



User Manual for Practitioners and Employers
to submit requests related to Employment
(Rule 18)

The Purpose of this Manual is to guide Health Practitioners and Employers on how to submit applications for Rule 18; and submit related annual reports on the OSVC Portal.

The values and entries in the fields are for demonstration only; relevant information must be completed as prompted.

Contents:

Rule 18 (Employment)

Rule 18: Employer Application (New application by **Employer**)

BP Rule 18: Registering an employed practitioner post approval (process by **Employer**)

BP Rule 18 Annual Report (process by **practitioner**)

BP Rule 18 Employer Application **(This process is done by the employer).**

A prospective employer who does not have an existing profile should contact professionalpractice@hpcsa.co.za.

BP Rule 18 Employer Application



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Application to Employ a Registered Practitioner

Registering an Employee Rule 18

Quick Links

Protecting the Public and Guiding the Professions

BP Rule 18 Employer Application – Introduction Page

Introduction 

Introduction

Health practitioners registered with the Health Professions Council of South Africa (HPCSA) are generally not permitted to receive employment from non-registered persons and/or entities, unless express permission is granted by the HPCSA, following a comprehensive review process.

The following entities are, however, exempted from the process:

- a) The public service.
- b) Training institutions (such as universities) (only limited for purposes of training and research).
- c) NPOs and NGOs (subject to approval by the relevant professional board).

The review process is aligned to the ethical rules of conduct for registered health practitioners, which states:

- (1) A health 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.

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BP Rule 18 Employer Application – Applicant Details Screen

Personal Details

Title MISS	First Name <input type="text"/>	Last Name <input type="text"/>
Middle Name <input type="text"/>	Date of Birth <input type="text" value="3"/>	Marital Status Single
Gender Female	Race NONE	What is the applicant contact type? South African
Identity Number <input type="text"/>	Passport Number <input type="text"/>	Passport Expiry Date 13/02/2026

Contact Details

Email Address <input type="text" value="c"/> m	Primary Mobile Number <input type="text" value="8"/>	Only South African mobile numbers are accepted. Do not use spaces or special characters(+,-,@,#)
Address Line1 Add test	Address Line2 <input type="text"/>	Address Line3 <input type="text"/>
Address Line4 <input type="text"/>	City <input type="text"/>	Postal Code 2198
Province FREE STATE	Country Croatia	Mobile Number <input type="text"/>
Phone Country Code 32	Phone Area Code 12	Phone Number <input type="text"/>

Primary Address

Add New Address

- Applicant will verify Personal and Contact Details
- Applicant to select at least one Primary Address

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BP Rule 18 Employer Application – Employer Application Form

Introduction ✓

Your Details ✓

Please search h... ✓

Select Registrati... ✓

Select Category ✓

Attachments ✓

Employer Applic... ✎

Employer Application Form


Please fill the below details

Application Details

Motive or Goal

The applicant provides full explanation of the reasons for requesting and the goal of such employmnet.


Motive test



Service to specific groups of people

The applicant provides full details of the information regarding the specific target group of patients to be serviced through such employment, such as non- profit, charitable and similar organisations.


Service test



Benefit to the Practitioners

The applicant provides information regarding how the employment will benefit the practitioners.

Benefit test



BP Rule 18 Employer Application – Employer Application Form

Clinical independence of practitioner

The applicant explain how practitioners' contract of employment indicate how they will refrain from engaging in practices that would compromise patient care or in services not indicated in order to acquire financial or material benefit. No un-due influence should be exerted on practitioner to compromise his clinical independence.


Clinical Ind test



Method of remuneration

The applicant provides information of how perverse incentives, undesirable practice enriching a practitioner either financially or in kind at the cost of a payer for professional practice with no evidence based scientific basis or cost effective considerations will be avoided.


Method test



Clinical Governance/Management& Internal Peer Review Mechanism

The applicant provides information of how the applicants indicate how and by whom the registered practitioners will be managed and put in place measures or create a favorable environment for peer review.

Clinical gov test



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Submit

BP Rule 18 Employer Application – Document upload screen

Introduction ✓

Your Details ✓

Employer Application Form ✓

Attachments 

Attachments

Please Upload the Documents

Contract Of Employment

Add

Additional Documents

Add

Attachment limit not exceed 5MB

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Submit

BP Rule 18 Employer Application – Application Confirmation screen

Introduction ✓

Your Details ✓

Employer Application Form ✓

Attachments ✓

Submission Complete ✎

Submission Complete

Dear

Your request for Rule 18 Application form has been received. Please use the service request Reference No. **251008-000000** for any further correspondence with HPCSA.

