

GOVERNMENT NOTICE**DEPARTMENT OF HEALTH**

No. R. 717

04 AUGUST 2006

HEALTH PROFESSIONS ACT, 1974 (ACT NO. 56 OF 1974)**ETHICAL RULES OF CONDUCT FOR PRACTITIONERS REGISTERED UNDER THE HEALTH PROFESSIONS ACT, 1974**

The Health Professions Council of South Africa has, in consultation with the professional boards and with the approval of the Minister of Health, under section 49 read with section 61(2) and 61A (2) of the Health Professions Act, 1974 (Act No. 56 of 1974), made the rules in the Schedule.

SCHEDULE**Definitions**

1. In these rules, any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context indicates otherwise -

“Act” means the Health Professions Act, 1974(Act No. 56 of 1974);

“annexure” means an annexure to these rules;

“association” means a form of practising where two or more practitioners practise for their own account, but share communal assets or facilities;

“board” means a professional board established in terms of section 15 of the Act;

“canvassing” means conduct which draws attention, either verbally or by means of printed or electronic media, to one’s personal qualities, superior knowledge, quality of service, professional guarantees or best practice;

“**close collaboration**” means consultation by a practitioner at one stage or another in the treatment of a patient with another practitioner and the furnishing by the latter practitioner, at the end of such treatment, of a report on the treatment to the practitioner whom he or she consulted;

“**dental specialist**” means a dentist who has been registered as a specialist in a speciality or subspeciality in dentistry in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended;

“**dispensing optician**” means a person registered as such in terms of the Act and the Rules for the registration of Dispensing Opticians, published under Government Notice No. R. 2339 of 3 December 1976;

“**impairment**” means a mental or physical condition which affects the competence, attitude, judgement or performance of professional acts by a registered practitioner;

“**independent practice**” means a practice where a registered health profession is conducted by a health practitioner without the supervision of another health practitioner;

“**itinerant practice**” means a practice which a practitioner conducts on a regular basis at a location other than at his or her resident practice address;

“**medical scientist**” means a person registered under the Act as a biomedical engineer, clinical biochemist, genetic counsellor, medical biological scientist or medical physicist;

“**medical specialist**” means a medical practitioner who has been registered as a specialist in a speciality or subspeciality in medicine in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended;

“**optometrist**” means a person registered as such under the Act;

“**pharmaceutical concern**” means a company registered as such under the Pharmacy Act, 1974 (Act No. 53 of 1974);

“**practitioner**” means a person registered as such under the Act and, in the application of rules 5, 6 and 9 of these rules, also a juristic person exempted from registration in terms of section 54A of the Act;

“**private practice**” means the practice of a health practitioner who practises for his or her own account, either in *solus* practice, or as a partner in a partnership, or as an associate in an association with other practitioners, or as a director of a company established in terms of section 54A of the Act;

“**public company**” means a company registered as such under the Companies Act, 1973 (Act No. 61 of 1973);

“**public service**” means a service rendered by the state at the national, provincial or local level of government and includes organizations which function under its auspices or are largely subsidized by the state or recognized by a board for the purposes of these rules;

“**resident practice**” means a place where a registered health practitioner conducts his or her practice on a daily basis;

“**section**” means a section of the Act;

“**specialist**” means a practitioner who is registered as a specialist in a speciality or subspeciality (if any) in terms of the Regulations relating to the Specialities and Subspecialities in Medicine and Dentistry, published under Government Notice No. R. 590 of 29 June 2001 as amended, and who confines his or her practice to such speciality or subspeciality;

“**supervision**” means the acceptance of liability by a supervising practitioner for the acts of another practitioner; and

“**touting**” means conduct which draws attention, either verbally or by means of printed or electronic media, to one’s offers, guarantees or material benefits.

Interpretation and application

2. (1) Failure by a practitioner to comply with any conduct determined in these rules or an annexure to these rules shall constitute an act or omission in respect of which the board concerned may take disciplinary steps in terms of Chapter IV of the Act.

- (2) Conduct determined in these rules or an annexure to these rules shall not be deemed to constitute a complete list of conduct and the board concerned may therefore inquire into and deal with any complaint of unprofessional conduct which may be brought before such board.
- (3) At an inquiry referred to in subrule (2) the board concerned shall be guided by these rules, annexures to these rules, ethical rulings or guidelines and policy statements which the board concerned or council makes from time to time.

Advertising and canvassing or touting

3. (1) A practitioner shall be allowed to advertise his or her services or permit, sanction or acquiesce to such advertisement: Provided that the advertisement is not unprofessional, untruthful, deceptive or misleading or causes consumers unwarranted anxiety that they may be suffering from any health condition.
- (2) A practitioner shall not canvass or tout or allow canvassing or touting to be done for patients on his or her behalf.

Information on professional stationery

4. (1) A practitioner shall print or have printed on letterheads, account forms and electronic stationery information pertaining only to such practitioner's –
 - (a) name;
 - (b) profession;
 - (c) registered category;
 - (d) speciality or subspeciality or field of professional practice (if any);
 - (e) registered qualifications or other academic qualifications or honorary degrees in abbreviated form;
 - (f) registration number;
 - (g) addresses (including email address);
 - (h) telephone and fax numbers;
 - (i) practice or consultation hours;
 - (j) practice code number; and
 - (k) dispensing licence number (if any).
- (2) A group of practitioners practising as a juristic person which is exempted from registration in terms of section 54A of the Act or a group of practitioners practising in partnership, shall print or have printed on letterheads, account forms and electronic stationery information pertaining only to such juristic person or partnership practitioners' -

- (a) name;
 - (b) profession;
 - (c) registered category;
 - (d) speciality or subspeciality or field of professional practice (if any);
 - (e) registered qualifications or other academic qualifications or honorary degrees in abbreviated form;
 - (f) registration number;
 - (g) addresses (including email address);
 - (h) telephone and fax numbers;
 - (i) business hours;
 - (j) practice code number;
 - (k) exemption from registration in terms of section 54A of the Act; and
 - (l) dispensing licence number (if any).
- (3) A practitioner shall not use prescription forms or envelopes on which the name or address of a pharmacist is printed.

Naming of a practice

5. (1) A practitioner shall use his or her own name or the name of a registered practitioner or practitioners with whom he or she is in partnership or with whom he or she practises as a juristic person, as a name for his or her private practice.
- (2) A practitioner referred to in subrule (1) may retain the name of such private practice even if another practitioner, partner of such partnership or member of such juristic person is no longer part of such private practice: Provided that the express consent of the past practitioner or, in the case of a deceased practitioner the consent of the executor of his or her estate or his or her next-of-kin, has been obtained.
- (3) A practitioner shall not use, in the name of his or her private practice, the expression "hospital", "clinic" or "institute" or any other expression which may give the impression that such private practice forms part of, or is in association with, a hospital, clinic or institute.

Itinerant practice

6. A practitioner may conduct a regularly recurring itinerant practice at a place where another practitioner is established if, in such itinerant practice, such practitioner renders the same level of service to patients, at the same fee as the service which he or she would render in the area in which he or she is conducting a resident practice.

7. Fees and commission

7. (1) A practitioner shall not accept commission or any material consideration, (monetary or otherwise) from a person or from another practitioner or institution in return for the purchase, sale or supply of any goods, substances or materials used by him or her in the conduct of his or her professional practice.
- (2) A practitioner shall not pay commission or offer any material consideration, (monetary or otherwise) to any person for recommending patients.
- (3) A practitioner shall not offer or accept any payment, benefit or material consideration (monetary or otherwise) which is calculated to induce him or her to act or not to act in a particular way not scientifically, professionally or medically indicated or to under-service, over-service or over-charge patients.
- (4) A practitioner shall not share fees with any person or with another practitioner who has not taken a commensurate part in the services for which such fees are charged.
- (5) A practitioner shall not charge or receive fees for services not personally rendered, except for services rendered by another practitioner in his or her employment or with whom he or she is associated as a partner, shareholder or locum tenens.

Partnership and juristic persons

8. (1) A practitioner shall practise only in partnership or association with or employ a practitioner who is registered under the Act, and only in respect of the profession for which such practitioner is registered under the Act.
- (2) A practitioner shall practise in or as a juristic person who is exempted from registration in terms of section 54A of the Act only if such juristic person complies with the conditions of such exemption.
- (3) A practitioner shall practise in a partnership, association or as a juristic person only within the scope of the profession in respect of which he or she is registered under the Act.
- (4) A practitioner shall not practise in any other form of practice which has inherent requirements or conditions that violate or potentially may violate one or more of these rules or an annexure to these rules.

