HPCSA

Health Professions Council of South Africa

ANNUAL REPORT 2020 | 2021

Health Professions Council of South Africa

ANNUAL REPORT 2020/2021

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PART A:

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GENERAL
INFORMATION

01 GENERAL INFORMATION

OVERVIEW

The HPCSA, together with the 12 Professional Boards under its ambit, is established to provide for control over the education, training and registration for practising of health professions registered under the Health Professions Act. In order to protect the public and guide the professions, Council ensures that practitioners uphold and maintain professional and ethical standards within the health professions and ensures that disciplinary action is taken against persons who fail to act accordingly.

REGULATORY MANDATE

The HPCSA is established by section 2 of the Health Professions Act, 1974 (Act No. 56 of 1974)("the Act") as a juristic person. This means that HPCSA is a creature of statute and can only exercise such powers and functions as contained in the Act.

The Act also provides for powers and functions of Council and the Professional Boards.

THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA)
GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of business and principal activities	Health Professions Regulator
Dental Assisting, Dental Therapy and Oral Hygiene	Dr Tufayl Ahmed Muslim
Dietetics and Nutrition	Ms Lenore Spies
Emergency Care	Dr Simpiwe Sobuwa
	Mr Sidney Dwyili
	Mr Ahmed Bham
Environmental Health Practitioners	Mr Joseph Shikwambane
Medical and Dental	Prof Mbulaheni Simon Nemutandandi (President)
	Prof Solomon Rataemane
	Dr Thandeka Khanyile
Medical Technology	Ms Akhona Vuma
Optometry and Dispensing Opticians	Ms Yurisa Naidoo
Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy	Dr Deshini Naidoo
Psychology	Dr Justin Oswin August
Physiotherapy, Podiatry and Biokinetics	Dr Desmond Mathye
Radiography and Clinical Technology	Dr Chevon Lee Clark
Speech, Language and Hearing	Prof Lebogang Ramma
Community Representative not registered in Terms of the Act	Ms Rachel Mphephu
	Mr Naheem Raheman
	Rev Ntombizine Velma Madyibi
	Rev Thabiso Lancelord Mashiloane
	Dr Sethole Reginald Legoabe
	Mr Bheki Innocent Dladla
	Mr Thapelo Joshua Nambo
	Ms Mmanape Mothapo (appointed July 2017)
	Prof Nobelungu Julia Ngoloyi-Mekwa
Department of Higher Education and Training	Mr Alfred Matlhesedi Makgato
Department of Health	Dr Aquina Thulare *(Appointed February 2017)
Person versed in law	Adv Motlatjo Jospehine Ralefatane
Persons appointed by Universities South Africa (Higher Education South Africa) now Universities South Africa (USAF)	Prof Penelope Engel-Hills
	Prof Fikile Nomvete
	Prof Nathaniel Mofolo
South African Military Health Services	Major – General Ntshavheni Maphaha
Registered Office	553 Madiba Street Cnr. Hamilton and Madiba Street Arcadia 0001
Postal Address	PO Box 205 Pretoria 0001
Bankers	ABSA Bank Limited
Auditors	Nexia SAB&T Registered Auditor
Company Secretary	Adv. Ntsikelelo Sipeka (ACIBM)
Preparer of the Annual Financial Statement	The Annual Financial Statements in Part F were internally prepared by Ms M de Graaff – Chief Financial Officer
Website	www.hpcsa.co.za

02 ABBREVIATIONS AND ACRONYMS

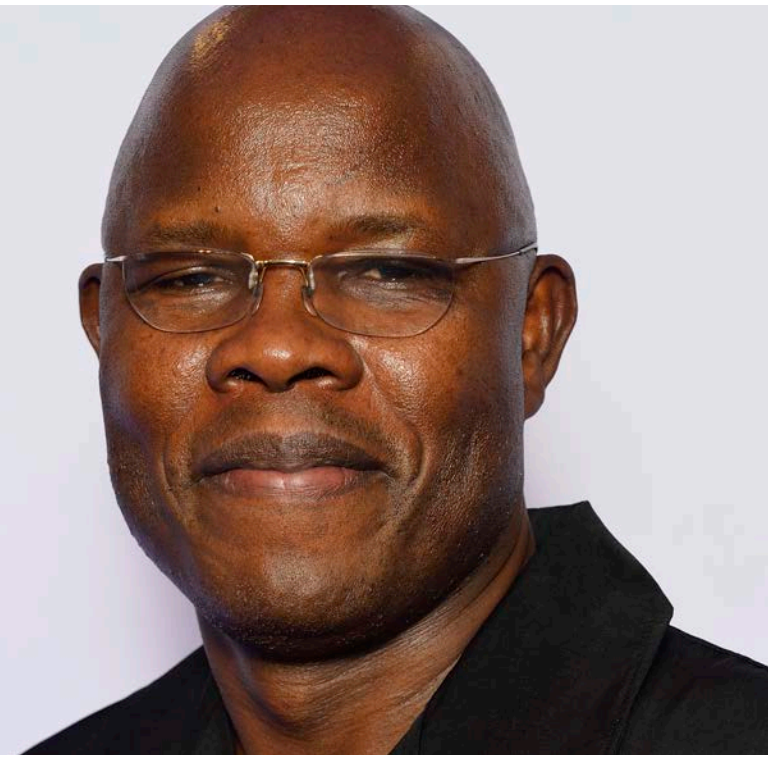
"Boards"	The Professional Boards	**ERM**	Enterprise Risk Management
"Prelim"	Preliminary Committee of Inquiry	**ETC**	Medical Education and Training Committee
AEA	Ambulance Emergency Assistant	**ETQA**	Education, Training and Quality Assurance (Committee)
AMCOA	Association of Medical Councils of Africa	**ETRCD**	Education, Training and Registration Committee (Dental)
AIDS	Acquired Immuno- Deficiency Disease	**EXCO**	Executive Committee (of Council)
APP	Annual Performance Plan	**FINCOM**	Finance and Investment Committee
ARCOM	Audit and Risk Committee	**FPOs**	Forensic Pathology Officers
AVE	Advertising Value Equivalent	**FSB**	Financial Services Board
BAA	Basic Ambulance Assistants	**FSMB**	Federation of State Medical Boards
BBBEE	Broad Based Black Economic Empowerment	**FVOCI**	Fair Value Other Comprehensive Income
BCM	Business Continuity Management	**FWM**	Foreign Workforce Management
BHF	Board of Healthcare Funders	**GCIS**	Government Communication and Information System
BPR	Business Process Re-engineering	**GCRA**	Gauteng City Region Academy
CEO	Chief Executive Officer	**GIBS**	Gordon Institute of Business Science
CETAD	Certificate in Leadership Programme in Health Care	**HASA**	Hospital Association of South Africa
CEU	Continuing Educational Units	**HEI**	Higher Education Institution
CFO	Chief Financial Officer	**HESA**	Higher Education South Africa
CHE	Council on Higher Education	**HEQSF**	Higher Education Qualifications Sub-Framework
CHU	Complaints Handling Unit	**HIV**	Human Immunodeficiency Virus
CIO	Chief Information Officer	**HoDs**	Heads of Departments
CMS	Council for Medical Schemes	**Hons**	Honours
CPD	Continuing Professional Development	**HPCSA**	Health Professions Council of South Africa
CPG	Clinical Practice Guidelines	**HR**	Human Resources

