable information about the risks and benefits of participating in the research.		
6. Participants must be provided with comprehensive and understandable information about their rights.		
7. Participants must sign an informed consent form to participate in the research projects.		
8. The signed informed consent form must be filed.		

Criterion 1.2.2.2.3 ***7*** **The practice must ensure that insurance cover is obtained for the services provided.**

Sub Domain 1.2.3 ***8*** Infection prevention and control programmes

Standard 1.2.3.1 ***8(1)*** The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 1.2.3.1.1 ***8(2)(c)*** **The health establishment must ensure there is clean linen to meet the needs of users.**

1.2.3.1.1.1 The practice has determined the linen requirements.

Assessment type: Document - **Risk rating:** Essential measure

It is necessary to determine the linen requirements for the practice to ensure sufficient linen is available. The linen requirements must be documented for the type of linen used in the practice, which can be cloth or disposable linen. The document must include but is not limited to the type of linen used, the minimum and maximum number for each type of linen. The document can be available manually or electronically.

Criterion 1.2.3.1.2 ***8*** **The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.**

1.2.3.1.2.1 Notifiable medical conditions are reported to the relevant authority.

Assessment type: Document - **Risk rating:** Vital measure

View submissions from the previous six months. Notifiable medical conditions can be reported manually or entered electronically in

Strong Possibility That OHSC Will Not Be .....continue to page 34

the web-based system. To register on the platform: https://nmc.nicd.ac.za/Account/Login To report notifiable conditions: https://www.nicd.ac.za/nmc-overview/notification-process/

Criterion 1.2.3.1.3 *8* The practice must train health care personnel and users on infection prevention and control practices.

1.2.3.1.3.1 In-service training on infection prevention and control is conducted for health care personnel.

Assessment type: Document - **Risk rating:** Essential measure
Request the in-service training records for the previous twelve months. Verify whether in-service training on infection prevention and control-related topics has been conducted. Score 1 if there is evidence of in-service training and 0 if not.
Not applicable: Where there have been no new health care personnel appointed in the previous twelve months or if no new or revised infection prevention and control-related guidelines published in the previous twelve months.

1. Standard precautions. Explanatory note: This will include but is not limited to hand hygiene, use of PPE, and health care waste management.		
2. Transmission-based precautions. Explanatory note: This will include but is not limited to airborne, contact, and droplet precautions.		

Criterion 1.2.3.1.4 *8* Decontamination processes provide safe, effective decontamination of medical devices.

1.2.3.1.4.1 A standard operating procedure for decontamination processes is available.

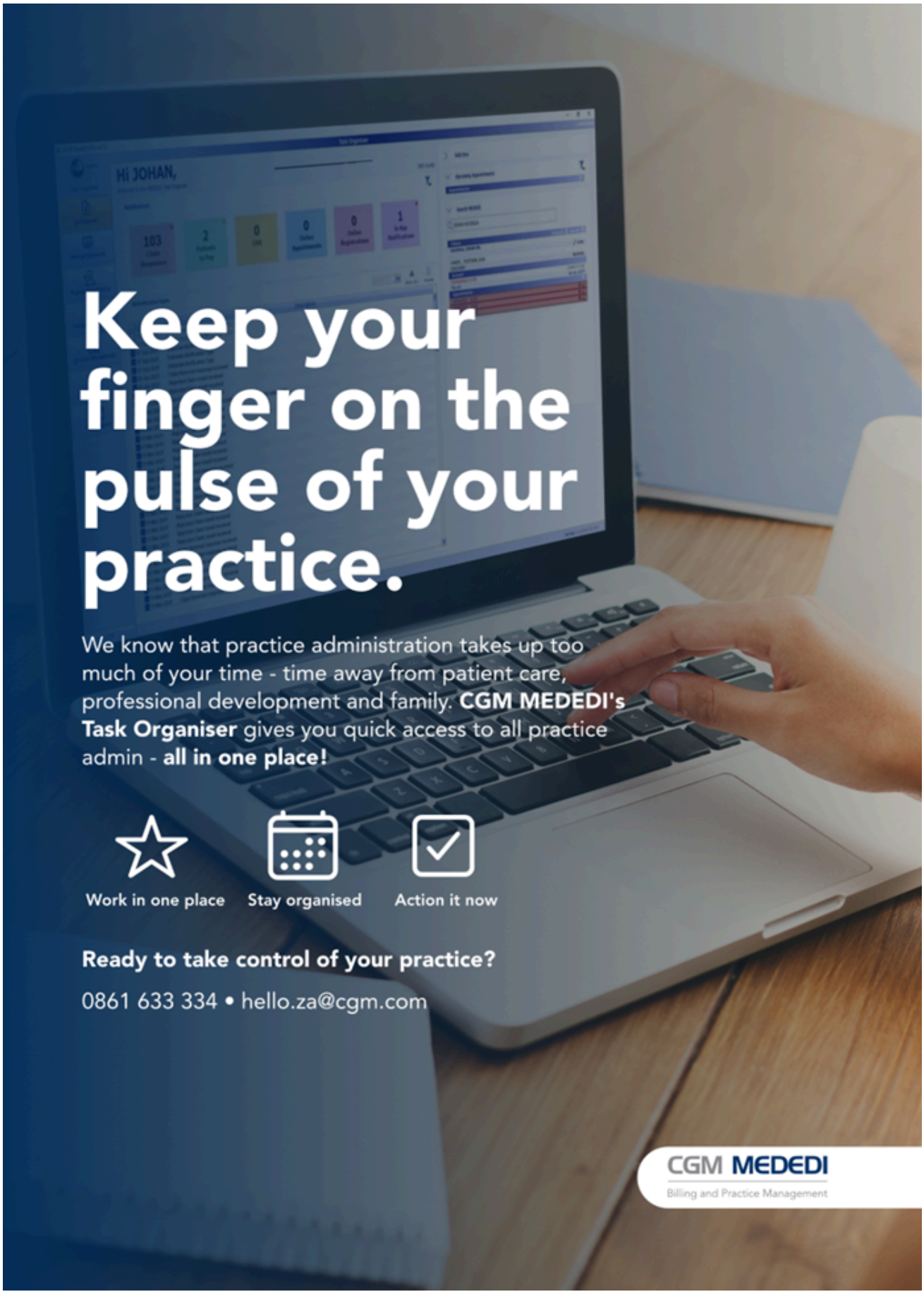
Assessment type: Document - **Risk rating:** Essential measure

Aspects	Score	Comment
1. Use of personal protective equipment.		
2. Segregation of clean and dirty areas in the decontamination area.		
3. Manual cleaning and drying of instruments.		
4. Decontamination process.		
5. Maintenance and testing of decontamination equipment.		
6. Sterile packaging to be done according to procedure.		
7. In-pack chemical indicator to be placed in all sets and towels.		
8. Tracking system indicators to be marked on packs and sets.		
9. Packing is done in wraps or containers according to the manufacturer's instructions and SANS standards (ISO 11607).		
10. System for investigating sterilisation failures.		
11. Storage to ensure the integrity of materials.		

1.2.3.1.4.2 Health care personnel responsible for decontamination of instruments have been trained.

Assessment type: Document - **Risk rating:** Essential measure

Strong Possibility That OHSC Will Not Be .....continue to page 36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Request the in-service training records for the previous twelve months. Verify whether in-service training on decontamination of instruments has been conducted. Decontamination is a general term used to describe processes that include cleaning, disinfection and sterilisation (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework, October 2021. Page 63.

1.2.3.1.4.3 A service level agreement or memorandum of agreement for decontamination services is available.

Assessment type: Document - **Risk rating:** Vital measure
Where decontamination is (outsourced) done outside the practice, a copy of the service level agreement or memorandum of agreement must be available at the practice. The service level agreement or memorandum of agreement must be valid (not expired). It must be signed by the service provider and the responsible authority.
Not applicable: Where service is not outsourced.

1.2.3.1.4.4 Compliance with service level agreements or memorandum of agreement is monitored.

Assessment type: Document - **Risk rating:** Vital measure
Request records from the previous six months and check whether the service level agreement or memorandum of agreement is monitored. Evidence could include but is not limited to signed monitoring checklists, minutes of meetings, emails, and reports.
Not applicable: Where service is not outsourced.