Covering

9. (1) A practitioner shall employ as a professional assistant or locum tenens or in any other contractual professional capacity for a period not exceeding six months, only a person -

- (a) who is registered under the Act;
 - (b) whose name currently appears on a register kept by the registrar under section 18 of the Act; and
 - (c) who is not suspended from practising his or her profession.
- (2) A practitioner shall help or support only a person registered under the Act, the Pharmacy Act, 1974 (Act No. 53 of 1974), the Nursing Act, 1978 (Act No. 50 of 1978), the Social Service Professions Act, 1978 (Act No. 110 of 1978), the Dental Technicians Act, 1979 (Act No. 19 of 1979), or the Allied Health Professions Act, 1982 (Act No. 63 of 1982), if the professional practice or conduct of such person is legal and within the scope of his or her profession.

Supersession

10. A practitioner shall not supersede or take over a patient from another practitioner if he or she is aware that such patient is in active treatment of another practitioner, unless he or she –
- (a) takes reasonable steps to inform the other practitioner that he or she has taken over the patient at such patient's request; and
 - (b) establishes from the other practitioner what treatment such patient previously received, especially what medication, if any, was prescribed to such patient and in such case the other practitioner shall be obliged to provide such required information.

Impeding a patient

11. A practitioner shall not impede a patient, or in the case of a minor, the parent or guardian of such minor, from obtaining the opinion of another practitioner or from being treated by another practitioner.

Professional reputation of colleagues

12. A practitioner shall not cast reflections on the probity, professional reputation or skill of another person registered under the Act or any other Health Act.

Professional confidentiality

13. (1) A practitioner shall divulge verbally or in writing information regarding a patient which he or she ought to divulge only -
- (a) in terms of a statutory provision;

- (b) at the instruction of a court of law; or
 - (c) where justified in the public interest.
- (2) Any information other than the information referred to in subrule (1) shall be divulged by a practitioner only -
- (a) with the express consent of the patient;
 - (b) in the case of a minor under the age of 14 years, with the written consent of his or her parent or guardian; or
 - (c) in the case of a deceased patient, with the written consent of his or her next-of-kin or the executor of such deceased patient's estate.

Retention of human organs

14. (1) A practitioner shall only for research, educational, training or prescribed purposes retain the organs of a deceased person during an autopsy.
- (2) The retention of organs referred to in subrule (1) shall be subject -
- (a) to the express written consent given by the patient concerned during his or her lifetime;
 - (b) in the case of a minor under the age of 14 years, to the written consent of such minor's parent or guardian; or
 - (c) in the case of a deceased patient who had not previously given such written consent, to the written consent of his or her next-of-kin or the executor of his or her estate.

Signing of official documents

15. A student, intern or practitioner who, in the execution of his or her professional duties, signs official documents relating to patient care, such as prescriptions, certificates (excluding death certificates), patient records, hospital or other reports, shall do so by signing such document next to his or her initials and surname printed in block letters.

Certificates and reports

16. (1) A practitioner shall grant a certificate of illness only if such certificate contains the following information -
- (a) the name, address and qualification of such practitioner;
 - (b) the name of the patient;
 - (c) the employment number of the patient (if applicable);
 - (d) the date and time of the examination;

- (e) whether the certificate is being issued as a result of personal observations by such practitioner during an examination, or as a result of information which has been received from the patient and which is based on acceptable medical grounds;
 - (f) a description of the illness, disorder or malady in layman's terminology with the informed consent of the patient: Provided that if such patient is not prepared to give such consent, the practitioner shall merely specify that, in his or her opinion based on an examination of such patient, such patient is unfit to work;
 - (g) whether the patient is totally indisposed for duty or whether such patient is able to perform less strenuous duties in the work situation;
 - (h) the exact period of recommended sick leave;
 - (i) the date of issue of the certificate of illness; and
 - (j) the initial and surname in block letters and the registration number of the practitioner who issued the certificate.
- (2) A certificate of illness referred to in subrule (1) shall be signed by a practitioner next to his or her initials and surname printed in block letters.
- (3) If preprinted stationery is used, a practitioner shall delete words which are not applicable.
- (4) A practitioner shall issue a brief factual report to a patient where such patient requires information concerning himself or herself.

Issuing of prescriptions

17. (1) A practitioner authorized in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), to prescribe medicines shall issue typewritten, handwritten, computer-generated, pre-typed, pre-printed or standardized prescriptions for medicine scheduled in Schedules I, 2, 3 and 4 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), subject thereto that such prescriptions may be issued only under his or her personal and original signature.
- (2) A practitioner authorized in terms of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), to prescribe medicines shall issue handwritten prescriptions for medicine scheduled in Schedules 5, 6, 7 and 8 of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965), under his or her personal and original signature.

Professional appointments

18. (1) A practitioner shall accept a professional appointment or employment from employers approved by the council only in accordance with a written contract of appointment or employment which is drawn up on a basis which is in the interest of the public and the profession.
- (2) A written contract of appointment or employment referred to in subrule (1) shall be made available to the council at its request.

Secret remedies

19. A practitioner shall in the conduct and scope of his or her practice, use only –
- (a) a form of treatment, apparatus or health technology which is not secret and which is not claimed to be secret; and
 - (b) an apparatus or health technology which proves upon investigation to be capable of fulfilling the claims made in regard to it.

Defeating or obstructing the council or board in the performance of its duties

20. A practitioner shall at all times cooperate and comply with any lawful instruction, directive or process of the council, a board, a committee of such board or an official of council and in particular, shall be required, where so directed to -
- (a) respond to correspondence and instructions from the council, such board, a committee of such board or an official of council within the stipulated time frames; and
 - (b) attend consultation at the time and place stipulated by the council, such board, a committee of such board or an official of council.

Performance of professional acts

21. A practitioner shall perform, except in an emergency, only a professional act -
- (a) for which he or she is adequately educated, trained and sufficiently experienced; and
 - (b) under proper conditions and in appropriate surroundings.

Exploitation

22. A practitioner shall not permit himself or herself to be exploited in any manner.

Medicine

23. (1) A practitioner shall not participate in the manufacture for commercial purposes, or in the sale, advertising or promotion of any medicine or in any other activity which amounts to trading in medicine.
- (2) A practitioner shall not engage in or advocate the preferential use or prescription of any medicine, if any valuable consideration is derived from such preferential use or prescription.
- (3) The provisions of subrules (1) and (2) shall not prohibit a practitioner from -
- (a) owning shares in a listed company;
 - (b) manufacturing or marketing medicines whilst employed by a pharmaceutical concern;
 - (c) whilst employed by a pharmaceutical concern in any particular capacity, performing such duties as are normally in accordance with such employment; or
 - (d) dispensing in terms of a licence issued in terms of the Medicines and Related Substances Act, 1965.
- (4) A practitioner referred to in subrule (3) shall display a conspicuous notice in his or her waiting room and also, if appropriate, verbally inform his or her patient about the fact that he or she -
- (a) owns shares in a listed public company which manufactures or markets the medicine prescribed to such patient; or
 - (b) is in the employ of the pharmaceutical concern which manufactures such medication.
- (5) A practitioner may prescribe or supply medication: Provided that such practitioner has ascertained the diagnosis of the patient concerned through a personal examination of such patient or by virtue of a report by another practitioner under whose treatment such patient is or has been.
- (6) In the case of a patient with a chronic disease the provision of subrule (5) shall not apply.

Financial interest in hospitals

24. (1) A practitioner who has a financial interest in a private clinic or hospital shall refer a patient to such clinic or hospital only if a conspicuous notice is displayed in his or her waiting room indicating that he or she has a financial interest in such clinic or hospital and if such patient is verbally informed about the fact that the said practitioner has an interest in such clinic or hospital to which such patient is being referred.
- (2) A practitioner referred to in subrule (1) shall not participate in the advertising or promotion of any private clinic or hospital, or in any other activity which amounts to such advertising or promotion for personal gain.
- (3) A practitioner referred to in subrule (1) shall not engage in or advocate the preferential use of any private clinic or hospital, if any valuable consideration is derived by such practitioner from such preferential use.
- (4) The provisions of subrule (3) shall not prohibit such practitioner from owning shares in a listed public company.
- (5) A practitioner referred to in subrule (4) shall display a conspicuous notice in his or her waiting room and also verbally inform his or her patient about the fact that he or she -
- (a) owns shares in a listed public company which manages such private clinic or hospital to which he or she is referring such patient;
 - (b) is the owner or part owner of such private clinic or hospital; or
 - (c) is in the employ of such private clinic or hospital or the listed public company that owns such private clinic or hospital.
- (6) A practitioner may admit a patient to such private clinic or hospital: Provided that such practitioner -
- (a) has ascertained the diagnosis of the patient concerned through a personal examination of such patient or by virtue of a report by another practitioner under whose treatment such patient is or has been;
 - (b) has informed such patient that such admission in such private clinic or hospital was necessary for his or her treatment; and
 - (c) has obtained such patient's consent for admission to such private clinic or hospital.