02 ABBREVIATIONS AND ACRONYMS

CSIR	Council for Scientific and Industrial Research	**ICT**	Information and Communication Technology
CPUT	Cape Peninsula University of Technology	**ICT Steer Com**	ICT Steering Committee
CRMP	Compliance Risk Management Plan	**IFRS**	International Financial Reporting Standards
CSR	Corporate Social Responsibility	**IRBA**	Independent Regulatory Board for Auditors
CUT, FS	Central University of Technology, Free State	**IMC**	Internal Management Committee (now EMC – Executive Management Committee
DC	Dental Committee	**INTPRA**	International Physiotherapy Regulators
DENTASA	Dental Technicians Association of South Africa	**ISCAP**	Interventional Society of Cath Lab Allied Professionals
DPCI	Directorate for Priority Crimes Investigation Unit	**IT**	Information Technology
DUT	Durban University of Technology	**KPI**	Key Performance Indicator
EAP	Employee Assistance Programme	**LLB**	Bachelor of Law
EPMO	Enterprise Project Management Office	**LLM**	Master's in Law
ECG	Electro-Cardiographic	**MANCO**	Council Management Committee
EE	Employment Equity	**MBCHB**	Bachelor of Medicine, Bachelor of Surgery
EEG	Electro-Encephalographic	**MCC**	Medicines Control Council
EHA	Environmental Health Assistant	**MDB**	Medical and Dental Professions Board
EHDI	Early Hearing Detection and Intervention	**NHI**	National Health Insurance
EHP	Environmental Health Practitioner	**NMFC**	Nelson Mandela Fidel Castro
EHRP	Human Rights, Ethics and Professional Practices	**OSCE**	Objective Structured Clinical Examination
EMC	Emergency Medical Care	**OECO**	Operational Emergency Care Orderlies
ERC	Education and Registration Committee	**SPEXI**	Special Purpose Examination International
HRP	Human Rights, Ethics and Professional Practice Committee	**SLA**	Service Level Agreement
HWSETA	Health and Welfare Sector Education and Training Authority	**SIU**	Special Investigating Unit
IAMRA	International Association of Medical Regulatory Authorities	**TUT**	Tshwane University of Technology
IAS's	International Accounting Standards		

PRESIDENT'S FOREWORD

Prof MS Nemutandani



The HPCSA worked hard to set the benchmark for healthcare regulatory environment and for best practices in all spheres of its activities. The results articulated in the report would not have been possible without the guidance of the HPCSA Council and the work of the various Professional Boards.

While 2020 has posed unprecedented challenges with the world under siege from COVID-19 pandemic, the Health Professions Council of South Africa (HPCSA) remained steadfast in achieving its mandate of protecting the public and guiding the professions. When the President, Cyril Ramaphosa announced in March 2020 that the country will be in lockdown, we knew that we would have to rely on our Information Technology to enable us to continue with serving our stakeholders through innovative technologies that are playing a vital role in ensuring that we as the HPCSA live up to our purpose of being "A progressive regulator of health professions aspiring to quality, equitable and accessible healthcare".

Recognising the vital role we play in the healthcare industry and the communities at large, we as Council engaged with the 12 Professional Boards under the ambit of the HPCSA to enforce processes and procedures that would ensure that we continue to provide and extend all services during the pandemic.

The last year has been unusual to say the least with the pandemic being as rife as it is, the term of office of the previous Professional Board members and Council members had come to an end and the new Professional Board members and Council members had to be inaugurated under such times. The regulations relating to the nominations and appointments of members of a Professional Board state that the Minister of Health shall, on the recommendation of Council, establish a Professional Board with regard to any health profession in respect of which a register is kept in terms of the Health Professions Act of 1974, or with regard to two or more such health professions. The appointment of the members is on the basis of nominations made by the members of the health profession or professions. The new term of Council commenced in November 2020. The new Council is determined to achieve the goals and objectives to ensure that public is served by competent healthcare practitioners with an efficient healthcare system.

HPCSA STRATEGIC FOCUS

Section 5 of the Health Professions Act, 56 of 1974, stipulates that the incoming Council should provide to the Minister of Health, a Strategic Plan for the term within six months of taking office. The five-year HPCSA Strategy was adopted at the beginning of the 2021/22 financial period, and reinforced Council's position of being an advisor, advocate and administrator, as well as bringing about greater efficiency in the manner that it operates in the healthcare regulatory environment, particularly in the delivery of efficient and effective performance against predetermined objectives.

The grueling process of formulating a new Strategic Plan afforded us the opportunity to make an overall assessment of our achievements and failures and to determine our future in light of the challenges that lies ahead.

The Strategic Plan highlights six key strategic goals, which aim to position the HPCSA as a progressive regulator of health professions aspiring to quality, equitable and accessible healthcare. The prioritised strategic goals are outlined as follows: L BY 2022/2023

- Digitally enabled Council by 2022/2023 maintained financial viability of Council and all Professional Boards
- Improved relationships between Council and all relevant stakeholders by the end of the term (2025) responsibilities.
- Improved professional conduct processes
- A capacitated professional Council and Boards to deliver on its fiduciary responsibilities.
- Implemented organisational structure review

THE MEDICAL SCHEMES AMENDMENT BILL AND THE NATIONAL HEALTH INSURANCE BILL

The HPCSA continues to play a meaningful role in making contributions to the Medical Schemes Amendment Bill and, in particular, to the National Health Insurance. The HPCSA plays a pivotal role in promoting the provisions in the National Health Act

by providing the human resources required for the implementation of the NHI and advocating for the rights and duties of the users of the healthcare personnel as set out in Chapter 2 of the National Health Act.

In Parliament, we made presentations and recommended to the Portfolio Committee on Health that the current reserves of medical schemes – estimated at more than R90bn should be transferred to the National Health Insurance (NHI).

We believe that the system would work only if there would be one financer of healthcare services. The NHI should take over and all assets of medical schemes should be transferred to the fund. The Medical Schemes Act should be abolished in its entirety. The private medical aid schemes should be allowed to exist, but be funded separately over and above tax paid for the NHI. The NHI should be the only funding mechanism for health in the country, funded with taxes from "all employed South Africans". Those seeking additional insurance for health cover would then apply for cover under the Insurance Act. Medical schemes should also only offer complementary coverage to services not covered by the NHI. It should be clear that the (NHI) replaces all funding mechanisms for health.

The HPCSA worked hard to set the benchmark for healthcare regulatory environment and for best practices in all spheres of its activities. The results articulated in the report would not have been possible without the guidance of the HPCSA Council and the work of the various Professional Boards. I thank Council for providing the strategic direction to the HPCSA. To the Professional Boards, a special thanks for continuing to control and exercise authority in respect of all matters affecting the education, training, and practice of persons in any health professions falling within their ambits.

