

(11 November 2016 – to date)

HEALTH PROFESSIONS ACT 56 OF 1974

(Previously the Medical, Dental and Supplementary Health Service Professions Act)

(Government Notice 1874 in Government Gazette 4445 dated 16 October 1974. Commencement date: 21 February 1975 [Proc. No. R.52, Gazette No. 4594 dated 21 February 1975])

REGULATIONS DEFINING THE SCOPE OF PRACTICE OF CLINICAL ASSOCIATES, 2016

Government Notice 1390 in Government Gazette 40414 dated 11 November 2016. Commencement date:
11 November 2016.

The Minister of Health has, under section 61(1)(k) of the Health Professions Act, 1974 (Act No. 56 of 1974) and after consultation with the Health Professions Council of South Africa, made the Regulations in the Schedule.

(Signed)

DR. AARON MOTSOLEDI

MINISTER OF HEALTH

DATE: 10/10/2016

SCHEDULE

ARRANGEMENT OF REGULATIONS

1. Definitions
2. Acts deemed to be acts pertaining to the scope of practice of Clinical Associates
3. Conditions of practice
4. Short Title

1. Definitions

In these Regulations, unless the context otherwise indicates, "**Act**" means the Health Professions Act, 1974 (Act No. 56 of 1974), and any word or expression to which a meaning has been assigned in the Act bears that meaning -

"**clinical associate**" means a person registered as such under the Act;

"**professional board**" means the Medical and Dental Professions Board established in terms of section 15 of the Act.

2. Acts deemed to be acts pertaining to the scope of practice of Clinical Associates

The following acts are deemed to be acts pertaining to the scope of practice of clinical associates and must be performed within ethical rules of the Health Professions Council of South Africa and all applicable clinical protocols and strategies for all age groups:

- (a) Obtaining a patient's history and performing a physical examination of the patient in accordance with the clinical associate's level of education, training and experience;
- (b) ordering or performing diagnostic and therapeutic procedures for common and important conditions in South Africa and in accordance with the clinical associate's level of education, training and experience;
- (c) performing or ordering and interpreting the following investigations:

INVESTIGATIONS	
Performing finger prick blood tests (on accreditation compliant instrumentation under the guidance of an accredited laboratory according to Point of Care Testing guidelines).	HIV (including counselling), Haemoglobin, blood glucose, blood type, etc.
Ordering and interpreting X Rays	
Performing/ordering and interpreting ECG	
Performing/ordering urine tests and interpreting results	Dipstix, pregnancy test, Microscopy, Culture and Sensitivity (MC&S), etc.
Ordering stool tests and interpreting results	MC&S, etc.
Performing throat swab, ordering tests and interpreting results	MC&S, etc.
Collecting sputum samples, ordering tests and interpreting results	Acid Fast Bacillus (AFB), MC&S, etc.
Ordering blood tests and interpreting results	Full Blood Count (FBC)
	Liver Function Tests (LFT)
	Urea and Electrolytes (U&E)
	C-reactive protein (CRP), etc.

- (d) interpreting findings and formulating a diagnosis for common and emergency conditions referred to in paragraph (b) in accordance with clinical associate's level of education, training and experience;
- (e) performing the following procedures under supervision of a medical practitioner and in accordance with the clinical associate's level of education, training and experience:

AGE GROUP	PROCEDURE
All age groups	Administration of Oxygen
	Acute debriefing/Sharing bad news
	Administration of nebulisation
	Apply POP - all types
	Arterial blood gas - radial, femoral
	Check for union of fractures
	Cranial Nerve II-XII Examination
	Completion of J88 Assault Form
	Counselling - bad news
	Counselling - death
	Counselling - family/mental health
	Counselling- HIV
	Counselling - Pregnancy
	Defibrillation Automatic Emergency Defibrillator (AED)/ manual
	Death notification
	Dress abrasions and burns
	Foreign body removal - ear and nose
	Gastric Lavage
	Intravenous line insertion
	Inter costal drain insertion
	Injections -Intradermal
	Injections - Intramuscular
	Injections - Subcutaneous
	Lumbar Puncture (except in neonates)
	Mantoux
	Medical condition notification
	Metered Dose Inhaler technique and demonstration
	Nasogastric Tube Insertion
	Paraphimosis reduction
	Patient referral
	Peak Flow Meter use and Interpretation
	Pulse Oximetry
	Removal of foreign body - ear and nose
	Removal of POP
	Sick leave certification
	Snellen Visual Chart Exam
	Suprapubic aspiration/catheter insertion
	Syringe of ear/Ear irrigation
	Venipuncture