1.2.3.1.4.5 Remedial action is taken to rectify the breaches identified.

Assessment type: Document - **Risk rating:** Vital measure
A document reflecting actions taken to rectify identified breaches in the terms of the service level agreement or memorandum of agreement is available.
Not applicable: Where breaches were not identified or where the service is not outsourced.

Criterion 1.2.3.1.5 *8* The practice must manage and maintain the equipment used for decontamination to ensure sustainability of decontamination services.

1.2.3.1.5.1 Decontamination equipment is tested.

Assessment type: Document - **Risk rating:** Vital measure
Decontamination equipment is tested for functionality in accordance with the manufacturer's instructions. The manufacturer's instructions must be available, as well as the register or logbook indicating that testing is done in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the practice must be available. Check records from the previous three months. Score if compliant and 0 if not compliant.
Not applicable Where decontamination is not done at the practice.

Criterion 1.2.3.1.6 *8* The practice must have systems in place to keep the environment clean by implementing pest control measures in all areas.

1.2.3.1.6.1 The practice has a pest control programme.

Assessment type: Document - **Risk rating:** Vital measure
The practice has a documented pest control program available. If the practice is a tenant of a building, the building manager/owner must provide the practice with the pest control program. Reference: Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework March 2021, page 124.
Not applicable: Never

Sub Domain 1.2.4 *9* Waste management

Standard 1.2.4.1 *9(1)* The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 1.2.4.1.1 *9(2)(b)* The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

1.2.4.1.1.1 A standard operating procedure for waste management is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below must be included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. The document must as minimum comply with the following requirements: Title of the document, name of the practice owner or group, signed and dated by the relevant authority responsible for approving the document in a group practice or the practice owner, designation of the approver, date of implementation or approval, date of next review. Documents must be reviewed regularly up to a maximum of every 5 years. The document can be

Strong Possibility That OHSC Will Not Be .....continue to page 37

manual or electronic. The information may be detailed in a single document or in several documents.

Aspects	Score	Comment
1. Segregation of waste.		
2. Handling of waste.		
3. Storage of waste.		
4. Collection of waste.		
5. Disposal of waste.		

1.2.4.1.1.2 A copy of service level agreement or Memorandum of agreement for waste removal is available.

Assessment type: Document - **Risk rating:** Essential measure
The service level agreement or Memorandum of agreement must be valid (not expired) and signed by the service provider and the practice.
Not applicable: Never

1.2.4.1.1.3 Compliance with Service level agreements or memorandum of agreement is monitored.

Assessment type: Document - **Risk rating:** Essential measure
Request records from the previous six months and check whether the service level agreement or memorandum of agreement is monitored. Evidence could include but is not limited to signed monitoring checklists, minutes of meetings and reports.
Not applicable: Never.

1.2.4.1.1.4 Remedial action is taken to rectify the breaches identified.

Assessment type: Document - **Risk rating:** Vital measure
A document reflecting actions taken to rectify identified breaches in the terms of the service level agreement or memorandum of agreement is available.
Not applicable: Where breaches were not identified

Sub Domain 1.2.5 ***21*** Adverse events

Standard 1.2.5.1 ***21(1)*** The health establishment must have a system to monitor and report all adverse events.

Criterion 1.2.5.1.1 ***21(2)(b)*** **The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.**

1.2.5.1.1.1 A standard operating procedure for managing adverse drug reactions is available.
Assessment type: Document - **Risk rating:** Essential measure

. Documents must be reviewed regularly up to a maximum of every 5 years. **Aspects**	Score	Comment
1. Immediate action to be taken to manage the user.		
2. Identification of the drug that caused the reaction.		
3. Documentation of reaction in the user health record.		
4. Reporting of adverse drug reaction to relevant authority.		
5. Providing feedback to user.		

1.2.5.1.1.2 Adverse drug reactions are reported.

Assessment type: Document - **Risk rating:** Vital measure
Documented records of reporting of adverse drug reactions to the relevant regulator is available. Request records from the previous three months.

Strong Possibility That OHSC Will Not Be .....continue to page 38

Not applicable: In cases where no adverse drug reactions occurred in the past three months. Reference: https://www.sahpra.org.za/health-productsvigilance/

Domain 1.3 CLINICAL SUPPORT SERVICES

Sub Domain 1.3.1 ***10*** Medicines and medical supplies

Standard 1.3.1.1 ***10(1)*** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 1.3.1.1.1 ***10*** **Medicines must be stored and managed in compliance with the Pharmacy Act 53 of 1974, the Medicines and Related Substances Act 101 of 1965 and the relevant rules and regulations.**

1.3.1.1.1.1 A standard operating procedure for management of medicines is available.
Assessment type: Document - **Risk rating:** Essential measure

Score	Comment

Aspects	Score	Comment
1. Storage and control of medicines		
2. Ordering of medicines		
3. Security and control of access to the medicine storage area		
4. Cold chain management		
5. Management of expired, obsolete, unusable medicine		

Criterion 1.3.1.1.2 ***10*** **The practice ensures that medication is dispensed in accordance with legislation, and to minimise the risk of user harm.**

1.3.1.1.2.1 The health care providers have valid dispensing license.

Assessment type: Document - **Risk rating:** Vital measure

Where a practice dispenses medication, the current dispensing license obtained in accordance with Regulation 11(a) of the General Regulations made in terms of the Medicines and Related Substances Act, 1965(Act no. 101 of 1965):
Amendment must be available.
Not applicable: Where the practice does not dispense medicine.

Sub Domain 1.3.2 ***13*** Medical equipment

Standard 1.3.2.1 ***13(1)*** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 1.3.2.1.1 ***13*** **The health establishment must adhere to a planned schedule for maintaining medical equipment.**

1.3.2.1.1.1 Maintenance plan for medical equipment is available.

Assessment type: Document - **Risk rating:** Vital measure
Request the medical equipment maintenance plan for the previous twelve months, the maintenance plan must be aligned to the manufacturer's instructions of each equipment. The medical equipment that requires maintenance may include but is not limited to Autoclave, ECG machine, Lung function machine,
Electronic Blood pressure machine, Diathermy, Sonar.
Not applicable: Never.

1.3.2.1.1.2 Equipment is maintained per the maintenance schedule.

Assessment type: Document - **Risk rating:** Vital measure
Medical equipment must be maintained as documented in the maintenance plan which is aligned to manufacturer's instructions. Request maintenance records from the previous twelve months and verify whether equipment has been maintained in line with maintenance plan.
Not applicable: Never

Criterion 1.3.2.1.2 *13* Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

1.3.2.1.2.1 Healthcare providers have received training on the use of medical equipment.

Assessment type: Document - **Risk rating:** Essential measure
Request training or orientation records from the previous twelve months. This includes but is not limited to orientation records demonstrating that in-service training or training by the supplier of new equipment has been conducted. Score not applicable where there was no new equipment introduced or where there were no new health care provider appointed in the past twelve months or where the health establishment has less than three health care providers available score not applicable for the other aspects.

Domain 1.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 1.4.1 *19* Human resources management

Standard 1.4.1.1 *19(1)* The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 1.4.1.1.1 *19(2)(a)* The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

1.4.1.1.1.2 The practice provides induction to newly appointed health care personnel.

Assessment type: Document - **Risk rating:** Essential measure
Request records from the previous twelve months and verify whether induction has been conducted for newly appointed health care personnel. Evidence should include proof of attendance; additional evidence may comprise of an induction programme, presentations and induction report.
Not applicable: Where no new health care personnel were appointed in the previous twelve months, in solo practice where there are no employees

1.4.1.1.1.3 Health care providers are trained in Basic Life Support (BLS).

Assessment type: Document - **Risk rating:** Vital measure
Request documented evidence of Basic Life Support (BLS) or Cardiopulmonary resuscitation (CPR) training and select three records of health care providers for review. A certificate from an accredited BLS or CPR training service provider issued within the previous two years must be available. Proof of attendance whilst waiting for a certificate will not be accepted. Score 1 if compliant and 0 if not.

Criterion 1.4.1.1.2 *19(2)(c)* The health establishment must, as appropriate to the type and size of the establishment, have a system to monitor that health care personnel maintain their professional registration with the relevant councils on an annual basis.