Regards,
HPCSA

Download the Rule 18 Employer Approval Application form

[Rule 18 Employer Approval Application form](#)

Finish

BP Rule 18: Registering an employed practitioner post approval

(This process is done by the employer, it links the employed practitioner to the entity for submission of annual reports)

BP Rule 18 New Application

We're here to help


Complaint Against Practitioner



Report a Bogus Practitioner



Registered Practitioner Services



Annual Renewal Guide for Practitioners



Rule 18 / Application to Employ a Health Practitioner



Ethical Rule 23 A / Financial Interest and Shareholding



Health Impairment



CPD



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Protecting the Public and Guiding the Professions

BP Rule 18 New Application – Introduction Page

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BP Rule 18 New Application – Applicant Details Screen

Introduction ✓

Your Details 



Your Details

Personal Details

Title MR. 	First Name <input type="text"/>	Last Name Emp2
Middle Name <input type="text"/>	Date of Birth 11/09/1992 	Marital Status Single 
Gender Male 	Race NONE 	What is the applicant contact type? Austrian 
Identity Number <input type="text"/>	Passport Number A999999 	Passport Expiry Date 06/09/2036 

Contact Details

Email Address alexemp2@yopmail.com	Primary Mobile Number <input type="text"/>	Only South African mobile numbers are accepted. Do not use spaces or special characters(+,-,@,#)
--	--	---

Address Line1 Ad1	Address Line2 Ad2	Address Line3 Ad3	
Address Line4 Ad4	City City	Postal Code 3002	
Province GO	Country South Africa 	Mobile Number 07 <input type="text"/>	
Phone Country Code ZA	Phone Area Code 27	Phone Number 0 <input type="text"/>	

Primary Address

Add New Address

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- Applicant will verify Personal and Contact Details
- Applicant to select at least one Primary Address

BP Rule 18 New Application – Practitioner Search Screen

Introduction ✓ Your Details ✓ Please search here ✎

Please search here

Please enter Identity OR Registration to search

Identity Number Registration Number

Select	Full Name	Date of Birth
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/> 6

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- Applicant will search practitioner using ID Number/Registration Number
- Applicant to select the contact from the search results

BP Rule 18 New Application – Registration Details and Category Screens

Introduction ✓ Your Details ✓ Please search here ✓ **Select Registration** Select Category ✓

Select Registration

Registration Number	Start Date	End Date	Select
<input type="text"/>	15/09/1995	31/03/2026	<input checked="" type="checkbox"/>

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- Applicant to select the Registration Details and Category

Introduction ✓ Your Details ✓ Please search here ✓ Select Registration ✓ **Select Category**

Select Category

Category	Select
INDEPENDENT PRACTICE SPECIALIST South African SURGERY	<input checked="" type="checkbox"/>

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BP Rule 18 New Application – Document upload screen


Introduction ✓

Your Details ✓

Please search here ✓

Select Registration ✓

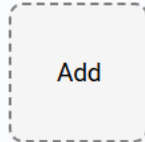
Select Category ✓

Attachments 

Attachments

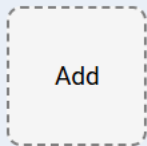
Please Upload the Documents

Contract Of Employment



[ologored.PNG](#) 

Additional Documents



Attachment limit not exceed 5MB

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BP Rule 18 New Application – Application Confirmation screen

Introduction ✓ Your Details ✓ Please search... ✓ Select Registr... ✓ Select Catego... ✓ Attachments ✓ Employer Appl... ✓ Application C... ✎

Application Complete

Dear Alex Emp2

Your request for Rule 18 Application form has been received. Please use the service request Reference No. # **250828-000003** for any further correspondence with HPCSA.

Regards,
HPCSA Team

Download the Rule 18 Application form

[Rule 18 Application form](#)

Quick Links

Finish

BP Rule 18 Annual Report

(This process is done by the practitioner after logging onto their profile).