AGE GROUP	PROCEDURE
Adults and children 13 - 17 years	Aspiration and incision and drainage of abscess
	Assist in Caesarean Section
	Assist in closed fracture reduction
	Assist in diathermy/cautery
	Assist in emergency laparotomies
	Assist in epidural and spinal anaesthesia
	Assist in knee and other joint aspiration
	Assist in medico legal examination
	Assist in open reduction of fractures
	Assist in/perform reduction of joint dislocations
	Assist in tubal ligation
	Bag and mask ventilation
	Basic life support
	Bladder catheterisation - female
	Bladder catheterisation - male
	Blood transfusion
	Bone marrow aspiration
	Cardiopulmonary resuscitation (CPR)
	Cardiotocographic fetal heart monitoring
	Cautery/excision of condylomata
	Central line insertion - external jugular vein, femoral vein.
	Circumcision - uncomplicated
	Close surgical incisions (all layers)
	Cricothyroidotomy
	Cryotherapy
	Debridement of minor limb injuries
	Dilatation & Curettage
	Dilatation of pupil
	Drainage of simple hydrocele
	Dry mopping of ear
	Episiotomy - perform and suture (including repair of vaginal tears)
	Eye staining
	Excision of skin glands/cysts/ masses/lesions
	Fine Needle Aspiration - breasts and nodes
	Full spine immobilization & log roll
	Genital swabs
	Glasgow Coma Scale (GCS) assessment
	Glue lacerations
	Incision and drainage of Quinsy

AGE GROUP	PROCEDURE
	Incision and drainage of paronychia
	Instruction in use of crutches
	IV Infusion
	Incision and drainage of superficial abscess
	Incision of thrombosed haemorrhoid
	Intra- and post-operative observation
	Intrauterine contraceptive device insertion
	Insertion and removal of long-acting subdermal contraceptive implants
	Knee examination
	Leg ulcer chronic dressing
	Lymph node biopsy
	Meibomian abscess removal
	Mental health examination
	Mental Health History
	Mini Mental State (MMS) examination
	Normal vaginal delivery
	Oral airway/Laryngeal mask airway/other airway devices
	Oral endotracheal intubation
	Packing of nose
	Paracentesis
	PAP smear
	Portable ventilation
	Pre-op assessment
	Pleural tap; Pleural biopsy
	Preparation of malaria smear
	Reduction of shoulder dislocation
	Removal of K-wire
	Regional Blocks - penile
	Regional blocks - ring blocks
	Removal of foreign body - ear, eye, eyelid and vagina
	Restraining a patient
	Conscious sedation
	Skin applications (Podophyllin)
	Skin biopsy
	Skin grafts - small
	Sputum collection
	Stool specimen collection
	Suture lacerations
	Suturing ear

AGE GROUP	PROCEDURE
	Suturing eyelid
	Tamponade of epistaxis
	Trauma survey (primary & secondary)
	Triage
	Venous cut down
	Wound care and debridement
Children up to 12 years of age	Apply Gallow's traction
	Assist at lumbar puncture - Neonate
	Lumbar puncture - Children
	Hearing Screen
	Immunisations
	Intraosseous infusion
	Initiate Neonatal Resuscitation (bag and mask)
	Initiate Paediatric Resuscitation (bag and mask)
	Complete the Road to Health booklet
	Nutritional assessment
	Assess for and initiate CPAP in newborns with respiratory distress syndrome (RDS)
	Prescribe and initiate phototherapy in newborns

- (f) developing, implementing and monitoring a comprehensive management plan for common and important conditions;
- (g) issuing sick certificates for a period not exceeding 3 days, which must contain the name and contact details of the supervising medical practitioner;
- (h) prescribing medicines for common and important conditions according to the primary health care level Essential Drug List (EDL) and up to schedule IV, except in emergencies when appropriate drugs of higher schedules may be prescribed. The prescription must contain the name of the supervising medical practitioner. In the case of drugs not on the EDL the prescription must be countersigned by a medical practitioner;
- (i) being the required assistant at surgery;
- (j) making appropriate admissions, discharges and referrals;
- (k) performing any act delegated to him or her by the supervising medical practitioner in accordance with the education, training and experience of the clinical associate; and
- (l) assisting medical practitioners within district level health care services and with the focus on primary health care.

3. Conditions of practice

- (1) A clinical associate may not conduct an independent private practice.
- (2) A clinical associate may not act as a locum tenens for a medical practitioner.
- (3) The acts referred to in regulation 2 must be performed under the supervision of a medical practitioner identified by the service in which the clinical associate is working and must be available to the clinical associate at all times.
- (4) A clinical associate who has practised as a clinical associate for a continuous period of less than two years must perform the acts referred to in regulation 2 under the continuous and hands on supervision of a medical practitioner, and in the clinical setting alongside the supervising medical practitioner.
- (5) A clinical associate who has practised as a clinical associate for a continuous period of two to four years must perform the acts referred to in regulation 2 and report, in person, to the clinical associate's supervisor after each task: Provided that a clinical associate referred to in this subregulation must practise in the same component of a health facility as the supervising medical practitioner who must approve and countersign all the clinical associate's management plans or decisions.
- (6) A clinical associate who has practised as a clinical associate for a continuous period of five or more years may perform acts referred to in regulation 2 independently on a day to day basis and does not have to report to the supervising medical practitioner but must have personal or verbal access to the supervising medical practitioner's support when necessary.
- (7) A clinical associate must be identified by the title of Clinical Associate (abbreviation: Clin A) and must always be identifiable as such by patients and co-workers.

4. Short Title

These Regulations are called the Regulations Defining the Scope of Practice of Clinical Associates, 2016.