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Review Article

Legal Challenges Facing Prescriptive Authority for Clinical Psychologists in South Africa: Current Issues and Controversies

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Abstract

Prescription privileges for psychologists (RxP) refer to the ability of appropriately trained psychologists to prescribe psychotropic medications to their patients. There are clear arguments that support or dismiss treatment privilege for psychologists. The movement for prescription privileges for psychologists has been a gradual and ongoing process, with significant progress made in recent decades. The field of psychologist prescribing is still relatively new, and more research is needed to fully understand its impact on patient care. However, the available evidence suggests that prescribing psychologists can provide safe and effective mental healthcare. At present, prescribing rights for psychologists are being considered in Canada, the United Kingdom, and Australia. In most Latin American countries, clinical psychologists are not legally authorized to prescribe medication. In the exception of a few countries, such as Mexico and Brazil. In South Africa, the Health Professions Council of South does not authorize clinical psychologists to prescribe psychotropic medication. The American Psychological Association (APA) has indeed played a significant role in the movement to grant prescription privileges to psychologists. In 2011, the APA published a comprehensive set of practice guidelines for psychologists involved in pharmacotherapy. In this paper review of countries that have facilitated or are in the process of doing so are reviewed. The legislation governing the profession of psychologists in relation to prescriptive authority in South Africa is reviewed and recommendations made. The psychologists in South Africa will have to address the misconceptions and legal ramifications in similar ways as the USA in order to get acceptance.

Keywords

Prescription Authority, Health Professions Act, Implementation, Authorization, Evaluation, Legislation, Regulation, Healthcare Systems

1. Introduction

Prescription authority for psychologists (RxP) refers to the ability of suitably trained psychologists to prescribe psychotropic medications to their patients. There are clear arguments that support or dismiss treatment authority for psychologists. Arguments for RxP follow the rationale that there will be increased access to care for patients in need, enhanced patient care and improved treatment outcomes [14]. Proponents argue that granting prescription privileges to clinical psychologists

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is likely to improve access to mental healthcare, particularly in underserved areas with shortage of psychiatrists [37, 41, 12]. They argue that psychologists, with their deep understanding of mental health conditions, are well-equipped to prescribe medication effectively and safely, especially when integrated with psychotherapy [16, 20, 21]. They believe that having both psychotherapy and medication management under one provider could lead to better treatment outcomes for patients [15, 38, 12].

However, there are arguments against prescription privileges for clinical psychologists. Opponents argue that there are risks to patient safety, there is erosion of professional boundaries and Impact on the Doctor-Patient Relationship [15, 46]. The opponents are concerned about potential patient safety risks, arguing that psychologists may not have adequate medical training to prescribe medications safely. They argue that granting prescription privileges could blur the lines between psychology and medicine, potentially leading to conflicts of interest. There are also concerns that prescribing privileges for clinical psychologists could alter the therapeutic relationship between psychologist and patient [10, 19]. American Psychiatric Association. Various publications and position statements has consistently opposed prescriptive authority for psychologists, citing concerns about insufficient medical training to manage complex medical interactions, side effects, and potential misdiagnosis of underlying medical conditions that present with psychiatric symptoms. The movement in support of prescription rights of psychologists the right dates back to 1960s when the American Psychological Association (APA) asserted that psychopharmacology was a psychology discipline [10, 52]. The APA's standpoint of view was that;

1. *Early Recognition:* The APA's early recognition of psychopharmacology as a psychology discipline laid the foundation for the development of specialized training programs and the eventual pursuit of prescription privileges.
2. *Focus on Training:* The APA's focus on training psychologists in psychopharmacology led to the development of specialized training programs and the establishment of rigorous standards for education and supervision.
3. *Advocacy for Prescribing Rights:* This early recognition and focus on training gradually paved the way for the APA's advocacy for prescription privileges for appropriately trained psychologists [1].

