

DEPARTMENT OF HEALTH

NO. 4986

21 June 2024

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

TRADITIONAL HEALTH PRACTITIONERS REGULATIONS 2024

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

Interested persons are invited to submit any substantiated comments or representations on the proposed draft Regulations, to the Director General of Health, Private Bag X828, Pretoria, 0001 or bruce.mbedzi@health.gov.za (For the attention of the Director: Traditional Medicine), within three months of the date of publication of this notice.



**DR M.J PHAAHLA, MP
MINISTER OF HEALTH**

DATE:

04/06/2024

SCHEDULE

DEFINITIONS

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

“**Council**” means the Interim Traditional Health Practitioners Council contemplated in section 4 of the Act;

“**Practitioner**” means Traditional Health Practitioner registered in terms of section 21 of the Act;

“**Registrar**” means the person appointed as such as contemplated in section 18 of the Act; and

“**the Act**” means Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007).

APPLICATION AND REGISTRATION OF PRACTITIONER

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

(2) The application Form must be accompanied by fees as stipulated in the Table of Fees.

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

CATEGORIES OF TRADITIONAL HEALTH PRACTICE THAT MUST UNDERGO EDUCATION OR TRAINING

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

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

REGISTRATION OF STUDENTS (AMATHWASA)

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

- (a) Complete the application form attached as **FORM THPA2** to these Regulations;
- (b) The application Form must be accompanied by fees as stipulated in the Table of Fees;
- (c) The certified copies of the following documents must be attached to the application form:
 - (i) South African Identity book or card;
 - (ii) Letter from accredited institution or traditional tutor; and
 - (iii) (Adult Education and Training) AET Level 1 or equivalent or have relevant and demonstratable experience.

MINIMUM STANDARD OF EDUCATION

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

DURATION OF EDUCATIONAL PROGRAMME

6. (1) The Divination student must attend or undergo training for minimum period of twelve months in which period the student practitioner must learn at least

- (i) diagnosis,
- (ii) preparation of herbs, and
- (iii) conducting traditional consultation.

(2) The student herbalist must undergo training for a minimum period of twelve months in which period the student must learn to:

- (i) identify and collect/harvest;
- (ii) prepare herbs;
- (iii) harvest herbs sustainably;
- (iv) dispense herbs;
- (v) store herbs safely; and
- (vi) conduct traditional consultation.

(3) The student traditional birth attendant must undergo training for a minimum period of twelve months during which the practitioner must learn:

- (i) human reproduction;
- (ii) pregnancy;
- (iii) delivery of baby; and
- (iv) pre- and post-natal care.

(4) The student traditional surgeon practice must undergo training for at least two years.

MINIMUM AGE AND STANDARDS OF GENERAL EDUCATION

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

(2) The student practitioner contemplated in sub regulation (1) must at least have attained the Level 1 AET or equivalent or have relevant and demonstratable experience.

REGISTRATION BY THE COUNCIL OF PERSONS PROVIDING TRAINING

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

REGISTRATION OF TRADITIONAL PRACTITIONERS STUDENTS

9. (1) The registered students must submit the logbook that details the observations and procedures undergone during their training.

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

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

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

10. The applicant who, on promulgation of these Regulations, is a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon may be registered as such by the Registrar on the basis of the documentary proof that he or she may produce to the Registrar, or on basis that the community regarded him or her to a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon.

PROCEDURE TO DISPOSE APPLICATION FOR FEES CHARGED BY PRACTITIONER

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

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

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

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

Short title

12. These regulations are called Traditional Health Practitioners Regulations, 2024.

FORM THP A1

TRADITIONAL HEALTH PRACTITIONERS COUNCIL	APPLICATION FOR REGISTRATION
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NON COMPLIANT APPLICATION WILL BE REJECTED.

