



health

MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



PRIVATE HEALTH CARE ESTABLISHMENT LICENSING POLICY

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1. Background

Mpumalanga Province is located in the North-Eastern part of South Africa and is bordered by two countries, i.e., Mozambique to the east and Swaziland to the southeast. Mpumalanga shares common borders with the Limpopo Province to the north, Gauteng Province to the west, Free State Province to the south-west and KwaZulu-Natal to the Northeast. The Mpumalanga Province has a land surface area of 76 495 km square that represents 6.3% of South Africa's total land area.

Mpumalanga's economy is primarily driven by agriculture, mining, manufacturing, tourism and electricity generation. Mbombela is the capital city of Mpumalanga, which is one of the fastest growing cities in South Africa. The Province is predominantly rural with diverse socio-economic factors. Other main towns and their economic activities, include:

Emalahleni — mining, steel manufacturing, industry, agriculture;

Middelburg — stainless steel production, agriculture;

Secunda — power generation, coal processing;

Mashishing — agriculture, fish farming, mining, tourism;

Malelane — tourism, sugar production, agriculture; and

Barberton — mining town, correctional services and farming Centre.

According to the Census 2021 and the midyear estimates for 2021, Mpumalanga population grew from 4,039,939 in 2019 to approximately 4,230 000 in 2021. A comparative analysis of population growth between 2001 and 2021 reflects a growth of 3.9% for Mpumalanga Province. Mpumalanga has the sixth largest share of the South African population, constituting approximately 7% of the national population of 59, 620 000 and is distributed across three districts comprising nineteen municipalities. An estimated 80% of the population are uninsured and relies on the public health care services for their health. The Department of Health is the custodian of health care delivery in South Africa. This includes care delivered at public as well as private facilities.

The Department of Health in the province has the responsibility of ensuring access to quality health services to all the people of Mpumalanga. The province has an estimated 12% of the insured population which translate to approximately 742 689. This is the population viewed as having access to private health care services. A policy that strives to respond to how to regulate private establishment becomes imminent. Therefore, the regulation of private hospitals is critical to ensure equitable access to opportunities in the health care sector. Mpumalanga Department of Health is applying this policy for the purpose of approving and awarding license for private hospitals.

This policy aims to integrate the activities of the public and private health sectors, in a way which maximises the effectiveness and efficiency of all available health care resources; and to establish health care policies that promote greater equity between people living in rural and urban areas, and between people served by the public and private health sectors.

The approval of private health care establishments must comply with Government Regulations. It is the responsibility of the Mpumalanga Department of Health to ensure that approvals are informed by the needs of the province as espoused in the Vision, Mission, Strategic goals, and other mandates.

2. LEGISLATIVE MANDATES

According to the National Health Act, Act 61 2003 as amended Section 2, 40 (a) (i) and (ii), the objectives of the Act are to regulate national health and to provide uniformity in respect of health services across the nation by:

Establishing national health system which: public and private providers of health services provides in an equitable manner the population of the Republic with the best possible health services with available resources can afford.

- The Constitution of the Republic of South Africa, 1996.
- Batho-Pele Principle. White paper on transformation of public service 1997
- Health Professions Act, 56 of 1974 as amended.
- Medicines and Related Substances Act, Act 101 of 1965 as amended (Act 90 of 1997).
- Mental Health Act 17 of 2002.
- Mpumalanga Department of Health Licensing policy 2014.
- National Health Act, Act 61 of 2003.
- National Health Amendment Act, 2011.
- Nursing Act, Act 33 of 2005 as amended.
- Occupational Health and Safety Act, Act 181 of 1993.
- Patients' Rights Charter.
- Pharmacy Act, Act 53 of 1974 as amended.
- Promotion of Access to Information Act - Act 2 of 2000 (PAIA).
- Regulation 158 of 1 February 1980 as amended.
- Promotion of Administrative Justice Act, Act 3 of 2000
- Protection of Personal Information Act – Act 4 of 2013
- Norms and Standards Regulations Applicable to Different Categories of Health Establishments, 2018
- National Guidelines to Manage Complaints, Compliments and Suggestions, 2017
- National Health Insurance Bill, 2019
- National Infection Prevention and Control Strategic Framework, 2020
- Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework, 2020

