



SASOHN

SOUTH AFRICAN SOCIETY OF
OCCUPATIONAL HEALTH
NURSING PRACTITIONERS
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POSITION STATEMENT ON THE ISSUING OF MEDICAL CERTIFICATES OF FITNESS BY OCCUPATIONAL HEALTH NURSES

INTRODUCTION

The issuing of medical certificates of fitness has been a contentious issue in the occupational health industry for many years. Numerous opposing views abound in the legal fraternity as well as in commerce and industry. SASOHN previously obtained legal advice on the matter. Its first position paper on issuing of medical certificates of fitness was published and circulated to members in 2009.

Since then, further legislative and regulatory developments have occurred necessitating the need to update SASOHN's views on the subject. In light of ongoing challenges faced by SASOHN's members in interpreting and applying the law pertaining to medical certificates of fitness, SASOHN has deemed it appropriate to publish a revised position statement.

The purpose of this revised position statement is to set out SASOHN's current views on the matter as well as to advise members of the legislative requirements and highlight the ethical considerations to be taken into account when seeking to comply with the various pieces of legislation which affect the practice of an occupational health nurse.

This revised position paper addresses the following:

- a) The legislative background to the issuing of medical certificates of fitness, including the Occupational Health and Safety Act, 1993 (Act 85 of 1993), the Mine Health and Safety Act, 1996 (Act 29 of 1996) and the Nursing Act, 2005 (Act 33 of 2005);
- b) The definition and interpretation of the rights and obligations of occupational health practitioners, including occupational medicine practitioners and occupational health nursing practitioners;

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- c) The impact of the current scope of practice of professional nurses under the Nursing Act, 2005; and
- d) Ethical challenges arising from the current legislative and regulatory framework.

A summary of the regulations and some legislation which assign occupational health functions to practitioners is contained in the annexures to this position statement.

ABBREVIATIONS

The following abbreviations are used in this position statement:

- Occupational Health and Safety Act, 1993 (Act 85 of 1993) - OHS Act
- Nursing Act, 2005 (Act 33 of 2005) - Nursing Act
- Health Professions Act, 1974 (Act 56 of 1974) – HPA
- Health Professions Council of South Africa – HPCSA
- South African Nursing Council – SANC
- Occupational health practitioner – OHP
- Occupational medicine practitioner – OMP
- Occupational health nursing practitioner – OHNP

DEFINITIONS

The meaning of certain defined terms used in the legislation and referred to in this position statement is explained below.

- Occupational Health Practitioner (OHS Act) – means
 - an occupational medicine practitioner or
 - a person who holds a qualification in occupational health recognised as such by -
 - the South African Medical and Dental Council (as it was, now replaced by the Health Professions Council of South Africa) as referred to in the Medical, Dental and Supplementary Health Service Professions Act, 1974 (now known as the Health Professions Act, 1974) or

- the South African Nursing Council as referred to in the Nursing Act, 1978 (now replaced by the Nursing Act, 2005);
- Occupational Medicine Practitioner (OHS Act) – means a medical practitioner as defined in the Health Professions Act, 1974 who holds a qualification in occupational medicine or an equivalent qualification which qualification or equivalent is recognised as such by the South African Medical and Dental Council (now the HPCSA);
- Professional Nurse (Nursing Act) - means a person registered as such in terms of section 31 of the Nursing Act. Section 30 (1) states that a professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice;
- Scope of practice (Nursing Act) - means the scope of practice of a practitioner that corresponds to the level prescribed for that category of practitioner by the Minister of Health;
- Medical practitioner (Health Professions Act, 1974) - means a person registered as such under the Health Professions Act.

LEGISLATIVE BACKGROUND

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

The OHS Act is the principle piece of legislation in South Africa which governs the health and safety of employees and others in the workplace. It contains the definition of an 'occupational health practitioner', set out above.

The OHS Act distinguishes between an Occupational Medicine Practitioner (OMP) and an Occupational Health Practitioner (OHP). The fundamental difference between the two lies in the qualifications that each of these practitioners is expected to hold.

- (i) An OMP refers only to a professional medical doctor who has a qualification and speciality in occupational medicine and who is recognised as such by the HPCSA. Examples of such qualifications and their designations are: DOM, DOH, MMed (Occ Med), FCPHM (SA) Occ Med.