The movement for prescription privileges for psychologists has been a gradual and ongoing process, with significant progress made in recent decades. The APA's early recognition of psychopharmacology as a psychology discipline played a crucial role in laying the groundwork for this progress [3]. The current status is that a limited number of states in the US currently allow psychologists to prescribe medication. The debate over RxP is ongoing in many countries, including Canada and the UK. In Australia code of ethics does not permit psychologists prescribing medications [8]. The American Psychological Association (APA) has developed guidelines for psychologists involved in pharmacotherapy, emphasizing the importance of rigorous training, supervision, and collaboration with other healthcare providers. Various professionals delves into these arguments and provides a balanced overview of the complex issues surrounding prescription privileges for psychologists. It's crucial to note that this is a nuanced debate with valid arguments on both sides. The debate on prescription privileges and rights of clinical psychologists continues to top healthcare in recent years with more psychologists in different countries weighing in [7]. This debate has been raging for the past 20 years in North America extending to the UK and other parts of the world [35]. There is recognition among the proponents who see the absence of clinical psychologists as a lost opportunity with increasing crisis in mental healthcare services. The burden of mental health is increasing, recently exacerbated by Coronavirus disease of 2019 COVID-19 [54, 55, 22]. There is a way in which psychologists can be trained on time to fill the apparent gaps in service delivery and as a cost cutting measure [23]. By legislating the practice of psychology to cover prescription will allow universities to design programs that meet the needs of mental healthcare services. This means amending the current legislation to reflect the needs of communities. It is envisaged that if psychologists are adequately trained, they would be placed in primary care settings where communities in need of mental health care are mostly found. The feasibility would be facilitated through legislation. The safety of patients will be guaranteed through effective and appropriate training of suitably qualified clinical psychologists [38].

The founding basis guiding prescription privileges and rights of clinical psychologists in developed countries was on the basis of law. The very first bill that sought to authorize prescription privileges and rights to clinical psychologists was introduced in Hawaii in 1985 under Hawaii State Resolution 159. The bill allowed clinical psychologists in the State of Hawaii to administer and prescribe psychotropic medication for different conditions described as nervous, mental, and organic brain disorders. Hawaii State Resolution 159, introduced in 1985, sought to authorize prescription privileges and rights to clinical psychologists in the state. The resolution stated that licensed psychologists should be allowed to administer and prescribe psychotropic medication for the treatment of "nervous, mental, and organic brain disorders." The United States Department of Defence approved what they described as pilot project in 1988, in which psychologists were trained in prescribing psychotropic medications [18]. The program effectively, started in 1991 to 1997 as a six-year trial program training 10 psychologists to prescribe medication at assigned military bases [15, 39, 48, 41]. The United States Department of Defense's pilot project for psychologists prescribing psychotropic medications facilitated the following;

1. *Authorization:* The project was authorized by the 1989

National Defence Authorization Act.

2. *Implementation:* The Psychopharmacology Demonstration Project (PDP) ran from 1991 to 1997.
3. *Training:* Ten psychologists were selected and received intensive training in psychopharmacology, including coursework, supervised clinical experience, and a national certification exam.
4. *Prescribing Practice:* Upon completion of training, the psychologists were assigned to various military bases where they provided mental health care and prescribed medications to service members.
5. *Evaluation:* The PDP was rigorously evaluated, and the findings were positive, demonstrating the safety and effectiveness of psychologist prescribing.

The program turned out to be successful, paving way for similar interventions [18]. Guam introduced and approved legislation to govern prescription privileges for psychologists in 2002 [2, 17, 53].

New Mexico became the first state to approve prescription legislation in 2002 [13, 40]. Prescription for success - American Psychological Association; New Mexico's psychologists get prescribing privileges - PMC). The key details of the plan were as follows:

1. *Legislation:* The New Mexico legislature passed a bill granting prescription privileges to psychologists in March 2002.
2. *Requirements:* To obtain prescription privileges, psychologists in New Mexico must complete extensive training, including coursework, supervised clinical experience, and a national certification exam.
3. *Rationale:* The legislation was driven by a shortage of psychiatrists in the state, particularly in rural areas. Proponents argued that allowing psychologists to prescribe medication would improve access to mental healthcare for many New Mexicans.

While New Mexico was the first state to pass such legislation, other states and territories, such as Guam, had already granted prescription privileges to psychologists prior to 2002 [29].

The State of Louisiana introduced and approved legislation in 2004. The key aspects to the program were as follows;

1. *Legislation:* The Louisiana legislature passed House Bill 1426, granting prescription privileges to psychologists.
2. *Requirements:* To obtain prescription privileges, Louisiana psychologists must complete a postdoctoral master's degree in clinical psychopharmacology from a regionally accredited institution and pass a national examination approved by the State Board of Examiners of Psychologists.
3. *Collaboration:* Louisiana law requires "medical psychologists" to collaborate with the patient's physician when prescribing medication.
4. *Prescribing Scope:* The law limits prescription authority to medications for nervous and mental health disorders [36]. The American Psychological Association notes that Louisiana State Board of Medical Examiners note that while Louisiana was the second state to pass such legislation, other states and territories, such as Guam, had already granted prescription privileges to psychologists prior to 2004.