3. ACRONYMS

CTOP	Choice on Termination of Pregnancy
ICU	Intensive Care Unit
MEC	Member of Executive Council
NHA	National Health Act

4. DEFINITIONS

In this Policy Guideline, unless the context indicates otherwise the following apply

Accreditation body	Any body, company or organisation appointed by the Department to perform inspection and monitoring functions in terms of these Regulations
Appeal committee	The committee appointed in terms of section 38 of the National Health Act 61 of 2003
Bed-count	The number of beds, including day beds, cribs and cots actually available for the accommodation of patients, but excluding— (a) all trolleys, including recovery trolleys; (b) all waiting, preparation, first-stage and labour room beds and cots in maternity wards
Certificate of Registration	A Certificate of Registration issued in terms of section 36, 37 and 39 of the National Health Act 61 of 2003
Committee	The advisory committee appointed in terms of policy guideline
Convalescent care	in-patient services for patients with medical conditions requiring nursing care of low intensity for a finite period of time, during which period improvement in the patient's clinical condition is anticipated and the duration of admission is determined by improvement in the patient's condition
Department	The Provincial Department of Mpumalanga responsible for health services

Full record	The minutes, the attendance register, the application letter, application form, comments and objections from the relevant stakeholders, and the recommendations and findings of the technical team
Head of Department	Head: Health, responsible for health services in Mpumalanga
Hospice care	Multidisciplinary in-patient services or residential care specialised in the medical and psychosocial treatment of people who are terminally ill
Inspecting officer	An official appointed in terms of the Public Service Act, 1994 or any duly authorised employee of a designated accreditation body, authorised in writing by the Head of Department to carry out inspections
Long-term care	Predominantly low-intensity nursing care of in-patients in whom significant improvement in clinical condition and a return to independent living is unlikely or for whom such improvement will occur over a period of long duration
Licence	The written authority issued in terms of Regulation 15 to operate a private health establishment in the Province
Local authority approval	Proof of zoning or rezoning of the land or proposed premises for the building of or conversion to a private health establishment
Non-acute care establishment	Any health care establishment, whether of a multidisciplinary or a specifically nursing nature, providing care after or instead of acute hospitalization to an in-patient either following an acute illness, injury or exacerbation of an existing illness or as a result of a long-standing chronic condition, and may include sub-acute care, rehabilitation care, step-down care, hospice care, convalescent care and long-term care

Policy	The Private Health Care Establishment Licensing Policy of the Mpumalanga Provincial Department of Health
Private health establishment	<p>Any hospital or non-acute care establishment or any other facility, building, place or agency, including day wards, which provides in-patient or out-patient services or in-patient and out-patient services, including but not limited to medical, surgical or nursing care, sub-acute care, step-down care, convalescent care, long-term care, hospice care or rehabilitation care to any individual, but excluding; —</p> <ul style="list-style-type: none"> (a) a hospital or any such facility, a building or place or an agency conducted by an organ of state or a quasi-organ of state, including province-aided facilities; (b) Any consulting room, surgery or dispensary of a medical practitioner or dentist without any bed accommodation; (c) a hospital or any other institution licensed for the reception and detention of mentally ill persons in terms of section 46 of the Mental Health Care Act, 2002 (Act 17 of 2002); (d) an old age home as defined in the Aged Persons Act, 1967 (Act 81 of 1967); or (e) an institution or a building or place licensed for the treatment and care of people with drug and alcohol dependencies as defined in the Treatment and Prevention of Drug Dependency Act , 1992 (Act 20 of 1992
Province	The Province of Mpumalanga
Provisional Approval	The approval granted in terms of Regulation 13 to establish, alter or amend or to operate a private health establishment in the Province
Renal dialysis unit	A ward or part thereof for dialysing patients with advanced renal disease
Responsible person	A natural person who is appointed and nominated by the owner of a licensed private health establishment, is ostensibly in charge or in control of and is responsible and accountable for compliance with the provisions of these Regulations that establishment and liable for non-compliance or a person who is ostensibly in charge or in control of an unlicensed business or premises operating as a private health establishment

