

at his address as shown in the register, calling upon him to submit his contract for inspection: Provided that upon good cause shown this period may be extended by the professional board.

Notes.—(i) The temporary appointment of an occupational therapist as a *locum tenens* for a period not exceeding six months shall be exempt from the requirements of this rule.

(ii) Transfers or promotions within a service will not be regarded as new appointments, and the positions concerned need not be readvertised.

18. SECRET REMEDIES, ETC.

(1) Making use in the conduct of his practice—

(a) of any form of treatment, apparatus or technical process which is secret or is claimed to be secret;

(b) of any apparatus which proves upon investigation to be incapable of fulfilling the claims made in regard to it.

19. CONSULTING ROOMS

Sharing consulting or waiting rooms with persons not registered with the council.

20. COUNCIL'S STATUTORY DUTIES

Any wilful act or omission which prevents or is calculated to prevent the council or professional board or the registrar from carrying out its/his statutory duties.

21. PERFORMANCE OF PROFESSIONAL ACTS BY OCCUPATIONAL THERAPISTS

(1) The performancy by occupational therapists, except in an emergency, of professional acts for the performance of which they are inadequately trained and/or insufficiently experienced.

(2) The performance under improper conditions and/or surroundings of professional acts, except in an emergency.

22. EXPLOITATION

Permitting himself to be exploited in a manner detrimental to the public or professional interest.

No. R. 2291

3 December 1976

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The Minister of Health on the recommendation of the South African Medical and Dental Council, hereby makes the following regulations in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974):

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY

1. In these regulations, unless the context otherwise indicates, "activity" means man's use of his mental and physical ability, his time, energy, interest and attention to predetermined objectives, such activities being solely those engaged in in the community for purposes other than treatment, and having a concrete or abstract end-product. These activities comprise—

(1) activities involving hygiene, grooming, dressing, eating, mobility, wheelchair dexterity, travel and communication, in order to encourage self-care, self-management and personal independence;

in die register vermeld staan, gepos is, waarin hy versoek word om sy kontrak ter insae voor te lê: Met dien verstande dat indien goeie gronde aangevoer word, hierdie tydperk deur die beroepsraad verleng kan word.

Opmerkings.—(i) Die tydelike aanstelling van 'n arbeidsterapeut as *locum tenens* vir 'n tydperk van hoogstens ses maande is van die vereistes van hierdie reël vrygestel.

(ii) Verplasings of bevorderings binne 'n diens word nie as nuwe aanstellings beskou nie en die betrokke poste hoef nie weer geadverteer te word nie.

18. GEHEIME GENEESMIDDELS, ENS.

(1) In sy praktyk gebruik maak van—

(a) enige vorm van behandeling, apparaat of tegniese proses wat geheim is of wat voorgegee word geheim te wees;

(b) enige apparaat wat by ondersoek blyk nie in staat te wees om te voldoen aan die aansprake wat ten opsigte daarvan gemaak word nie.

19. SPREEKKAMERS

Spreek- of wagkamers deel met persone wat nie by die raad geregistreer is nie.

20. WETLIKE PLIGTE VAN DIE RAAD

Enige opsetlike handeling of versuim wat verhinder, of wat daarop bereken is om te verhinder dat die raad of die beroepsraad of die registrateur sy wetlike pligte uitvoer.

21. VERRIGTING VAN PROFESSIONELE HANDLINGE DEUR ARBEIDSTERAPEUTE

(1) Die verrigting deur arbeidsterapeute van professionele handelinge, uitgesonderd in geval van nood, vir die verrigting waarvan hulle onvoldoende opleiding en/of ontoereikende ondervinding het.

(2) Die verrigting van professionele handelinge onder onbehoorlike omstandighede en/of in 'n onbehoorlike omgewing, uitgesonderd in geval van nood.

22. UITBUITING

Toelaat dat hy op 'n manier wat nadelig is vir die publieke of professionele belang uitgebuit word.