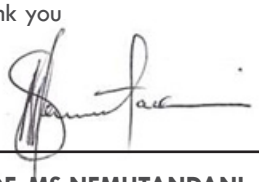
ACKNOWLEDGEMENTS

I would like to express words of appreciation to the Health Ministry for their continued unwavering support, leadership and guidance to the HPCSA in discharging its mandate of protecting the public and guiding the professions.

I thank Council for providing the strategic direction to the HPCSA. To the Professional Boards, a special thank you for continuing to control and exercise authority in respect of all matters affecting the education, training, and practice of persons in any health professions falling within their ambits. Let me thank the Secretariat and a dedicated Management Team that was led by Dr Munyadziwa Kwinda in his capacity as the Acting Registrar, who had the oversight role of the day-to-day activities to ensure that the organisation achieves the goals set.

I continue to look forward to leading the HPCSA, working with Council, Council Vice-President, Dr Simpiwe Sobuwa, the Registrar, Dr David Motau who was appointed in June 2021, Professional Boards and the Management Team to further improve our work as the regulatory body and enhance the position and standing of the HPCSA within the regulatory environment, in the country and the world.

Thank you



PROF. MS NEMUTANDANI
PRESIDENT: HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

OVERVIEW

From Registrar/ CEO (Acting)

The pandemic has also stretched our frontline workers who have compromised and put their lives and that of their families at risk to save ours. I salute our heroes and heroines who have and continue to fight this invisible enemy.

REGISTRAR'S OVERVIEW

It gives me great pleasure to present the 2020/21 annual report. The year 2020 was a year like no other. When the year commenced, we were looking forward to a great year as it was the end of the term of office of the Professional Boards and Council. We were anticipating the appointment of the Professional Boards and Council, then COVID-19 struck the world with full force. The pandemic has put our healthcare system under immense strain and pressure, and as a result, the healthcare system has been stretched beyond its capacity. The pandemic has also stretched our frontline workers who have compromised and put their lives and that of their families at risk to save ours. I salute our heroes and heroines who have and continue to fight this invisible enemy. I would like to take this opportunity to convey my condolences to the families of our frontline workers who have passed on and also lost their loved ones.

The period under review has been characterised by a lot of dynamics, especially in aspects pertaining to the registration of healthcare practitioners. COVID-19 compelled us to reinforce the manner in which we operate as an organisation and adapt to the new normal while continuing to uphold our mandate of protecting the public and guiding the professions. Despite some challenges encountered during the year, Council supported by its Management Team, recorded some further footprints towards fulfilling its duties.

REGISTRATIONS

In the year under review, the HPCSA registered more than 30 000 healthcare practitioners in line with its legislative mandate. All registrations were done against a backdrop of a ravaging pandemic and the employees were working from home for the entire duration of the financial year. Practitioners and applicants were, in the main, registered based on e-mailed applications and requests. Registration categories for which original or notarised documentation is required were processed with an end date which would only be removed after the applicant or practitioner submitted the original application.

CUSTOMER SATISFACTION LEVELS

The HPCSA carried out a Customer Satisfaction Survey, in order to determine the overall performance of the organisation since its last survey which was conducted in the 2019/20 where a 60% rating was obtained. For the period under review, Council deemed it fit to conduct the survey differently and this meant engaging with all the healthcare practitioners who interacted or utilised the HPCSA services within a period of 12 months in one way or another. The survey even went further to determine the level of satisfaction from the complainants who lodged complaints against the HPCSA. The overall results of the survey is 58%. The HPCSA will use the results to improve on gaps identified and will be published in the next financial year. The HPCSA would like to thank all stakeholders for participating in the survey. Practitioners are also encouraged to engage Council through the complaints/compliments platform to rate the service received from the HPCSA employees. This will also assist in improving the services that the HPCSA offers.

RISK MANAGEMENT

The HPCSA matured in terms of risk management. During the reporting period the Enterprise Risk Management Policy Framework, Compliance Management Policy , Fraud Prevention Policy, Strategy and Response Plan and Business Continuity Management Policy Framework were reviewed and updated.

In responding to COVID-19, the management developed an organisational wide contingency plan that covered all areas of operations. The contingency plan was approved by Council and invoked effective 17 March 2020 and continued throughout the reporting period.

CLEAN AUDIT

Once again, the HPCSA received a clean audit. The Executive Management continue to utilise the expenditure within the approved budget. The unqualified audit was a result of collaborative efforts by individuals in the organisation.

I therefore acknowledge the commitment of Council, its Committees, Executive Management, the Department: Finance and Supply Chain Management and all other departments for ensuring that this achievement was realised.

ENFORCEMENT

The HPCSA continues to foster and enforce compliance by practitioners in line with the provisions of the Health Professions Act, 1974. The Inspectorate Office continued to work closely with other law enforcement agencies to ensure that bogus practitioners who tarnish the image of the healthcare professions are brought to book by the justice system as practising whilst not registered is a criminal offence.

ACKNOWLEDGEMENTS

It is my pleasure to thank the HPCSA President, Prof. Simon Nemutandani and the Vice-President, Dr Simpiwe Sobuwa and Council for the leadership and guidance that you provided. Thank you to the HPCSA employees and management for their dedication, contribution and their sterling work in ensuring Council's advancement in achieving its mandate during this trying times of COVID-19.

To our stakeholders, I wish to express appreciation for your outmost support and assistance in the past year in ensuring that the HPCSA delivers excellent service to all the healthcare practitioners.

I look forward to making meaningful contributions and ensuring that we take the HPCSA to greater heights and ultimately be a first-class regulator.

REGISTRAR/CEO (ACTING)
MS MELISSA DE GRAAFF

03 COUNCILLOR'S RESPONSIBILITIES And Approval

In accordance with the Health Professions Act No. 56 of 1974, the Registrar is responsible for the annual financial statements and other related financial information included in this Report, which includes the annual financial statements and transparent presentation of the state of affairs of Council as at the end of the financial year. The report also includes the results of Council's operations and performance, in accordance with the International Financial Reporting Standards.

In the reporting period, the external auditors were engaged to express an independent opinion on the annual financial statements prepared in accordance with the International Financial Reporting Standards. The annual financial statements are based on appropriate accounting policies consistently applied and supported by reasonable and prudent judgements.

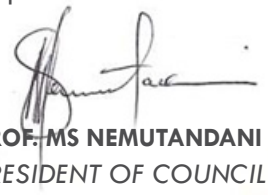
The Registrar/CEO is ultimately responsible for internal financial controls system established by Council and place considerable importance on maintaining a strong control environment. In the reporting period, the Registrar acknowledges that these responsibilities, namely; setting standards for internal control aimed at reducing the risk of error or loss in a cost- effective manner were made. A clearly defined framework for delegation of responsibilities, compliance with accounting procedures at an acceptable level of risk and maintaining the highest ethical standards in ensuring that Council's business is conducted in a manner that is reasonable, in all circumstances.