Reporting of impairment or of unprofessional, illegal or unethical conduct

25. (1) A student, intern or practitioner shall -
- (a) report impairment in another student, intern or practitioner to the board if he or she is convinced that such student, intern or practitioner is impaired;

- (b) report his or her own impairment or suspected impairment to the board concerned if he or she is aware of his or her own impairment or has been publicly informed, or has been seriously advised by a colleague to act appropriately to obtain help in view of an alleged or established impairment, and
- (c) report any unprofessional, illegal or unethical conduct on the part of another student, intern or practitioner.

Research, development and use of chemical, biological and nuclear capabilities

26. (1) A practitioner who is or becomes involved in research, development or use of defensive chemical, biological or nuclear capabilities shall obtain prior written approval from the board concerned to conduct such research, development or use.
- (2) In applying for written approval referred to in subrule (1), such practitioner shall provide the following information to the board concerned:
- (a) Full particulars of the nature and scope of such research, development or use;
 - (b) whether the clinical trials pertaining to such research have been passed by a professionally recognized research ethics committee;
 - (c) that such research, development or use is permitted in terms of the provisions of the World Medical Association's Declaration on Chemical and Biological Weapons; and
 - (d) that such research, development or use is permitted in terms of the provisions of the applicable international treaties or conventions to which South Africa is a signatory.

Dual registration

27. A health practitioner who holds registration with more than one statutory council or professional board shall at all times ensure that -
- (a) no conflict of interest arises from such dual registration in the rendering of health services to patients;
 - (b) patients are clearly informed at the start of the consultation of the profession in which the practitioner is acting;
 - (c) informed consent regarding the profession referred to in paragraph (b) is obtained from the said patient;
 - (d) patients are not consulted in a dual capacity or charged fees based on such dual consultation; and
 - (e) the ethical rules applicable at a given moment to the profession in which the practitioner is acting, are strictly adhered to.

Repeal

28. The Rules Specifying the Acts or Omissions in respect of which Disciplinary Steps may be taken by a Professional Board and the Council, published under Government Notice No. R. 2278 of 3 December 1976 and Government Notice No. R. 1379 of 12 August 1994, as amended by Government Notice No. R. 1405 of 22 December 2000 are hereby repealed.

ME TSHABALALA-MSIMANG

MINISTER OF HEALTH

ANNEXURE 12

PROFESSIONAL BOARD FOR PSYCHOLOGY

RULES OF CONDUCT PERTAINING SPECIFICALLY TO THE PROFESSION OF PSYCHOLOGY

A psychologist shall adhere to the following rules of conduct in addition to the rules of conduct referred to in rules 2 to 27. Failure by such psychologist to comply with the rules of conduct listed herein shall constitute an act or omission in respect of which the board may take disciplinary steps in terms of Chapter IV of the Act.

Definitions

1. In these rules, any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates –

“Act” means the Health Professions Act, 1974(Act No.56 of 1974);

“**barter**” means the acceptance of goods, services or other non-monetary remuneration from clients in return for psychological services;

“**board**” means the Professional Board for Psychology established in terms of section 15 of the Act;

“**children**” means persons 14 years and younger and the word “child” has a similar meaning;

“**client**” means a user of psychological services, irrespective of whether the recipient of such services is an individual, a family, a group, an organisation or a community;

“**competency**” means the ability to conduct the psychological acts in which a psychologist was trained and in which he obtained a qualification as prescribed in terms of the Act;

“**confidential information**” means any information conveyed in confidence to a psychologist by a client, colleague, collateral source or another professional;

“**health committee**” means a committee established by the council in terms of section 10(1) and the regulations made under section 51 of the Act;

“**intern**” means a person registered as an intern in psychology under the Act;

“**psychological services**” means the acts of psychological assessment, diagnosis and intervention rendered to a client;

"psychologist" includes a person registered under the Act as a psychologist, registered counsellor, psychometrist, psycho-technician, intern in psychology or student in professional psychology;

"psychometrist" means a person registered as a psychometrist in terms of the Act;

"psycho-technician" means a person registered as a psycho-technician in terms of the Act;

"registered counsellor" means a person registered as a registered counsellor in terms of the Act;

"section" means a section of the Act;

"sexual harassment" means any act of sexual solicitation, physical advances, or verbal or non-verbal conduct that is sexual in nature that is committed by a psychologist in the course of his or her professional activities and that is unwelcome or offensive or creates an untenable situation in the workplace or educational environment;

"student" means a person registered under the Act as a student in professional psychology;

"test data" means the test protocols, record forms, scores and notes regarding an individual's responses to test items in any medium;

"the code" means these rules.

CHAPTER 1 PROFESSIONAL COMPETENCE

General

2. (1) A psychologist shall develop, maintain and encourage high standards of professional competence to ensure that clients are protected from professional practices that fall short of international and national best practice standards.
- (2) A psychologist shall be accountable for professional actions in all domains of his or her professional life.

Competency limits

3. (1) A psychologist shall limit his or her practice to areas within the boundaries of his or her competency based on his or her formal education, training, supervised experience and/or appropriate professional experience.

- (2) A psychologist shall ensure that his or her work is based on established scientific and professional knowledge of the discipline of psychology.

Maintaining competency

4. A psychologist shall maintain up-to-date competency in his or her areas of practice through continued professional development, consultation and/or other procedures in conformity with current standards of scientific or professional knowledge.

Adding new competencies

5. (1) When a psychologist is developing competency in a psychological service or technique that is either new to him or her or new to the profession, he or she shall engage in ongoing consultation with other psychologists or relevant professions and shall seek and obtain appropriate education and training in the new area.
(2) A psychologist shall inform a client of the innovative nature of and the known risks associated with such new psychological services or techniques, so that the client may have freedom of choice concerning such services or the application of such techniques.

Extraordinary circumstances

6. A psychologist may, when, in an emergency, he or she is asked to provide psychological services for which he or she has not obtained the necessary competency, provide such services to ensure that the client is not denied services.

Personal impairment

7. A psychologist who, in the opinion of the health committee, appears to be impaired as defined in the Act—
 - (a) shall refrain from undertaking professional activities when there is the likelihood that his or her personal circumstances (including mental, emotional or physiological conditions, or pharmacological or substance abuse considerations) may prevent him or her from performing such professional activities in a competent manner;
 - (b) shall be alert to signs of, and obtain appropriate professional assistance for, his or her personal problems at an early stage in order to prevent impaired performance; and
 - (c) shall, if he or she becomes aware of personal circumstances that may interfere with his or her performing his or her professional duties adequately, take appropriate measures, such as consulting and obtaining the assistance of a professional as determined by the health committee, to determine whether he or she should limit, suspend or terminate his or her professional duties.

Delegation of work

8. A psychologist who delegates work to an employee, supervisee, psychometrist, registered counsellor or research or teaching assistant shall take all reasonable steps –
- (a) to avoid delegating such work to a person who has a multiple relationship with the client that is likely to lead to exploitation or loss of objectivity;
 - (b) to authorise only those responsibilities that such a person can be expected to perform competently on the basis of his or her education, training and experience; and
 - (c) to ensure that such a person performs those services competently.

Use of interpreters

9. (1) When it is clear that a client is not fluent in the psychologist's language, the psychologist shall propose the use of an interpreter to that client.
- (2) An interpreter engaged by a psychologist as contemplated in subrule (1) shall be fluent in at least the two languages concerned and shall, in particular, be proficient in the client's language of preference.
- (3) A psychologist who engages an interpreter as contemplated in subrule (1) shall take all reasonable steps to ensure that –
- (a) the interpreter does not have a multiple relationship with the client concerned that is likely to lead to exploitation or loss of objectivity; and
 - (b) the interpreter performs the interpretation tasks competently.

CHAPTER 2
PROFESSIONAL RELATIONS

Respect for human rights and others

10. (1) *A psychologist shall, in all his or her professional activities, respect the dignity and human worth of a client and shall strive to preserve and protect the client's fundamental human rights.*
- (2) *A psychologist shall respect the right of a client to hold values, attitudes, beliefs and opinions that differ from his or her own.*
- (3) *A psychologist shall recognise a client's inalienable human right to bodily and psychological integrity, including security in and control over his or her body and person, and a client's right not to be subjected to any procedure or experiment without his or her informed consent as referred to in rule 11 and such consent shall be sought and given in a language that is easily understood by the client.*

- (4) *A psychologist shall not coerce a client into agreeing that a psychological service be rendered to him or her nor compel a client to give self-incriminating evidence through the use of psychological techniques or otherwise.*

Informed consent to professional procedures

11. (1) When a psychologist conducts research or provides assessment, psychotherapy, counselling or consulting services in person or via electronic transmission or other forms of communication, he or she shall obtain the written informed consent of the client concerned, using a language that is reasonably understandable to such client.
- (2) While the content of the written informed consent referred to in subrule (1) will vary depending on the circumstances, informed consent ordinarily requires that a client –
- (a) has the capacity to consent;
 - (b) has been provided with information concerning participation in the activity that might reasonably be expected to affect his or her willingness to participate, including exceptions to the requirement of confidentiality and monetary or other costs or remuneration;
 - (c) is aware of the voluntary nature of participation and has freely and without undue influence given his or her consent; and
 - (d) has had the opportunity to ask questions and be given answers regarding the activities concerned:
- Provided that, in the case of a client who is legally incapable of giving informed consent, a psychologist shall nevertheless –
- (i) provide an appropriate explanation;
 - (ii) seek the client's assent;
 - (iii) consider such client's preferences and best interests; and
 - (iv) obtain appropriate permission from a person legally authorised to give consent if such substitute consent is permitted or required by law, but if consent by a legally authorised person is not permitted or required by law, a psychologist shall take all reasonable steps to protect the client's rights and welfare.
- (3) When psychological services are ordered by a court or required administratively or ordered through mediation or arbitration, a psychologist shall –
- (a) before proceeding, inform the individual concerned of the nature of the anticipated services, including whether the services were ordered and whether there are any exceptions to the requirement of confidentiality; and
 - (b) appropriately document written or oral consent, permission or assent.

