

## DEPARTMENT OF HEALTH

NO. 1052

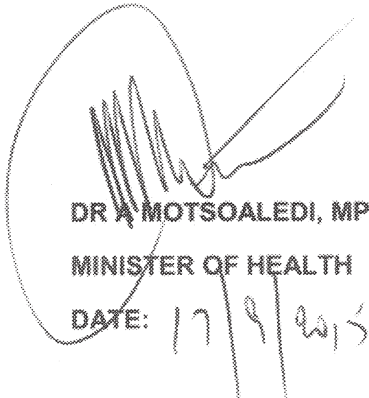
03 NOVEMBER 2015

TRADITIONAL HEALTH PRACTITIONERS ACT 2007  
(ACT NO. 22 OF 2007)

## TRADITIONAL HEALTH PRACTITIONERS REGULATIONS 2015

I, Dr Aaron Motsoaledi, Minister of Health intends, in terms of Section 47 read with Section 21 of the Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007), and after consultation with the Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments in writing on the proposed Regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Traditional Medicine, [mbedzf@health.gov.za](mailto:mbedzf@health.gov.za)), within three months from the date of publication of this notice.



DR A. MOTSOALEDI, MP  
MINISTER OF HEALTH  
DATE: 17/9/2015

## SCHEDULE

### 1. DEFINITIONS

In these Regulations, a word or expression to which a meaning has been assigned in the Act, bears the meaning so assigned and, unless the context otherwise indicates-

"Practitioner" means Traditional Health Practitioner registered in terms of section 21 of the Act;

"Registrar" means the person appointed as such as contemplated in section 18 of the Act; and

"the Act" means Traditional Health Practitioners Act 2007 (Act No.22 of 2007).

### 2. REGISTRATION OF TRADITIONAL HEALTH PRACTITIONERS

(1) Any person wishing to be registered as a traditional health practitioner must apply on FORM THPA1 to the Registrar to be registered and practice as Practitioner as contemplated in Section 21 of the Act.

(2) The application form must be accompanied by fees as stipulated in the Table of Fees as may be determined from time to time by Council.

(3) The Registrar must enter the name of the person who meets the requirements contemplated in Section 21 in the register and issue the practice certificate to the person registered as such.

### 3. CATEGORIES OF TRADITIONAL HEALTH PRACTICE THAT MUST UNDERGO EDUCATION OR TRAINING

The following categories of traditional health practice must undergo education or training at any accredited training institution or educational authority or with any traditional tutor:

- (a) Divination;
- (b) Herbalism;
- (c) Traditional birth attendant's practice; and
- (d) Traditional surgeon (circumcision) practice.

#### 4. REGISTRATION OF STUDENTS

(1) Any person who wishes to register as a student Practitioner must lodge an application with the Registrar as follows:

- (a) Complete the application form attached as **FORM THPA2** to these Regulations.
- (b) The application form must be accompanied by fees as stipulated in the Table of Fees as determined from time to time by Council.
- (c) The certified copies of the following documents must be attached to the application form:
  - (i) South African Identity book or card;
  - (ii) Letter from accredited institution or traditional tutor; and
  - (iii) ABET Level 1 or equivalent.
- (d) The onus is with the Tutor to ensure that students they train are registered with council. A student should register with Council within 30 days of being admitted by the Institution/ Tutor.
- (e) It is an offence to train a student who is not registered with the Council.

#### 5. MINIMUM STANDARD OF EDUCATION

No one may be registered as a student practitioner unless he or she has attained an ABET Level 1 educational level or equivalent and has in his or her possession letter of admission indicating the training or course to be done from the tutor or institution registered and accredited by the Council to provide or offer the training or course.

#### 6. DURATION OF EDUCATIONAL PROGRAMME

(1) The Divination student must attend or undergo training for minimum period of twelve months in which period the student practitioner must learn at least diagnosis, preparation of herbs, and traditional consultation.

(2) The student herbalist must undergo training for a minimum period of twelve months in which period the student must learn to identify and prepare herbs, sustainable collection of herbs and dispense herbs and consultation.

(3) The student traditional birth attendant must undergo training for a minimum period of twelve months during which the practitioner must learn issue of conception, pregnancy, delivery of baby and, pre and post natal care.

(4) The student traditional surgeon (circumcision) practice must undergo training for at least five years during which the practitioner must observe in three initiation schools and do supervised practice for two years.

#### **7. THE MINIMUM AGE AND STANDARDS OF GENERAL EDUCATION**

(1) The student practitioners for Divination and Herbalism, must be at least 18 years, and Traditional Surgeon and Traditional Birth Attendant must be 25 years old, to qualify for registration for a certificate entitling the holder thereof to registration in terms of this Act.

(2) The student practitioner contemplated in sub regulation (1) must at least have attained the Level 1 ABET or equivalent.