- (ii) An OHP is a wider term and can refer to an OMP or a professional nurse who is recognised as an Occupational Health Nursing Practitioner (OHNP) by SANC.

Numerous sets of regulations have been promulgated under the OHS Act pertaining to various industries and types of work. Most recently, the Construction Regulations, 2014 (Government Gazette Notice R84 of 7 February 2014) have been put into effect. The Construction Regulations contain a requirement for employees of a construction contractor to be issued with a valid medical certificate of fitness issued by an OHP. A standardised format is provided as Annexure 3 to those regulations.

MINE HEALTH AND SAFETY ACT, 1996

A related law applicable specifically to mines, mining areas and works not otherwise covered by the OHS Act is the Mine Health and Safety Act, 1996. This act does not refer to an OHP but does refer to an OMP.

The occupational health duties set out in the Mine Health and Safety Act are reserved for OMPs and for this reason this position statement does not comment further on those duties. Instead, this position statement focusses on the duties placed on OHPs (as defined by the OHS Act), in particular, OHNPs.

NURSING ACT, 2005

The Nursing Act together with its associated regulations, rules and codes constitute the legal and ethical framework for the practice of nursing in South Africa.

A nurse may only practice if they are registered with SANC, as required by section 31 (1) of the Nursing Act, 2005. The practitioner's registration in one of five currently registrable categories is reflected on the annual practice certificate issued by SANC upon payment of the annual fee.

Currently, there remain only five categories of registration for nurse practitioners at SANC. These are: professional nurse, midwife, staff nurse, auxiliary nurse and auxiliary midwife. The Minister is empowered to create

other categories of persons registered to practise nursing and may prescribe further scopes of profession and practice for those categories as necessary.

The registration of additional qualifications is possible under regulations which were promulgated in 1993 (commonly referred to as Regulation 212, published in the Government Gazette on 19 February 1993). In terms of those regulations, practitioners (who must already be registered professional nurses) may complete one of seven additional clinical nursing qualifications which are registrable against their names as 'additional qualifications', in the register kept by SANC. Occupational Health Nursing is one of those seven additional qualifications which practitioners may hold.

Previously, SANC had approved short educational courses for registered nurses in, among others, occupational health nursing. However, SANC discontinued its approval of and listing of short courses in 2007.

Following discussions with SANC, it was agreed that those practitioners who hold listed short course qualifications (awarded prior to 2007) will continue to see these reflected on their annual practising certificate as 'listed qualifications'.

The current state of affairs regarding registration of nursing qualifications is thus:

- If a practitioner's occupational health qualification was not obtained under Regulation 212 (and the Teaching guide which accompanied it), that occupational health qualification will be shown as a 'listed qualification' by SANC on the annual practising certificate.
- If a practitioner enrolled for and completed the clinical nursing qualification in occupational health nursing science as per Regulation 212, this will be registered by SANC as a post-basic specialisation and displayed on the annual practising certificate.

THE SCOPE OF PRACTICE OF NURSES AND MIDWIVES UNDER THE NURSING ACT, 2005

Nurses within each registration category are expected to practise within their respective scopes of practice. Section 30 of the Nursing Act, 2005 describes the 'scope' of the profession of a professional nurse as follows: "*A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level*

prescribed and who is capable of assuming responsibility and accountability for such practice.”

Regulations relating to the scope of practice were published previously under the old Nursing Act, 1978 (Government Gazette Notice R2598 of 30 November 1984). To date, these have not been repealed. However, in 2013, the Minister of Health published proposed new regulations containing a revised scope of practice for nurses and midwives (Government Gazette Notice R786 of 15 October 2013). These proposed regulations were published for public comment but have yet to be promulgated in their final form.

Therefore, the current scope of practice applicable to professional nurses is still that which is contained in Chapter 2 of the previous regulations of 1984 which provides as follows:

- Regulation 2 lists certain acts and procedures which may be performed by registered (professional) nurses. Among these are the diagnosing of health needs and the prescribing, provision and execution of a nursing regimen to meet the needs of patients.
- ‘Diagnosing’ is defined to include the identification of and discrimination between signs and symptoms.
- ‘Health needs’ refers to those signs, symptoms and processes which denote an individual patient’s interaction with actual or potential health problems, requiring nursing intervention.