1.4.1.1.2.1 Health care providers have a current registration with relevant health professional bodies.

Assessment type: Document - **Risk rating:** Essential measure
Select records of three health care providers and verify whether current registration with the relevant professional/statutory bodies is available. A copy of the registration certificate or card issued by the professional/statutory body must be available or can be viewed in an online platform of the statutory council. Score 1 if compliant and 0 if not. Where the health establishment has less than three health care personnel available score not applicable for the other aspects.

Sub Domain 1.4.2 *20* Occupational health and safety

Standard 1.4.2.1 *20(1)* The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 1.4.2.1.1 *20* The practice protects the health and safety of employees by implementing the requirements of the Occupational Health and Safety Act, 1993 (Act No.85 of 1993).

1.4.2.1.1.1 An occupational health and safety risk assessment has been conducted in the practice.

Assessment type: Document - **Risk rating:** Essential measure

A risk assessment is the process or method of identifying hazards and risk factors that have the potential to cause harm to users and personnel. Request the health and safety risk assessment, which must be conducted at intervals not exceeding two years. This responsibility is required in terms of Sections 8 and 9 of the Occupational Health and Safety Act, 101 of 1992 and the related Regulations. The identification of risks can be done by the practice owner or delegated person or service provider.
Not applicable: Never

1.4.2.1.1.2 Mitigation plans are implemented for identified risks.

Assessment type: Document - **Risk rating:** Essential measure
Documented evidence of identified risks and the implementation of mitigating actions must be available. The documented evidence may include, but need not be limited to, reports such as hazard identification and risk assessment reports, a quality improvement plan or minutes of meetings in which risk management is discussed, which must be signed and dated. Where the practice is situated in leased premises, the landlord must provide the required document to the tenant.
Not applicable: Where no risks were identified.

1.4.2.1.1.3 A system to manage occupational injuries and diseases is available.

Assessment type: Document - **Risk rating:** Vital measure
The system must outline the process or procedure to follow including registers, reports or specific forms used. This includes but is not limited to incidents such as exposure to bodily fluids. The documents may be manual or electronic.
Not applicable: Never

1.4.2.1.1.4 Health care personnel who experienced exposure to bodily fluids receive post-exposure prophylaxis

Assessment type: Document - **Risk rating:** Vital measure
Documented evidence must be available to demonstrate that health care personnel who were exposed to bodily fluids received post- exposure prophylaxis in accordance with national guidelines.
Not applicable: Where no exposure to bodily fluids have been reported or where health care personnel refused post- exposure prophylaxis or where no post exposure prophylaxis was required.

Domain 1.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 1.5.1 *14* Management of buildings and grounds

Standard 1.5.1.1 *14(1)* The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 1.5.1.1.1 *14(2)(a)* The health establishment must as appropriate for the type of buildings and grounds of the establishment have all the required compliance certificates in terms of the building regulations.

1.5.1.1.1.1 The building(s) complies with safety regulations.

Assessment type: Document - **Risk rating:** Vital measure
Use the checklist below to check whether the building(s) is (are) compliant with safety regulations. Score 1 if compliant and score 0 if not compliant.

1. Fire safety compliance certificates. Explanatory note: The certificate is issued when the building is commissioned or when there have been major renovations done in the building. This refers to the certificate issued by the municipality. Where the practice is situated in leased premises, the tenant must request the required document from the landlord		
2. Electrical compliance certificates. Explanatory note: Electrical Certificates of Compliance (C.O.C) are documents issued by a qualified and registered electrician. These certificates provide a guarantee that all work carried out in a building conforms to the regulations set out by the Electrical Contracting Board of South Africa (ECB). Where the practice is situated in leased premises, the tenant must request the required document from the landlord.		

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Office of Health Standards Compliance
Ensuring quality and safety in health care

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.
To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for General Practices.

Acknowledgments

The Office of Health Standards Compliance wishes to extend heartfelt acknowledgment and gratitude to the following stakeholders who have contributed to the development of the Regulatory General Practice Inspection Tools version 1.0

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, and Ms Andiswa Mafilika) for the development of the General Practice inspection tools.
- Dr Thabiso Makola, the former Director: Health Systems, Data Analysis and Research at OHSC, for providing technical support and guidance during the development of the General Practice Inspection tools.
- The Executive Manager Health Standards Design, Analysis and Support (HSDAS), Ms Winnie Moleko; the Chief Operations Officer (COO), Dr Mathabo Mathebula, and the Chief Executive Officer (CEO), Dr Siphiwe Mndaweni, for their guidance and strategic support during the development of the General Practice Inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the development and piloting of the General Practice inspection tools).
- Dr Grace Labadarios, Dr Aquina Thulare and Mr Moremi Nkosi from the National Department of Health for their support, input and comments on the inspection tools during the consultation phase.
- The Unity Forum of Family Practitioners (UFFP) and South African Medical Association (SAMA) leadership Dr Norman Mabasa, Dr Claude Ndlovu, Dr Unben Pillay, Dr Neven Pillay, Dr Mvuyisi Mzukwa, Dr Angelique Coetzee, Dr Ziyanda Mgugudo-Sello and the entire leadership at provincial/regional level for the robust and fruitful engagements during the development of the General Practice Inspection tool.

1.5.1.2 Thank you to the following organisations for reviewing and providing feedback during the consultation process: Intercare Group, Solidarity, Netcare Medicross, Aurora Medical Group, KZN Natal Doctors Healthcare Coalition, Emerging Market Healthcare (EMC)

Strong Possibility That OHSC Will Not Be .....continue to page 42

It is hereby certified that the Regulatory General Practice Inspection Tools version 1.0 was developed by the Office of Health Standards Compliance.

SIGNATURE:
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EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT
DATE: 30/04/2025

SIGNATURE:
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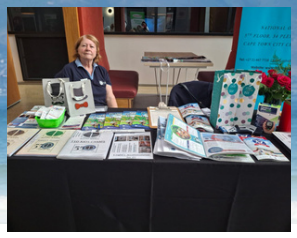






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AGENDA TOPICS

QualiCare

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Venue: Biomedical Research Institute Tygerberg Medical School Campus, SUN

(7 Clinical & 2 Ethics CPD Points will be applied for, together with CPD points for related reading material and successful completion of related questionnaires)