No. R. 2291

3 Desember 1976

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Minister van Gesondheid vaardig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die volgende regulasies uit kragtens artikel 33 (1) van die Wet op Geneesher, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974):

REGULASIES WAT DIE OMVANG VAN DIE BEROEP ARBEIDSTERAPIE OMSKRYF

1. In hierdie regulasies, tensy uit die samehang anders blyk, beteken "aktiwiteit" die mens se gebruik van sy geestes- en liggaamsvermoë, sy tyd, energie, belangstelling en aandag aan voorafbepaalde doelstellings; sodanige aktiwiteite is alleenlik dié wat in die gemeenskap vir ander doeleindes as behandeling aangewend word en 'n konkrete of abstrakte eindproduk het. Hierdie aktiwiteite bestaan in—

(1) aktiwiteite wat higiëne, persoonsversorging, aantrek, eet, beweeglikheid, rolstoelvaardigheid, reis en kommunikasie behels ter bevordering van selfversorging, selfstandigheid en persoonlike onafhanklikheid;

(2) work activities representative of fields of employment:

Artistic — agricultural — persuasive — constructional — mechanical — clerical — manual labour — service — domestic — operative;

(3) recreational activities which may be classified as follows:

Sports and games;
social activities;
creative pursuits;
intellectual activities;
collecting;
spectatorship;
activities relating to plants, animals and machinery;

(4) children's play activities.

2. The following acts are hereby specified as acts which shall for the purposes of the Act be deemed to be acts pertaining to the profession of occupational therapy. These acts comprise simultaneous physical and mental treatment by means of the patient's participation in activities similar to those engaged in daily life and work, and by techniques that make such participation possible, as well as the assessment of mental, physical and social functions, the treatment of dysfunction, and the reinforcement of healthy patterns. Methods of treatment are based on the application of physiological, psychodynamic and educational principles, the aim being to assist in diagnosis, to improve mental, physical and social functions to optimal levels, to prevent disabilities, to assist in the patient's adjustment to his disability; and, where possible, to aid the individual's re-integration into the community. Occupational therapy, as constituted by these acts, may, ~~at the discretion of or in consultation with a medical practitioner,~~ be prescribed for any medical, surgical or psychiatric condition, which may include acute conditions and static or progressive long-term conditions in individuals, from infancy to old age, in the early, intermediate and final stages of recovery. Treatment provided in occupational therapy, as constituted by these acts, may be specific to the presenting symptoms, supportive to the personality or rehabilitative to the total person. These acts comprise the application of procedures and programmes used in occupational therapy as a supplementary service to medicine and also comprise the application of activities and techniques in categories: Provided that these acts are performed in—

(a) the following diagnostic categories:

Disorders of sensation, including the special senses; disorders of muscle tone; disorders of muscle power and endurance; disorders of co-ordination; disorders of balance and equilibrium; disorders of joint range; disorders of body chemistry and metabolism; disorders of respiration; disorders of cardio-vascular function; loss or malformation of a body part; disturbance of consciousness; disturbance of volition; disturbance of intellect; disturbance of emotion; disturbance of perception; disturbance of psycho-social functioning; disturbance of psychomotor activity; psychosomatic conditions;

(b) the following treatment programmes, which may be presented independently or concurrently for each of the treatment areas:

(i) *Development of prophylactic programmes.*—The object of these programmes is to aid normal development, prevent disability and/or stabilise recuperative

(2) werkaktiwiteite wat verteenwoordigend is van werkgebiede:

Artistiek — landboukundig — oorredend — bouwerk — werktuigkundig — klerklik — handearbeid — diens — huishoudelik—operatief;

(3) ontspanningsaktiwiteite wat as volg geklassifiseer kan word:

Sport en speletjies;
sosiale aktiwiteite;
skeppende werksaamhede;
intellektuele aktiwiteite;
versamel;
toeskouerskap;
aktiwiteite wat verband hou met plante, diere en masjinerie;

(4) kinderspel-aktiwiteite.