Unfair discrimination

12. (1) A psychologist shall not impose on a client, an employee, a research participant, student, supervisee, trainee or any other person over whom he or she has or had authority any stereotypes of behaviour, values or roles relating to age, belief, birth, conscience, colour, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation, socio-economic status or any other factor prohibited by law.
- (2) A psychologist shall not unfairly discriminate on the basis of age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation, socio-economic status or any other factor prohibited by law.
- (3) A psychologist shall make every effort to ensure that language-appropriate and culture-appropriate services are made available to a client and that acceptable standards of language proficiency are met in rendering a service to a client whose primary language differs from that of the psychologist.

Sexual harassment

13. A psychologist shall not be guilty of sexual harassment.

Other harassment

14. A psychologist shall not behave in a manner that is harassing or demeaning to persons with whom he or she interacts in his or her work on the basis of factors such as those persons' age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation or socio-economic status.

Avoiding harm

15. A psychologist shall take all reasonable steps to avoid harming a client, an employee, a research participant, student, supervisee, trainee or other person with whom he or she works, including harm through victimisation, harassment or coercion.

Conflict of interest

16. A psychologist shall refrain from assuming a professional role when personal, professional, legal, scientific, financial or other interests or relationships could reasonably be expected to –
- (a) impair his or her objectivity, competence or effectiveness in performing his or her functions as a psychologist; or

- (b) expose the client concerned to harm or exploitation.

Third-party requests for service

17. (1) When a psychologist agrees to render a psychological service to a client at the request of a third party, the psychologist shall clarify at the outset of such service the nature of the relationship with each of the parties involved (whether individuals or organisations).
- (2) The clarification referred to in subrule (1) shall cover the role of the psychologist (such as therapist, consultant, diagnostician, expert witness), the probable uses of the psychological service provided or the information obtained, and the fact that there may be exceptions to the requirement of confidentiality.
- (3) If there is a foreseeable risk of the psychologist's being called upon to fulfil conflicting roles because of the involvement of a third party, the psychologist shall clarify the nature of his or her responsibilities, keep all parties properly informed as matters develop, and resolve the situation in accordance with these rules.

Multiple relationships

18. (1) A multiple relationship occurs when a psychologist fulfils a professional role with respect to a person or organisation and at the same time –
- (a) fulfils or fulfilled another role with respect to the same person or organisation;
- (b) is in a relationship with a person or organisation closely associated with or related to the person or organisation with whom he or she has the professional relationship; or
- (c) promises to enter into another relationship in the future with that person or organisation or a person or organisation closely associated with or related to that person or organisation.
- (2) A psychologist shall refrain from entering into a multiple relationship if that multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as psychologist or cause a risk of exploitation of or harm to the person or organisation with whom the professional relationship exists.
- (3) If a psychologist finds that, owing to unforeseen factors, a potentially harmful multiple relationship has developed, he or she shall attempt to resolve the problem with due regard to the best interests of the client concerned and maximum compliance with these rules.
- (4) In the circumstances referred to in subrule (3), the psychologist shall assist the client in obtaining the services of another professional, and shall not enter into any professional or other relationship with such client until at least twenty-four months have elapsed after termination of such multiple relationship: Provided that where a client is emotionally or cognitively vulnerable to influencing by such psychologist, no such relationship shall be established between the psychologist and the client.

- (5) When a psychologist is required by law, institutional policy or other circumstances to fulfil more than one role in judicial or administrative proceedings, he or she shall, at the outset, clarify the role expectations and any exceptions to the requirement of confidentiality.

Exploitative relationships

19. A psychologist shall not exploit a person over whom he or she has supervisory, evaluative, or other authority, such as a client, employee, research participant, student, supervisee or trainee.

Cooperation with other professionals

20. Where indicated and professionally appropriate, a psychologist shall –
- (a) cooperate with such professionals as approved by the board in order to serve his or her clients effectively and appropriately; and
 - (b) arrange for appropriate consultations and referrals based on the best interests of his or her clients, subject to such consent and other relevant considerations as may be appropriate, including the applicable legal and contractual obligations.

Interruption of psychological services

21. A psychologist shall not abandon a client by terminating the professional relationship prematurely or abruptly, but shall –
- (a) make appropriate arrangements for another psychologist to deal with the needs of the client in the event of an emergency during periods of foreseeable absence when the psychologist will not be available; and
 - (b) make every reasonable effort to plan for continuity of service in the event that such service is interrupted by factors such as the psychologist's illness, death, unavailability or relocation or by the client's relocation or financial limitations.

Psychological services rendered to or through organisations

22. (1) A psychologist who renders psychological services to or through an organisation shall, in advance, provide a client with information about –
- (a) the nature and objectives of the psychological services concerned;
 - (b) the relationship between the psychologist and every individual affected by the psychological services concerned;
 - (c) the uses to which the psychological information provided by a client will be put;
 - (d) the persons that will have access to the information referred to in paragraph (c); and

- (e) exceptions to the requirement of confidentiality.
- (1) As soon as is feasible, a psychologist shall provide the appropriate persons with information about the results and conclusions of the psychological service concerned and if the law or organisational rules prohibit the psychologist from providing particular individuals or groups with information, the psychologist shall so inform the individuals or groups concerned at the outset of the psychological service.

Delegation and supervision of psychological services

- 23. (1) A psychologist shall not delegate professional responsibilities to any person who is not qualified to assume such responsibilities.
- (2) A psychologist may delegate to a supervisee, with the appropriate level of supervision, only such professional responsibilities as the supervisee can reasonably be expected to perform competently and ethically on the basis of that supervisee's education, training and experience.
- (3) In order to perform the responsibilities contemplated in subrule (2), a supervisee shall have education and training that was accredited by the board, including training in ethical issues.
- (4) A psychologist shall be responsible for determining the competency of a supervisee and shall not assign to such supervisee, or allow such supervisee to undertake, responsibilities beyond the scope of that supervisee's training and/or competency.
- (5) A psychologist shall be responsible for providing a supervisee with specific instructions regarding the limits of his or her role as a supervisee.
- (6) A supervisee shall fully inform a client receiving psychological services of his or her status as supervisee and of the right of the client to confer with the supervising psychologist with regard to any aspect of the psychological services being performed.
- (7) When a clinical psychological service is rendered, a psychologist shall –
 - (a) take part in the psychological intake process;
 - (b) personally make a diagnosis when a diagnosis is required; and
 - (c) personally approve a treatment plan for each client.
- (8) A psychologist shall, on a continuous and regular basis, personally meet with a supervisee concerning each client and shall review the treatment record, including progress notes, on a regular basis as appropriate to the task to be performed.

CHAPTER 3

PRIVACY, CONFIDENTIALITY AND RECORDS

Rights to confidentiality

24. (1) A psychologist shall safeguard the confidential information obtained in the course of his or her practice, teaching, research or other professional duties, subject only to such exceptions to the requirement of confidentiality as may be determined by law or a court of law.
- (2) A psychologist may disclose confidential information to other persons only with the written, informed consent of the client concerned.

Discussing exceptions to the requirement of confidentiality

25. (1) A psychologist is obliged to discuss with persons and organisations with whom he or she establishes a scientific or professional relationship (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) the exceptions to the requirement of confidentiality, including any such exceptions that may apply to group, marital or family therapy or to organisational consulting and the foreseeable uses of the information obtained.
- (2) A psychologist shall, unless it is contraindicated, discuss confidentiality at the outset of the relationship and thereafter as new circumstances warrant its discussion.
- (3) A psychologist shall, prior to doing so, obtain permission from the client concerned to record interviews electronically or to transmit information electronically and shall inform the client of the risk of breach of privacy or confidentiality inherent in the electronic recording or transmission of information.
- (4) A psychologist shall, when engaging in electronically transmitted services, ensure that confidentiality and privacy are maintained and shall inform a client of the measures taken to maintain confidentiality.
- (5) A psychologist shall not withhold information from a client who is entitled to that information, provided it does not violate the right to confidentiality of any other person and provided the information requested is required for the exercise or protection of any rights.