NB: This Agenda maybe subject to amendment without notice

Please watch your mass emails for latest details

TIME	TOPIC	Sign In/Out	SPONSOR	SPEAKER
06hr45-07hr10	Welcome, Registration of Delegate: Coffee, Tea and rusks	SIGN IN	All advertisers are invited to be present during this welcome session	
	Healthy Practice Management , where Ethics fit in?			
07hr10 - 07hr30	Ethical overview of changes to the ethical codes		Sponsorship Company to be confirmed	Dr. Tony Behrman
07hr30 - 07hr50	Ethics of Dealing with difficult patients		Medical Protection Society (MPS)	Dr. Tony Behrman
07hr50 - 08hr10	Intelligent yet Ethical banking for medical practitioners		Standard Bank	Ms. Corrinne Groenewald
08hr10 - 08hr30	Update on Ethics behind National Health Insurance (NHI) , plus Draft Exemption Bill		CPC/Qualicare	Dr. Tony Behrman
08hr30 - 08hr50	The intersection of Cybersecurity, AI, and Privacy in Health Practice management		Discovery	Dr. Pieter van der Walt
08hr50 - 09hr10	Personal Health Pathways		Discovery	Mr. Darren Sweidan
09hr10 - 09hr30	From Concept to Care: Applied Innovation in Healthcare		Medscheme	Dr. Eduard Delport
	Clinical Workshop: Hypertension and Dyslipidemea			
09hr30 - 09hr50	Hypertension & Africa - Unblocking the Burden		Servier	Dr. KD Ebrahim
09hr50 - 10hr10	Hypertension & Africa - Unblocking the Burden		Servier	Dr. KD Ebrahim
10hr10 - 10hr30	Cardiovascular /Dyslipidemia -managing LDL in high-risk patients with combination therapy		Abbott	Dr. Shaifali Joshi
10hr30 - 11hr10	MORNING TEA & VISITS OF STALLS			
	Clinical Workshop: Dermatology and Diabetes			
11hr10 - 11hr30	Hello AI precision in GP dermatology , goodbye unnecessary mole removal		FotoFinder South Africa	Dr. Jens Pieper
11hr30 - 11hr50	Hypoglycemia: Why should we use second generation basal analogues		Sanofi	Dr. Julien Trokis
	Diabetes and GLP-1 Workshop			
11hr50 - 12hr10	GLP-1/GIP Incretin Therapy – New Treatment in Type 2 Diabetes		Aspen	Dr. FC Rust Theron
12hr10 - 12hr30	Treating diabetes effectively and affordability in 2025		Macleods	Dr. Francois van Zyl
12hr30 - 12hr50	The Sweet Spot: From Data to Action using a Diabetes Management Report		Pathcare	Dr. Philip Fortgens
12hr50 - 13hr10	Harnessing the Six Pillars of Lifestyle Medicine: An Interdisciplinary Approach to Preventing and Reversing Chronic and Lifestyle-Related Diseases.		Cipla	Dr. D Schouw
13hr10 - 13hr30	The Obesity Puzzle: Linking cause, Effect & Treatment		Novo Nordisk	Ms. Fatima Katanani
13hr30 - 14hr20	LUNCH IS SERVED & VISITS OF STALLS	SIGN IN		
	Qualicare/Africa Collaboration: Virtual Broadcast into Africa			
14hr20 - 15hr00	Gynaecology : Update for GP's - Progesterone use in Threatened Miscarriage		Abbott	Dr. Hisham Arab
15hr00 - 15hr40	Artificial Intelligence in healthcare. A global and African perspective		AstraZeneca	Mr. Jonathan Calder
15hr40 - 16hr00	The Future of AI in Medicine & Ethics		Universal Healthcare	Dr Tony Behrman
16hr00 - 16h20	How AI is helping Drs save time today		Healthbridge	Ms. Ivone Veiga Morolldo
16hr20 - 16hr40	AFTERNOON TEA IS SERVED & VISITS OF STALLS			
	Further Clinical skills for General Practitioners			
16hr40 - 17hr00	Current Guidelines to treat Asthma: Shifts in Thinking		Sanofi	Dr. Laila Suleman
17hr00 - 17hr20	Understanding PTSD: Wounds we Cannot See		Life Hospital	Dr. Qhama Cossie
17hr20 - 17hr40	Early recognition of Rheumatic and Musculoskeletal Diseases (RMDs) at Primary Healthcare level		Life Hospital	Dr. Sipho Ntshalintshali
17hr40 - 18hr00	Hepatitis C, detect early, treat effectively		GILEAD	Dr. Neliswa Gogela
18hr00-18hr30	Announce Prize Winners: DO NOT MISS THESE SUPER PRIZES before you leave	SIGN OUT		

VENUE

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Mounjaro® achieves greater glycaemic and weight control vs semaglutide in SURPASS-2

HbA1c

The SURPASS-2 trial reported that every dose of **Mounjaro® led to a greater HbA1c reduction** of up to -2,46 % from baseline to 40 weeks compared to semaglutide 1 mg. Reductions were observed as early as Week 4 and continued through Week 40.[1]

Mounjaro® also led to a greater weight loss of up to -12,4 kg compared to semaglutide 1 mg. Weight reduction did not plateau in any of the four treatment groups at 40 weeks. [1*]

The **overall safety profile** of Mounjaro® was similar to the well-established GLP-1 receptor agonist class, and the most commonly reported AEs were gastrointestinal-related. [1,2]

Mounjaro® is not indicated for weight management. In clinical trials, weight change was a secondary endpoint.[1,2]
[1]SURPASS-2 was a 40-week, open-label Phase 3 trial (double-blind with respect to Mounjaro® dose assignment) that randomised 1,879 patients, with T2D and inadequate glycaemic control on stable doses of metformin alone, to receive Mounjaro® 5 mg, 10 mg, or 15 mg or semaglutide 1 mg QW (all Mounjaro® doses were double-blinded). Primary endpoint: HbA1c change from baseline to 40 weeks. Data are **LS means. MMRM (efficacy estimand).**[1]
[4]$p < 0.001$ for all Mounjaro® doses vs semaglutide, adjusted for multiplicity.[1]
[1]Data are LS means (95% confidence interval) and error bars indicate the standard error. MITT population (efficacy estimand). All p-values vs semaglutide 1 mg for superiority, adjusted for multiplicity. [1]

AE = adverse event; **ETD** = estimated treatment difference; **GLP-1** = glucagon-like peptide-1; **HbA1c** = glycated hemoglobin; **LS** = least-squares; **mITT = modified intent-to-treat; MMRM** = mixed model for repeated measures analysis; **QW** = once weekly; **T2D** = type 2 diabetes.

References:
1. Frias JP, Davies MJ, Rosenstock J, Perez FC, Landó LF, Berman BK, et al. Tirzepatide versus semaglutide once weekly in patients with type 2 diabetes. *N Engl J Med.* 2021;385:503-515.
2. Mounjaro® Professional Information, December 2024.

S4 MOUNJARO® 2.5 mg Solution for Injection. Reg. No.: 57/21. 13/0821
S4 MOUNJARO® 5 mg Solution for Injection. Reg. No.: 57/21. 13/0822
S4 MOUNJARO® 7.5 mg Solution for Injection. Reg. No.: 57/21. 13/0823
S4 MOUNJARO® 10 mg Solution for Injection. Reg. No.: 57/21. 13/0824
S4 MOUNJARO® 12.5 mg Solution for Injection. Reg. No.: 57/21. 13/0825
S4 MOUNJARO® 15 mg Solution for Injection. Reg. No.: 57/21. 13/0826

MOUNJARO® 2.5 mg Solution for Injection. Each 0.5 ml solution for injection contains 2.5 mg of tirzepatide. MOUNJARO® 5 mg Solution for Injection. Each 0.5 ml solution for injection contains 5 mg of tirzepatide. MOUNJARO® 7.5 mg Solution for Injection. Each 0.5 ml solution for injection contains 7.5 mg of tirzepatide. MOUNJARO® 10 mg Solution for Injection. Each 0.5 ml solution for injection contains 10 mg of tirzepatide. MOUNJARO® 12.5 mg Solution for Injection. Each 0.5 ml solution for injection contains 12.5 mg of tirzepatide. MOUNJARO® 15 mg Solution for Injection. Each 0.5 ml solution for injection contains 15 mg of tirzepatide. For full prescribing information refer to the professional information approved by the Medicines Regulatory Authority (12/2024).

PP-TR-ZA-0087 04/2025

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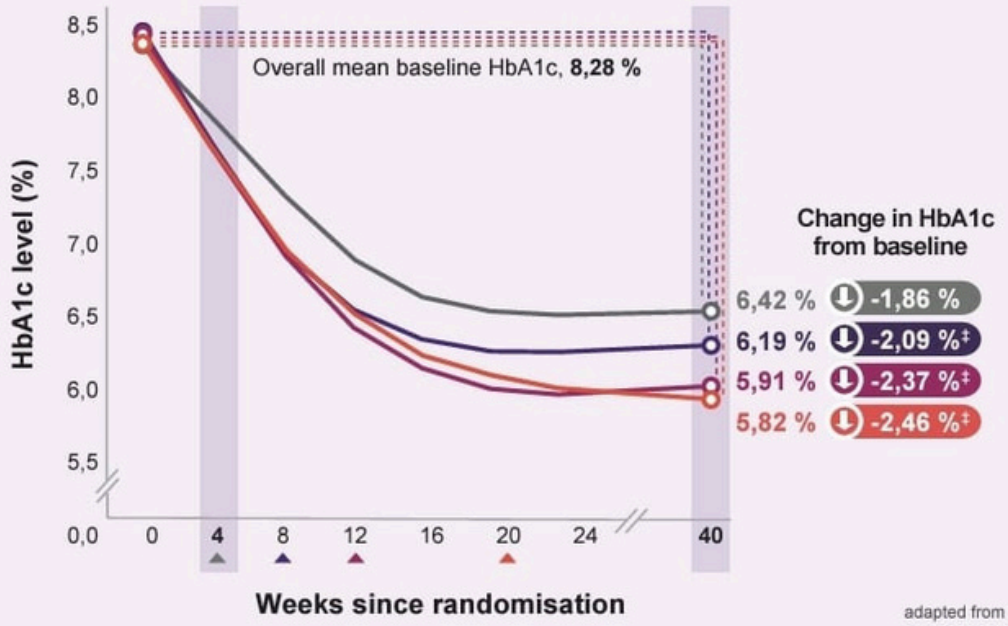
Mounjaro® 5 mg (n = 470) | Mounjaro® 10 mg (n = 469) | Mounjaro® 15 mg (n = 469) | Semaglutide 1 mg (n = 469)