BP Rule 18 Annual Report

We're here to help


Complaint Against Practitioner



Report a Bogus Practitioner



Registered Practitioner Services



Annual Renewal Guide for Practitioners



Rule 18 / Application to Employ a Health Practitioner



Ethical Rule 23 A / Financial Interest and Shareholding



Health Impairment



CPD



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Protecting the Public and Guiding the Professions

BP Rule 18 Annual Report – Introduction Page

Introduction 

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BP Rule 18 Annual Report – Applicant Details Screen

Personal Details

Title	First Name	Last Name
DR. ▼	<input type="text"/>	<input type="text"/>
Middle Name	Date of Birth	Marital Status
<input type="text"/>	<input type="text"/> 3	Married ▼
Gender	Race	What is the applicant contact type?
Female ▼	CHINESE ▼	South African ▼
Identity Number	Passport Number	Passport Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Details

Email Address	Primary Mobile Number	Only South African mobile numbers are accepted. Do not use spaces or special characters(+,-,@,#)
<input type="text"/> ju_meimei@yopmail.com	<input type="text"/> 3	

Address Line1	Address Line2	Address Line3	
<input type="text"/>	Boston	BELLVILLE	
Address Line4	City	Postal Code	
<input type="text"/>	Bellville, Cape Town	7530	
Province	Country	Mobile Number	
Western cape	South Africa ▼	<input type="text"/>	
Phone Country Code	Phone Area Code	Phone Number	
27	72	<input type="text"/>	
<input checked="" type="checkbox"/> Primary Address	Add New Address		

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- Applicant will verify Personal and Contact Details
- Applicant to select at least one Primary Address

BP Rule 18 Annual Report – Institution Details

Introduction ✓

Your Details ✓

Confirm the Institution 

Confirm the Institution

Are you employed in a private institution?

Yes No

Select the Category

Medical Practitioners 

If you are employed by any institution in the below list, select yes and select the Institution name otherwise select No

Yes No

Select	Institution Name
<input type="checkbox"/>	Afrocentric Fastpulse Employee Health Solt
<input type="checkbox"/>	Clinix hospital
<input type="checkbox"/>	Life Healthcare
<input type="checkbox"/>	Life Occupational Health
<input type="checkbox"/>	Lonmin Platinum
<input checked="" type="checkbox"/>	Mediclinic Southern Africa
<input type="checkbox"/>	Medi-Clinic Trust
<input type="checkbox"/>	Netcare (Pty) Ltd
<input type="checkbox"/>	Nimpa Healthcare (NHC)

- Applicant to select the category and institution from the list

BP Rule 18 Annual Report – Registration Details and Category Screens

Introduction ✓ Your Details ✓ Confirm the Institution ✓ **Select Registration** /

Select Registration

Registration		
Registration Number <input type="text"/>	Year Of Registration : 2012	<input checked="" type="checkbox"/> Select
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Introduction ✓ Your Details ✓ Confirm the Institution ✓ **Select Registration** ✓ **Select Category** /

Select Category

Category	Select
INDEPENDENT PRACTICE SPECIALIST South African DIAGNOSTIC RADIOLOGY	<input checked="" type="checkbox"/>
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- Applicant to select the Registration Details and Category

BP Rule 18 Annual Report – Employment Details

Introduction ✓

Your Details ✓

Confirm the Institution ✓

Select Registration ✓

Select Category ✓

Employment details ✎

- Applicant to fill Employment Details

Employment details

Please fill the below details

Employers Details

Name	Telephone Number	Cell Number	Email ID
Mediclinic Southern Africa	Not available	Not available	Not available

Employment Details

Date of Employment	Duration Of Employment	Division/Unit	Name of the Supervisor or Manager
10/07/2025 	1 month	div test	supervisor test

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BP Rule 18 Annual Report – Feedback

Annual Report for Rule 18

Please fill the below details

Feedback

Kindly provide feedback on the following items pertaining to your employment for the 12-month cycle ending 31 March.

*Note: this report can be submitted at any time of the year at the end of the employment contract with the employer.

Clinical independence and autonomy:

Clinical test

Method/type of remuneration:

method test

Decision making protocols (procedure if available):


decision test

BP Rule 18 Annual Report – Feedback

Any other comment:



Please sign your name:



Clear

Place

Signed Date

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- < 2 more
- Confirm the Ins... ✓
- Select Registra... ✓
- Select Category ✓
- Employment d... ✓
- Annual Report f... ✓
- Employer Appli... ✓
- Submission Co... ✎

Submission Complete

Dear J [redacted]

Your request for Rule 18 - annual report has been received. Please use the service request Reference No. **250910-000000** for any further correspondence with HPCSA.

Regards,
HPCSA

Download the Rule 18 - annual report

[Rule 18 - annual report](#)

Finish



Support and queries:
professionalpractice@hpcsa.co.za