Statutory authorities	Approval of the site development plans by the relevant building approval entity, including the Water Board, City Parks, Eskom, Fire Department, Land Use management or other relevant authorities
Non-acute care establishment	Any health care establishment, whether of a multidisciplinary or a specifically nursing nature, providing care after or instead of acute hospitalisation to an in-patient either following an acute illness, injury or exacerbation of an existing illness or as a result of a long- standing chronic condition, and may include sub-acute care, rehabilitation care, step-down care, hospice care, convalescent care and long-term care
Rehabilitation care	Supervised, goal-orientated, multidisciplinary health care aimed at improving the level of functioning of a patient to the point where the patient may be discharged or moved to a different level of care and where the duration of admission is finite and is defined by the rehabilitation programme
Step-down care	Care provided by short-stay, transitional units, being a substitute for continued hospital stay and serving patients whose illness demands significant medical involvement and skilled nursing care of more than three hours on average per day, as well as pharmacy and laboratory support
Sub-acute care	Goal-orientated, comprehensive, co-ordinated and multidisciplinary health care for an in-patient immediately after or instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process requiring frequent patient assessment of the clinical course and treatment plan, and the duration of which is a limited period of time determined by the time taken for a condition to stabilise or for completion of a predetermined course
Spouse	A person who is the permanent life partner or spouse or civil union partner of a member in accordance with the Marriage Act, 1961 (Act No. 25 of 1961), the Recognition of Customary Marriages Act, 1998 (Act No. 120 of 1998), the Civil Union Act, 2006 (Act No. 17 of 2006), or the tenant of a religion
Unacceptable service delivery	Delivery of a health care service in or by a private health establishment which does not comply with these Regulations or which does not comply with universally acceptable norms for delivery of such service.

5. Problem Statement

According to the White Paper, the principle governing the integration of public and private health is that:

“the activities of the public and private health sectors should be integrated in a manner that makes optimal use of all available health care resources. The public-private mix of health care should promote equity in service provision”.

This statement is significant. It means that, while the Government recognises the existence of the private sector, it believes that its activity should work to assist rather than undermine the public sector, and that the two should work in a complementary fashion.

The licensing of private hospitals and “unattached operating theatre units” is currently regulated in terms of Government Notice 158, which was published pursuant to the provisions of the Health Act 63 of 1977. Many of the provisions of this Act have been repealed pursuant to the provisions of the National Health Act 61, 2003 (“NHA”). Regulation 158, however, is still applied, despite the repeal of significant portions of the Health Act.

6. Mandate of the Policy

The purpose of this policy is to standardize the licensing of private health establishment in Mpumalanga province by, ensuring that health care establishments maintain a high level of health care and compliance, regulating access to operating private health establishments, ensure a high standard of health care service rendered in all private health care establishments, and ensuring transparency and efficiency are maintained throughout the entire process.

7. Applicability of the Policy

This policy guideline applies in the Mpumalanga Province. In addition, any person intending to operate a private health establishment must apply for a license with the Department of Health in terms of this policy. It is mandatory for the licensees to comply with any guidelines issued from time to time by the Mpumalanga Department of Health. Licenses issued may be subject to other terms and conditions as specified by the Department from time to time.

The MEC may, on application and payment of the fee prescribed and on good cause shown by, in his or her discretion and grant a private health establishment exemption in writing from any of the provisions of this Policy and on the conditions and for the period the MEC may determine.

8. Goal of the policy

The overarching goal is the creation of an institutional and regulatory framework for recognition, regulation of the licensing of the Private Health Care Establishment in the Mpumalanga Province in order to ensure protection of the public from unqualified, incompetent, or unsafe health care providers.

9. Policy Objectives

The specific objectives of this policy are to:

- improve access to health care services for all categories of the people in Mpumalanga including those who chose to have access to private health care establishments;
- categories of private health establishments;
- set minimum technical requirements for such categories for purposes of licensing private health establishments; and
- conditions for licensing the various categories.

10. Policy Outcomes

The intended outcomes of the policy are to:

- increase access to quality health care services in the province;
- transform institutional and regulatory system for the Private health establishments;
- standardize method of qualification for licensing applications for Private health establishments; and
- delivery of professional and accountable services to the general public.

11. Guiding Principles and Ethos of the Policy

The principals informing this policy are:

Accountability: The policy complies with all legislation and policy requirements.