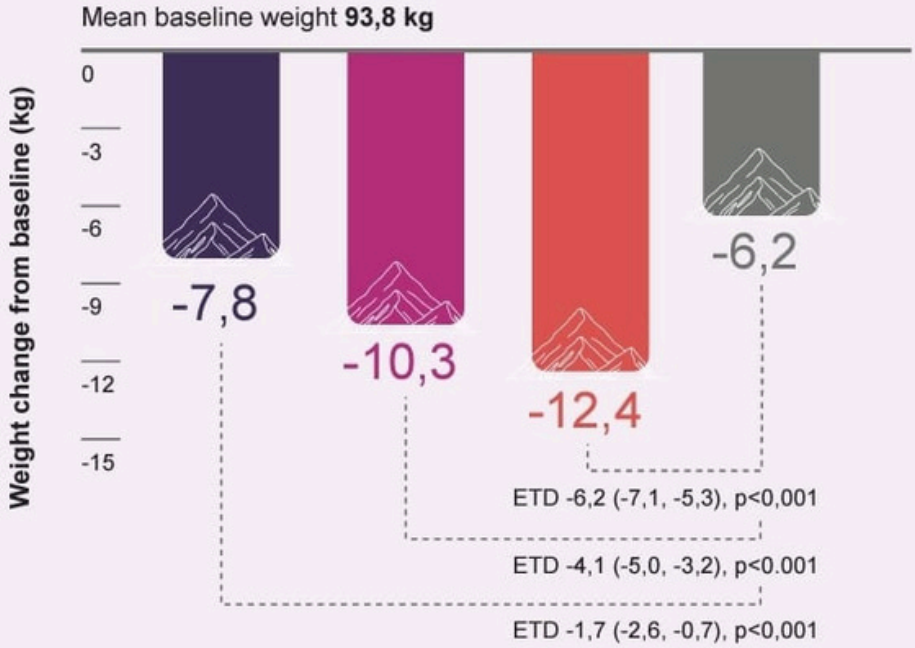
Every dose of Mounjaro® led to greater reductions in HbA1c as early as Week 4 and sustained through Week 40 compared with semaglutide 1 mg[1†]



adapted from Frais JP *et al*, 2021

Triangles indicate the times at which the maintenance doses of Mounjaro® (5 mg, 10 mg, or 15 mg) and semaglutide 1 mg were achieved.

Greater reductions in body weight from baseline at Week 40 with Mounjaro® vs semaglutide 1 mg[1*§]



adapted from Frais JP *et al*, 2021

Indication

Mounjaro® is indicated for the treatment of adults with insufficiently controlled T2D mellitus as an adjunct to diet and excercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications in addition to other medicinal products for the treatment of diabetes.[2]

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 52

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 53

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 54

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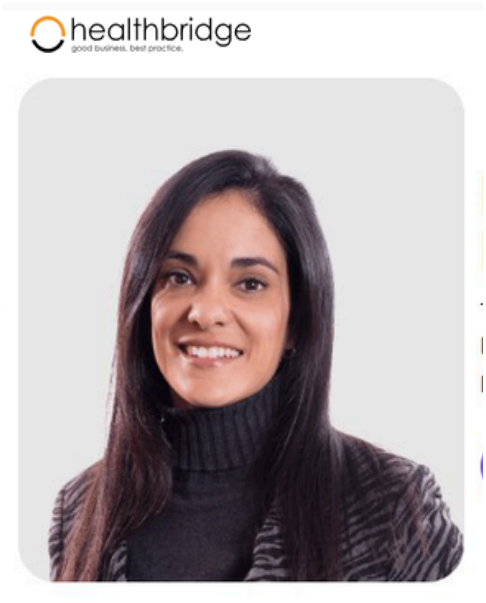
CPC/Qualicare Open Day, 17 May 2025 .....continue to page 58

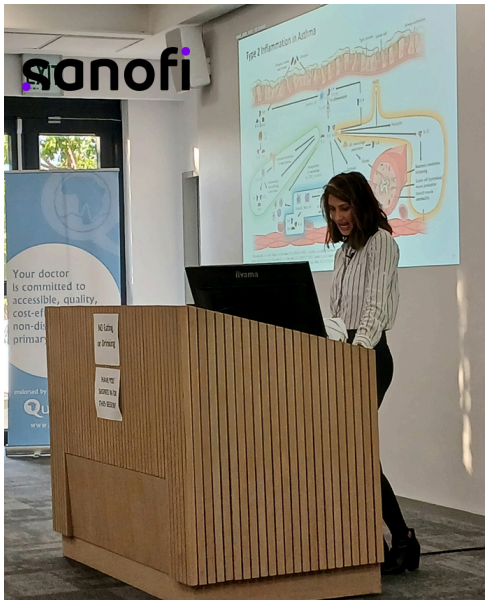
THANK YOU TO ALL OUR PARTICIPATING COMPANIES AND SPEAKERS FOR SHARING YOUR INSIGHTS AND EXPERTISE.

WE APPRECIATE YOUR CONTRIBUTION TO THE SUCCESS OF OUR EVENT!

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 59

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 60





BIG THANK YOU TO OUR AMAZING PRIZE SPONSORS FOR THEIR GENEROUS SUPPORT ! 🎉 WE'RE THRILLED TO SHARE SOME PHOTOS OF OUR LUCKY PRIZE WINNERS ! 🍾

#PRIZEWINNERS
#EVENTSPONSOR
#THANKYOU

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 62

CNS

A calming touch

Introducing CLOBAZAM ADCO

Indicated for the treatment of anxiety in neurotic patients, for pre-operative medication, and it may be effective in relieving the acute symptoms of alcohol withdrawal syndrome[1]

May be used as an adjuvant in epilepsy*[1]

- Unlike other benzodiazepines, **CLOBAZAM ADCO** has less sedative effects[2]
- Mild to moderate adverse events[2]
- Cost saving of 15 % versus originator[3]

NEW

Clobazam ADCO

Clobazam

*The dosage of CLOBAZAM ADCO should be determined by monitoring the EEG and plasma levels of the other medicines.[1]

References: 1. CLOZABAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

SS CLOBAZAM 10 ADCO. Each tablet contains 10 mg of clobazam. Reg. No.: 55/2.6/0546. SS CLOBAZAM 20 ADCO. Each tablet contains 20 mg of clobazam. Reg. No.: 55/2.6/0547.

Adcock Ingram Limited. Reg. No.: 1949/034385/06. Private Bag X69, Bryanston, 2021. Customer Care: 0860 ADCOCK/232625. www.adcock.com
202308110303342. August 2023.

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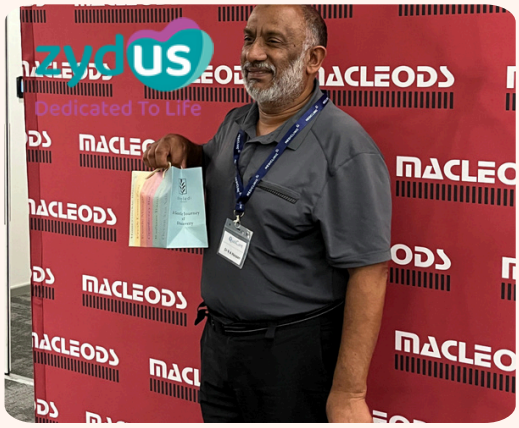
LUCKY WINNERS, BIG SMILES

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 63

YOU WON !
We Celebrate



WINNING MOMENTS TO TREASURE!

CPC/Qualicare Open Day, 17 May 2025 .....continue to page 66

When staying-power counts

LASTS UP TO **36h**[1,2]

TADALAFIL ADCO for the treatment of ED[1]

- Demonstrates improvement in EF for up to 36 hours post-dose[1,2]
- Tadalafil improves psychological outcomes[2]
- Preferred by patients and their partners over sildenafil[2]

new

Tadalafil Adco

Tadalafil 5 mg/20 mg tablets

The patient's choice for ED[2*]

*In a meta-analysis comparing tadalafil with sildenafil for the treatment of ED.

ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information, October 2022. 2. Gong B, Ma M, Xie W, *et al.* Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis. *Int Urol Nephrol* 2017;49:1731-1740.