2. Die volgende handeling word hierby bepaal as handeling wat vir die toepassing van die Wet geag word handeling te wees wat by die beroep arbeidsterapie tuis hoort. Hierdie handeling behels die gelyktydige liggaamlike en geestelike behandeling van die pasiënt deur middel van die pasiënt se deelname aan aktiwiteite soortgelyk aan dié wat in die daaglikse lewe en werk gevind word, en deur gebruikmaking van tegnieke wat hierdie deelname moontlik maak, asook die bepaling van geestelike, liggaamlike en sosiale funksies, die behandeling van disfunksie en die versterking van gesonde patrone. Behandelingsmetodes is gebaseer op die toepassing van fisiologiese, psigodinamiese en opvoedkundige beginsels, en die doel is om met diagnoseer te help, om geestelike, liggaamlike en sosiale funksies tot optimale vlakke te verbeter, om gestremdhede te voorkom, om die pasiënt te help om hom by sy gestremdheid aan te pas, en, waar moontlik, om die individu te help om in die gemeenskap gereïntegreer te word. Arbeidsterapie, bestaande in hierdie handeling, kan na goedgekeurde van of in oorleg met 'n geneesheer voorgeskryf word vir enige mediese, chirurgiese of psigiatrisiese toestand wat die volgende kan insluit: akute toestande en statiese of progressiewe langtermyn toestande by individue, van die kleinkinderjare tot bejaardheid, in die vroeë, oorgangs- en finale stadia van herstel. Behandeling verskaf in arbeidsterapie, bestaande in hierdie handeling, kan spesifiek gerig wees op die simptome soos hulle hul voordoen, of kan ter ondersteuning van die persoonlikheid aangewend word, of vir die persoon in sy geheel rehabiliterend wees. Hierdie handeling behels die aanwending van prosedures en programme wat in arbeidsterapie gebruik word as 'n diens ter aanvulling van die geneeskunde, en behels ook die aanwending van aktiwiteite en tegnieke in kategorieë: Met dien verstande dat hierdie handeling uitgevoer word in—

(a) die volgende diagnostiese kategorieë:

Afwykinge van sensasie, insluitende die sintuie; afwykinge van spiertonus; afwykinge van spierkrag en uithou vermoë; afwykinge van koördinasie; afwykinge van balans en ewewig; afwykinge van gewrigsbeweging; afwykinge van die chemiese werking van die liggaam en metabolisme; afwykinge van die asemhalingsstelsel; afwykinge van kardiovaskulêre funksie; verlies of misvorming van 'n liggaamsdeel; versteuring van bewussyn; versteuring van volisie; versteuring van intellek; versteuring van emosie; versteuring van persepsie; versteuring van psigososiale funksionering; versteuring van psigomotoriese aktiwiteit; psigosomatiese toestande;

(b) die volgende behandelingsprogramme, wat afsonderlik of gelyktydig op elk van die behandelingsterreine aangebied kan word:

(i) *Ontwikkeling van profilaktiese programme.*—Die doelwit van hierdie programme is om normale ontwikkeling aan te moedig, gestremdheid te voorkom en/of

gains and develop, maintain and protect existing functions and abilities. The activities selected use existing skills, capacities and strengths productively and provide an opportunity through which needs may be gratified and personal capacities and interests identified and linked with the environment to which the individual will return.

(ii) *Remedial and restorative programmes.*—The object of these programmes shall be to diminish, modify or compensate for the effects of pathology on function through the use of appropriate activities.

(iii) *Functional and adaptive behaviour programmes.*—The object of these programmes shall be to teach and promote independent functioning and to develop and enhance abilities which promote performance of age-determined life-tasks and roles. The activities shall afford graded experiences for learning and practising the necessary attitudes and skills.

(1) *The use of the following activities:*

(a) *Activities which may be used to build up an individual's ability to strive towards his own recovery.*—Activities that require varying degrees of participation, including: graded destructive activities; activities not requiring adherence to a particular standard; activities that only require the patient to imitate or follow the behaviour of others; activities requiring varying degrees of initiative; activities requiring adherence to standards and achievement of measurable goals; and activities which encourage the patient to strive for more than is expected of him.

(b) *Activities used to restore psychological function.*—Activities requiring various levels of consciousness and qualities of volition, intellect, emotion, reality orientation and testing, psychomotor activity, and self-concept and self-esteem. Activities requiring an individual to work alone or with others, to perform the activity for himself or for someone else, to perform the same or different activities from those around him, the said activities to be performed in competition with, together with or independently of others.

Activities requiring varying levels of verbal and non-verbal communication and varying degrees of participation.

Activities requiring varying levels of self-expression and routine, activities requiring various aptitudes, and activities requiring varying levels of intelligence.

(c) *Activities which may be used to restore physical function.*—Activities requiring particular ranges of movement of joints, movement with and without a load, varying degrees of muscle power and endurance, and varying speeds of movement and complexities of co-ordination of the trunk, limbs, hands and the senses.

