



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

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ANNEXURE C

Dear Colleagues

The inspection of General Practices commenced on the week of 10-14 November 2025. Below are clarity seeking questions received from the inspection teams and the responses to be actioned.

Regulatory General Practice Inspection tool v1.1		
Functional Area: Administration And Practice Management		
Standard/Criterion/Measure	Feedback/Query received input	Decision
<p>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.</p> <p>Criterion 1.2.3.1.4 8 Decontamination processes provide safe, effective decontamination of medical devices.</p> <p>1.2.3.1.4.1 A standard operating procedure for decontamination processes is available.</p> <p>Assessment type: Document - Risk rating: Essential measure</p> <p>1.2.3.1.4.2 Health care personnel responsible for decontamination of instruments have been trained.</p> <p>Assessment type: Document - Risk rating: Essential measure</p>	<p>The general practitioner reported that surgical procedures were not conducted in the practice. Can that be accepted as a finding or not. And if yes, kindly include that in the explanatory note?</p> <p>Measures affected 1.2.3.1.4.1 up to 1.2.3.1.4.5</p>	<p>Mark not applicable where no surgical procedures are performed or there is no any other medical device that requires decontamination being used in the practice.</p> <p>For example non- disposable speculums for pap smear are also not used in the practice.</p> <p>The instructions and explanatory notes will be updated in the next version.</p>

<p>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</p> <p>1.2.3.1.4.4 Compliance with service level agreements or memorandum of agreement is monitored. Assessment type: Document - Risk rating: Vital measure</p> <p>1.2.3.1.4.5 Remedial action is taken to rectify the breaches identified. Assessment type: Document - Risk rating: Vital measure</p>		
<p>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.</p> <p>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.</p> <p>1.4.1.1.1.3 Health care providers are trained in Basic Life Support (BLS) or Cardiopulmonary resuscitation (CPR) training for professionals.</p>	<p>If a GP holds a Diploma in PEC, is BLS training still required?</p>	<p>BLS is a course that should be updated every two years with a clinical component. Having a diploma does not replace a 2 yearly update.</p>

<p>Assessment type: Document - Risk rating: Vital measure</p> <p>Request documented evidence of Basic Life Support (BLS) or Cardiopulmonary resuscitation (CPR) training for professionals and select three records of health care providers for review. A certificate from an accredited BLS or CPR training for professionals 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. Please note, where a health care provider maintains a valid Advanced Cardiovascular Life Support (ACLS) or Paediatric Advanced Life Support (PALS) without letting it expire, Basic Life Support (BLS) is not required</p>	<p>May GP's and Clinical Staff complete an online BLS course, or must it be done in person?</p>	<p>Resus council was engaged on the matter. Online BLS courses will not be accepted.</p>
<p>Functional Area: Clinical Care And Support</p>		
<p>Standard/Criterion/Measure</p>	<p>Feedback/Query received input</p>	<p>Decision</p>
<p>Standard 2.1.2.2 5(3) The health establishment must maintain a system of referral as established by the responsible authority.</p> <p>Criterion 2.1.2.2.1 5(4)(b) The health establishment must ensure that a copy of the referral document is kept in the user's health record.</p> <p>2.1.2.2.1.1 Copies of referral documents are available at the practice making the referral.</p> <p>Assessment type: Document - Risk rating: Essential measure</p> <p>Request the copies of referral document (this could be a letter or form) of the three users referred out of the practice in the previous three months. The document can be manual or electronic. Score 1 if the referral document contains the aspect listed below and score 0 if the aspect listed below is not documented. Score not applicable if there were no</p>	<p>Should a copy of the referral letter be placed in the patients' file?</p>	<p>A standardised referral form should be completed and accompany the patient. At minimum, the referral form should include the name, age, gender, presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided, list of all medicine currently being taken by the patient and any special equipment required for the patient, indication for referral, receiving institution referring practitioner/clinician name, signature and stamp if possible. One copy shall be kept at the initiating facility. Reference: Referral Policy for South African Health Services and Referral Implementation Guidelines 2020, pg. 16.</p> <p>It can be kept in the user file(preferable) or other dedicated folder in the practice as per previous discussions.</p>