Limits on invasion of privacy

26. A psychologist may, in any written report, oral report or consultations with a third party, disclose only such information as is relevant to the purpose for which that communication is made and may discuss confidential information obtained in his or her work only for appropriate scientific or professional purposes and then only with persons with a legitimate interest in such matters.

Disclosures

27. (1) A psychologist may disclose confidential information –
- (a) only with the permission of the client concerned;
 - (b) when permitted by law to do so for a legitimate purpose, such as providing a client with the professional services required;
 - (c) to appropriate professionals and then for strictly professional purposes only;
 - (d) to protect a client or other persons from harm; or
 - (e) to obtain payment for a psychological service, in which instance disclosure is limited to the minimum necessary to achieve that purpose.
- (2) When required to do so by law or a court of law, a psychologist shall disclose the confidential information so required.

Multiple clients

28. (1) When more than one client is provided with a psychological service during a joint session (for example with a family or couple, or a parent and child, labour disputants, or a group), a psychologist shall, at the beginning of the professional relationship, clarify to all parties the manner in which confidentiality will be handled.
- (2) All clients referred to in subrule (1) shall be given the opportunity to discuss with the psychologist what information is to remain confidential and what information the psychologist is obliged to disclose.

Legally dependent clients

29. (1) A psychologist shall bear in mind that a child's best interest is of paramount importance in the provision of psychological services that have bearing on the psychological well-being of such child.
- (2) A psychologist shall take special care when dealing with children of the age of 14 years or younger.
- (3) A psychologist shall, at the beginning of a professional relationship, inform a child or a client who has a legal guardian or who is otherwise legally dependent, of the limits the law imposes on that child's or client's right to confidentiality with respect to his or her communication with the psychologist.

Release of confidential information

30. A psychologist shall release confidential information when ordered to do so by a court of law or when required to do so by law or when authorised to do so in writing by the client concerned or the parent or legal guardian of a minor client.

Reporting abuse of children and vulnerable adults

31. A psychologist shall, in terms of any relevant law or by virtue of professional responsibility, report the abuse of any child or vulnerable adult.

Professional consultations

32. (1) When a psychologist renders professional psychological services as part of a team or when he or she interacts with other professionals concerning the welfare of a client, the psychologist may share confidential information about that client with such team members or other professionals: Provided that the psychologist take all reasonable steps to ensure that all persons who receive such information are informed of its confidential nature and are bound by the rule of professional confidentiality.
- (2) When consulting with colleagues, a psychologist –
- (a) shall not disclose confidential information that could reasonably be expected to lead to the identification of a client, research participant or other person or organisation with whom he or she has a confidential relationship unless –
 - (i) he or she has obtained the prior consent of the client, research participant, person or organisation concerned; or
 - (ii) the disclosure cannot be avoided; and
 - (b) may disclose information only to the extent necessary to achieve the purposes of the consultation.

Disguising confidential information used for didactic or other purposes

33. A psychologist shall not disclose in his or her writings or lectures or in any other public way confidential information or information that can be linked to an identifiable person which he or she obtained in the course of his or her work with a client, organisation, research participant, supervisee, student or other recipient of his or her psychological services, unless –
- (a) he or she has taken all reasonable steps to disguise the identity of such client, organisation, research participant, supervisee, student or other recipient;

- (b) such client, organisation, research participant, supervisee, student or other recipient has consented to such disclosure in writing; or
- (c) there is other ethical or legal authorisation to do so.

Maintenance, dissemination and keeping of records

34. (1) A psychologist shall create, maintain, store, disseminate and retain records and data relating to his or her scientific and professional work in order to –
- (a) facilitate the efficacious provision of services by him or her or another professional;
 - (b) allow for replication of research design and analysis;
 - (c) meet institutional requirements;
 - (d) ensure accuracy of billing and payments;
 - (e) facilitate subsequent professional intervention or inquiry; and
 - (f) ensure compliance with all applicable legal provisions.
- (2) A psychologist shall maintain confidentiality in creating, storing, accessing, transferring and disposing of records under his or her control, whether these are kept in written, automated or any other form.
- (3) A psychologist shall, if confidential information concerning users of psychological services is entered into a database or system of records available to persons whose access has not been consented to by the user, use coding or other techniques to avoid the inclusion of personal identifiers.
- (4) A psychologist shall plan in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of his or her unavailability through factors such as death, incapacity or withdrawal from practice.

CHAPTER 4

FEES AND FINANCIAL ARRANGEMENTS

Agreement about fees

35. Notwithstanding the provisions of rule 36, a psychologist and client or other user of the psychological services concerned may negotiate a fee as early as is feasible in a professional or scientific relationship.

Overcharging

36. A psychologist shall not exploit users of psychological services or payers with regard to fees.

Accuracy in billing

37. A psychologist shall not misrepresent his or her fees, nor bill for psychological services partially rendered or not rendered at all.

Limitations

38. If limitations on the provision of psychological services are anticipated because of financial limitations, a psychologist shall, as early as is feasible, discuss such limitations with the client or other user of the psychological services concerned.

Collection of outstanding fees

39. (1) If a client does not pay for psychological services as agreed with the psychologist concerned, and if the psychologist wishes to use a collection agency or take legal steps to collect any outstanding fees, he or she shall first inform the client that such measures will be taken and shall afford the client the opportunity to make prompt payment.
- (2) A psychologist shall use only a collection agent who is reputable and registered in terms of the Debt Collectors Act, 1998 (Act No. 114 of 1998), and who will not bring the profession of psychology into disrepute.

Withholding information, reports or records owing to non-payment

40. A psychologist shall not, on the grounds of non-payment of fees, withhold information, reports or records under his or her control which are required for the treatment of the client concerned or for any court action.

Account itemisation

41. (1) A psychologist shall submit billing claims to third-party funders which clearly state the name of the person who provided the psychological services.
- (2) When a psychologist supervises another professional, including the intern, registered counsellor, psychometrist, psycho-technician or student who primarily provided the psychological services, the itemised bill and/or reimbursement form shall contain such psychologist's signature as supervisor and the other professional's signature as service provider. There may be no ambiguity as to who the direct service provider was.

Barter with clients

42. A psychologist may barter only if –
- (a) it is not professionally contraindicated;
 - (b) the resulting arrangement is not exploitative; and
 - (c) it is the client's only mode of remuneration for the psychological service provided.

Withholding of emergency services

43. A psychologist shall not withhold emergency psychological services because the client is unable to guarantee remuneration for such services.

CHAPTER 5
ASSESSMENT ACTIVITIES

Assessment in professional context

44. (1) A psychologist shall perform evaluations and diagnostic services only in the context of a defined professional relationship.
- (2) Assessments, recommendations, reports and psychological diagnostic or evaluative statements by a psychologist shall be based on information and techniques sufficient to substantiate his or her findings.
- (3) A psychologist may provide an opinion of the psychological characteristics of a client only after he or she has conducted an examination of such client that is professionally adequate to support his or her findings.
- (4) When, despite reasonable efforts, an examination referred to in subrule (3) is not practical, a psychologist shall document the efforts made, and shall state the probable impact of his or her limited information on the reliability and validity of his or her opinions, and limit the nature and extent of his or her findings accordingly.
- (5) When a group assessment is conducted, the psychologist concerned shall declare the limits to his or her findings taking into account that "limits" implies that the score of a group has less reliability and validity than an individually-derived score.
- (6) When a psychologist conducts a review of records and the examination of a client is not warranted or necessary to give an opinion, the psychologist shall declare the limits to his or her findings taking into account that "limits" implies that the score of a group has less reliability and validity than an individually-derived score.
- (7) When any electronic, internet or other indirect means of assessment is used, the psychologist concerned shall declare this and appropriately limit the nature and extent of his or her findings.

Appropriate use of assessment methods

45. A psychologist who develops, administers, scores, interprets or otherwise uses psychological assessment techniques, interviews, tests, instruments or other measures referred to in the Act shall –
- (a) do so in a manner and for purposes that are appropriate in light of the research or evidence of the usefulness and proper application of such assessment methods; and
 - (b) refrain from misusing assessment techniques, interventions, results and interpretations and take all reasonable steps to prevent others from misusing the information such methods provide, and such misuse includes releasing raw test results or raw data to persons, other than the clients concerned, who are not qualified to use that information.