The State of Illinois passed the legislation in 2014. In 2018 the final regulations were put in place, allowing psychologists who completed the required training to begin prescribing. The key aspects of the program were as follows;

1. *Legislation:* In 2014, Illinois passed Senate Bill 2187, authorizing licensed clinical psychologists with advanced specialized training to prescribe certain medications for the treatment of mental health disorders [47].
2. *Implementation:* Final regulations for the law were put in place in 2018, allowing psychologists to begin applying for prescriptive authority.
3. *Requirements:* To obtain prescription privileges, Illinois psychologists must complete extensive training, including coursework, supervised clinical experience, and a national certification exam.
4. *Limitations:* The law includes limitations on prescribing for certain populations, such as children, adolescents, the elderly, pregnant women, and individuals with serious medical conditions or developmental/intellectual disabilities [30, 27]. The State of Illinois was the third state to pass such legislation.

The State of Iowa approved legislation in 2016, finalizing regulations in 2019. The key aspects of the program were as follows;

1. *Legislation:* In 2016, Iowa passed Senate File 2321, authorizing licensed clinical psychologists with advanced specialized training to prescribe certain medications for the treatment of mental health disorders (www.apa.org).
2. *Implementation:* Final regulations for the law were put in place in 2019, allowing psychologists to begin applying for prescriptive authority.
3. *Requirements:* To obtain prescription privileges, Iowa psychologists must complete extensive training, including coursework, supervised clinical experience, and a national certification exam.
4. *Limitations:* The law includes limitations on prescribing for certain populations, such as children, adolescents, the elderly, pregnant women, and individuals with serious medical conditions or developmental/intellectual disabilities [28]. The State of Iowa was the fourth state to pass such legislation.

The State of Idaho approved legislation in 2017 and became the fifth state to allow psychologists to prescribe medications, granting prescription privileges to appropriately trained psychologists [9, 47]. The key aspects of the program were as follows;

1. *Legislation:* In 2017, Idaho passed House Bill 212, authorizing licensed clinical psychologists with advanced specialized training to prescribe certain medications for

the treatment of mental health disorders [1].

2. *Implementation:* The law went into effect in 2018, allowing psychologists to begin applying for prescriptive authority.
3. *Requirements:* To obtain prescription privileges, Idaho psychologists must complete extensive training, including coursework, supervised clinical experience, and a national certification exam.
4. *Limitations:* The law includes limitations on prescribing for certain populations, such as children, adolescents, the elderly, pregnant women, and individuals with serious medical conditions or developmental/intellectual disabilities [9]. The State of Idaho was the fifth state to pass such legislation.

Subsequently, numerous states have considered legislation to allow clinical psychologists to prescribe medication since the advent of prescribing psychologists in 1985. There has been significant momentum behind the movement to grant prescription privileges to psychologists since the first state, New Mexico, approved legislation in 2002. In advocating prescription privileges to clinical psychologists we have witnessed,

1. *Growing Movement:* Many states have introduced legislation aimed at granting prescription privileges to appropriately trained psychologists. This reflects a growing recognition of the potential benefits of such a policy, particularly in addressing mental health care shortages [4].
2. *Ongoing Debate:* The issue of prescription privileges for psychologists remains a subject of ongoing debate. Proponents argue that it would improve access to mental healthcare, while opponents raise concerns about patient safety and potential conflicts of interest.
3. *Limited Number of States:* Despite the numerous bills introduced, only a handful of states (New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah) have currently granted prescription privileges to psychologists [31, 32].

The estimates on practicing psychologists with prescribing authority in the United States, though relatively small compared to the total number of licensed psychologists show no record of significant malpractices and adverse consequences to patients [16]. While the exact number may vary, it is true that hundreds of psychologists are now practicing with prescription privileges in the United States. These psychologists have undergone rigorous training and are subject to the same oversight and disciplinary processes as other healthcare providers. There have been no reports of widespread malpractice or significant adverse consequences to patients associated with psychologist prescribing. What we know to date is that is that there is;

1. *Rigorous Training:* Psychologists with prescription privileges must complete extensive training, including course work, supervised clinical experience, and a national certification exam. This ensures they have the knowledge and skills necessary to prescribe medication safely and effectively.
2. *Oversight and Regulation:* Prescribing psychologists are subject to the same oversight and disciplinary processes as other healthcare providers, including licensing boards and professional organizations. This helps to ensure patient safety and accountability.
3. *Limited Data on Malpractice:* While there may be isolated cases of malpractice, there is no evidence to suggest that prescribing psychologists have a higher rate of malpractice than other healthcare providers. In fact, studies have shown that prescribing psychologists have a good safety record.