#### **8. THE REGISTRATION BY THE COUNCIL OF PERSONS UNDERTAKING EDUCATIONAL COURSES OR UNDERTAKING TRAINING**

The Council must register the persons undergoing training on a **FORM THPA3** on payment of fee as determined or reflected in the Table of Fees attached to these Regulations.

#### **9. THE REGISTRATION OF STUDENTS OF TRADITIONAL HEALTH PRACTICE, INCLUDING THE RECORDING OF PARTICULARS RELATING TO THEIR TRAINING AND PROOF OF THE FULFILMENT OF THE REQUIREMENTS THEREOF**

(1) The registered students must submit or cause to be submitted the log book that details the observations and procedures undergone.

(2) The log book must be signed by the Institution or Tutor as proof of the fulfilment of the requirements for the qualification.

(3) The student must submit the certificate of completion of the training from their Institution or Tutor to the Council.

#### **10. THE CIRCUMSTANCES UNDER WHICH ANY APPLICANT FOR THE REGISTRATION OF ANY CATEGORY OR SPECIALITY MAY BE EXEMPTED FROM ANY OF SUCH REQUIREMENTS**

The applicant who, on promulgation of these Regulations, is a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon may be registered as such by the Registrar on the basis of the

documentary proof he or she may produce to the Registrar, or on basis that the community regarded him or her to a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon.

**11. PROCEDURE TO DISPOSE APPLICATION FOR FEES CHARGED BY PRACTITIONER**

(1) The council must, on receipt of an application contemplated in Section 42(3) of the Act, request the Practitioner to submit the statement of account detailing services rendered to the patient.

(2) Upon receipt the statements of account referred to Sub-regulation (1) above, the Council must consider such statement in relation to the services rendered within a month of receipt thereof.

(3) The Council must make a determination of the amount which, in their opinion, should have been charged by the Practitioner for the services rendered to the patient to which the account relates.

(4) The Council must in writing inform both the Practitioner and the patient of their determination.

(5) Practitioners should display and inform the amount that the patient will be charged. Any deviation to the prescribed maximum should be motivated in writing to the patient.

(6) Council may take disciplinary measures to any contravention of the Regulations.

**12. SHORT TITLE**

These Regulations are called Traditional Health Practitioners Regulations 2015.

<p><b>TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA</b></p> <p><b>THPA 1</b></p>	<p><b>APPLICATION FOR REGISTRATION</b></p>
<p><i>NON COMPLIANT APPLICATION WILL BE REJECTED.</i></p> <p>Please <b>PRINT</b> and return the <b>ORIGINAL FORM</b> to:                  The Registrar ITHPC, Private Bag X828 Pretoria 0001 by registered mail for ease of tracking mail.                  Civitas Building, 242 Thabo Sehume Street, Pretoria 0001</p>	<p><b>For office use only</b></p> <p>Date received: _____</p> <p>Receipt No: _____</p> <p>Amount: _____</p> <p>Province: _____</p>

**1. PLEASE MARK THE RELEVANT CATEGORY OF REGISTRATION CLEARLY**

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	

**PERSONAL DETAILS**

2. (Prof, Dr, Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_

3. Full First Name(s): \_\_\_\_\_

4. Race: \_\_\_\_\_ 5. Gender \_\_\_\_\_ (required for statistical purposes)

6. Nationality \_\_\_\_\_

7. Identity number: \_\_\_\_\_ (attach copy of photograph page of ID)

8. Postal address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_

9. Residential address: \_\_\_\_\_

10. Tel: (Home): ( ) \_\_\_\_\_ (Cell): ( ) \_\_\_\_\_

(Fax): ( ) \_\_\_\_\_ (E-mail): \_\_\_\_\_

**THE FOLLOWING IS SUBMITTED IN SUPPORT OF THE APPLICATION**

11. Proof of payment of the registration fee plus pro rata annual fee.
12. A certified copy of identity document or birth certificate.
13. Proof of qualification as THP (If any).
14. Character reference by 3 contactable people not related to you.
15. Highest standard passed: \_\_\_\_\_(attach certified copy, if any)

I hereby declare that I am the person referred to in the attached documents. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me at present.