Informed consent in assessments

46. (1) A psychologist shall obtain the written, informed consent of a client for assessments, evaluations or diagnostic services.
- (2) The written, informed consent referred to in subrule (1) shall contain at least the following:
- (a) Personal details of the client concerned;
 - (b) the exact nature of the psychological service(s) to be provided; and
 - (c) any limits inherent in providing psychological services to the client, for example –
 - (i) a client's right to refuse participation;
 - (ii) exceptions to the requirement of confidentiality; or
 - (iii) any potential harmful effects inherent in providing the psychological services concerned.
- (3) Written, informed consent as contemplated in subrule (1) is not necessary when –
- (a) testing is a legal requirement;
 - (b) informed consent is implied because testing is conducted as a routine educational, institutional or organisational activity (as in job-interview testing); or
 - (c) the purpose of the testing by the psychologist is to evaluate decision-making and mental incapacity.
- (4) A psychologist shall inform a client with questionable capacity to consent or for whom testing is required by law, of the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the client being assessed.
- (5) (a) A psychologist shall, when using the services of an interpreter, obtain the informed consent of a client to use the interpreter, and shall take all reasonable steps to ensure that the confidentiality of test results and test security are maintained, and shall discuss any limitations of the data obtained.
- (b) A psychologist shall remain cognizant of the limits to data obtained via the use of an interpreter and frame his or her conclusions and recommendations accordingly.

- (6) A psychologist shall, when conducting automated or internet-based testing, obtain the informed consent of the client and shall –
- (a) ensure that the confidentiality of test results and test security are maintained; and
 - (b) discuss with the client any limitations of the data obtained.

Test development

47. A psychologist who develops and conducts research with tests and other assessment methods shall use scientific procedures and current professional knowledge for test design, standardisation, validation, reduction or elimination of bias, and recommendations for use.

Cultural diversity

48. A psychologist who performs interventions or administers, scores, interprets or uses assessment methods shall –
- (a) be familiar with the reliability, validation and related standardisation or outcome studies and the proper applications and uses of the methods he or she uses;
 - (b) recognise limits to the certainty with which diagnoses, findings or predictions can be made about individuals, especially where there are linguistic, cultural and socio-economic variances; and
 - (c) make every effort to identify situations in which particular assessment methods or norms may not be applicable or may require adjustment in administration, scoring and interpretation because of factors such as age, belief, birth, colour, conscience, culture, disability, disease, ethnic or social origin, gender, language, marital status, pregnancy, race, religion, sexual orientation or socio-economic status.

Communication of results

49. A psychologist shall ensure that the communication of results of assessment procedures to a client, parent, legal guardian or other person legally authorised to receive such results on behalf of the client is accompanied by such adequate interpretative aids or explanations as may be necessary.

Information for professional users

50. (1) A psychologist who offers an assessment procedure or automated interpretation service to another professional shall conduct such service in accordance with the best-practice guidelines for psychometry applicable at the time.
- (2) A psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify any special qualifications required to administer, score and interpret it properly, and shall ensure that any advertisements for the assessment procedure or interpretative service are factual and descriptive.

Interpreting assessment results

51. (1) When a psychologist interprets assessment results, including automated interpretations, he or she shall take into account the various test factors and characteristics of the client being assessed, such as situational, personal, linguistic and cultural differences that might affect the client's judgements and reduce the validity of the psychologist's interpretations.
- (2) A psychologist shall indicate any significant reservations he or she may have about the accuracy of his or her interpretation.

Explaining assessment results

52. (1) Unless the nature of the relationship is clearly explained in advance to the client being assessed by the psychologist concerned and precludes providing an explanation of the results, for instance in some organisational consulting, pre-employment or security screening and forensic evaluations, the psychologist shall ensure that the explanation of the results is given in language that is reasonably understandable to the client concerned or to another person legally authorised to receive such explanation on behalf of the client.
- (2) Regardless of whether the administration, scoring and interpretation of tests are done by a psychologist or by others working with or under such psychologist, or by automated or other outside services, the psychologist concerned shall take all reasonable steps to ensure that appropriate explanations of results are given.

Test scoring and interpretation services

53. A psychologist who offers assessment or scoring procedures to other professionals shall –
- (a) accurately describe the purpose, norms, validity, reliability and applications of the procedures and any special qualifications applicable to their use: Provided that the
- psychologist shall explicitly state the language, cultural and any other limitations of the norms;
- (b) select scoring and interpretation services (including automated services) on the basis of evidence of the validity and reliability of the programme and procedures, as well as other appropriate considerations; and
- (c) retain responsibility for the appropriate safety, administration, application, interpretation and use of assessment instruments, whether he or she administers, scores and interprets such tests himself or herself or uses automated or other services.

Release of test data

54. (1) A psychologist may release test data to another psychologist or another qualified professional by virtue of informed written consent by the client concerned.
- (2) A psychologist shall not release test data to a person who is not qualified to use such information, except –
- (a) as required by law or a court order;
 - (b) by virtue of informed written consent by the client concerned; and
 - (c) to the client concerned; and
- (3) A psychologist may refrain from releasing test data referred to in subparagraph (2) to protect his or her client from harm.

Obsolete tests and outdated test results

55. A psychologist shall not base –
- (a) his or her assessment or intervention decision or recommendation on data or test results that are outdated for the current purpose; or
 - (b) such a decision or recommendation on tests and measures that are obsolete and not useful for the current purpose, but shall ensure that tests used have been classified by the board and that the provisions of any applicable legislation, such as the Employment Equity Act, 1998 (Act No. 55 of 1998), have been complied with.

Maintaining test security

56. A psychologist shall take all reasonable steps to maintain the integrity and security of tests and other assessment techniques consistent with the law and the code.

CHAPTER 6
THERAPEUTIC ACTIVITIES

Informed consent to therapy

57. When obtaining informed consent to therapy as required in Standard Informed Consent Forms, a psychologist shall, as early as is feasible in the therapeutic relationship, provide the client concerned with appropriate information, including information about the nature and anticipated course of therapy, the fees, the involvement of third parties and confidentiality, and when –

- (a) obtaining the informed consent of a client for treatment involving emerging areas in which generally recognised techniques and procedures have not been established, the psychologist shall inform the client of the developmental nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of the client's participation; and
- (b) the psychologist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client shall, as part of the informed consent procedure, be informed that the therapist is in training and is being supervised and the client shall be given the name of the supervisor.

Couples or family therapy

58. (1) When a psychologist agrees to render psychological services to two or more persons who have a relationship, such as spouses, parents or children, the psychologist –
- (a) shall clarify at the outset which of the individuals are clients and the relationship such psychologist will have with each person;
 - (b) may be called on to perform potentially conflicting roles such as a family therapist and then as a witness in divorce proceedings; and
 - (c) shall clarify and modify or withdraw from roles when appropriate.
- (2) The clarification referred to in subrule (1)(a) includes the psychologist's role and the probable use of the psychological services provided or the information obtained.

Group therapy

59. When a psychologist provides psychological services to several persons in a group setting, the psychologist shall, at the outset, describe the roles and responsibilities of all parties and any exceptions to the requirement of confidentiality.

Therapy for those served by others

60. (1) In deciding to render psychological services to those already receiving mental health services, a psychologist shall carefully consider the treatment issues and the potential client's welfare.
- (2) A psychologist shall discuss the issues contemplated in subrule (1) with the potential client or the legally authorised person of such client, for example parent, guardian, attorney or juristic person in a correctional services or juvenile justice setting such as a reformatory, in order to minimise the risk of confusion and conflict, consult with the other service providers when appropriate and proceed with caution and sensitivity to the therapeutic issues.

Sexual intimacies with current therapy clients

61. A psychologist shall not engage in sexual intimacies of any nature (whether verbal, physical or both) with a current client.

Sexual intimacies with relatives or significant others of current clients or patients

62. (1) A psychologist shall not engage in sexual intimacies with an individual he or she knows to be the parent, guardian, spouse, significant other, child or sibling of a current client.
- (2) A psychologist shall not terminate therapy to circumvent the prohibition referred to in subrule (1).

Therapy for former sexual partners

63. **A psychologist shall not accept as a client any person with whom he or she has engaged in sexual intimacies.**

Sexual intimacies with former clients

64. A psychologist shall not engage in sexual intimacies with a former client for at least 24 months after termination of the professional relationship and the onus rests on a psychologist who enters into a sexual relationship with a former client after such a period to demonstrate that there has been no exploitation, bearing in mind all relevant factors, including –
- (a) the period of time that has elapsed since the professional relationship was terminated;
 - (b) the nature, duration, and intensity of the professional relationship;
 - (c) the circumstances of the termination of the professional relationship;
 - (d) the client's personal history;
 - (e) the client's current mental status;
 - (f) the likelihood of an adverse effect on the client; and
 - (g) any statements made or actions taken by the psychologist in the course of the professional relationship suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client.

Interruption of professional services

65. When entering into employment or contractual relationships, or where third-party payers are involved, a psychologist shall take all reasonable steps to provide for the orderly and appropriate resolution of his or her responsibility for client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client.