The field of psychologist prescribing is still relatively new, and more research is needed to fully understand its impact on patient care. However, the available evidence suggests that prescribing psychologists can provide safe and effective mental healthcare. At present, prescribing rights for psychologists are being considered in Canada, the United Kingdom, and Australia [42, 17, 51, 8]. APS response to the Productivity Commission's draft report on Australia's health workforce. Below is the breakdown of the three prominent countries that are involved in debates;

Canada:

1. *Ongoing Discussion:* The idea of prescription privileges for psychologists has been discussed in Canada for some time, with various provinces and professional organizations expressing interest.
2. *Provincial Variations:* The approach to prescription privileges varies across Canadian provinces. Some provinces have expressed openness to the idea, while others remain more cautious.
3. *Focus on Collaboration:* There's a strong emphasis on inter-professional collaboration between psychologists, psychiatrists, and other healthcare providers in the Canadian context [26, 50].

United Kingdom:

1. *Limited Prescribing Rights:* In the UK, some clinical psychologists have limited prescribing rights for a small range of medications, primarily for anxiety disorders.
2. *Expansion under Consideration:* There's ongoing discussion about expanding prescribing rights for psychologists to a wider range of medications and conditions.
3. *Focus on Patient Care:* The primary focus of these discussions is on improving patient access to mental healthcare and ensuring the best possible outcomes for individuals with mental health conditions [11, 25].

Australia:

1. *Active Debate:* The issue of prescription privileges for psychologists is actively debated in Australia.
2. *Potential Benefits:* Proponents argue that granting prescription privileges to psychologists could improve access to mental healthcare, particularly in rural and remote areas.

3. *Concerns and Cautions:* There are also concerns about patient safety and the potential impact on the doctor-patient relationship [24].
4. *Limited Countries:* In most Latin American countries, psychologists are not legally authorized to prescribe medication.
5. *Exceptions:* A few countries, such as Mexico and Brazil, have limited provisions for psychologists to prescribe certain medications, often within specific contexts or under specific conditions.
6. *Ongoing Debate:* The issue of prescription privileges for psychologists is a subject of ongoing debate and discussion in many Latin American countries [2].

Key factors influencing the variability are as follows;

1. *Legal and Regulatory Frameworks:* The specific laws and regulations governing the practice of psychology and the scope of professional practice vary significantly across Latin American countries.
2. *Healthcare Systems:* The structure and organization of healthcare systems in different countries also influence the role of psychologists and the potential for prescribing privileges.
3. *Cultural and Social Factors:* Cultural attitudes towards mental health and the role of different healthcare providers can also impact the debate around prescription privileges for psychologists [34].

Obtaining comprehensive and up-to-date information on prescription privileges for psychologists in all Latin American countries is currently difficult. Prescription privileges for psychologists in Latin America vary significantly across countries. In most Latin American countries, clinical psychologists are not legally authorized to prescribe medication. In the exception of a few countries, such as Mexico and Brazil, have limited provisions for psychologists to prescribe certain medications, with huge mental health disease burden [33]. The issue of prescription privileges for psychologists is still subject of ongoing debate and discussion in many Latin American countries. The factors that are influencing the variability include;

1. *Legal and Regulatory Frameworks:* The specific laws and regulations governing the practice of psychology and the scope of professional practice vary significantly across Latin American countries.
2. *Healthcare Systems:* The structure and organization of healthcare systems in different countries also influence the role of psychologists and the potential for prescribing privileges.
3. *Cultural and Social Factors:* Cultural attitudes towards mental health and the role of different healthcare providers can also impact the debate around prescription privileges for psychologists.

The situation regarding prescription privileges for psychologists is constantly evolving in these countries. The American Psychological Association has provided support to the impetus, developing guidelines for prescribing psychologists in line with what is expected of competent and safe standard to practicing culminating in detailed guidelines in 2011 [15, 3]. The American Psychological Association (APA) has indeed played a significant role in the movement to grant prescription privileges to psychologists [5]. In 2011, the APA published a comprehensive set of practice guidelines for psychologists involved in pharmacotherapy. The key aspects in the guidelines are;

1. *Development:* The guidelines were developed by the APA Division 55 (American Society for the Advancement of Pharmacotherapy) Task Force on Practice Guidelines.
2. *Scope:* The guidelines cover a wide range of topics, including:

1) Ethical and legal considerations
2) Assessment and diagnosis
3) Medication selection and management
4) Patient education and informed consent
5) Collaboration with other healthcare providers
6) Monitoring and evaluation of treatment outcomes

3. *Purpose:* The guidelines aim to provide a framework for best practices in psychologist prescribing, ensuring patient safety and optimal treatment outcomes.
4. *Significance:* These guidelines have been instrumental in shaping the practice of prescribing psychologists and in forming the development of state laws and regulations [3].