Accessibility: Accessibility in terms of ensuring that any person who wants to apply for a license for a private health establishment may be provided with relevant information to allow them to be able to do so

Appropriateness: The policy is responsive to social, economic, cultural and political conditions.

Collaboration: Recognising that private hospitals are required to operate within the parameters and constraints of the current regulatory framework, the multi-disciplinary team approach must underpin service delivery and be recognised as the norm.

Equality: If we read sections 27(1) and 9 together, it is clear that protecting and fulfilling the right of access to health care services requires the Government to take steps to tackle inequality.

Partnership: The policy is premised on the developmental approach and thereby upholds the value of partnership in the professional development and quality practice.

Participation: private sector to increase access to healthcare and to mitigate the demand on the public sector.

Sustainability: That policy and its subsequent outputs make allowance for the continuous expansion of private health.

Transparency: A transparent and consistent regulatory regime should apply throughout the province, stipulating the specific factors which the regulators should take into account in determining whether or not to approve the application for a hospital licence.

12. Advisory Committee

13.1 Appointment of Advisory Committee

13.1.1 The head of Department must appoint an advisory committee to evaluate and make recommendations to him or her on applications submitted in terms of this Policy and to advise him/her on all matters concerning registration of private health establishments in the Province.

13.1.2 The advisory committee appointed must consists of at least-

- Nine members of the Department including the following:
- All District Managers;
- one person appointed on account of his or her knowledge of the technical requirements and
- one person appointed on account of his or her knowledge of the law, and without limiting the foregoing, knowledge of the fundamental rights in the Bill of Rights in Chapter 2, of the Constitution and national legislation required by and enacted in terms of Chapter 2 of the Constitution of the Republic of South Africa, 1996.

13.2 Procedure for meetings of Advisory Committee

13.2.1 the Chairperson of the committee shall be appointed by the Head: Health

13.2.2 At the first meeting of the advisory committee, the chairperson must determine meeting procedures, and the committee must establish a code of conduct for its members.

13.2.3 A quorum for a meeting is fifty (50) percent +1 of the advisory committee. A decision of the majority of members present at a meeting of the advisory committee is the decision of the committee, and in the event of an equality of votes the chairperson has a casting vote in addition to a deliberative vote, which he or she is not obliged to exercise.

13.2.4 The chairperson may at any stage during the consideration of an application call upon any person to participate in the proceedings of the advisory committee if the chairperson is satisfied that that person will be able to assist the committee to better evaluate or make a recommendation.

12.3 Powers and functions of Advisory Committee

13.3.1 The advisory committee must consider and evaluate an application and all comments and responses received in respect of an application to determine whether there is a need for the proposed private health establishment and whether the application complies with the requirements for licensing of such establishment, and in doing so must take the applicable technical requirements.

13.3.2 The advisory committee must make a recommendation to the Head: Health within 90 days of an application.

13.3.3 The advisory committee may, in respect of an application in terms of this Policy, recommend to the head of the Department -

that the application be approved;

- that the application be approved subject to conditions which the committee considers appropriate, including but not limited to-
- the nature, type or quantum of services to be provided by the private health establishment;
- requirements for insurance cover to be carried by such private health establishment and any health care practitioner in that private health establishment;
- human resource requirements;
- training to be provided to personnel at that private health establishment;

13.3.4 type and frequency of monitoring to be done by the Department or a monitoring officer;

a) grievance and complaints procedures for patients to be implemented and reporting obligations of such incidents to be complied with; or

b) data-reporting mechanisms on key indicators;

(c) the type of licence that may be issued with regard to the categories and subcategories of private health establishments which may be licensed in terms of these Regulations; or

(d) that the application must be refused.

13.3.5 The advisory committee must furnish the Head of the Department with written reasons for its recommendation made.

13.4 Principles governing the conduct of members of Advisory Committee

13.4.1 The principles governing the conduct of members of the Advisory Committee includes:

- Advisory Committee members are expected to act with honesty, impartiality and to perform his or her duties with integrity.
- An Advisory Committee member must perform his duties fairly without fear and favour.
- In the performance of his or her duties, the Advisory Committee member should not act arbitrarily to the detriment of any person or favour another person, or group or body.
- In making recommendations, all members must act lawfully and exercise their discretionary powers impartially.
- All Advisory Committee members have a duty to keep confidential all information and documents acquired in the processing and consideration of all applications.
- All members must sign a confidentiality and declaration forms to abide by the rules of the committee during each meeting.