Activities inhibiting abnormal reflex activity and facilitating automatic postural reactions.

Activities requiring lying or half-lying or sitting or standing or mobility, or those requiring a combination of two or more of these, or those stimulating the sequence of motor development.

Activities placing varying demands on the senses (i.e. sight, hearing, touch, pain, temperature and proprioception).

Activities improving cardio-respiratory function.

(d) *Activities which may be used to assist ill or disabled children to develop as normally as possible.*—Activities requiring perceptual, intellectual, social, physical and emotional content appropriate to each level of development. Activities requiring free or structured participation and representing all areas of play (imaginative, imitative, constructive and educational).

om herstellingsvordering te stabiliseer, en bestaande funksies en vermoëns te ontwikkel, in stand te hou en te beskerm. Die aktiwiteite wat gekies word, maak produktief gebruik van bestaande vaardighede, bekwaamhede en kragte, en bied 'n geleentheid waardeur behoeftes bevredig kan word en persoonlike vermoëns en belangstellings geïdentifiseer kan word en gekoppel kan word aan die omgewing waarheen die individu sal terugkeer.

(ii) *Remedêrende en herstellingsprogramme.*—Die doelwit van hierdie programme is om die uitwerking van patologie op funksie te verminder, te wysig of daarvoor te kompenseer deur gebruik te maak van geskikte aktiwiteite.

(iii) *Funksionele en gedragsaanpassingsprogramme.*—Die doelwit van hierdie programme is om onafhanklike funksionering te leer en te bevorder en om vermoëns wat die verrigtinge van leeftydsgewone take en rolle in die lewe bevorder, te ontwikkel en versterk. Die aktiwiteite verskaf gegradeerde ondervinding vir die aanleer en uitoefening van die nodige gesindhede en vaardighede.

(1) *Die aanwending van die volgende aktiwiteite:*

(a) *Aktiwiteite wat aangewend kan word ter uitbouing van 'n persoon se vermoë om na eie herstel te streef.*—Aktiwiteite wat verskeie grade van deelname vereis, insluitende: gegradeerde destruktiewe aktiwiteite; aktiwiteite wat nie voldoening aan 'n bepaalde standaard vereis nie; aktiwiteite wat slegs vereis dat die pasiënt die gedrag van andere naboots of navolg; aktiwiteite wat verskillende grade van inisiatief vereis; aktiwiteite wat voldoening aan standaarde en die bereiking van meetbare doelwitte vereis; en aktiwiteite wat die pasiënt aanmoedig om na meer te streef as wat van hom verwag word.

(b) *Aktiwiteite wat aangewend word om psigologiese funksies te herstel.*—Aktiwiteite wat verskillende vlakke van bewussyn en kwaliteite van volisie vereis, intellek, emosie, werklikheidsoriëntasie en toetsing, psigomotoriese aktiwiteit, en selfbegrip en eiewaarde. Aktiwiteite wat vereis dat 'n persoon alleen of saam met andere werk, om die aktiwiteit vir homself of vir iemand anders te verrig, om dieselfde of verskillende aktiwiteite van diegene om hom te verrig, en om genoemde aktiwiteite in wedywing met, tesame met, of onafhanklik van andere te verrig. Aktiwiteite wat verskillende vlakke van verbale en nie-verbale kommunikasie vereis, en verskillende grade van deelname.

Aktiwiteite wat verskillende vlakke van selfontplooiing en roetine vereis, aktiwiteite wat verskeie soorte aanleg vereis, en aktiwiteite wat verskillende vlakke van intelligensie vereis.

(c) *Aktiwiteite wat aangewend kan word om liggaamlike funksie te herstel.*—Aktiwiteite wat bepaalde grade van gewrigsbeweging vereis, beweging met en sonder 'n las, verskillende grade van spierkrag en uithou vermoë, en verskillende bewegingsnelhede en kompleksiteite van koördinasie van die romp, ledemate, hande en sintuie. Aktiwiteite wat abnormale refleksi-aktiwiteit inhibeer en outomatiese houdingsreaksies vergemaklik. Aktiwiteite wat die lê-, half lê-, sit-, of staanposisie vereis, of beweeglikheid of 'n kombinasie van twee of meer hiervan, of dié wat die opvolging van motoriese ontwikkeling stimuleer. Aktiwiteite wat verskillende eise aan die sintuie stel (d.w.s. gesig, gehoor, tas, pyn, temperatuur en proprioëpsie). Aktiwiteite wat kardiorespiratoriese funksie verbeter.