These guidelines are intended to provide guidance for psychologists involved in pharmacotherapy, whether as prescribers, collaborators, or information providers. They are not intended to be a substitute for sound clinical judgment or the specific requirements of state laws and regulations. The American Psychological Association Guidelines require psychologists to keep within the scope of practice with respect to prescribing, are expected to consult before recommending certain medications and evaluate carefully a patient in need of treatment. The American Psychological Association (APA) guidelines for psychologists involved in pharmacotherapy emphasize the importance of:

1. *Staying within the Scope of Practice:* Psychologists are expected to practice within the boundaries of their training and licensure. This includes ensuring that their prescribing activities align with their education, training, and experience [43].
2. *Consultation:* The guidelines encourage consultation with other healthcare professionals, such as physicians or psychiatrists, when appropriate. This is particularly important when considering medications that may interact with other medications the patient is taking or when dealing with complex medical conditions.
3. *Thorough Patient Evaluation:* Psychologists are expected to conduct thorough assessments of their patients, include a comprehensive medical history, to ensure that they are appropriately diagnosed and that medication is the most suitable treatment option [3].

These guidelines aim to ensure that psychologists who prescribe medication do so responsibly and ethically, prioritizing patient safety and well-being. There are set minimum standards of training and education expected of prescribing psychologists in pharmacology and be abreast with training needs and updates in the field. Psychologists are expected to monitor the physiological and psychological effects of medications, that they should be able to monitor and evaluate implications of comorbidities, treatment compliance and any concerns. Psychologists are encouraged to apply biopsychosocial approach to prescribing medications with informed consent acting in the best interest of the patients, with evidence based approach with high ethical considerations. Psychologists are expected to work collaboratively, keeping appropriate relationships with other service providers of psychological services and biological interventions [3].

2. Methods

The research involved reviewing legislation and policies in South Africa that governed medical practice of all health practitioners. The guidance of a legal practitioner was sort to review the relevant legislation and make informed recommendations. An exhaustive legal review covering both primary (statutes, case law) and secondary (academic law journals and textbooks). The research compared these various sources with to health professions and in particular the practice of psychology in South Africa. This investigations was primarily archival with no human subjects involved. The study approach was appropriate particularly in light of the fact that it was exploring the future possibility of clinical practice of psychology based on learned experience in the USA. The legal expert was paid for her services and had no expressed interest in how the information obtained would be used. The information obtained informed possible future plans of setting clinical psychologist on a trajectory of prescribing authority. Below are themes that emerged from the analysis.

The regulations defining the scope of the profession of psychology fall under the Health Professions Act 56 of 1974 (Health Professions Act, 1974).

The South African Government Notice. No. R993, lists the acts which specifically pertain to the profession as of 2008. These include, in a paraphrased form, the following [45].

the evaluation of behavior or mental processes or personality adjustments or adjustments of individuals or of groups of persons, aiding persons to adjust using psychological methods, the evaluation of emotional, behavioral and cognitive processes or adjustment of personality of individuals or groups of persons, the exercising of control over prescribed psychological questionnaires or tests or prescribed techniques, apparatus or instruments, the development of, and control over, the development of psychological assessment tools and methods, the use of psychological assessment tools, such as questionnaires or tests, to determine the psychological attributes of an individual, the use of hypnotherapy, the use of psychotherapeutic methods, and the use of psychological methods or counselling to prevent the development of psychological disorders.

Regulations Governing Prescription Rights in South Africa.

Neither the Regulations Defining the Scope of the Profession of Psychology had (Regulations published under Government Notice No. R. 993 of 16 September 2008 nor the Rules of Conduct Pertaining Specifically to the Profession of Psychology (Annexure 12, Professional Board for Psychology [6] expressly prohibit psychologists from prescribing medication. However, it is possible to state unequivocally that psychologists may not, under the current legislative regime, prescribe medication on the basis of their training. The Medicines and Related Substances Act 101 of 1965 (the MRSA) states that only "authorized prescribers" may prescribe Schedules 2 - 6 substances [49]. An "authorized prescriber" is defined as a medical practitioner, dentist, veterinarian, practitioner, nurse, or other person registered under the HPA [49]. Currently, the persons registered under the HPA that have been recognized as "authorized prescribers" are;

1) medical and dental practitioners (Schedules 1 to 6 substances);
2) veterinarians (Schedules 1 to 6 substances);
3) emergency care providers (paramedics and emergency care practitioners) (Schedules 1 to 6 substances);
4) dental therapists (Schedules 1 to 4 substances);
5) optometrists (Schedules 1 to 4 substances); and
6) podiatrists (Schedules 1 to 4 substances)