In contrast with the existing scope for registered nurses, the proposed scopes of practice regulations refer to the framework of competencies, practice standards and quality criteria applicable to the clinical practice of a professional nurse in providing comprehensive nursing care and management to patients.

A distinction between the current scope of practice and the proposed scope of practice regulations is the introduction in the latter of certain limitations on the practice of professional nurses. These proposed limitations are:

- A professional nurse-
 - may not set up a private practice without obtaining a license in terms of section 4(2)(i) of the Nursing Act, and
 - must comply with the provisions of section 56 of the Nursing Act as well as regulations made thereunder relating to the assessment, diagnosis, prescription, treatment, keeping and

supply of medication for prescribed illness and health related conditions.

In respect of both the above limitations, proposed regulations have yet to be finalised and brought into effect. This is necessary in order to establish the regulatory framework within which professional nurses are expected to comply with scope of practice requirements.

Neither the current scope of practice regulations nor the proposed scope of practice regulations expressly refer to or include occupational health nursing in a description of the scope of practice of a professional nurse. OHNPs are thus required to render nursing services in accordance with the current scope of practice for registered (professional) nurses, until such time as the categories of registration are changed or new scopes of practice peculiar to areas of nursing specialisation are introduced (see heading below).

CURRENT LEGISLATIVE AND ETHICAL CHALLENGES

(See Annexures A and B with reference to various pieces of legislation and regulations which specify who is responsible for certain occupational health functions.)

The provisions of the OHS Act and Nursing Act, 2005 and their respective regulations do not always coincide. The progressive revision of legislation together with different uses of terminology between statutes may make it difficult for OHNPs to interpret and apply the law.

A number of the challenges faced by OHNPs in seeking to apply the legislative requirements relating specifically to medical certificates of fitness arise due to uncertainty over procedure, qualification and the scope of practice.

Where legislation states that a particular practitioner, holding a particular qualification, must perform a particular function, then only *that practitioner* may perform the function, unless the power of delegation is assigned to the practitioner or someone else in that legislation itself or in regulations published thereunder.

Therefore, where either the OHS Act or the Nursing Act or their respective regulations require that a particular practitioner (eg. OMP or OHP) performs a particular function (eg. issue a certificate of fitness), then it is that specific practitioner who must perform that function, while remaining within their scope of practice.

The mentioned legislation does not afford a discretion to practitioners (or other interested role-players, such as employers) to change the process. Contravening the legislation - including the specific assignment of duties contained in the associated regulations - may lead to the imposition of penalties under Section 38 of the OHS Act.

- For example, it is considered an offence in the OHS Act to
 - record or make any statement in a document that is false in any material respect,
 - refuse or fail to comply to the best of one's ability with any requirement or request made by an inspector, or
 - wilfully or recklessly do anything at a workplace or in connection with the use of plant or machinery that threatens the health or safety of any person.

In addition, practitioners whose conduct contravenes the OHS Act may expose themselves to disciplinary and criminal proceedings by their own regulatory body (such as the HPCSA or SANC) to the extent that such conduct also constitutes unprofessional or unethical conduct according to the HPA or Nursing Act and the rules of their respective councils.

For nurses, the 'Regulations setting out the acts or omissions in respect of which the Council may take disciplinary steps' (published in 2014) set out some of the acts or omissions in respect of which SANC may take disciplinary steps against a practitioner. These include:

- the performance of professional acts in relation to the health care user which are beyond the nurse's scope of practice, except in cases of emergency;
- supporting or assisting any person in illegal practices or actions in any manner whatsoever;
- conducting oneself in a manner that harms the dignity or the honour of the nursing profession, and

- contravening the Code of Ethics published and enforced by SANC.¹

For the above reasons, OHNPs are rightly concerned with meeting the legislative requirements for the issuing of medical certificates of fitness and in remaining within their scope of practice as far as possible.

SASOHN'S VIEW

SASOHN recognises that compliance with the intersecting requirements of labour and healthcare laws outlined above is problematic for OHNPs, particularly in relation to the issuing of certificates of fitness. This has come to the fore again due to the recent coming into effect of the new Construction Regulations, 2014.