(d) *Aktiwiteite wat aangewend kan word om siek of gestremde kinders te help om so normaal as moontlik te ontwikkel.*—Aktiwiteite wat perseptuele, intellektuele, sosiale, liggaamlike en emosionele inhoud vereis wat pas by elke vlak van ontwikkeling. Aktiwiteite wat vrye of gestruktureerde deelname vereis en wat alle areas van spel verteenwoordig (verbeeldings-, nabootsend, konstruktief en opvoedkundig).

Activities providing opportunity for exploratory and spontaneous response.

Activities providing opportunities for task fulfilment and the introduction of pre-work habits.

(e) *Activities which may be used to restore and develop personal independence.*—Activities appropriate to self-care, homemaking, transference, moving about the community, and methods of communication for those who are dependent as a result of deformity or dysfunction and who may be in bed or in a wheelchair or ambulatory or using aids.

(f) *Activities which may be used to assess and restore work capacity.*—Activities representing fields of employment, selected with a view to their varying physical content, inter-personal demands and levels of skill, intellect and initiative. Activities in which a patient who is in bed or in a wheelchair or ambulatory, with or without aids, and with or without psychological and/or physical dysfunction and deformity, may participate.

(g) *Activities which may be used to evaluate and improve play, sport, recreational and social participation,* selected with a view to their varying physical requirements, inter-personal demands, participation and levels of skill and intellect.

(2) *The use of the following techniques, which may be integrated into any selected activity, or used to enable the patient to participate in any activity:*

(a) Techniques for the establishment of interpersonal relationships.

(b) Techniques of group handling which enable the occupational therapist to observe, modify and use the dynamics of the group.

(c) Techniques of child handling used to assist ill or disabled children to develop as normally as possible.

(d) Techniques of relaxation taught to relieve inhibiting tension before, during and after activity.

(e) Techniques to facilitate emotional expression and insight, and to assist in the modification of patterns of behaviour.

(f) Techniques of assessment and improvement of the higher mental functions including perception.

(g) Physiological techniques:

(i) Sensory input techniques to facilitate or inhibit muscle tone in preparation for and during participation in activities.

(ii) Techniques of active movement which may be assisted, free or resisted, using adapted or unadapted apparatus.

(h) Techniques for successfully applying:

(i) Appropriate assistive devices and suitable clothing for the disabled.

(ii) Environmental adaptations.

(iii) Therapeutic apparatus.

(i) Techniques of teaching normal or compensatory methods of functioning both with and without aids.

(j) Techniques for evaluating and improving the individual's motivation and ability to work, including formal tests, work samples and simulated work.

(k) Techniques of instructing and advising the patient his family and those associated with him, in matters concerning the patient's ability to function independently.

(l) Techniques of supporting and re-educating the patient during participation in activities which he will use to evaluate his behaviour and to learn and practise new attitudes.

Aktiwiteite wat geleentheid bied vir eksploratiewe en spontane responsies en reaksies. Aktiwiteite wat geleentheid bied vir taakvervulling en die invoer van pre-werkgewoontes.

(e) *Aktiwiteite wat aangewend kan word om persoonlike onafhanklikheid te herstel en ontwikkel.*—Aktiwiteite gerig op selfversorging, tuisteskepping, verplasing, verkeer in die gemeenskap en metodes van kommunikasie vir diegene wat as gevolg van deformiteit of disfunksie afhanklik is en bedlêend mag wees, of in 'n rolstoel sit, of ambulant is, of hulpmiddels gebruik.

(f) *Aktiwiteite wat aangewend kan word om werkvermoë te bepaal en te herstel.*—Aktiwiteite verteenwoordigend van werkgebiede, gekies met die oog op die verskille in hulle fisies inhoud, interpersoonlike eise en vlakke van vaardigheid, intellek en inisiatief. Aktiwiteite waaraan 'n pasiënt in die bed, in 'n rolstoel, ambulant, met of sonder hulpmiddels, en met of sonder psigologiese en/of liggaamlike disfunksie en deformiteit kan deelneem.