Secondly, the regulations defining the scope of each profession registered under the HPA are such that no extraneous interpretation outside the four corners of the document is possible. Only an act that is expressly listed in the regulations as one within the scope of that profession, is permissible for members of that profession. The Regulations Defining the Scope of the Profession of Psychology do not include the act of prescribing medicine; thus it is not an act that psychologists may engage in. By contrast, for example, the Regulations Defining the Scope of the Profession of Medicine [44] explicitly provides, as one of the acts that pertain specifically to the medical profession, "prescribing any medicine or medical treatment." Physical assessments do not seem to be mandatory. For example, the Regulations Defining the Scope of the Profession of Medicine provides that a medical practitioner may, "on the basis of information provided by any person or obtained from him or her in any manner whatsoever" prescribe any medicine or medical treatment. Physical assessments are also not mandated pursuant to the HPCSA's Ethical Guidelines for the Health Care Professions [44].

Physical assessment of the patient is undoubtedly good practice. It should explicitly be included in the clinical training that the proponents propose Prescribing Psychologists undergo before they may register as such under the HPA. The processes of amending the scope of the practice of psychology will be complex, time-consuming and resource intensive. Without which the first step being seek the approval of the

Board, nothing can happen. The Board's support will be indispensable in lobbying the other professional boards and the HPCSA, and ultimately in convincing the Minister. However, the other route would be to actually introduce the amendment of the act in Parliament through a private members bill or through apolitical organization or civil organization which interest in mental health care services.

3. Legislative Obstacles in South Africa

The law in South Africa is centered on the Minister of Health as the custodian of health matters in South Africa. The Minister of Health may issue regulations defining the scope of any health profession that can be registered in terms of the Health Professions Act 56 of 1974 (the HPA), by specifying the acts - e.g., prescribing medication - which are to be acts pertaining to that profession. The Minister issues such regulations on the recommendation of the Health Professions Council of South Africa (HPCSA) and the relevant professional board. The Minister will not issue such regulations, unless any other professional board which may be affected by the proposed regulations have been given the opportunity to make representations about the definition of the scope of the profession [49]. The Minister must, at least three (3) months before any regulation is issued, have the text of the proposed regulation published in the Government Gazette and invite interested persons to provide comments or representations [49]. Proponents of prescription privileges in South Africa would need to first approach the Board to seek its approval for the addition of the category of "Prescribing Psychologists" (or other acceptable term) to the register of psychologists. Once the approval of the Board has been obtained, the proponents, through the Board, should seek the approval of the HPCSA. Simultaneously, the proponents, again through the Board, should also notify the other professional board(s) that may have an interest in its proposal (Medical and Dental, for example). Only once the practitioner has secured the recommendation of the Board and the HPCSA, and it has received input from any other interested professional board(s), should the proponents approach the Minister of Health. The Minister is not likely to agree to issue the desired regulations if other stakeholders raise serious objections. In its first submission to the Board, the proponents is advised to provide as much detail as possible on (i) the reasons why the addition of the category of "Prescribing Psychologists" (or other acceptable term) to the register of psychologists is warranted; (ii) what the likely concerns/objections to such addition might be; and (iii) what precautions/safeguards the proponents propose to take to address these concerns/objections, regularly prescribe psychiatric medication for their patients, although they often have limited training and experience with mental illness.

Some other arguments might also include (i) increasing access to mental health care; (ii) allowing patients faster access to treatments; and (iii) helping rural patients' access treatments more readily. Arguments most likely to be put forward include: (i) insufficient training in medicine and pharmacology; (ii) the danger of overlooking medical disorders that might be mistaken for mental disorders; and (iii) the coexistence of one or more medical conditions in patients who have been prescribed psychotropic medications. General practitioners and psychiatrists will likely raise the hue and cry because they will perceive that the proponents' proposal would encroach on their "turf" of prescribing medication, and thus threaten their livelihood. The United States experience also bears out that certain mental health civil society groups in South Africa might object to psychologists prescribing medication. The South African context will have to look into the international experience and develop a framework that aligns itself with the best practice so far gained in the United States of American with local needs in mind.

4. Discussion

The process of establishing professional qualifications is very centralized with prescribed procedures that lead to acceptance of qualifications to practise. The Act outlines the process for defining the scope of health professions that require registration under the Act (likely a Health Professions Act). The key role players are professional bodies namely councils. These bodies include;

1. *Minister:* The responsible government official with the authority to issue regulations;
2. *Council:* A governing body overseeing the health professions (likely a Health Professions Council);
3. *Professional Boards:* Bodies representing specific health professions (e.g., Medical Board, Psychology Board;

The process will involve;

1. *Recommendation:* The Minister seeks recommendations from both the Council and the relevant Professional Board to define the scope of a particular health profession.
2. *Consultation:* Before making regulations, the Minister must ensure that all Professional Boards potentially affected by the scope definition have an opportunity to provide input through the Council.
3. *Disagreement:* If the Council and a Professional Board disagree on the scope definition, the Council must explicitly mention this disagreement in its recommendation to the Minister.