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

S4 TADALAFIL 5 mg ADCO. Each film-coated tablet contains 5 mg tadalafil. Reg No.: 52/7.1.5/0084.080. S4 TADALAFIL 20 mg ADCO. Each film-coated tablet contains 20 mg tadalafil. Reg No.: 52/7.1.5/0085.081.

Adcock Ingram Limited. Co. Reg. No.: 1949/034385/06. Private Bag X69, Bryanston, 2021. Customer Care: 0860 ADCOCK/232625. www.adcock.com
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THE PATHCARE NEWS

THE DIABETES MANAGEMENT REPORT

A Unique Tool in the Diabetes Care Pathway

PathCare has developed a unique reporting tool which consolidates pathology results for diabetic patients. This report allows healthcare providers to assess diabetes management performance of their patients as a group, as well as at an individual level. It also identifies patients who are potentially overdue for pathology testing as per national guidelines. Where possible patients are classified as type 1 or 2 diabetics, and both adult and paediatric patients are included.

The Diabetes Management Report:

1. is available to healthcare providers who register interest (QR code below)
2. comes at no cost
3. will be updated and emailed at 3 monthly intervals using patients identified in the prior 14 months reflecting their results from the prior 24 months
4. the details of missed diabetes patients can be emailed to PathCare to be added to the report.

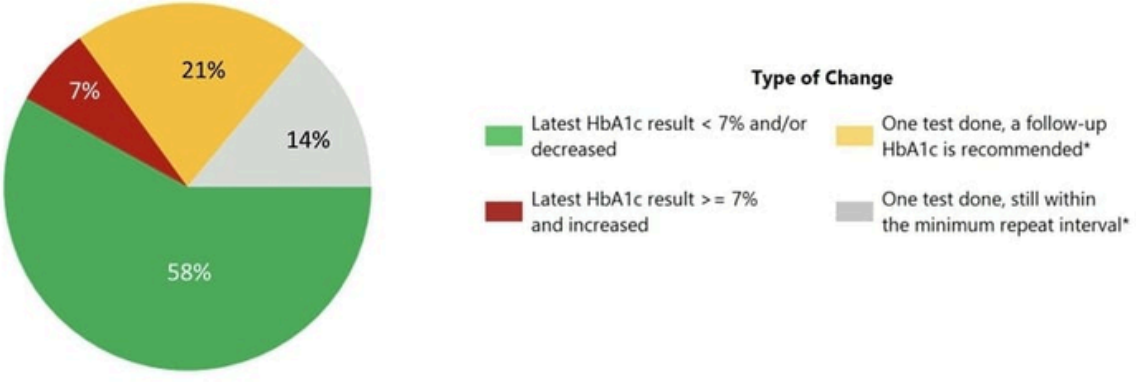
PATHCARE NEWS .....continue to page 68

An Example of The Diabetes Management Report

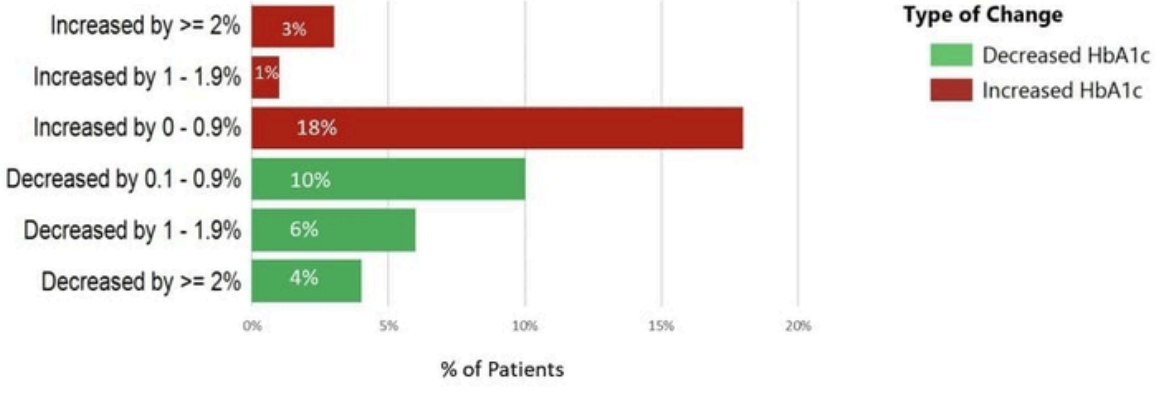
Diabetes Management Report
Practice: Dr XYZ
Period: 01 January 2024 – 31 December 2024

HbA1c Results for Patients ≥18 years Total patients = 250

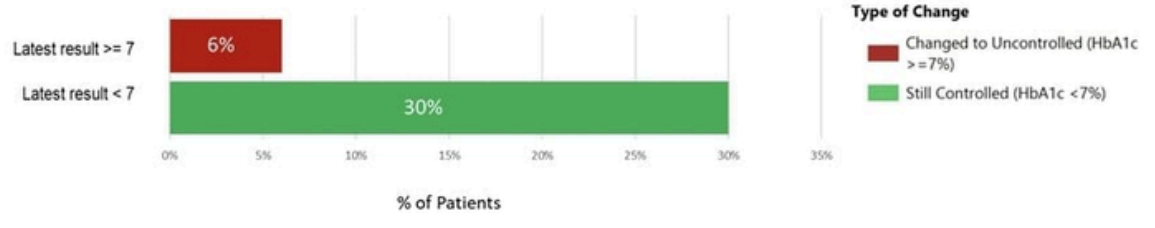
Overview



Patients with Prior HbA1c ≥7% (Uncontrolled) versus Latest Result

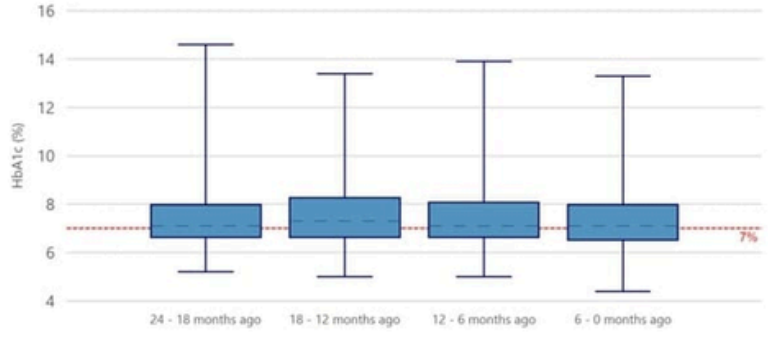


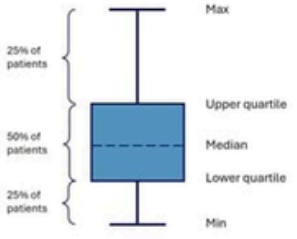
Patients with Prior HbA1c <7% (Uncontrolled) versus Latest Result



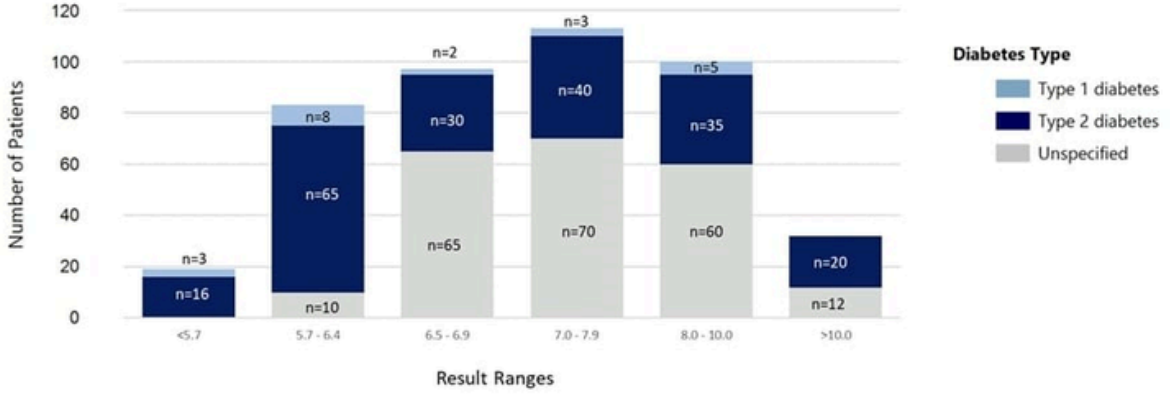
Diabetes Management Report
Practice: Dr XYZ
Period: 01 January 2024 – 31 December 2024