(g) *Aktiwiteite wat aangewend kan word om spel, sport, ontspanning en sosiale deelname te evalueer en te verbeter,* gekies met die oog op die verskille in liggaamlike en interpersoonlike vereistes, deelname en vlakke van vaardigheid en intellek.

(2) *Die gebruik van die volgende tegnieke wat by enige gekose aktiwiteit ingeskakel kan word of aangewend kan word om die pasiënt in staat te stel tot deelname aan enige aktiwiteit:*

(a) Tegnieke vir die skikking van interpersoonlike verhoudings.

(b) Groephanteringstegnieke wat die arbeidsterapeut in staat stel om die dinamika van die groep waar te neem, te wysig en te gebruik.

(c) Kinderhanteringstegnieke wat gebruik word om siek of gestremde kinders so normaal as moontlik te help ontwikkel.

(d) Ontspanningstegnieke wat geleer word om inhiberende spanning vóór, tydens en ná aktiwiteit te verlig.

(e) Tegnieke wat emosionele uiting en insig vergemaklik, en wat help om gedragspatrone te wysig.

(f) Tegnieke vir die bepaling en verbetering van die hoë geestelike funksies, insluitende persepsie.

(g) Fisiologiese tegnieke:

(i) Sensoriese tegnieke om spiertonus aan te help of te inhibeer ter voorbereiding op en gedurende deelname aan aktiwiteite.

(ii) Tegnieke van aktiewe beweging met ondersteuning, vry of met weerstand, met gebruikmaking van aangepaste of onaangepaste apparaat.

(h) Tegnieke wat lei tot die suksesvolle toepassing van—

(i) geskikte hulpmiddels en gepaste kleding vir die gestremde;

(ii) omgewingsaanpassings;

(iii) terapeutiese apparaat.

(i) Tegnieke vir die leer van normale of kompenserende metodes van funksionering, met of sonder hulpmiddels.

(j) Tegnieke waarmee die motivering van 'n persoon en sy vermoë om te werk, geëvalueer en verbeter word, insluitende formele toetse, werkmonsters en gesimuleerde werk.

(k) Tegnieke vir die voorligting en advisering van 'n pasiënt, sy familie en persone met wie hy te doen het, met betrekking tot aangeleenthede aangaande die vermoë van die pasiënt om onafhanklik te funksioneer.

(l) Tegnieke om die pasiënt te onderskraag en opnuut op te voed gedurende die pasiënt se deelname aan aktiwiteite wat hy sal gebruik om sy gedrag te evalueer en om nuwe lewenshoudings aan te leer en toe te pas.

(3) *The use of the following procedures:*

(a) *Assessment*.—This involves observing, testing and assembling all information and drawing conclusions about:

(i) *Pathology*.—The effects of pathology, both at referral and at regular intervals throughout treatment, measured in terms of ability and disability.

(ii) *Function*.—The functional ability of the individual is determined by his performance of activity.

(iii) *Activity*.—An analysis of the therapeutic potential of activity.

(b) *Selection*.—Choosing the appropriate treatment programme, which involves assessment of the individual, integration of relevant personal and medical information, and establishing aims and determining suitable activity.

(c) *Presentation*.—Presenting the appropriate treatment programme involves therapeutic inter-personal relationships, structuring the environment, and introducing activity which may subsequently be graded or modified.

(d) *Evaluation*.—Evaluating results and appraising the total programme.

(e) *Recommendation*.—Making recommendations to the individual and the appropriate members of the treatment team on the content and direction of his occupational therapy.

No. R. 2292

3 December 1976

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The Minister of Health, after considering a recommendation by the South African Medical and Dental Council, hereby in terms of section 34 (1) (a) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), declares the areas of the Republic of South Africa and the Territory of South-West Africa to be prescribed areas in respect of the profession of occupational therapy for the purposes of section 39 of the Act as from the date of the publication of this notice.