The legislation outlines the registration of Health Professionals. It sets out the criteria for registering individuals within a specific health profession. The eligibility criteria rests on certain premises such as

1. *Prior Practice:* The individual must have been actively practicing the profession for at least five consecutive years in the Republic or a former part of the Republic before a specific date (likely the date when the legislation came into effect or when the scope of the profession

was defined).
2. *Dependence on Profession:* The individual's livelihood must be primarily dependent on practicing the profession.
3. *Good Character:* The individual must submit a certificate affirming their good character.
4. *Application and Proof:* The individual must submit an application within a specified timeframe (usually six months) along with evidence to support their claims of prior practice and dependence on the profession.

The Professional Board established to represent and regulate a specific health profession gets involved to ascertain eligibility. The scope of profession that defines the specific activities and responsibilities that fall within the purview of a particular health profession is set. Once all facts are established the registration process of recognizing an individual as a qualified and licensed practitioner within a specific health profession takes place. Over the years the Acts has gone through several amendments over time. In this case the Act has received significant changes starting in 1980 (Act 43/80), 1997 Act 89/97), and 2007 (Act 29/2007). These amendments continuously refine the registration criteria, eligibility requirements, and procedural aspects of recognition as a qualified health professional.

Registered health professionals can apply to have additional qualifications (e.g., specializations, sub-specializations, professional categories) added to their registration. This requires payment of a prescribed fee. It may involve further examinations or assessments by the relevant Professional Board. Only prescribed qualifications are eligible for registration. In terms of specialist registration, specific provisions exist for the registration of specialists. For example if a professional board deems it necessary, individuals may be required to pass an examination to demonstrate their competence in their chosen specialty. In his capacity as the Minister of Health she can establish regulations for these examinations, including the format and fees required. In maintaining registration, a person may be removed from the registrar. For example if the original qualification granted by a university or other institution is revoked, the corresponding registration in the health professions register would mostly likely be removed. Specialists may have their registration removed if they fail to meet the prescribed requirements. However, removed registrations can be reinstated under specific conditions. The Minister has the authority to make regulations concerning various aspects of health professions, including:

1. *Student Registration:* Registration of students in accredited institutions, educational standards, curriculum requirements.
2. *Professional Examinations:* Admission to examinations, course requirements, examiner appointments, certify cate issuance.
3. *Professional Practice:* Conditions of practice, prohibited names and titles.
4. *Specialist Registration:* Requirements for specialist registration, exemptions, conditions of practice for specialists.
5. *Professional Conduct:* Handling of complaints, disciplinary procedures, appeals.
6. *Accreditation:* Accreditation of laboratories, training facilities.
7. *General Matters:* Any other matters deemed necessary to achieve the objectives of the Act.

Regulations made under the Act may include provisions for penalties to be imposed for any violations or non-compliance. Regulations can be amended or repealed by the authority that originally issued them. Before making most regulations, the Minister is required to publish the proposed regulations in the Gazette, allowing for public comment and input. There are exceptions to this public consultation requirement, such as when the regulation has already been amended based on previous public input, or when the Council advises that immediate action is necessary in the public interest. The psychology profession is required to have scope of practice. The categories of the profession are;

1. *Counsellors:* Focusing on enhancing personal functioning, basic assessments, and supportive interventions.
2. *Psychometrics:* Specializing in psychological assessment, test development, and measurement.
3. *Clinical Psychologists:* Diagnosing and treat mental health disorders, conduct psychotherapy.
4. *Counselling Psychologists:* Focusing on life challenges, developmental problems, and adjustment issues.
5. *Educational Psychologists:* Specializing in learning and development, addressing barriers to learning.
6. *Research Psychologists:* Conducting and oversee psychological research.
7. *Industrial Psychologists:* Applying psychological principles in the workplace, focusing on organizational behaviour, human resources, and employee well-being.
8. *Neuropsychologists:* Assessing and treat individuals with neurological disorders affecting cognitive and emotional functioning.
9. *Forensic Psychologists:* Applying psychological expertise in legal and criminal justice settings.