As mentioned above, the current system of registration of nurses by SANC does not provide for registration of a separate category of nurses as 'occupational health nurses'. This is expected to change in future once the revised registration and qualifications framework have been finalised by SANC, the Department of Health and its stakeholders. This revision process is ongoing at present (see heading below).

SASOHN has repeatedly engaged with SANC to obtain clarity on the status of occupational health nurses and their qualifications within the current framework. This clarity has been provided by SANC in its direct correspondence to SASOHN.

SANC has confirmed that nurses who have successfully completed training in occupational health nursing science and are registered with the additional qualification: 'post basic occupational health nursing science' are recognised by SANC as occupational health nurses and eligible to practice as such.²

Furthermore, SANC has confirmed that a listed qualification in occupational health nursing is recognised by SANC as a qualification in occupational health for purposes of the OHS Act and all regulations made under that Act.³

Until such time as the registration re-categorisation is complete, nurses who engage in occupational health nursing must either hold a certificate in occupational health nursing, (which is a listed qualification recognised by SANC), alternatively have completed the post-basic specialisation in occupational health nursing science which is recognised by SANC.

¹ Code of Ethics for Nursing Practitioners in South Africa – May 2013.

² Letter to President of SASOHN, dated 24 August 2011. Copy available on request.

³ Letter from SANC, dated 14 October 2010. Copy available on request.

Therefore, SASOHN's stance is that SANC has confirmed its policy with regards to the recognition of OHNPs, notwithstanding a register not having been opened yet for this category of nurses. Provided that an occupational health nurse holds the requisite qualification referred to above, this meets the definition of an OHP in the OHS Act and entitles such practitioner to all of the rights, duties and obligations attendant upon acting in that capacity under the OHS Act.

- This includes the issuing of certificates of fitness under the Construction Regulations, 2014 where those regulations require these certificates to be issued by an OHP.
- Notably, Annexure 3 to the Construction Regulations makes provision in its standard-form wording for signature by either an OMP or an OHNP. The formal requirements for the production and completion of medical certificates of fitness referred to in the Construction Regulations should be adhered to by practitioners at all times.

As explained above, the scope of practice of a registered (professional) nurse outlined in the old (1984) Scope of Practice Regulations does not explicitly refer to occupational health nursing. Certain proposed limitations are to be placed on the scope of practice of professional nurse by 'new' Scope of Practice Regulations. These limitations are not currently applicable since the new regulations have yet to be finalised and brought into force and effect. The limitations also require certain enabling regulations to be enacted before they become operable and applicable to nurses who are subject to the 'new' scope of practice.⁴

Notwithstanding that the proposed limitations on the scope of practice are not yet applicable due to the absence of the enabling regulations yet to be promulgated under the Nursing Act, practitioners should continue to apply the existing law with regards to, among other things, the keeping, supply, administering or prescribing of medicines (contained in Regulation GNR 2418 of 1984 read together with the Medicines and Related Substances Control Act, 101 of 1965) until such time as proposed changes to the law are brought into effect.

SASOHN does not believe that the omission of reference to occupational health nursing in the current (1984) scope of practice applicable to nurses and midwives necessarily excludes this type of nursing from its application. As stated above and recognised in SASOHN's numerous dealings with SANC

⁴ For example, regulations pertaining to conditions under which private practice may be licenced have yet to be promulgated (per SANC correspondence dated 17 October 2013).

on this issue, the current registration and qualification dispensation is admittedly in a state of flux. For this reason the decision of SANC to recognise those practitioners who hold a listed qualification in occupational health nursing is to be interpreted as evidence of SANC's policy intention. SASOHN is confident that certainty concerning the scope of practice will be achieved by the revision of the registration and qualification dispensation, which is currently underway.

Until such time as that process is completed, SASOHN's position is that it is acceptable for professional nurses who hold either a listed qualification in occupational health nursing or who have achieved a post-basic specialisation in occupational health nursing to act as OHPs and to perform the services which accompany that designation without fear of disciplinary action being taken by their regulatory authority (SANC) which has given recognition to that designation under the OHS Act.