HbA1c Result Distribution, by 6 Month Periods



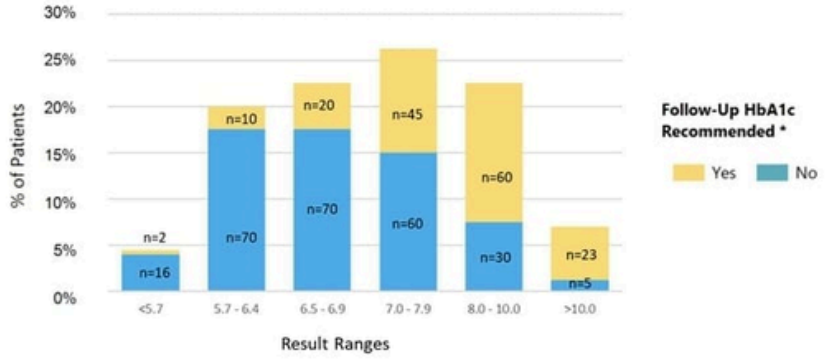


Distribution of Most Recent HbA1c Results, by Diabetes Type (ICD10 code based)

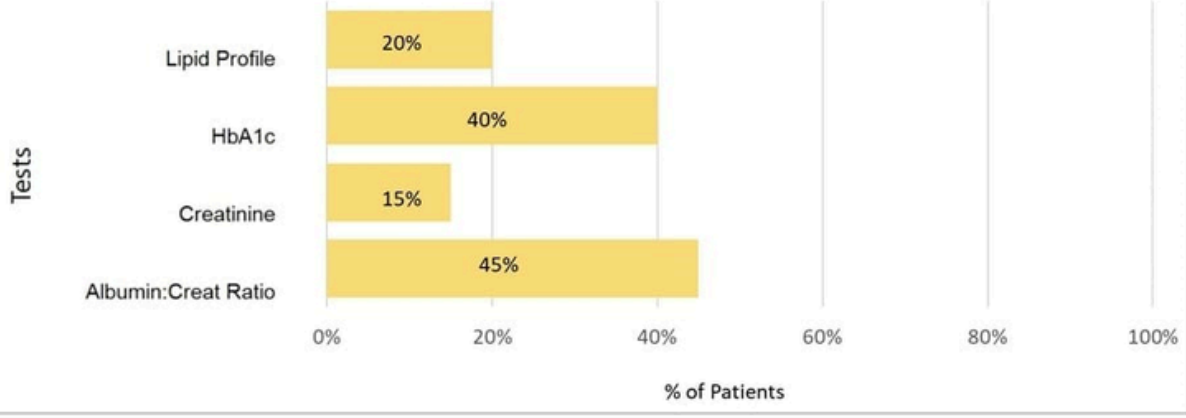


Diabetes Management Report
Practice: Dr XYZ
Period: 01 January 2024 – 31 December 2024

Distribution of Most Recent HbA1c Results



Patients (%) Recommended for Follow-Up Testing*



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Page: 3 of 26

Diabetes Management Report
Practice: Dr XYZ
Period: 01 January 2024 – 31 December 2024

Recommended Follow-Up Testing*

Only patients requiring follow-up HbA1c testing included

Total patients = 175

Surname, Name	DOB	Age	Gender	ID No	Hosp Event	Diabetes Type	Latest HbA1c Results		Recommended Test *				Notes
							Date †	Result	HbA1c	Creatinine	Lipid Profile	Albumin: Creat Ratio	
Doe, John	1987/08/20	35	M	8708203XXXXXX	Yes	Type 2	2024/03/07	7.2	x				
Doe, Jane	1953/06/16	70	F	5306163XXXXXX		-	2024/05/16	5.8	x			x	
Doe, Jennifer	1990/03/22	34	F	9003223XXXXXX		Type 1	2024/10/08	7.9	x	x	x	x	
Doe, Janine	1965/11/17	58	F	6511173XXXXXX		-	2024/08/02	5.7	x	x		x	
Doe, Jerry	1958/02/09	66	M	5802093XXXXXX		-	2024/07/09	9.1	x	x	x	x	

Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
  (Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-ember rates.
  (Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge. (Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R332.00 VAT inclusive, per month
- Allied Health Care Professionals R332.00 VAT inclusive, per month

All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners** (GP's) in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare
Dr. Solly Lison, Chairman of CPC/Qualicare

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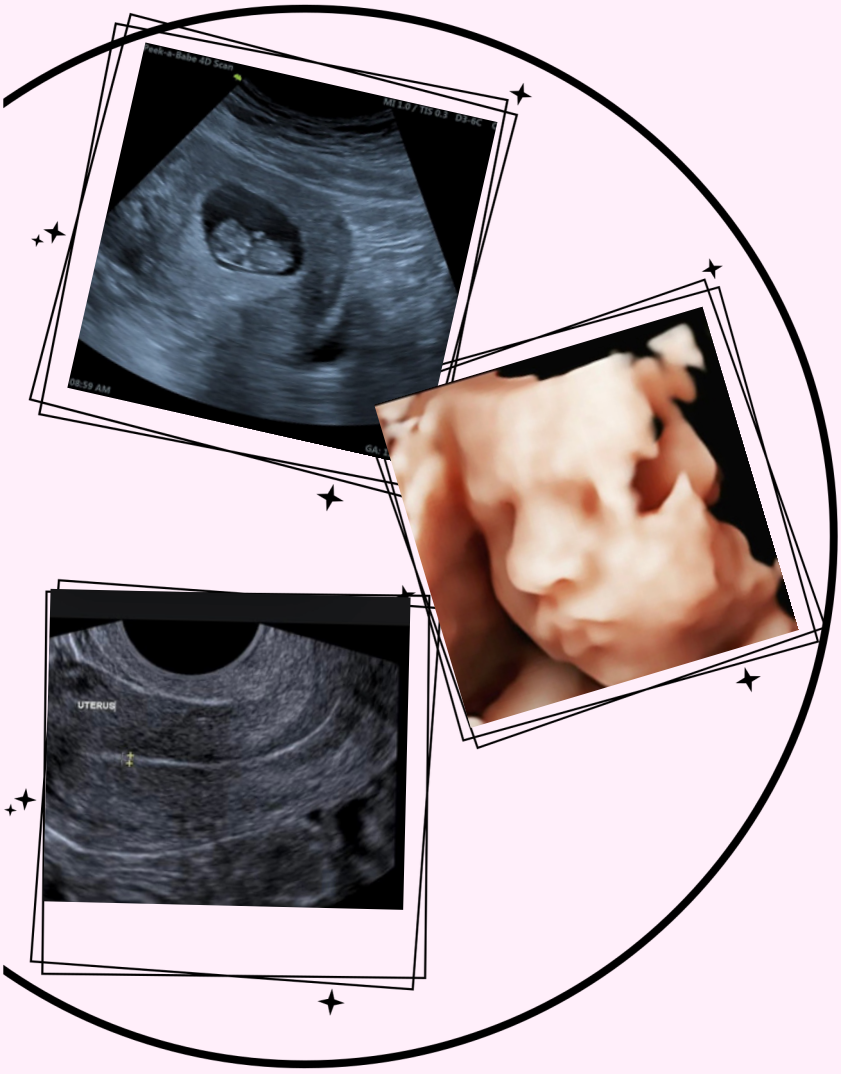

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Qualicare Electronic Doctor Network.

Free electronic listing (valued at R6,000.00 per year) of your practice, geographic location, special areas of interest and pictures of your practice can be featured on our Electronic Doctor Network which is only available to CPC/Qualicare Members and Shareholders!!

Our highly successful electronic doctors network see www.qualicaredoctors.co.za has rapidly expanded across the Western Cape Province, and to date has approximately 200 doctors.

As a Member or Shareholder you are still entitled, **at NO charge**, to list your practice on the "EDN" showing your name, practice name, GPS coordinates, areas of special interests, and any specific features which you would like to bring to the attention to prospective patients then please complete and return the form below at your earliest convenience should you be interested to join the growing network.

This is a limited offer open only to Shareholders and Members which is worth over R6,000.00 per year and is brought to you as a member or shareholder benefit at no charge.

Practitioners Details * Compulsory to complete – for a successful listing.