Terminating professional services

66. (1) A psychologist shall terminate professional services inclusive of therapy for a client when it becomes reasonably clear that the client no longer needs the psychological service concerned or is not likely to benefit or is being harmed by continuing that psychological service.
- (2) A psychologist may terminate psychological services when threatened or endangered in any way by a client or another person with whom that client has a relationship, in which circumstances careful thought shall be given to an appropriate referral or disposition plan.
- (3) Except where precluded by the actions of a client or third-party payer, a psychologist shall, prior to termination, provide pre-termination counselling and suggest alternative service providers, if appropriate.

CHAPTER 7
PSYCHO-LEGAL ACTIVITIES

Competence

67. (1) A psychologist who performs psycho-legal (including forensic) functions, such as assessments, interviews, consultations, reports or expert testimony, shall comply with all the provisions of these rules to the extent that they apply to such activities.
- (2) A psychologist shall base his or her psycho-legal work on appropriate knowledge of and competence in the areas underlying such work, including specialised knowledge concerning specific populations.

Basis for psycho-legal opinion

68. A psychologist shall ensure that psycho-legal assessments, recommendations and reports are based on information and techniques sufficient to provide appropriate substantiation for the findings.

Qualified opinions

69. A psychologist may provide written or oral psycho-legal reports or testimony about the psychological characteristics of a client only after he or she has conducted an examination of the client which is adequate to support his or her findings: Provided that when, despite reasonable efforts, such an examination is not feasible, the psychologist shall clarify the effect of his or her limited information on the reliability and validity of his or her reports and testimony, and limit the nature and extent of his or her findings accordingly.

Truthfulness and candour

70. In psycho-legal testimony and reports, a psychologist shall –
- (a) testify truthfully, honestly and candidly and in a manner consistent with the applicable legal procedures; and
 - (b) describe fairly the basis for his or her testimony and conclusions.

Conflicting roles

71. (1) A psychologist shall avoid performing multiple and potentially conflicting roles in psycho-legal matters.
- (2) When a psychologist may be called on to serve in more than one role in legal proceedings, for example as a consultant or expert for one party or for the court and as a witness on the facts, he or she shall, in advance and to the extent feasible, clarify his or her role expectations and any exceptions to the requirement of confidentiality in order to avoid compromising his or her professional judgement and objectivity.

Maintenance of expert-witness role

72. A psychologist shall be aware of the conflicting demands made on him or her by the code and the requirements of the court system, and shall attempt to resolve such conflict by making known his or her commitment to these rules and by taking steps to resolve such conflict in a responsible manner.

Prior relationships

73. (1) A prior professional relationship with a client shall not preclude a psychologist from testifying as a witness on the facts to the extent permitted by law.
- (2) A psychologist shall take into account the ways in which a prior relationship might affect his or her professional objectivity or opinion and disclose the potential conflict to the attorney or presiding officer whether a client or not.

Role as witness on the facts

74. (1) When a psychologist is required by a court to appear as a witness on the facts, the psychologist is legally obliged to present evidence.
- (2) A psychologist may declare his or her reluctance to appear as a witness on the facts by appearing as a witness under protest.
- (3) Irrespective of whether a psychologist appears as a witness under protest or not, he or she shall be a truthful and fully disclosing witness.

CHAPTER 8
ACTIVITIES IN RESPECT OF ADVERTISING AND OTHER PUBLIC STATEMENTS

Accuracy in professional representation

75. (1) A psychologist shall not misrepresent in any manner his or her professional qualifications with regard to education, experience or areas of competence.
- (2) A psychologist shall not make false, deceptive or fraudulent statements concerning –
- (a) his or her education and training, experience or competence;
 - (b) his or her academic or professional qualifications;
 - (c) his or her credentials;
 - (d) his or her institutional, association or professional society affiliations;
 - (e) the psychological services he or she provides;
 - (f) the clinical or scientific basis for or the results or degree of success of his or her psychological services;
 - (g) his or her fees; or
 - (h) his or her publications or research findings.
- (3) A psychologist may claim a qualification as a credential for his or her psychological services only if such qualification –
- (a) was obtained from a nationally accredited institution; or
 - (b) formed the basis for his or her registration with the board.

Statements by others

76. A psychologist who engages others to create or place a public statement that promotes his or her professional practice, products or activities shall retain professional responsibility for such statements and –
- (a) shall not compensate employees of the press, radio, television or other communication medium in return for publicity in a news item;
 - (b) if a paid advertisement pertaining to the psychological services rendered by that psychologist is published, such services must be identified or be clearly recognisable unless such services are already apparent from the context of that advertisement;
 - (c) when a psychologist provides advice or comment by means of a public lecture, demonstration, radio or television programme, pre-recorded tape, printed article, mailed material, internet or other electronic transmission, or any other media, he or she shall take all reasonable precautions to ensure that –
 - (i) such advice or comment is based on appropriate psychological literature and practice and is consistent with these rules; and

- (ii) the recipients of such advice or comment are not encouraged to infer that a personal relationship has been established between the psychologist concerned and them;
- (d) shall not solicit testimonials from a current client or any other person who, because of his or her particular circumstances, is vulnerable to undue influence; and
- (e) shall take immediate steps to correct any misrepresentation of himself or herself that may be made by others in any media.

In-person solicitation

77. (1) A psychologist shall not engage, directly or through an agent, in uninvited in-person solicitation of business from actual or potential clients or other persons who, because of their particular circumstances, are vulnerable to undue influence.
- (2) The prohibition contained in subrule (1) does not preclude a psychologist from –
- (a) attempting to establish appropriate collateral contacts for the purpose of benefiting a client; or
 - (b) providing emergency, disaster or community outreach psychological services.

Description of workshops and educational programmes

78. (1) A psychologist associated with an announcement, flyer, brochure or advertisement which describes a workshop, seminar or educational programme for non-degree purposes shall ensure that such announcement, flyer, brochure or advertisement accurately describes –
- (a) the audience for which such workshop, seminar or programme is intended;
 - (b) the educational objectives;
 - (c) the presenters;
 - (d) the fees involved; and
 - (e) the restrictions on practice namely that such workshop, seminar or programme does not allow people to claim competencies beyond those provided by the workshop.
- (2) A workshop, seminar or programme referred to in subrule (1) shall not create any impression with a person not registered with the council as a psychologist that such workshop, course or programme will lead to registration as a psychologist.

CHAPTER 9

TEACHING, TRAINING AND SUPERVISION

Design of education and training programmes

79. A psychologist responsible for an education and training programme shall seek to ensure that such programme is competently designed and provides for proper education and training and meets the requirements for competency which it claims to provide and meet.

Descriptions of education and training programmes

80. (1) A psychologist responsible for an education and training programme shall provide a current and accurate description of the programme content, training goals and objectives, and shall set objective requirements that must be met for entrance into and satisfactory completion of that programme.
- (2) The psychologist concerned shall ensure that the description of the programme content, training goals and objectives, and the objective requirements referred to in subrule (1) are readily available to all interested parties.

Accuracy and objectivity in teaching

81. When engaged in teaching or training, a psychologist shall –
- (a) present psychological information accurately and with a reasonable degree of objectivity; and
 - (b) recognise the power he or she holds over students, supervisees and trainees, and shall therefore make every reasonable effort to avoid engaging in conduct that is demeaning to such persons and shall ensure that the constitutional rights of such persons are upheld.

Student or trainee disclosures

82. A psychologist shall not require a student, supervisee or trainee to disclose, either orally or in writing, personal information regarding his or her sexual history, history of abuse or neglect, psychological treatment, or relationship with a parent, peer, or spouse, except if such information is necessary to evaluate or obtain assistance for such student, supervisee or trainee whose personal problems could reasonably be judged to be preventing him or her from performing his or her work-related activities in a competent manner or posing a threat to himself or herself or others.

Mandatory individual or group therapy or experiential activities

83. (1) A psychologist shall not impose individual or group therapy on any trainee student as a mandatory programme requirement.
- (2) Where individual or group therapy is recommended in a programme, the psychologist associated with that programme shall allow a student, supervisee or trainee the option of –
- (a) withdrawing from such therapy; or
 - (b) selecting similar therapy outside the programme.

Assessing performance

84. In an academic and supervisory relationship, a psychologist shall establish an appropriate process for providing feedback to a student, supervisee or trainee, and the psychologist shall evaluate such student, supervisee or trainee on the basis of his or her actual performance on relevant and established programme requirements determined objectively by the psychologist.

Sexual intimacies with student, supervisee or trainee

85. A psychologist shall not engage in a sexual relationship with a student, supervisee or trainee who is in his or her department, agency or training centre or over whom the psychologist has or is likely to have evaluative authority.

CHAPTER 10
RESEARCH AND PUBLICATION

Compliance with law and standards

86. A psychologist shall plan and conduct research in a manner consistent with the law, and with internationally acceptable standards for the conduct of research, in particular those national and international standards for research with human participants and animal subjects.