13.4.2 Conflict of Interest

13.4.2.1 A member of the advisory committee may not take part in any discussion, or the taking of a decision on an application serving before the advisory committee in which-

- that member or his or her spouse, an immediate family member, business partner or an associate or employer, other than the State; and
- a business partner or an associate, immediate family member or employer, other than the State, of the spouse, or an immediate family member of that member, has a direct or an indirect financial interest or has had such an interest during the previous 12 months.

13.4.2.2 A member of the advisory committee may not, while he or she is a member of the advisory committee-

- (a) accept any form of employment; or
- (b) accept a gift or any other benefit or remuneration, from a person who has a direct or indirect financial interest in a private health establishment or a person applying for a licence to operate a private health establishment.

13. LICENSING AND MAINTENANCE OF REGISTER

14.1 General requirements and conditions for licensing

14.1.1 A person may not-

- (a) erect, establish, operate, maintain, manage, control, CTOP clinic, renal dialysis unit or health agency or have a beneficial interest in or derive income from the operation of a private health establishment, or render or permit a health service which may only be rendered in a licensed private health establishment, unless that person or the establishment have been licensed in terms of these Regulations; or
- (b) extend, equip or in any way prepare any premises for use as a private health establishment or alter the conditions of the licence of a private health establishment, or extend or alter the service or services which that person is licensed to render in that establishment, or amend the type and number of licensed beds, increase the number of beds in, or acquire prescribed health technology ~~at~~ unless the licensee has applied for the extension or alteration of the licence of that establishment or the extension or alteration of the service or services which are provided in that establishment and the licensee has obtained written approval from the head of the Department; or
- (c) Provide prescribed health services; or continue to operate a health establishment or health agency.

14.2 License application process

14.2.1 A person who wishes to operate a private health establishment must submit an application and supporting documents as required in terms of the application form and pay the fee prescribed.

14.2.2 A person licensed to operate a private health establishment who wishes to extend or alter the licensed facility, which extension or alteration will have an effect on the licensed service or services which are provided in that establishment, must submit an application to the head of the Department, together with the supporting documents as are required in terms of the application form and pay the fee prescribed.

14.2.3 The head of the Department must, within 30 days of receipt of an application, review the application to determine whether it complies and, whether any additional information is required.

14.2.4 If the head of the Department considers that the application has not been properly completed or that additional information is required, he or she must in writing notify the applicant of the nature of the non-compliance and request the applicant to correct or supply the additional information required, as the case may be, by the date specified in the notice.

14.2.5 If an applicant fails to complete an incomplete application or to supply additional information by the date specified by the Head of the Department, it must be deemed that the applicant has withdrawn the application.

14.3 Provisional approval

14.3.1 The head of the Department must, within 30 days of receipt of the recommendation of the advisory committee, decide on the application by-

- accepting the committee's recommendation and provisionally approve the application;
- not accepting the committee's recommendation and refuse the application and furnish reasons for doing so; or
- in the event that the committee has recommended that the application should be provisionally approved subject to specified conditions, accepting the recommendation and provisionally approve the application or accept the recommendation but amend the conditions.

14.3.2 The head of the Department may, prior to taking a decision refer an application back to the committee for reconsideration of its recommendation, with reasons for doing so. The advisory committee must, within 30 days of receipt thereof, make a final recommendation on an application referred back to it.

14.3.3 The head of the Department must, within 20 days of receipt of a final recommendation, decide on the application must, within 20 days of deciding on an application, inform the applicant in writing of the decision and, if the application is refused, give written reasons for the refusal and inform the applicant of the right of appeal.

14.3.4 If the head of the Department approves the application, he or she must issue the applicant with a provisional approval and cause it to be entered in the relevant register kept for that category of private health establishments and furnish the applicant with the signed original of such approval. A provisional approval issued in terms of this Policy authorises the applicant to submit building plans for approval.

14.4 Building plans and approval

14.4.1 The advisory committee must consider, evaluate and make recommendations to the head of the Department in respect of building plans submitted to it.