The Registrar/CEO acknowledges to have reviewed Council's cash flow forecast and, it is on that basis of the current financial position, that he is satisfied that Council had access to adequate resources to continue as a going concern.

Accordingly, the annual financial statements were examined by Council's external auditors and their report is presented on pages 205 to 207.

The annual financial statements set out on pages 211 to 248, have been prepared on the going concern basis and were approved by Council on 30 September 2021, and signed on their behalf by:

Approval of financial statements.



PROF. MS NEMUTANDANI
PRESIDENT OF COUNCIL

04 | STRATEGIC OVERVIEW

VISION

Quality and equitable healthcare for all.

MISSION

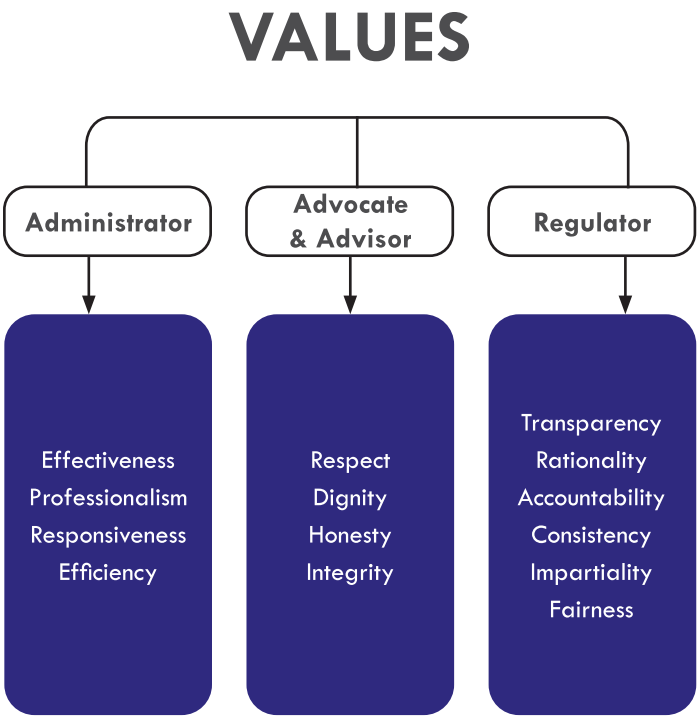
To enhance the quality of healthcare for all by developing strategic policy frameworks for effective and efficient co-ordination and guidance of the professions through:

- Setting contextually relevant healthcare training and practice standards for registered professions.
- Ensuring compliance with standards.
- Fostering on-going professional development and competence.
- Protecting the public in matters involving the rendering of health services.
- Public and stakeholder engagement.
- Upholding and maintaining ethical and professional standards within the health professions.

MOTTO AND VALUES

Motto:
"Protecting the public and guiding the professions"

Values:
In fulfilling its roles of regulator, guide and advocate as well as administrator, the HPCSA holds the following values central to its functioning:



05 POLICY MANDATE

The HPCSA is influenced by national policies and plans, including, but not limited to the National Development Plan (NDP), National Department of Health (NDoH) Strategic Plan and the Medium Term Strategic Framework (MTSF).

5.1 National Development Plan 2030 (NDP)

The National Development Plan (NDP) is the focal policy framework as highlighted in the 2016 Budget Speech. It is the overarching South African Plan to which the National Department of Health (NDoH) as well as other departments and entities need to align in order to achieve the stated outcomes. The NDP's Vision for 2030 in relation to health includes:

- Raising the life expectancy to at least 70 years;
- Ensuring that the generation of under-20s is largely free of HIV;
- Significantly reducing the burden of disease; and
- Achieving an infant mortality rate of less than 20 deaths per 1 000 live births, and an under-5 mortality rate of less than 30 per 1 000.

The NDP further sets goals for 2030 in relation, but not limited to:

- Universal Health Coverage, and
- Posts filled with skilled, committed and competent individuals.

The HPCSA will be contributing to the National Development Policy by actively advocating to practitioners and the public to ensure adequately qualified professionals are developed and available.

5.2 National Health Insurance (NHI)

The National Health Insurance (NHI) is a health financing system that is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socioeconomic status. The NHI seeks to realise universal health coverage for all South Africans, which means that every South African will have the right to access comprehensive healthcare services free of charge at the point of use at accredited health facilities such as clinics, hospitals and private healthcare practitioners. The services will be delivered in areas closest to where people live or work. Funding for the NHI will be through a combination of various mandatory pre-payment sources, primarily based on general tax.

The HPCSA supports the NHI and the strategy for Human Resources for Health to promote awareness, debate and ultimately actively participate and support these critical initiatives which are aimed at enhancing access to and provision of healthcare to the South African population.

The HPCSA will play a pivotal role in aspects of the NHI relating, but not limited to, the following:

- The contracting of private healthcare providers through providing input on the general practitioner contracting model and

- Enhancing human resources for health by ensuring that there are adequately qualified , trained and registered professionals to meet the needs of the country by effectively carrying out its mandate of providing for control over the education, training and registration for and practising of health professions registered under the Act.

The HPCSA is committed to ensure that the professions at the HPCSA contribute to the effectiveness and success of the NHI; and has forwarded inputs that will contribute to the successful establishment and implementation.

06 NATIONAL DEPARTMENT OF HEALTH

Strategic Plan and Medium Term Strategic Framework

The alignment between the NDP Vision 2030, the NDoH Strategic Plan April 2015 - March 2020 and the HPCSA Strategic Objectives is shown in the following table:

NDP Goals 2030	NDP Priorities 2030	NDoH Strategic Goals 2015-2020	HPCSA Programmes
Average male and female life expectancy at birth increased to 70 years	Address the social determinants that affect health and diseases Prevent and reduce the disease burden and promote health	Prevent disease and reduce its burden, and promote health	Improving the role of the HPCSA as an advocate and advisor as well as enhance engagements with all key stakeholders
Tuberculosis (TB) prevention and cure progressively improved			
Maternal, infant and child mortality reduced			
Prevalence of Non-Communicable diseases reduced			
Injury, accidents and violence reduced by 50% from 2010 levels			
Health systems reforms completed	Strengthen the health system	Improve health facility planning by implementing norms and standards	Improving the role of the HPCSA as an advocate and advisor as well as enhance engagements with all key stakeholders
		Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms	
	Improve health information systems	Develop an efficient health management information system for improved decision making	
	Improve quality by using evidence	Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in healthcare, and by improving clinical governance	
Primary healthcare teams deployed to provide care to families and communities		Re-engineer primary healthcare by: increasing the number of ward-based outreach teams, contracting general practitioners, and district specialist teams, and expanding school health services	Improving the role of the HPCSA as an advocate and advisor as well as enhancing engagements with all key stakeholders