Institutional approval

87. A psychologist shall –
- (a) obtain written approval from the host institution or organisation concerned prior to conducting research;
 - (b) provide the host institution or organisation with accurate information about his or her research proposals; and

- (c) conduct the research in accordance with the research protocol approved by the institution or organisation concerned.

Research responsibilities

88. Prior to conducting research (except research involving only anonymous surveys or naturalistic observations, or similar research), a psychologist shall enter, with every participant, into an agreement that sets out the nature of the research and the responsibilities of each party.

Informed consent to research

89. (1) A psychologist shall use language that is reasonably understandable to the research participant concerned in obtaining his or her informed consent.
- (2) Informed consent referred to in subrule (1) shall be appropriately documented, and in obtaining such consent the psychologist shall –
- (a) inform the participant of the nature of the research;
 - (b) inform the participant that he or she is free to participate or decline to participate in or to withdraw from the research;
 - (c) explain the foreseeable consequences of declining or withdrawing;
 - (d) inform the participant of significant factors that may be expected to influence his or her willingness to participate (such as risks, discomfort, adverse effects or exceptions to the requirement of confidentiality);
 - (e) explain any other matters about which the participant enquires;
 - (f) when conducting research with a research participant such as a student or subordinate, take special care to protect such participant from the adverse consequences of declining or withdrawing from participation;
 - (g) when research participation is a course requirement or opportunity for extra credit, give a participant the choice of equitable alternative activities; and
 - (h) in the case of a person who is legally incapable of giving informed consent, nevertheless–
 - (i) provide an appropriate explanation;
 - (ii) obtain the participant's assent; and
 - (iii) obtain appropriate permission from a person legally authorised to give such permission.

Dispensing with informed consent

90. Before deciding that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of a participant, a psychologist shall consider the applicable regulations and institutional review board requirements, and shall consult with colleagues as may be appropriate.

Informed consent in research filming or recording

91. A psychologist shall obtain the informed consent of the participant concerned prior to filming or recording him or her in any way, unless the research simply involves naturalistic observations in public places and it is not anticipated that the film or recording will be used in a manner that could cause the participant to be identified or harmed.

Offering inducements to research participants

92. *In offering professional psychological services as an inducement to obtain the participation of a person in research, a psychologist shall –*
- (a) explain the nature of such services, as well as the risks, obligations and limitations involved; and
 - (b) not offer excessive or inappropriate financial or other inducements to obtain the person's participation, particularly when such inducement might tend to exert undue influence on that person to participate.

Deception in research

93. (1) *A psychologist shall not conduct a study involving deception unless he or she has established that the use of deceptive techniques is justified by the study's prospective scientific, educational or applied value and that equally effective alternative procedures that do not use deception are not feasible.*
- (2) *A psychologist shall not deceive a research participant about significant matters that would affect such participant's willingness to participate, such as physical risks, discomfort or unpleasant emotional experiences.*
- (3) Any other deception that is an integral feature of the design and conduct of an experiment shall be explained by a psychologist to a research participant as early as is feasible, preferably at the conclusion of that participant's participation, but not later than at the conclusion of the research.

Debriefing of research participants

94. A psychologist shall, without delay, afford a participant the opportunity to obtain appropriate information about the nature, results and conclusions of the research, and the psychologist shall attempt to correct any misconceptions that that participant may have and –
- (a) if scientific or humane values justify delaying or withholding such information, the psychologist shall take reasonable measures to reduce the risk of harm; or
 - (b) when the psychologist becomes aware that research procedures have harmed the participant, he or she shall take all reasonable steps to minimise the harm.

Care and use of animals in research

95. A psychologist who conducts research involving animals shall treat such animals humanely and according to international standards.

Reporting research results

96. A psychologist shall not fabricate data or falsify results in any publication of research findings such as a book, a journal article or an in-house professional report, and if he or she discovers significant errors in any published data, he or she shall take all reasonable steps to correct those errors in a correction, a retraction, an erratum or other appropriate means of publication.

Plagiarism

97. A psychologist shall not present substantial portions or elements of another person's work or data as his or her own, even if the other work or data source is cited occasionally.

Publication credit

98. (1) A psychologist may take responsibility and credit, including authorship credit, only for –
- (a) work he or she has actually performed or to which he or she has contributed;
 - (b) principal authorship or other publication credits if these accurately reflect his or her relative scientific or professional contribution to the publication concerned, regardless of his or her relative status; or
 - (c) minor contributions to research or publications, which shall be appropriately acknowledged, such as in footnotes or in an introductory statement.
- (2) The mere holding of an institutional position, such as chairperson of a department, shall not entitle a psychologist to any authorship credit.

- (3) A student shall be listed as principal author of any multiple-authored article if that article is substantially based on such student's dissertation or thesis.

Publication of non-original data

99. (1) A psychologist shall not publish as original data, any data that have been published previously.
(2) Subrule (1) does not preclude the republication of data when such republication is accompanied by proper acknowledgement of the original author.

Sharing data

100. After research results have been published, a psychologist shall not withhold the data on which his or her conclusions are based from other competent professionals who seek to verify the substantive claims through re-analysis and who intend to use such data only for that purpose: Provided that confidentiality with respect to any research participant can be maintained and legal rights concerning proprietary data do not preclude the release thereof.

Professional reviewers

101. A psychologist who reviews submissions submitted for a publication or a grant or as a research proposal shall respect the confidentiality of and the proprietary rights in those submissions which are vested in those who submitted such submissions.

CHAPTER 11 RESOLVING ETHICAL ISSUES

Uncertainty about ethical issues

102. When a psychologist is uncertain whether a particular situation or course of action would violate these rules, he or she shall consult with another psychologist knowledgeable about ethical issues, with an appropriate national psychology ethics committee, or with another appropriate authority in order to make the proper decision.

Conflicts between ethics and law

103. (1) If a psychologist's ethical responsibilities conflict with the law, such psychologist shall make known his or her commitment to these rules and take steps to resolve the conflict.
(2) If the conflict referred to in subrule (1) cannot be resolved, the psychologist concerned shall comply with the requirements of the law.

Conflicts between ethics and organisational demands

104. If the demands of an organisation with which a psychologist is affiliated, conflict with these rules, the psychologist shall clarify the nature of the conflict, shall make known his or her commitment to these rules and shall, to the extent feasible, seek to resolve the conflict in a way that permits the fullest compliance with these rules.

Informal resolution of ethical violations

105. When a psychologist believes that there may have been an ethical violation by another psychologist, he or she shall attempt to resolve the issue by bringing it to the attention of that other psychologist if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

Reporting ethical violations

106. (1) If the informal resolution of an apparent ethical violation is not appropriate or if such a violation cannot properly be resolved in that fashion, a psychologist shall take such further action as is appropriate to the situation, unless that action conflicts with confidentiality rights in a manner that cannot be resolved.
- (2) Any action referred to in subrule (1) may include referral to an appropriate professional ethics committee or colleague for arbitration, conciliation, or advice on a further course of action.

Reporting colleague impairment

107. (1) If a psychologist has a reasonable basis for suspecting that a colleague is professionally impaired owing to a psychological disturbance, a physical illness or substance abuse, he or she shall timeously inform the health committee of his or her concerns.
- (2) Where a psychologist informs the health committee as contemplated in subrule (1), factual proof shall not be required: Provided the psychologist has bona fide concerns.
- (3) The health committee shall consider the matter and may initiate an investigation by the appropriate organ of the board.

Co-operating with ethics committees

108. (1) A psychologist shall give his or her full cooperation with respect to an ethics investigation, any proceedings or any related requirements of the board and shall, for purposes of such investigation, proceedings or requirements, make a reasonable effort to resolve any issues relating to confidentiality.
- (2) Failure by a psychologist to cooperate as contemplated in subrule (1) shall in itself be an ethics violation.

Improper complaints

109. A psychologist shall not file or encourage the filing of an ethics complaint that is frivolous and is intended to harm the psychologist against whom the complaint is brought rather than protect the public.

Discrimination against complainant or respondent

110. (1) A psychologist shall not deny any person treatment, employment, advancement, promotion or admission to a training programme on the grounds of that person's having made or having been the subject of an ethics complaint.
- (2) The prohibition contemplated in subrule (1) does not preclude a psychologist from taking action based on the outcome of an inquiry held in terms of Chapter IV of the Act.

Disciplinary sanctions

111. (1) Behaviour by a psychologist that is unprofessional, immoral, unethical, negligent or deceptive or that fails to meet the minimum reasonable standards of acceptable and prevailing psychology practice shall include, but not be limited to, any act or practice that violates these rules, or the Act, or any regulations that are made under the Act and that are applicable to a psychologist, or board notices or board resolutions.
- (2) The provisions of subrule (1) are applicable to a psychologist and to anyone under his or her supervision.
- (3) The board shall have the power to impose any sanction that is provided for in the Act.