SASOHN wishes to remind members to exercise caution in only performing acts for which they are qualified in terms of the current educational framework as well as the current (1984) scopes of practice. This is important, as any claim arising from the performance of occupational health functions where legislation (including that listed in annexures below) expressly required an OMP to perform such a function at the time the claim arose, may not be covered under the SASOHN professional indemnity insurance scheme. SASOHN professional indemnity insurance is only intended to cover the professional nurse working in an occupational health environment but within their scope of practice as contained in legislation. Details of the professional indemnity insurance available to SASOHN members and what it intends to cover may be obtained from the secretariat.

SUMMARY

An OHP is a reference to a person who holds a qualification in occupational health and who is recognised by the HPCSA or SANC in terms of the Nursing Act, 2005. For professional nurses, their qualification in occupational health should reflect as either an additional qualification or a listed qualification on their annual practising receipt.

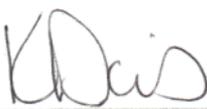
Only those functions legally assigned to an OHP (and which adhere to the current scope of practice in terms of the relevant legislation) may be performed by an OHP. Ethical and legal consequences may arise for any practitioner who wilfully contravenes the relevant legislation.

Concerning the recognition of occupational health nurses within the current nursing regulatory framework, the pronouncement which SASOHN has received directly from SANC is that for purposes of the OHS Act (and including regulations published under that statute), the Council recognises a listed qualification (which is either the certificate or post-basic specialisation) as a qualification in occupational health.

In circumstances where a statute or regulation states that a medical certificate of fitness must be signed by an OMP, then an OMP must sign the certificate after conducting the examination.

Where an OMP is legally mandated with determining the medical fitness of an employee, the OMP can only do this with all results at hand and in such instances the OHNP must send all documentation with the employee to the OMP to enable the OMP to complete the examination of the employee and issue the certificate of fitness.

Kindest Regards



(K. DAVIES)
SASOHN NATIONAL PRESIDENT

ANNEXURE A - REGULATIONS PROMULGATED IN TERMS OF THE OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

PLEASE NOTE

Below are examples of instances where legislation prescribes who is the person responsible for certain occupational health functions, including the issuing of certificates of fitness. It is the responsibility of each Occupational Health Nursing Practitioner to familiarize themselves with all legislation applicable to their workplace and to determine their responsibilities as set out in the legislation.

ITEM	REGULATION & TITLE	REGULATION / SECTION	PARTY TO PERFORM FUNCTION
1	Asbestos Regulations, GNR155, dated 10 February 2002	Reg 9 (1) Reg 9 (3)	Occupational Medical Practitioner. Occupational Health Practitioner may as set out in Regulation 9 (2) (a), perform an initial health evaluation, but may not sign off

ITEM	REGULATION & TITLE	REGULATION / SECTION	PARTY TO PERFORM FUNCTION
		Reg 9 (2) (b)	on the COF. Valid period of medical –at intervals not exceeding two years, or at shorter intervals specified by an Occupational Medical Practitioner.
2	Construction Regulations, GNR84, dated 7 February 2014 <ul style="list-style-type: none"> • (tower cranes) • (construction vehicles and mobile plants, including forklifts) • (suspended platforms) 	Reg 22 (f) Reg 7 (8)	Occupational Health Practitioner. All tests and examinations as contemplated in paragraphs (a) and (b) shall be conducted according to a written medical protocol.
		Reg 23 (1) (d) (ii)	Occupational Health Practitioner.
		Reg 17 (2) (c) (i)	Annexure 3 – Occupational Medical Practitioner and Occupational Health Nurse Practitioner.
3	Diving Regulation No R41, dated 29 January 2010	Reg 19 (1) Reg 19 (2) Reg 10 (3)	Designated Medical Practitioner application to chief inspector - DOL and registered with the HPCSA only with reference to scope of application. Designated Medical Practitioners who have completed a recognised underwater medicine course. Valid period of medical –A diver shall report for a medical examination to a Designated Medical Practitioner at least once every twelve months.
4	Environmental Regulations for Workplaces, GNR2281 dated 16 October 1987 : Thermal Requirements (cold)	Reg 2 (2) (c) Reg 2 (2) (c)	Registered Medical Practitioner or Registered Nurse in accordance with a protocol prescribed by the Registered Medical Practitioner. Valid period of medical – the employee is, beforehand and thereafter, at intervals not exceeding one year, certified fit to work in such environment.
5	Environmental Regulations	Reg 2 (4) (b)	Registered Medical Practitioner or