Please PRINT and return the ORIGINAL FORM to:

The Registrar ITHPC, Private Bag X828 Pretoria 0001 by registered mail for ease of tracking mail.
 Dr AB Xuma Building, 1112 Voortrekker Road, Pretoria 0001

For office use only

Date received:
 Receipt number:
 Amount:
 Province:

1. Please mark the relevant category clearly.

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	

Personal details

2. Full first names : _____
3. Surname _____ (required for statistical purposes)
4. Race: _____ 5. Nationality: _____
6. Identity number: _____ (attach copy of photograph page of ID)
7. Postal address: _____

Code: _____

8. Residential address: _____

9. Tel: (Home): () _____ (Cell): _____

(Fax): () _____ (E-mail): _____

The following is submitted in support of the application.

- 10. Proof of payment for the Registration fee.
- 11. A copy of my identity document or birth certificate.
- 12. Proof of Training "Initiation in terms of Traditional Medicine".
- 13. Character reference by people not related to you.

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

SIGNATURE: **Date:**

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

FORM THP A2

<p>TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA</p> <p>THPA2</p>	<p>APPLICATION FOR REGISTRATION (STUDENT)</p>
<p><i>NON COMPLIANT APPLICATION WILL BE REJECTED.</i></p> <p>Please PRINT and return the ORIGINAL FORM to: The Registrar ITHPC, Private Bag X 828, Pretoria 0001 by registered mail for ease of tracking mail. Dr AB Xuma Building, 1112 Voortrekker Road, Pretoria 0001</p>	<p style="text-align: center;"><u>For Office use only</u></p> <p>Date received:</p> <p>Receipt number:</p> <p>Amount paid:</p> <p>Province:</p>

1. PLEASE MARK THE RELEVANT CATEGORY OF REGISTRATION CLEARLY

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	
OTHER (Specify)	

PERSONAL DETAILS

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

3. Full Name(s): _____

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

6. Nationality _____

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

8. Postal address: _____

Code: _____

9. Residential address:

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

(Fax) :() _____ (E-mail): _____

The following is submitted in support of the application.

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

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

SIGNATURE: **Date:**

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

The Registrar
Interim Traditional Health Practitioners Council
Private Bag X 828
PRETORIA
0001

FORM THP A3

<p>TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA</p> <p>THPA</p>	<p>APPLICATION FOR REGISTRATION (TRAINING INSTITUTIONS)</p>
<p><i>NON COMPLIANT APPLICATION WILL BE REJECTED.</i></p> <p>Please PRINT and return the ORIGINAL FORM to:</p> <p>The Registrar ITHPC, Private Bag X 828, Pretoria 0001 by registered mail for ease of tracking mail. Dr AB Xuma Building, 1112 Voortrekker Road, Pretoria 0001</p>	<p style="text-align: center;"><u>For Office use only</u></p> <p>Date received:</p> <p>Receipt number:</p> <p>Amount paid:</p> <p>Province:</p>

1. Please mark the relevant category of interest clearly.

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTANDANTS	
TRADITIONAL SURGEON	

Provider details

2. Training Institution: _____

3. Physical address: _____

4. Postal address: _____

Code: _____

5. Purpose of application: Provision of

Module	
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Course	
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Practical Skill	
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6. Has the above been accredited elsewhere?

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

8. Duration of the Training offered

9. Tutors Qualifications: _____

7. Contact Details

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

The following is submitted in support of the application.

10. Proof of payment for the Registration fee.
11. A copy of the identity document or birth certificate.
12. Proof of qualification.
13. Character reference by people not related to you.
14. Highest secondary school standard attained: _____ (attach certified copy)

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

SIGNATURE: **Date:**

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

The Registrar
Interim Traditional Health Practitioners Council
Private Bag X 828
PRETORIA
0001

TABLE OF FEES			
	Regulation	Amount	Renewal
1	Regulation 2 (1) - Application for registration as a traditional health practitioner: FORM THP A2	R 1000,00	R500.00
2	Regulation 4 (1) - Application for registration as a student practitioner: FORM THP A2	R 200,00 (Year 1)	R100.00 subsequent years
3	Regulation 8 - Registration by Council of persons providing courses or training: FORM THP A3	R 5000,00	R1500.00