There is no specific category of forensic psychology distinct from clinical and neuropsychology, leaving an overlap of practice. The situation provides an opportunity for additional categories that may include prescription authority. Recently the category of neuropsychology was added. Various holders of different categories now have dual registration after the creation of the category of neuropsychology. The possession of controlled substances (e.g., Schedule 1, 2, 3, 4, 5 substances) under the Medicines and Related Substances Control Act requires licencing in South Africa. There are general rules are outlined that specify the possession of the medicines. Possession for medicinal purposes is generally permitted for Schedule 0, 1, and 2 substances. Possession of Schedule 3, 4, 5, and 6 substances requires a valid prescription from an authorized prescriber. Healthcare

professionals may possess controlled substances for the purposes of their practice. Pharmacists and licensed pharmacies are authorized to possess controlled substances for sale. In view of the legal requirements psychologist of relevant categories will require training in pharmaceutical knowledge and handling of medicine. The regulatory framework is inescapable from the point of view of competence. Establishing relevant qualification at tertiary institutions is the first step before making legislative pursuits. Exploring amending of legislation is the second layer of intervention, though experience has taught us that it may be resisted. A possibility of introducing a private member's bill to address resistance on prescriptive authority for psychologist is an avenue that may be further explored.

5. Recommendations: Appropriate Training for Prescribing Psychologists

Properly and well standardized training of psychologists who intend to prescribe is anticipated at the level of post graduate training for current psychologists. With revised future curriculum, such training may begin at undergraduate level. To date the standard of training for prescribing psychologists are very high in the US, subscribing to the idea of protecting patients, maintaining ethical standards and also dealing with misperception that psychologists are not well trained to prescribe and therefore a danger to patients. A minimum standard qualification has been a doctorate (PhD or PsyD). Besides an average of 7 years of academic training, there is supervised practice of several hours. Above this training there separate psychopharmacology training that covers medical courses relevant to medical practice. After a didactic course the future prescribing psychologists writes an exam in psychopharmacology before registration and practice. This approach is envisaged in South Africa to rid of the misperceptions of competency and unfounded fears about future prescribing psychologists.

There is not currently any tertiary institution that offers a postdoctoral master's degree level qualification in clinical psychopharmacology in South Africa. There are few people already who received postgraduate degrees in psychopharmacology internationally. Possible suggestion is that, once a category for Prescribing Psychologists under the register of psychologists has been established, the Board should propose regulations to register the local and international psychopharmacology degree programs as additional qualifications under section 35 of the Health Professions Act (HPA). Strategically it would be prudent for the proponents to assuage, as far as practicable, the possible concerns/objections before they are even raised by clearly setting forth the training - both formal and practical - that prescribing psychologists would receive. Comparatively in those states in the United States that allow psychologists to prescribe medicine, this training includes: (i) a postdoctoral master's degree in clinical psychopharmacology; and/or (ii) a substantial number of hours of didactic training and clinical supervision. The psychologists in South Africa will have to address the misconceptions and legal ramifications in similar ways as the USA in order to get to a start.

6. Conclusion

There are clear arguments that support or dismiss prescription authority for psychologists. Arguments for RxP follow the rationale that there will be increased access to care for patients in need, enhanced patient care and improved treatment outcomes. Proponents argue that granting prescription authority to clinical psychologists is likely to improve access to mental healthcare, particularly in underserved areas with shortage of psychiatrists. They argue that psychologists, with their deep understanding of mental health conditions, are well-equipped to prescribe medication effectively and safely, especially when integrated with psychotherapy. They believe that having both psychotherapy and medication management under one provider could lead to better treatment outcomes for patients. Opponents argue that there are risks to patient safety, there is erosion of professional boundaries and impact on the doctor-patient relationship. The opponents are concerned about potential patient safety risks, arguing that psychologists may not have adequate medical training to prescribe medications safely. They argue that granting prescription authority could blur the lines between psychology and medicine, potentially leading to conflict of interest. There are also concerns that prescribing authority for clinical psychologists could alter the therapeutic relationship between psychologist and patient. At present, prescribing rights for psychologists are being considered in Canada, the United Kingdom, and Australia. Despite the numerous bills introduced, only a handful of states (New Mexico, Louisiana, Illinois, Iowa, Idaho, Colorado, and Utah) have granted prescription authority to psychologists. In most Latin American countries, psychologists are not legally authorized to prescribe medication. A few countries, such as Mexico and Brazil, have limited provisions for psychologists to prescribe certain medications, often within specific contexts or under specific conditions. In South Africa there is no legal framework for the prescriptive authority for clinical psychologists.

Abbreviations

APA	American Psychological Association
COVID-19	Coronavirus Disease of 2019
HPA	Health Professions Act of South Africa
HPCSA	Health Professions Council of South Africa
MRSA	The Medicines and Related Substances Act 101 of 1965 of South Africa
RxP	Prescription Privileges for Psychologists

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Author Contributions

Thabani Sibanda is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares no conflicts of interest.

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Biography

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