ITEM	REGULATION & TITLE	REGULATION / SECTION	PARTY TO PERFORM FUNCTION
	for Workplaces, GNR2281 dated 16 October 1987 : Thermal Requirements (hot)	(i) Reg 2 (4) (b) (i)	a Registered Nurse according to a protocol prescribed by such practitioner. Valid period of medical – have every such employee beforehand and thereafter, at intervals not exceeding one year, certified fit to work in such environment.
6	Hazardous Biological Agents Regulations, GNR1390, dated 27 December 2001	Reg 8 (2) (a) & 8 (1) (c) Reg 8 (2) (c)	Occupational Health Practitioner. Valid period of medical - All tests and examinations as contemplated in paragraphs (a) and (b) shall be conducted according to a written medical protocol.
7	Hazardous Chemical Substance Regulations, GNR 1179 dated 25 August 1995 (7)	Reg 7 (2) (a) Reg 7 (3) Reg 7 (2) (b)	Occupational Health Practitioner. The Occupational Health Practitioner may act as set out in Regulation 7 (2) (a), to perform an initial health evaluation, but may not certify. At intervals not exceeding two years, or at intervals specified by an Occupational Medical Practitioner.
8	Lead Regulations, GNR236, dated 28 February 2002	Reg 8 (1) (c) & 8(3)	Occupational Medical Practitioner. Validity period – Various as per Annexure A to the Regulations.
9	Noise Induced Hearing Loss Regulations, GNR307, dated 7 March 2003 SABS code 10083:2013	Reg 8 (2) (d) Reg 8 (2) (b) (i) and Reg 8 (2) (b) (ii)	Competent person as per definition. Any person with a qualification in audiometry and registered with SASOHN, may complete and interpret audiograms. Validity period – consists of a periodic audiogram which is conducted in accordance with SABS standards and which, during the first three years of employment, is obtained at least annually and thereafter at intervals which may be extended to a maximum period of two

ITEM	REGULATION & TITLE	REGULATION / SECTION	PARTY TO PERFORM FUNCTION
			<p>years if no referral threshold shift is evident: Provided that-</p> <p>(i) employees working in, or required to enter, noise zones where the noise exposure equals or exceeds an 8-hour rating level of 105 dBA shall undergo audiometric testing at 6-monthly intervals until it is established that no referral threshold shift is evident and thereafter the interval between tests may be extended to a maximum interval of one year; and</p> <p>(ii) employees who are regularly exposed to gunshots or other explosive events during their working day shall undergo audiometric tests at time intervals in accordance with subparagraph (1).</p>

ANNEXURE B – OTHER LEGISLATION

ITEM	REGULATION OR LEGISLATION & TITLE	REGULATION	PARTY TO PERFORM FUNCTION
1	Civil Aviation Act, 2009 (Act No 13 of 2009), more particularly, the Civil Aviation Regulations, 2011 contained in GNR425 dated 1 June 2012	Reg 67.00.4	<p>Designated Aviation Medical Examiner.</p> <p>The Medical Examiner referred to is defined to mean a physician, with training in aviation medicine and practical knowledge and experience of the aviation environment, who is designated to conduct medical examinations of fitness of applicants for licenses or ratings for which medical requirements are prescribed, and in the context of these Regulations, refers to the aviation medical examiner designated in terms of Part 67.</p> <p>A Medical Assessor means a physician, qualified and experienced in the practice of aviation medicine, who evaluates medical reports submitted to the South African Civil Aviation Authority by medical examiners.</p>
2	Forklift driver (see 2 above)	<p>Annexure 3</p> <p>Road Traffic Act – Section 1</p>	<p>(Occupational Medical Practitioner /Occupational Health Nurse Practitioner).</p> <p>"occupational health practitioner" means an Occupational Health Professional as defined in the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), who has successfully completed a health assessment course and was duly accredited to perform the functions of an Occupational Health Professional.</p>
3	Merchant Shipping Act, 1951 (Act No 57 of 1951)	<p>Section 87</p> <p>Section 92</p>	<p>Holder of certificate incapacitated by ill-health.</p> <p>Cadets and apprentice-officers to be declared fit by a Medical</p>