**SIGNATURE:** ..... **Date:** .....

Return this application together with payment/proof of payment and relevant documents to:

**The Registrar**

**Interim Traditional Health Practitioners Council**

**Private Bag X 828**

**PRETORIA**

**0001**

<p><b>TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA</b></p> <p><b>THPA2</b></p>	<p><b>APPLICATION FOR REGISTRATION (STUDENT)</b></p>
<p><i>NON COMPLIANT APPLICATION WILL BE REJECTED.</i></p> <p>Please PRINT and return the ORIGINAL FORM to: The Registrar ITHPC, Private Bag X 828, Pretoria 0001 by registered mail for ease of tracking mail. Civitas Building, 242 Thabo Sehume Street, Pretoria 0001</p>	<p style="text-align: center;"><u>For Office use only</u></p> <p>Date received: _____</p> <p>Receipt number: _____</p> <p>Amount paid: _____</p> <p>Province: _____</p>

1. PLEASE MARK THE RELEVANT CATEGORY OF REGISTRATION CLEARLY

STUDENT DIVINER	
STUDENT HERBALIST	
STUDENT TRADITIONAL BIRTH ATTENDANT	
STUDENT TRADITIONAL SURGEON	

**PERSONAL DETAILS**

2. (Prof, Dr, Mr, Mrs, Miss) \_\_\_\_\_ Surname: \_\_\_\_\_
3. Full Name(s): \_\_\_\_\_
4. Race: \_\_\_\_\_ 5. Gender \_\_\_\_\_ (required for statistical purposes)
6. Nationality \_\_\_\_\_
7. Identity number: \_\_\_\_\_ (attach copy of photograph page of ID)
8. Postal address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_
9. Residential address: \_\_\_\_\_
10. Tel: (Home): (    ) \_\_\_\_\_ (Cell): (    ) \_\_\_\_\_  
 (Fax): (    ) \_\_\_\_\_ (E-mail): \_\_\_\_\_



**The following documented information is submitted in support of the application**

- 11. Proof of payment for the Registration fee.
- 12. A copy of certified identity document or birth certificate.
- 13. Letter from accredited institution or traditional tutor
- 14. Highest standard passed or any equivalent to ABET Level 1
- 15. In respect of which THP Category (if any) are you already registered with the council - state council registration number(s) and list Categories: \_\_\_\_\_
- 16. Please indicate the minimum duration that the training will take and whether it is a full-time class attendance or part-time class attendance \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all the information provided and documentation submitted is true and correct.

**SIGNATURE:** ..... **Date:** .....

Return this application together with payment/proof of payment and relevant documents to:  
**The Registrar**  
**Interim Traditional Health Practitioners Council**  
**Private Bag X 828**  
**PRETORIA**  
**0001**

<p><b>TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA</b></p> <p><b>THPA 3</b></p>	<p><b>APPLICATION FOR REGISTRATION (TRAINERS)</b></p>
<p><i>NON COMPLIANT APPLICATION WILL BE REJECTED.</i></p> <p>Please PRINT and return the ORIGINAL FORM to:</p> <p>The Registrar ITHPC, Private Bag X828 Pretoria 0001 by registered mail for ease of tracking mail. Civitas Building, 242 Thabo Sehume Street, Pretoria 0001</p>	<p><b>For office use only</b></p> <p>Date received: _____</p> <p>Receipt No: _____</p> <p>Amount: _____</p> <p>Province: _____</p>

1. PLEASE MARK THE RELEVANT CATEGORY OF INTREST CLEARLY

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	
OTHER (Specify)	

**PROVIDER DETAILS**

2. Training Institution: \_\_\_\_\_

3. Physical address: \_\_\_\_\_

4. Postal address: \_\_\_\_\_

Code: \_\_\_\_\_

5. Purpose of application: Provision of

Module

Course

Practical Skill

6. Has the above been accredited elsewhere?

Yes

No

7. (If yes), name the accreditation No. and the accreditation Body: \_\_\_\_\_

8. Duration of the Training \_\_\_\_\_

9. Tutors Qualifications: \_\_\_\_\_

## 10. Contact Details

<b>CONTACT PERSON 1</b>	Title: Mr; Mrs; Prof; Dr	
	Full Name:	
	Contact No:	
	Cell No:	
	Fax No:	
	Email Address:	
<b>CONTACT PERSON 2</b>	Title: Mr; Mrs; Prof; Dr	
	Full Name:	
	Contact No:	
	Cell No:	
	Fax No:	
	Email Address:	

**THE FOLLOWING IS SUBMITTED IN SUPPORT OF THE APPLICATION**

11. Proof of registration fee.
12. A certified copy of applicant identity document.
13. Certified copies of Tutors qualifications.
14. Copies of Teaching/Learning Materials.
15. Proof of Physical Address of the Institution.

I hereby certify that all the information provided and documentation submitted is true and correct.

**SIGNATURE:** ..... **Date:** .....

TABLE OF FEES		
	Regulation	Amount
1	Regulation 2 (1) - Application for registration as a traditional health practitioner :	R 200,00
2	Regulation 4 (1) - Application for registration as a student practitioner : <b>FORM THPA2</b>	R 100,00 (Year 1) R50.00 subsequent years
3	Regulation 8 - Registration by Council of persons providing courses or training: <b>FORM THPA3</b>	R 500,00

Return this application together with payment/proof of payment and relevant documents to:

**The Registrar**

**Interim Traditional Health Practitioners Council**

**Private Bag X 828**

**PRETORIA**

**0001**