No. R. 2293

3 December 1976

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The Minister of Health, on the recommendation of the South African Medical and Dental Council, hereby makes the following regulations in terms of section 15 (5) and section 61 (1) (a) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), in substitution for the regulations published under Government Notice R. 1759 dated 4 October 1974:

REGULATIONS RELATING TO THE CONSTITUTION, POWERS, FUNCTIONS AND DUTIES OF THE PROFESSIONAL BOARD FOR CHIROPODY

to the following matters respectively:

Chapter I.—Constitution of the Professional Board.

Chapter II.—Powers of the Professional Board.

Chapter III.—Functions and Duties of the Professional Board.

DEFINITIONS

1. In these regulations—

“professional board” means the Professional Board for Chiropody established under Proclamation 8 of 1973;

“council” means the South African Medical and Dental Council.

(3) *Die gebruik van die volgende prosedures:*

(a) *Bepaling*.—Dit behels waarneming, toetsing, die versameling van alle inligting en die maak van gevolgtrekkings oor:

(i) *Patologie*.—Die gevolge van patologie, ten tyde van verwysing en by gereelde tussenpose gedurende behandeling, gemeet aan vermoë en gestremdheid.

(ii) *Funksie*.—Die funksionele vermoë van die persoon word bepaal deur sy aktiwiteitsverrigting.

(iii) *Aktiwiteit*.—’n Analise van die terapeutiese potensiaal van aktiwiteit.

(b) *Seleksie*.—Die keuse van ’n geskikte behandelingsprogram, wat die bepaling van die individu behels, die inskakeling van tersaaklike persoonlike en mediese inligting, asook die vasstelling van doelwitte en geskikte aktiwiteit.

(c) *Aanbieding*.—Die aanbieding van ’n geskikte behandelingsprogram omvat terapeutiese interpersoonlike verhoudings, strukturering van die omgewing en die invoer van aktiwiteit wat daarna gegradeer of aangepas kan word.

(d) *Evaluering*.—Die evaluering van resultate en die waardebeoordeling van die totale program.

(e) *Aanbeveling*.—Die doen van aanbevelings aan die individu en die betrokke lede van die behandelingspan in verband met die inhoud en doel van arbeidsterapie in sy geval.

No. R. 2292

3 Desember 1976

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Minister van Gesondheid, na oorweging van ’n aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, verklaar hierby ingevolge artikel 34 (1) (a) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), die gebiede van die Republiek van Suid-Afrika en die gebied Suidwes-Afrika tot voorgeskrewe gebiede ten opsigte van die beroep arbeidsterapie vir die toepassing van artikel 39 van die Wet vanaf die datum van publikasie van hierdie kennisgewing.

No. R. 2293

3 Desember 1976

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Minister van Gesondheid vaardig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die volgende regulasies uit kragtens artikel 15 (5) en artikel 61 (1) (a) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepes, 1974 (Wet 56 van 1974), ter vervanging van die regulasies uitgevaardig by Goewermentskennisgewing R. 1759 van 4 Oktober 1974:

REGULASIES BETREFFENDE DIE SAMESTELLING, WERKSAAMHEDE, BEVOEGDHEDE EN PLIGTE VAN DIE BEROEPSRAAD VIR CHIROPODIE

Die regulasies is verdeel in hoofstukke wat betrekking het op onderskeidelik die volgende aangeleenthede:

Hoofstuk I.—Samestelling van die beroepsraad.

Hoofstuk II.—Bevoegdheede van die beroepsraad.

Hoofstuk III.—Werkzaamhede en pligte van die beroepsraad.

WOORDOMSKRYWING

1. In hierdie regulasies beteken—

“beroepsraad” die Beroepsraad vir Chiropodie ingevolge Proklamasie 8 van 1973 ingestel;

“raad” die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad.

No. R. 1833

16 September 1977

**DIE SUID-AFRIKAANSE GENEESKUNDIGE
EN TANDHEELKUNDIGE RAAD**

WYSIGING VAN DIE REËLS WAT DIE HANDELINGE OF VERSUIME UITEENSIT TEN OPSIGTE WAARVAN TUGSTAPPE DEUR DIE BEROEPSRAAD VIR ARBEIDSTERAPIE EN DIE RAAD GEDOEN KAN WORD

Die Minister van Gesondheid het, kragtens artikel 50 (2) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), sy goedkeuring geheg aan die volgende wysiging, uitgevaardig deur die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad kragtens artikel 50 (1) gelees met artikel 61 (4) van die Wet, van die reëls afgekondig by Goewermentskennisgewing R. 2290 van 3 Desember 1976:

Die byvoeging by reël 21 van die volgende nuwe subreël:

“(3) Die behandeling van enige pasiënt tensy sodanige pasiënt deur 'n geregistreerde geneesheer verwys is.”.