ITEM	REGULATION OR LEGISLATION & TITLE	REGULATION	PARTY TO PERFORM FUNCTION
		<p>Section 101 (1)</p> <p>Section 111(5)</p> <p>Section 1</p>	<p>Practitioner</p> <p>Crew Medical Practitioner</p> <p>Young persons as trimmers or firemen (Validity for young persons: (5) A certificate such as is referred to in subsection (4) shall be effective for a period of six months from the date on which it is signed: Provided that if the said period of six months expires at some time during the course of the voyage of the ship in which the young person is employed, the certificate shall remain effective until the end of the voyage.)</p> <p>"medical practitioner" means—</p> <p>(a) at a place in the Republic, a person registered as such under the Medical, Dental and Supplementary Health Service Professions Act 56 of 1974; or</p> <p>(b) at a place outside the Republic, a person who is entitled to practise as such under the law in force in that place.</p>
4	<p>Merchant Shipping (EYESIGHT AND MEDICAL EXAMINATION) Regulations, 2004 (GNR 1197 of 15 October 2004)</p> <p>(Regulation 19 - Transitional provisions for Medical Practitioners)</p>	<p>Reg 3</p> <p>Reg 18 (1)</p>	<p>Approved Medical Practitioners to do medical examinations</p> <p>"medical examiner" means an approved MP contemplated in regulation 18 or 19;</p> <p>Approval of Medical Practitioner</p> <p>A MP may be approved for the purposes of the Act, and in particular sections 87, 92, 101 and 111 thereof, if he or she—</p> <p>(a) holds a qualification in occupational health recognised by the Authority; or</p>

ITEM	REGULATION OR LEGISLATION & TITLE	REGULATION	PARTY TO PERFORM FUNCTION
		<p>Reg 13 (1)</p> <p>Reg 23 (1)</p> <p>(2)</p> <p>Reg 3</p> <p>Reg 24</p>	<p>(b) has at least three years practical experience in medically examining seafarers.</p> <p>Period of validity of medical certificate</p> <p>Except as provided in subregulation (2) and (3), and subject to regulation 14 and section 111(5) of the Act, a medical certificate is valid from the date of issue for a period of 12 months.</p> <p>Issue and period of validity of eyesight certificate</p> <p>The eyesight examiner must issue an applicant who passes the eyesight tests with an eyesight certificate in the approved form.</p> <p>An eyesight certificate is valid from the date of issue for a period of 12 months.</p> <p>"eyesight examiner" means a person designated under regulation 24.</p> <p>The Authority may designate as an eyesight examiner for the purposes of this Part any person who, in the Authority's opinion, is qualified to be so designated.</p>
5	Mine Health and Safety Act No. 29 of 1996, as amended – exit certificates in terms of section 17	Section 13 and 17 (4)	Occupational Medical Practitioner
6	National Road Traffic Act, 1996 more particularly, the National Road Traffic	Reg 103 (1) (c)	(over 65 years old) Medical Practitioner or Occupational Health Practitioner

ITEM	REGULATION OR LEGISLATION & TITLE	REGULATION	PARTY TO PERFORM FUNCTION
	<p>Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part II: Learner's and Driving Licenses - Manner of Application for Learner's License</p>		
7	<p>National Road Traffic Act, 1996 more particularly, the National Road Traffic Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part II: Instructors</p>	Reg 114 (A) (2) (b)	Medical Practitioner or Occupational Health Practitioner
8	<p>National Road Traffic Act, 1996 more particularly, the National Road Traffic Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part II: Disqualification from Obtaining Professional Driving Permit</p>	Reg 117 (b)	Medical Practitioner or Occupational Health Practitioner
9	<p>National Road Traffic Act No. 93 of 1996, more particularly, the National Road Traffic Regulations GNR225, dated 17 March 2000, as amended</p> <p>Chapter V: Fitness of Drivers Part II: Application for professional driving permit</p>	Reg 118 (2) (e)	Medical Practitioner