06 NATIONAL DEPARTMENT OF HEALTH

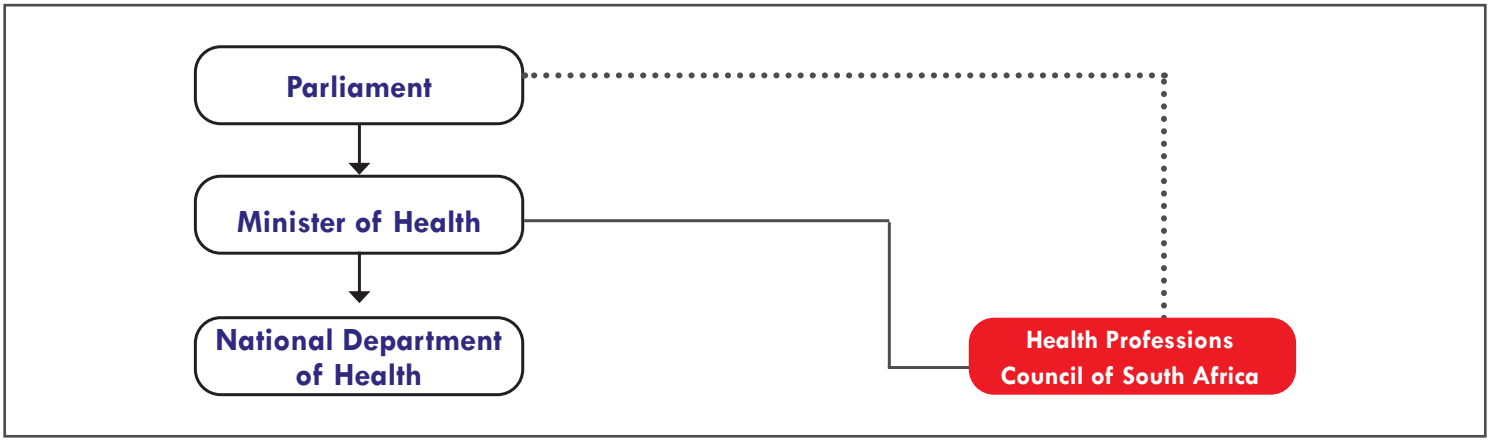
Strategic Plan and Medium Term Strategic Framework

NDP Goals 2030	NDP Priorities 2030	NDoH Strategic Goals 2015-2020	HPCSA Programmes
Universal health coverage achieved	Financing universal healthcare coverage	Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation	Improving the role of the HPCSA as an advocate and advisor as well as enhancing engagements with all key stakeholders
Posts filled with skilled, committed and competent individuals	Improve human resources in the healthcare sector		Co-ordination to ensure legislative and regulatory consistency across the HPCSA and its Professional Boards

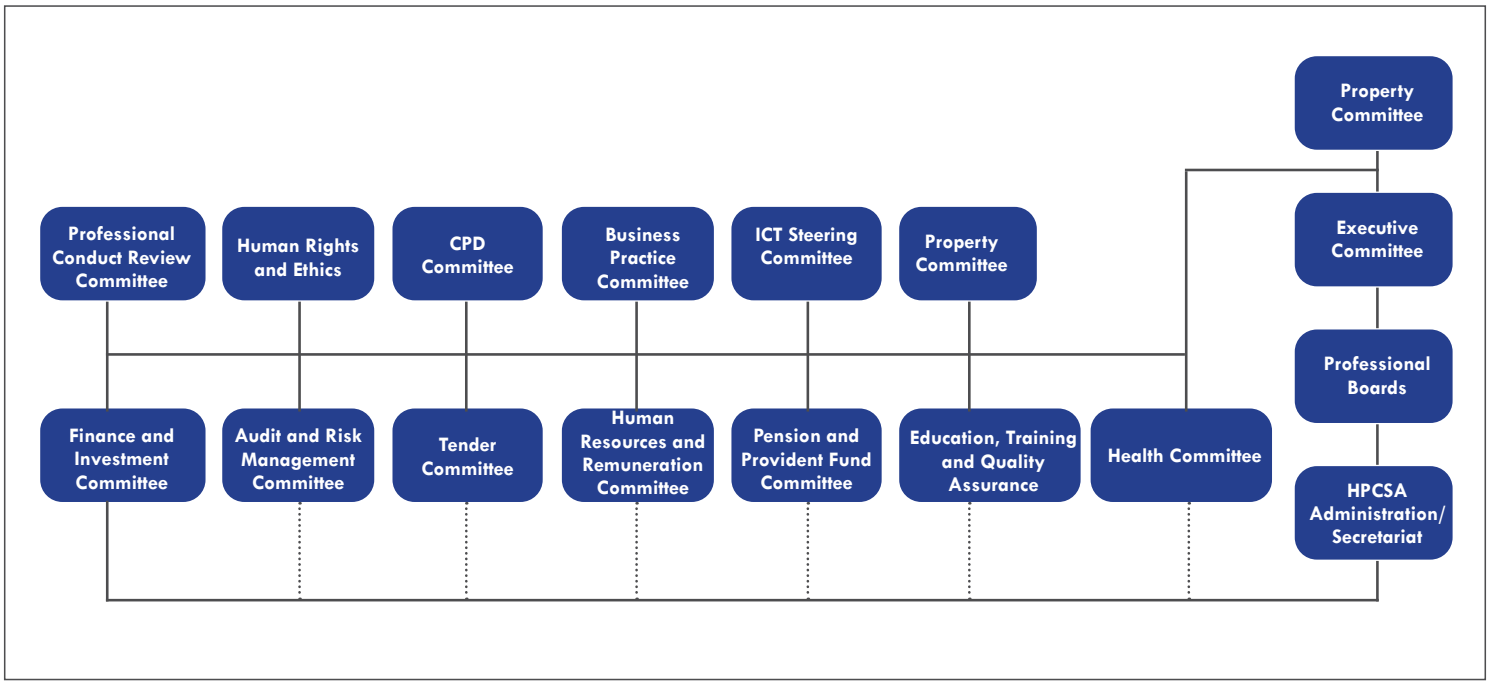
07 HPCSA Organisational Structure

The mandate of the HPCSA; as legislated in the Health Professions Act of 1974 (as amended) – is realised through the functions of three separate structural components, namely; Council, the twelve (12) Professional Boards and the Secretariat.