14.4.2 Building plans for the erection, extension or alteration of a private health establishment must be submitted to the head of the Department, together with the application fee prescribed, for approval within 6 months of obtaining the provisional approval or approval, as the case may be.

14.4.3 The building plans must:

- comply with generally accepted principles in the building industry, SABS requirements, if applicable;
- local authority requirements for approval of such plans;
- be drawn to a scale of 1:100;
- be submitted in duplicate;
- indicate the treatment areas, room names, dimensions and measurements on the plans or in a schedule to the plans;
- reflect compliance with the technical requirements applicable to the private health establishment; and
- reflect the location of the licensed beds being applied for.

14.4.4 The head of the Department must submit the building plans to the advisory committee for evaluation and for purposes of making recommendations to the head of the Department, and the advisory committee may recommend that the building plans be approved with or without conditions; or that the building plans be rejected, and furnish written reasons for its recommendations.

14.4.5 The head of the Department must, within 10 days of receipt of the recommendations of the advisory committee approve the building plans by-

- (a) accepting the committee's recommendations and approve the building plans with or without conditions;
- (b) not accepting the committee's recommendations and rejecting the building plans and furnish reasons for doing so; or
- (c) in the event that the committee has recommended that the building plans should be approved subject to specified conditions, accept the committee's recommendations and approve the building plans subject to those conditions or its own amended conditions.

14.4.6 The head of the Department must, within 30 days of deciding on an application inform the applicant in writing of the decision and, if the building plans are rejected, give written reasons for doing so and inform the applicant of the right of appeal.

14.4.7 The applicant must furnish the head of the Department in writing, with proof that the building plans have been approved by other statutory authorities as may be required by the law. No building operations to erect, alter or renovate a private health establishment may be commenced with until all the required statutory approvals have been obtained.

14.4.8 If the building activities have not commenced within 12 months of the approval of the building plans; and having commenced as required, but have ceased for a period of 12 months, both the provisional approval and the approval of the building plans will automatically lapse and will be regarded as having been cancelled, and the head of the Department must remove the entry in respect of the provisional approval of that private health establishment from the relevant register (Provided that the head of the Department may grant extension of time to comply on good grounds provided).

14.5 Final approval and licensing

14.5.1 A person who has obtained provisional approval to erect and operate a private health establishment and approval of building plans must, in writing request the head of the Department to carry out an inspection of the completed private health establishment; provide the head of the Department with as-built plans and copies of the approvals of all other statutory authorities required to be obtained within 90 days of the inspection report being submitted; and pay the prescribed inspection and evaluation fee, for purposes of obtaining final approval for that private health establishment.

14.5.2 The head of the Department must authorise a duly appointed inspecting officer to conduct an inspection on the private health establishment within 30 days of receipt of the written request in order to establish that the private health establishment meets the technical requirements and that it was erected in terms of the approved building plans.

14.5.3 The inspecting officer must submit his or her inspection report, together with a recommendation, to the head of the Department within 14 days of carrying out the inspection.

14.5.4 The head of the Department must, within 30 days of receipt of the inspection report, or the as-built plans, whichever is the latest, examine and evaluate the inspection report and the as-built plans with the assistance of any one or more of the members of the advisory committee, to ensure compliance, and if he or she is satisfied that the owner of the private health establishment comply, issue the owner of the private health establishment with a final licence subject to such conditions as he or she may deem appropriate and remove any note in the relevant register which refers to provisional approval.

14.5.5 If the private health establishment does not comply, the head of the Department must inform the owner of that private health establishment or responsible person thereof, and furnish written reasons for such finding and afford the owner an opportunity to rectify the as-built plans, the building or the facilities, and re-submit the as-built plans together with a written motivation why he or she is of the opinion that the private health establishment complies with the requirements for final approval and licensing, within 45 days of receipt of the notice of non-compliance, and pay the re-submission and evaluation fee.

14.5.6 The head of the Department must re-evaluate the re-submission, and if necessary, cause a further inspection to be carried out and finalise the adjudication process within 30 days of the date of re-submission and inform the owner of the private health establishment or responsible person in writing of his or her decision.