<p>users referred out in the previous three months. (Referral Policy for South African Health Services and Referral Implementation Guidelines, August 2020.pg 16).</p>		
Standard/Criterion/Measure	Feedback/Query received input	Decision
<p>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.</p> <p>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).</p> <p>2.2.1.3.1.1 Informed consent forms are completed correctly.</p> <p>Assessment type: Patient record audit - Risk rating: Vital measure</p> <p>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 surgical procedure. The surgical procedures would include but is not limited Voluntary Male Medical Circumcision (VMMC),Abscess drainage, Termination of Pregnancy, Mole removal. Check whether the details listed below are recorded on the consent forms. Score 1 if is recorded and 0 if it is not recorded. Score not applicable If no surgical procedures are performed in the practice.</p>	<p>Does this measure exclude consent for rapid HIV testing where the GP performs this procedure?</p>	<p>The current instruction excludes HIV testing, as it requires consent for “Surgical Procedures’ . Therefore not applicable for this procedure as it is not a surgical procedure.</p> <p>Consent for HIV testing will be incorporated into the instruction in the future version.</p>
Standard/Criterion/Measure	Feedback/Query received input	Decision
<p>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.</p>	<p>Is a hand dryer acceptable or must paper towels be used?</p>	<p>All consultation rooms should have a handwash basin per room. For IPC purposes, functional handwash basins should be fitted with non-touch or elbow taps and provide a supply of clean running water. Handwash basins should have a back splash made of impervious material that is easy to wash. Each</p>

<p>Criterion 2.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.</p> <p>2.2.3.1.1.1 Hand washing facilities are available.</p> <p>Assessment type: Observation - Risk rating: Vital measure</p> <p>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.</p>		<p>handwash basin must have a wall mounted soap dispenser and single use paper towel dispenser.</p> <p><i>Reference: Implementation of the National Infection and Prevention Control Strategic Framework 202,1pg. 142</i></p> <p>Warm air hand dryers are not recommended for health facilities.</p> <p><i>Reference: Implementation of the National Infection and Prevention Control Strategic Framework October 2021 Page 24</i></p>
Standard/Criterion/Measure	Feedback/Query received input	Decision
<p>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.</p> <p>2.2.3.1.3.1 Health care personnel are informed about prophylactic immunisations for high-risk infections.</p> <p>Assessment type: Staff interview - Risk rating: Essential measure</p> <p>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 compliant and score 0 if not compliant. Where the practice has less than three health care personnel available score not applicable for the other aspects.</p>	<p>Is it compulsory for personnel to be vaccinated against Hepatitis B?</p>	<p>Section 8 of the Occupational Health and Safety (OHS) Act places the general duty on employers to provide and maintain a working environment that is safe and without risk to the health of their employees..</p> <p>Medical surveillance: Means a planned programme or periodic examination (which may include clinical examinations, biological monitoring or medical tests) of employees by an occupational health practitioner or in prescribed cases, by an occupational medicine practitioner.</p> <p>The practice is required to inform healthcare personnel and not necessarily give the prophylactic immunisations.</p>
Standard/Criterion/Measure	Feedback/Query received input	Decision

<p>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.</p> <p>2.3.1.1.4.1 Medicines in the practice are stored and managed in accordance with Good Pharmacy Practice in South Africa.</p> <p>Assessment type: Observation - Risk rating: Vital measure</p> <p>Check whether the practice complies with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant.</p>	<p>Is the checklist applicable to practices who do not keep medicine for dispensing.</p>	<p>Mark not applicable for practices that do not dispense medicine. The instruction will be updated in the next version.</p>
Standard/Criterion/Measure	Feedback/Query received input	Decision
<p>Standard 2.5.3.1 15(1) The health establishment must ensure that engineering services are in place.</p> <p>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.</p> <p>2.5.3.1.1.4 An oxygen cylinder is available in the practice.</p> <p>Assessment type: Observation - Risk rating: Non-negotiable measure</p> <p>Verify whether an oxygen cylinder with a functional gauge is available, oxygen levels must not be below the minimum level indicated in the gauge.</p> <p><u>Not applicable:</u> Where an oxygen concentrator is used.</p> <p>2.5.3.1.1.5 Oxygen concentrator is available and functional.</p> <p>Assessment type: Observation - Risk rating: Non-negotiable measure</p> <p>Please note that where an oxygen concentrator is used, a backup electricity supply must be available to ensure</p>	<p>In case both the oxygen cylinder and the oxygen concentrator are not available, do we score the 2 measures (2.5.3.1.1.4 and 2.5.3.1.1.5) non-compliant or only one of them.</p>	<p>Score both non-compliant</p>

that the unit will be functional during interruptions in electricity supply. <u>Not applicable:</u> Where oxygen cylinders are used.		
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