7.1 HPCSA Reporting Structure to the Ministry of Health



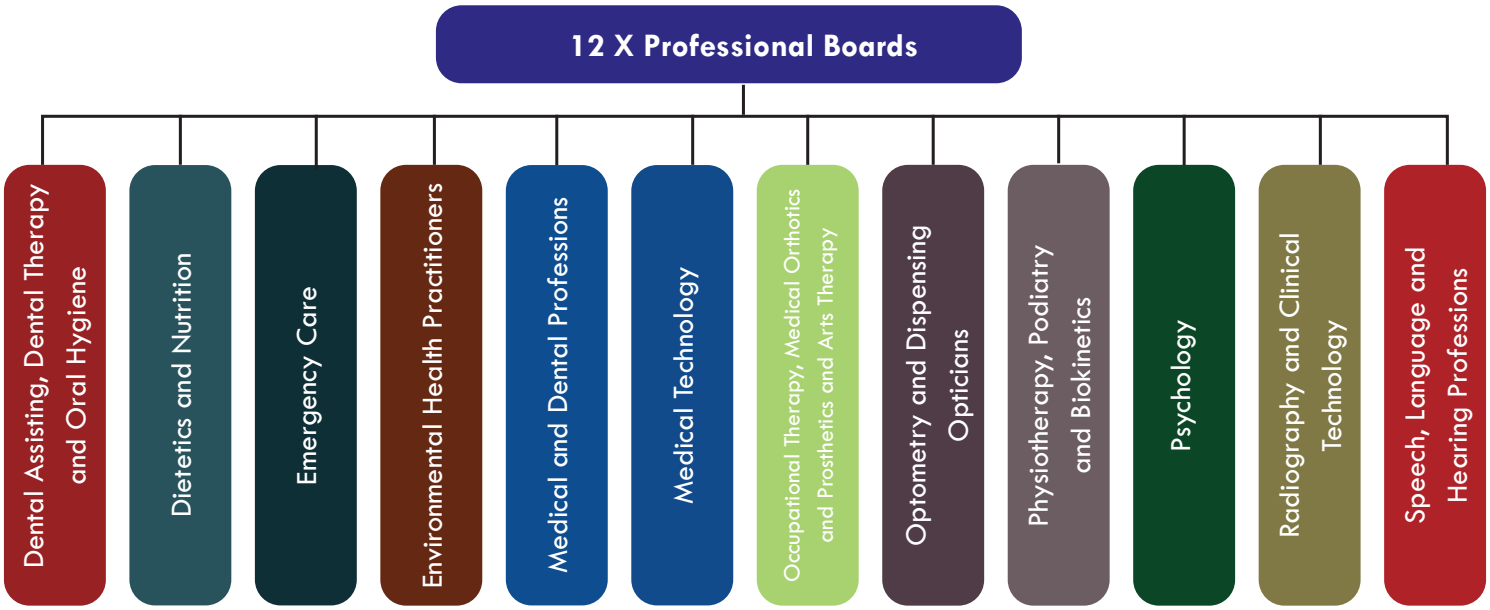
7.2 Structure of Council Committees



07 HPCSA Organisational Structure

7.3 The Professional Boards

The Professional Boards of the HPCSA include:



7.4 Objects Of The Professional Boards

The objectives of the Professional Boards are:

1. To consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Board;

2. To assist in the promotion of the health of the population of the Republic on a national basis;

3. Subject to legislation regulating healthcare providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in connection with any health profession falling within the ambit of the Professional Board;

4. To promote liaison in the field of the education and training contemplated in paragraph (c), both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic;

5. To make recommendations to Council, for Council to advise the Minister on any matter falling within the scope of this Act as it relates to any health profession falling within the ambit of the Professional Board to support the universal norms and values of such profession or professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement;

6. To make recommendations to e Council and the Minister on matters of public importance acquired by a Professional Board in the performance of its functions under the Act;

7. To maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession; and

8. To guide the relevant health profession or professions and to protect the public.

The underlying consideration for ensuring quality assurance at the HPCSA is the protection of the public through the establishment of a policy framework to ensure the provision

HPCSA Organisational Structure Continued

of healthcare professionals who are competent to practise their professions ethically. The Health Professions Act, 56 of 1974 sets a fundamental basis for the quality assurance function of the HPCSA.

Professional Boards have a responsibility to assist in the promotion of the health of the population of the Republic and to make recommendations to Council to advise the Minister on any matter falling within the scope of the Act to support the universal norms and values of such profession(s).

Professional Boards are statutory structures whose overall objective is to ensure the establishment and maintenance of acceptable levels of healthcare services in the professions under their purview.

In terms of the Health Professions Act, 56 of 1974, Professional Boards assume control and exercise authority in respect of all matters affecting the training of persons in, and the manner of the exercise of the practices pursued in connection with, any profession failing within the ambit of the Professional Board, and to maintain and enhance the dignity of the profession and the integrity of the persons practising the profession.

In terms of these functions, Professional Boards have a responsibility to:

1. Determine standards for education and training based on the needs of the country and aligned to best practice;

2. Ensure compliance to those standards in terms of the process of evaluation and accreditation of education and training facilities;
3. Determine and ensure maintenance of standards for professional practice and professional conduct;
4. Ensure compliance to continuing professional development (CPD) and to enhance a culture of life-long learning within the scope of the profession directives;

5. Grant certification to students and to compliant practitioners to practise their professions once all the registrations requirements had been complied with;

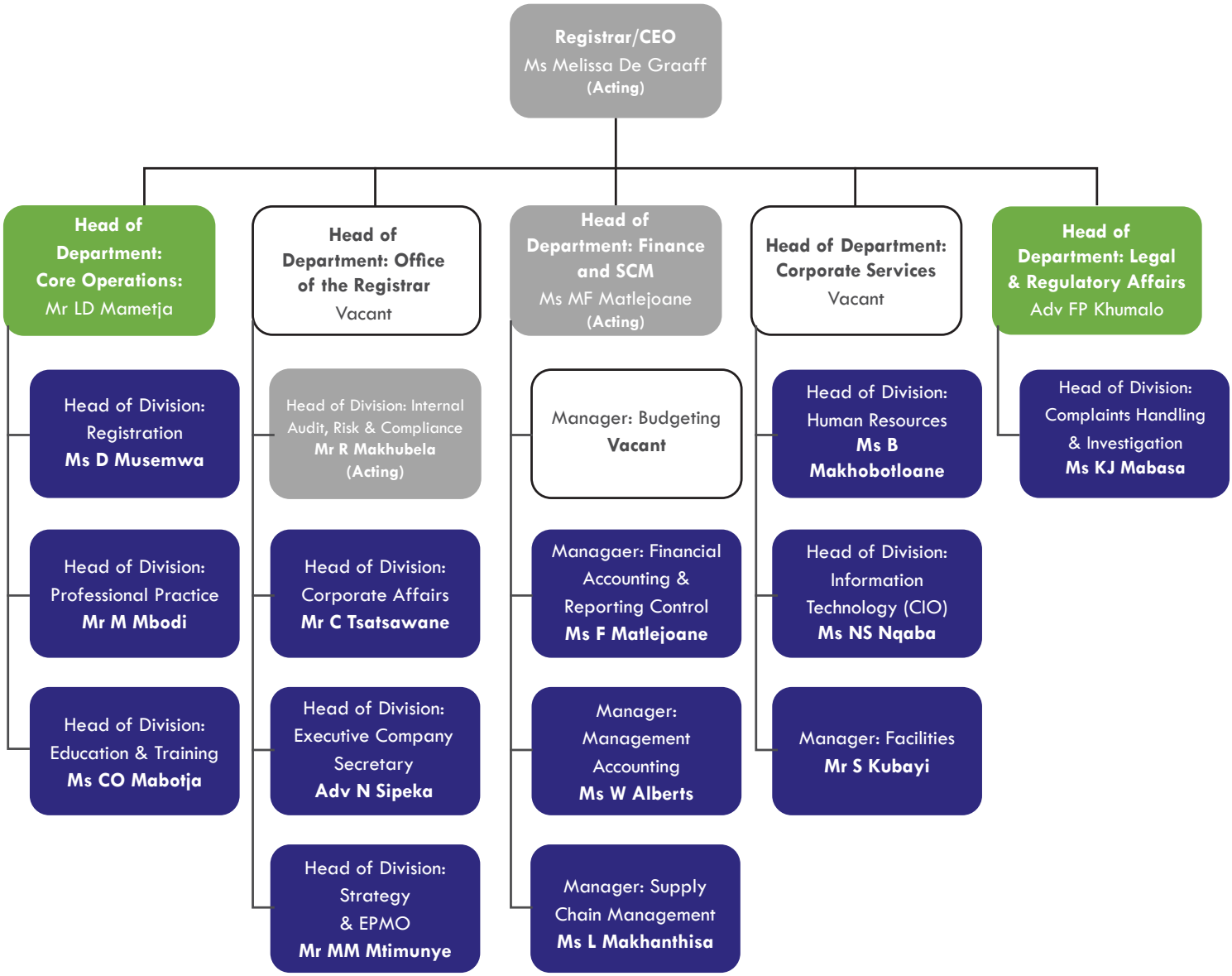
6. Register, where applicable, graduates for internship where applicable and graduates for compulsory Community Service; and