14.6 Application to transfer license

14.6.1 A person licensed in terms of these Regulations to operate a private health establishment may transfer that licence to another person who is licensed to operate a private health establishment, in the prescribed manner.

14.6.2 A person who wishes to purchase or otherwise obtain ownership of a private health establishment must complete an application form provided by the head of the Department; provide the information and the necessary documentation required; pay the transfer fee prescribed; provide such further or additional documentation as may be called for in writing by the head of the Department.

14.6.3 The head of the Department must, after having conducted or having caused to be conducted an analysis and evaluation of the transfer of license, approve or refuse the transfer of the license to the transferee with reasons for the refusal.

14.7 Certificate of Registration

14.7.1 If the Head of Department is satisfied that a private health establishment is compliant with the Regulation 158 specifications, the Head of Department must issue to the applicant a Certificate of Registration for the private health establishment.

14.7.2 A Certificate of Registration must contain the following: -

- The name of the owner of the private health establishment;
- The name of the private health establishment;
- The geographical location of the private health establishment;
- Type of service or types of services to be rendered in the private health establishment;
- Where applicable, the number of beds, theatres, procedure rooms and delivery rooms the private health establishment may operate;
- The functional classification of beds permitted in the private health establishment; and
- Any other condition which the Head of Department considers should be stated on the Certificate of Registration.

14.8 Amendment of Certificate of Registration

14.8.1 Where the holder of a Certificate of Registration has successfully applied for the extension or alteration of the private health establishment or the extension or alteration of the services to be rendered in that establishment and the relevant extension or alteration has been effected, that holder must submit the Certificate of Registration to the Head of Department with a request that the Certificate be amended accordingly.

- 14.8.2 If the Head of Department is satisfied that the extension or extensions has been satisfactorily effected, the Head of Department must issue an amended Certificate of Registration to the holder concerned.
- 14.8.3 If the ownership of a private health establishment changes, the owner of the establishment must submit the Certificate of Registration to the Head of Department who must issue an amended Certificate of Registration.
- 14.8.4 If the ownership of a private health establishment applies for a change of name of a private health establishment, the owner of the establishment must submit the Certificate of Registration to the Head of Department who must issue an amended Certificate of Registration.
- 14.8.5 The person to whom a Certificate of Registration is issued must ensure that the certificate is at all times so displayed on the premises of that establishment that it is easily visible to members of the public.

14.9 Annual Relicensing of Private Health Establishments

- 14.9.1 The Head of Department must, at least once in every calendar year, inspect, or cause to be inspected by a duly authorized inspecting officer, every private health establishment registered or regarded as being registered in terms of the policy.
- 14.9.2 A schedule of relicensing inspections is planned for each calendar year. The onus is on the license holder to apply in time for license renewal.
- 14.9.3 The license will be valid for a period of 12 months from the date of issuing. A relicensing fee in line with the departmental private hospital fee tariffs is payable in advance.

14.10 Registers

- 14.10.1 The head of the Department must keep registers-
- for the various categories or sub-categories of private health establishments in which the head of the Department must enter-
 - the name and registration or identity number of the owner;
 - the date of first issue and license number allocated by the head of the Department to the license;
 - the trading title approved by the head of the Department;
 - the particulars of the managing director, the managing member or trustee of the owner;
 - the physical address which appears on the license from where the private health establishment is or is to be operated;
 - a postal address within the Province deemed to be the registered address for giving of notices;
 - a telefax address for the licensee;
 - an electronic mail address for the licensee;
 - the particulars of the natural person responsible and accountable for compliance by the private health establishment and liable for non-compliance and his or her contact details;

- the number of licensed beds and the subcategories into which those beds are divided;
- date of last inspection; and
- such other information as the head of the Department may decide;
- for private health establishments that have been exempted in whole or in part from compliance; and
- of closed or cancelled licensed facilities.

14.11 Delegations

14.11.1 The Head of Department may delegate any power or function conferred or imposed upon her or him to any official employed by the Department, except the power to decide an application.

14. APPEALS AND PROCEDURES

15.1 The MEC must appoint up to three persons who are not employees of the Department or members of the advisory or inquiry committees to serve as an appeal committee to hear any appeal.

15.2 The appeal committee must consist of-

- a chairperson appointed on account of his or her knowledge of the law;
- one person appointed on account of his or her knowledge of the technical requirements; and
- one additional person.