No. R. 1834

16 September 1977

**DIE SUID-AFRIKAANSE GENEESKUNDIGE EN
TANDHEELKUNDIGE RAAD**

WYSIGING VAN DIE REGULASIES WAT DIE OMVANG VAN DIE BEROEP ARBEIDSTERAPIE OMSKRYF

Die Minister van Gesondheid wysig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 33 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974), die regulasies afgekondig by Goewermentskennisgewing R. 2291 van 3 Desember 1976, soos volg:

Deur die skraping van die volgende woorde in regulasie 2:

“na goeddunke van, of in oorleg met 'n geneesheer”.

No. R. 1835

16 September 1977

**DIE SUID-AFRIKAANSE GENEESKUNDIGE
EN TANDHEELKUNDIGE RAAD**

Die Minister van Gesondheid vaardig hierby, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die volgende regulasies uit kragtens artikel 61 (1) (i) (ivA) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoep, 1974 (Wet 56 van 1974):

**REGULASIES BETREFFENDE DIE REGISTRASIE
VAN STUDENTE IN ARBEIDSTERAPIE**

1. Elke student in arbeidsterapie aan 'n universiteit of opleidingsinrigting in die Republiek wat opleiding aanbied wat lei tot 'n kwalifikasie in arbeidsterapie wat die raad kragtens die bepalings van die Wet erken, moet ooreenkomstig die bepalings van regulasie 2 hiervan by die registrateur aansoek doen om registrasie as student in arbeidsterapie—

(1) in die geval van studente wat in die eerste studiejaar kursusse aan so 'n universiteit of opleidingsinrigting begin bywoon, binne twee maande nadat hulle aldus begin het; of

(2) in die geval van studente wat vrygestel is van die eerste, tweede of derde studiejaar, binne twee maande na aanvang van bywoning van onderskeidelik die tweede, derde of vierde studiejaar.

No. R. 1833

16 September 1977

**THE SOUTH AFRICAN MEDICAL AND DENTAL
COUNCIL**

AMENDMENT OF THE RULES SPECIFYING THE ACTS OR OMISSIONS IN RESPECT OF WHICH DISCIPLINARY STEPS MAY BE TAKEN BY THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY AND THE COUNCIL

The Minister of Health has, in terms of section 50 (2) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), approved the following amendment made by the South African Medical and Dental Council in terms of section 50 (1) read with section 61 (4) of the Act, to the rules published under Government Notice R. 2290 of 3 December 1976:

The addition of the following new subrule to rule 21:

“(3) The treatment of any patient unless that patient has been referred by a registered medical practitioner.”.

No. R. 1834

16 September 1977

**THE SOUTH AFRICAN MEDICAL AND DENTAL
COUNCIL**

AMENDMENT OF THE REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY

The Minister of Health, on the recommendation of the South African Medical and Dental Council, hereby in terms of section 33 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974), amends the regulations published under Government Notice R. 2291 of 3 December 1976, as follows:

By the deletion of the following expression in regulation 2:

“, at the discretion of or in consultation with a medical practitioner.”.

No. R. 1835

16 September 1977

**THE SOUTH AFRICAN MEDICAL AND DENTAL
COUNCIL**

The Minister of Health, on the recommendation of the South African Medical and Dental Council, hereby makes the following regulations in terms of section 61 (1) (i) (ivA) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act 56 of 1974):

REGULATIONS RELATING TO THE REGISTRATION OF OCCUPATIONAL THERAPY STUDENTS

1. Every occupational therapy student at a university or training institution in the Republic offering training leading to a qualification in occupational therapy which is recognised by the council under the provisions of the Act, shall submit to the registrar an application for registration as an occupational therapy student in accordance with the provisions of regulation 2 hereof—

(1) in the case of students commencing attendance at such university or training institution in the first year of study, within two months following such commencement; or

(2) in the case of students who have been exempted from the first, second or third year of study, within two months following their commencement of attendance in the second, third or fourth year of study, respectively.