7. Develop policy and formulate regulations and rules of conduct for professional practice.

07 HPCSA Organisational Structure

7.5 Executive Management Structure

The operational structure of the HPCSA Administration / Secretariat is as follows:



MS MELISSA DE GRAAFF

Ms Melissa de Graaff is the Registrar/CEO (Acting).

As a Chartered Accountant, she has been affiliated with the SAICA since 2002 and has over 20 years' experience managing and leading financial and Supply chain management teams.

She is an expert in annual financial statements, supply chain management, budgeting, audit, policy and procedure development and implementation, and has played a strategic role in ensuring continued improvement in the HPCSA financial, budget and SCM environments and in HPCSA achieving six consecutive no audit qualifications.

MS FLORENCE MATLEJOANE

Ms Florence Matlejoane is the acting Head of Departments: Finance and Supply Chain Management (CFO). She has developed sound business, financial and investment strategies to manage financial accounting, budgeting, reporting and supply chain. Her qualifications are as follows:

- BCom (Accounting): University of Limpopo
- Programme in investment analysis & portfolio management: UNISA
- Masters in Business Administration: Regent Business School

MR LEROLE DAVID MAMETJA

Lerole David Mametja is the Head of Department: Core Operations. He holds a Master's Degree in Public Health (Health Policy and Management) from Columbia University, New York, USA. He has worked in the health sector for the past 28 years and has held senior executive management positions. He was the CEO of the Health Systems Trust (HST), Chief Programme Executive at TB HIV Care and National TB Programme Manager at the National Department of Health. He has actively participated in global efforts, including the preparations for (as part of Task Teams led by the Geneva-based Stop TB Partnership and the World Health Organisation (WHO), and attendance of the first ever convened United Nations High Level Meeting on TB held at the UN in 2018.

ADV PHELELANI KHUMALO

Adv. Phelelani Khumalo is the Head of Department: Legal and Regulatory Affairs. He has a total of 28 years' experience as a public servant. He has more than 18 years of managerial experience of which 8 has been at executive management level.

He has extensive experience in organisational effectiveness, including turnaround process and service delivery improvement processes. He has more than 10 years' experience in the legal advisory and regulatory environments.

Adv. Khumalo is an admitted Advocate of the High Court of South Africa since 2003. He holds the following educational qualifications:

- Masters' Degree in Diplomatic Studies - University of Pretoria;
- Bachelor of Philosophy (Knowledge and Information Management)- University of Stellenbosch
- Master of Laws (Business Law) (LLM) - University of KwaZulu-Natal;
- Bachelor of Law (LLB) - University of KwaZulu-Natal; and
- National Diploma in Police Administration - Technikon SA (now University of South Africa).

PART B: PERFORMANCE INFORMATION

01 SITUATIONAL ANALYSIS

POLITICAL ENVIRONMENT

INTRODUCTION

In the bigger scheme of national politics, the political environment in South Africa normally takes a cue from the annual presentation of the State of the Nation Address (SoNA) by the President. The SoNA is mainly about maintaining or seeking to maintain an alignment between the political manifesto of the governing party and what government focuses on and reports back on to the nation annually. In his SoNA of 13 February 2020, the President acknowledged the challenges of poverty, unemployment, inequality, dwindling foreign direct investment, crime and paid special mention of Gender Based Violence, education, health, water, energy and other social ills afflicting South Africa.

PRE-EMINANCE OF THE CONSTITUTION

The South Africa political environment in the financial year under review remained stable with all focus being directed at seeking solutions against challenges that the country is facing. The critical political overture was the announcement of planned Third Investment Conference that South Africa would be hosting down the line in the year, keeping up the political will to open the economy to foreign direct investments. Barely four weeks after the SoNA, on the 15 March 2020 the President had to prioritise lives over almost everything else by declaring a state of national disaster due to the unprecedented outbreak of the novel Coronavirus -2019 (COVID-19). The political infrastructure was mainly mobilised to minimise the likely impact of COVID-19. The government sought to direct as many of its resources into this pot on account of a stable political environment where political parties are sworn to and continue to embrace constitutionalism as well as the entrenched separation of powers principle.

The underlying tenets of the Volatile, Uncertain, Complex and Ambiguous (VUCA) world came to be experienced first-hand at a global level as brought to the fore by COVID-19. Amidst all the gloom, a number of political players stepped into the breach in the interest of the whole nation.

NELSON MANDELA-FIDEL CASTRO MEDICAL COLLABORATION

The political genius of the South African foreign policy directed and continued friendship with the Republic of Cuba penned as Nelson Mandela Fidel Castro/NMFC Medical Collaboration Programme was evidenced through the deployment to South Africa of approximately one hundred and eighty-seven (187) members of the Cuban medical care practitioners to augment the frontline number of healthcare practitioners as they battled COVID-19.

EFFORTS TO COMBAT CORRUPTION

The Presidency announced in March 2021 that the President of the country and ANC will avail himself to testify at the Judicial Commission of Inquiry into allegations of State Capture to show political intent to address or deal with corruption from the highest political office in the country. The urgency with which the government had to respond to the implications of COVID-19 opened opportunity to what can be called "wanton corruption" which seemed to exacerbate what was coming out at the "captured state" commission. The executive authority called on all public institutions to uphold the highest standards of integrity and accountability and fulfill their mandates effectively and efficiently.

Corruption busting efforts were shored up and some correct noises and action related to the arrests numbering hundred (100) as at the end of November 2020 made.

PROFESSIONALISATION OF THE PUBLIC SERVICE

The National Implementation Framework towards the Professionalisation of the Public Service was issued in the year under review to shore up the stated political resolve to building a capable, ethical, and developmental state. To this extent we have seen efforts and commitment to take leaders of the public agencies through training programmes (Economic Governance Spring School training and Executive Induction Programme) that will give effect to the commitment of building the capacity of the state.