15.3 A person-

- whose rights may be adversely affected by any decision of the head of the Department regarding the licensing, suspension or cancellation or refusal to transfer the license of a private health establishment, may appeal against such decision to the appeal committee in the manner set out hereafter; or
- aggrieved by a finding of or penalty imposed by the committee of inquiry, may after notice to the head of the Department and within a period of two months after the date of such finding or the imposition of the penalty, appeal to the MEC.

15.4 The appellant must lodge his, her or its appeal within 30 days after notice of such decision in writing is deemed to have come to the attention of the appellant.

15.5 The notice of appeal must be in writing and under oath, stating in full the decision against which the appeal is lodged, the grounds on which such appeal is lodged, and must nominate a physical address, where the appellant will accept delivery of all documents relevant to the appeal.

- 15.6 The notice of appeal must be lodged with the appeal committee together with-
- payment of the fee; and
 - 4 copies of the record of appeal consisting of the decision appealed against, the written reasons for such decision and all relevant documents, duly indexed and paginated, after having served a copy thereof on all interested parties, who are hereafter referred to as the respondents.
 - The appeal committee clerk must upon receipt of the notice of appeal, allocate a case number and notify the appellant, and all the respondents thereof.
- 15.7 The respondents may within 30 days of delivery to them of the notice of appeal, deliver answering affidavits to the committee clerk, and must serve copies thereof on the appellant and all other respondents.
- 15.8 The appellant may within 14 days of delivery to him, her or it of the answering affidavits, deliver a replying affidavit.
- 15.9 The committee clerk must on the expiry of the period referred to in 6.8 arrange a date and venue for the hearing of the appeal with the chairperson of the appeal committee and the other members and furnish them with copies of the appeal record and the affidavits delivered by the appellant and the respondents.
- 15.10 The committee clerk must advise the appellant and all respondents, of the date of and the venue for the hearing, whereupon the appeal is set down for hearing accordingly.
- 15.11 Not less than 10 days before the appeal is to be heard the appellant must deliver to the appeal committee, and all respondents, one copy of a concise and succinct statement of the main points which he, she or it intends to argue on appeal, and provide a list of the authorities to be used in support of each point.
- 15.12 The appeal committee may dismiss an appeal or, make an order reversing or modifying the decision appealed against and uplift the temporary suspension if applicable; and remit the matter to the Head of Department or delegated officer for further consideration, or make such other order, including an order as to costs, as it may deem appropriate.
- 15.13 An appeal must be finally adjudicated within 120 days of the date on which the appeal is noted

15. POLICY REVIEW

This policy shall be reviewed after five years or when the need arises

16. SCHEDULE 1

FEES PAYABLE TO THE MPUMALANGA DEPARTMENT OF HEALTH UNDER THE REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS IN THE PROVINCE

The MEC for Health, Mpumalanga Province, has prescribed the following fees payable.

The provincial tariffs will apply.

Application fee

R5500.00 (all application fee, not refundable)

Commissioning Inspection fee

R120.00 per bed

R600.00 per major theatre

R600.00 per ICU

R400.00 per minor theatre, endoscopy suite, cardiac cath lab, delivery room etc.

R400 per unit: e.g. Radio-diagnostic, Oncology, Renal, pharmacy.

R2000 per CTOP clinic

Annual Re-licensing fee

R5500 handling fee

R2000 handling fee per CTOP clinic

R100.00 per bed

R150 ICU bed

R600.00 per major theatre

R600.00 per ICU

R400.00 per minor theatre, endoscopy suite, cardiac cath lab, delivery room etc.

R400 per unit: e.g. Radio-diagnostic, Oncology, Renal, pharmacy.

These fees are subject to annual increase based on inflation.

All fees must be paid in advance.

Licensees and prospective applicants requiring any additional information should contact the secretariat or Licensing & Accreditation Unit at telephone number (013) 766 3098.

Copies of these guidelines are available from the intranet under Mpumalanga Department of Health.

17. CALL FOR PUBLIC COMMENTS

Please direct your comment to this email MaatlapeM@mpuhealth.gov.za (Ms Maatlape B. Mawela) before 11 November 2021