*First Name: _____

*Surname: _____

*Professional Degrees e.g. M.B.ChB._____

_____

Professional Body Memberships: _____

_____

*HPCSA Number: _____

*Board of HealthCare Funders PCNS Number: _____

DOH Disp Lic Number (if applicable): _____

Areas of Special Interest and Focus: e.g. Paediatrics, Bariatrics, Occupational Health: _____

_____

Contact Details

*Contact Number: (Practice)_____

*Email Address: _____

*Alternative Number: _____

Fax number: _____

Practice Details

*Practice Name: _____

Group PCNS: _____

*Practice Address: _____

_____

GPS Location: _____

Qualicare EDN ..... continue to page 74

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.

2. **Photo of the outside of the Practice** – So the patient will recognize the correct building and know what to look out for when coming to visit the practice.

3. **A short bio – interests, hobbies & education** – This gives the patient some trust as they will feel they know you and will feel at home.

Please feel free to contact Annerè van Pletsen CPC/Qualicare Consultant at annere@cpcqualicare.co.za

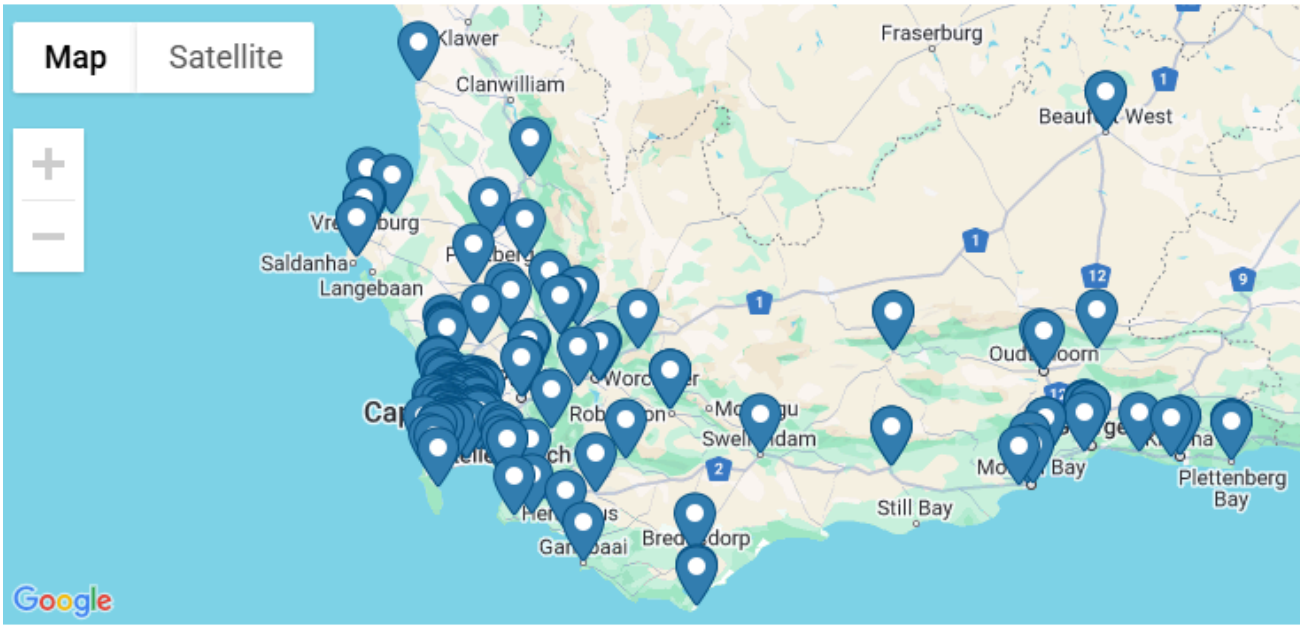
I permit CPC/Qualicare to list my name, surname, the name of my practice, my practice details, and further details provided by me in this application, and my GPS Coordinates on the *"Electronic CPC/Qualicare Doctor Network"* at no cost to me or my practice (tick the appropriate block).

Yes I do agree to the above, in terms of POPIA Act 4 of 2013

☐

Click on the link to complete the form:

https://www.qualicaredoctors.co.za/new-form/



QualiCare

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DOCWEB

- **01 May 2025 - 31 May 2025**

Summary					
Reported period Month April 2025 **First visit** 01 May 2025 - 00:17 **Last visit** 31 May 2022 - 23:56					
	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	**1,945**	**3,267** (1.52 visits/visitor)	**13,206** (3.88 Pages/Visit)	**45,252** (14.46 Hits/Visit)	**13,56** (4188.65 KB/Visit)
Not viewed traffic *			**12,154**	**27,386**	**10.82 MB**

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CPC Qualicare

Views

Views	291
3-second views	0
1-minute views	0
Watch time	0s
Reach	114

Interactions

Content interactions	12
Link clicks	3

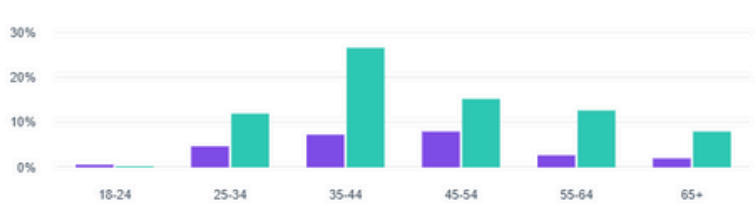
Demographics

Lifetime

Followers	154

Age and gender

Men	25.30%
Women	74.70%



Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

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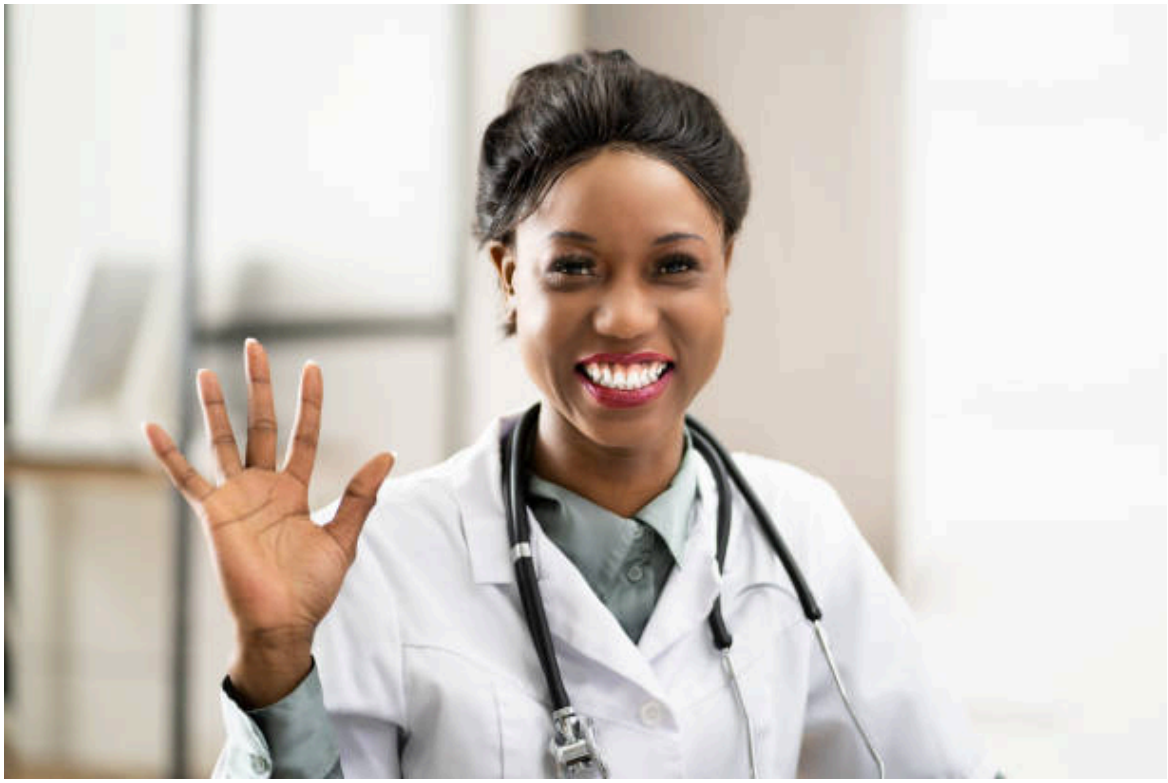

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