CO-OPERATIVE GOVERNANCE

The HPCSA had in the past considered integrating with the Department of Home Affairs at data level for the purposes of a more cleaner and integrity proof practitioner data sets. The Executive Authority has approved the Official Identity Management Policy to be released for public comment. The policy proposes a number of changes, including the integration of the National Population Register to enable a single view of a person with features to interface with other government and private sector identity management systems. It will integrate the current systems into a biometric-enabled National Identity System.

INTERNATIONAL RELATIONS AND COOPERATION

South Africa continued to play its political role on multiple fronts –African Union (AU), South African Development Community (SADC), Brazil, Russia, India, China and South Africa trade and economic bloc (BRICS), Group of 20 (G20) countries, United Nations (UN) and other multilateral entities. At UN level RSA fought for universal, fair, equitable access to COVID-19 vaccines roll-out. At AU and SADC level, South Africa continues to beat the drums for open borders and integrated economies. At BRICS, future opportunity discussions included collaboration around healthcare. On the back of these multilateral state-to-state or economic block to economic block relations, cooperation can be fostered with regulatory bodies as well as associations of regulatory bodies.

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ECONOMIC ENVIRONMENT

INTRODUCTION

South Africa's economy is driven mainly by the following sectors: - Agriculture/ forestry and fishing, mining, manufacturing, electricity/water and gas supply, construction, trade (wholesale, retail, and motor trade), transport, finance, real estate and business services, Government, personal services. The economy is also moving towards becoming a knowledge-based economy, which is anchored on technology, e-commerce and financial services as well as other related services.

As the year 2020 dawned on the South African economy, key economic indicators were already painting a grim picture of the economic outlook of the country. Poverty, unemployment, energy crises, effects of corruption, high costs of doing business, exchange rate pressures, negative views of South Africa as an investment destination and others weighed down heavily on the economy.

GROSS DOMESTIC PRODUCT GROWTH TRENDS

The real gross domestic product (GDP) for South Africa in 2018 was 0.8% and was 0.2% in 2019 and then the economic activity for the entire 2020 decreased by 7,0% when compared with 2019. There were some positive growths recorded in the third and fourth quarters of 2020 but that was not enough to offset the devastating impact of COVID-19 in the second quarter when lockdown restrictions were at their most stringent.

UNEMPLOYMENT LEVELS

Unemployment rate is South Africa for January 2020 – March 2020 stood at 30.1% compared to 27.6% for the corresponding period in 2019. Respected business publications suggested that job losses for the period April – July 2020 could be as high as 3 000 000 across all sectors and across all job levels and educational levels. By the end of 2020, the narrow definition of unemployment levels within South Africa had grown to 32.5%.

INFLATION LEVELS

The rate of inflation is one of the indicators monitored by the South African Reserve Bank to set monetary policy. This indicator measures the change in prices of consumer goods and services acquired, used, or paid for by households. The South African Reserve Bank keeps inflation in check by using tools such as the repurchase rate based on what is called inflation targeting. The current inflation target range is between 3% and 6%. The lowest repurchase rate for the calendar year 2020 was 3.50% having started off at 6.25% in January of 2020. The inflation level for the calendar year 2020 was on average 3.27% down from a 4.13% for the calendar year 2019. It is anticipated that the inflation rate for the calendar year 2021 is likely to rise to levels just above 4%. This indicator starts to inform the minimum levels at which costs for running the business of the HPCSA may increase on a year-to-year basis.

HEALTH SECTOR INFLATION NUMBERS

Contrasted against the general inflation statistics, medical insurance (medical aid) is the single biggest item in the consumer price index (CPI) basket, taking up 7.6% of total household spending. The average annual increase across medical aid schemes surveyed in February 2020 was 9.6%.

Doctors raised their fees on average by 3.2% in the 12 months ending February 2021, while dentists increased their fees by 4.3%. The cost of visiting a hospital increased on average by 3.4% over the same period. The Council for Medical Schemes (CMS) recommended that medical aid companies limit contribution increases to 3.9% in 2021 or freeze them out. In July 2020, the inflation rate of medical aids was measured at 3.2%.

Increases lower than or equal to inflation would be a win-win for cash strapped consumers and schemes, but the real impact from COVID-19 on medical schemes is yet to be seen as most claims are testing related. Another factor that will affect the increase in price for medical schemes is the salary demands of healthcare workers. Workers are currently seeking an 8% increase in monthly earnings.

SOUTH AFRICA INVESTMENT CONFERENCE

The President of South Africa hosted the third South Africa Investment Conference in November 2020. One of the remarks by the President in his opening speech, is the following, "The Coronavirus pandemic has severely damaged our economy, causing the greatest economic contraction in decades, and driving the unemployment rate to its highest level. In the wake of this pandemic, our foremost task now is to rebuild our economy."

The President further asserted that South Africa would want the conference to consolidate the commitments that have been made, to ensure that they are realised and see the R664 billion of pledges translated into new factories, production lines, mining operations, retail outlets and infrastructure.

The conference provided positive and encouraging feedback which states that the investments are being ploughed throughout the country in all metropolitan municipalities . Some of the benefits being realised includes the impacts that the new pharmaceutical manufacturing plant built by Aspen Pharmacare in Nelson Mandela Bay, has reached a preliminary agreement with Johnson & Johnson to manufacture and package its COVID-19 candidate vaccines. This would position the Eastern Cape as a global hub for the manufacturing of vaccines and other pharmaceutical products.

An announcement was made that over fifty (50) companies would be making commitments at Investment Conference. These commitments are a form of compact between companies, their shareholders, and their stakeholders. These are compacts that companies enter with the communities they serve, with workers and their unions, with the municipalities in which they operate and with broader society. These compacts place a responsibility on all involved to support the implementation of these commitments and work together to ensure that they are realised.

WORLD ECONOMIC FORUM (WEF) ON THE ECONOMY

WEF in its 2020 special edition of The Global Competitiveness Report (GCR) asserts the following, "The combined health and economic shocks of 2020 have impacted the livelihoods of millions of households,

disrupted business activities, and exposed the fault lines in today's social protection and healthcare systems. The crisis has also further accelerated the effects of the Fourth Industrial Revolution on trade, skills, digitisation, competition, and employment, and highlighted the disconnect between our economic systems and societal resilience. The said special edition is dedicated to elaborating on suggested priorities for recovery and revival and considering the building blocks of a transformation towards new economic systems that combine "productivity", "people" and "planet" targets. Below are the thoughts that qualify to be an economic factor whilst those in the other factors are listed thereunder.

- Before the COVID-19 pandemic there were high levels of debt in selected economies as well as widening inequalities. The emergency and stimulus measures have pushed the already high public debt to unprecedented levels, while tax bases have continued to erode and or even shift. To respond to these issues, in the revival phase, the priority should be on preparing support measures for highly indebted low-income countries and plan for future public debt deleveraging.
- Over the past decade, while financial systems have become sounder compared to the pre-financial crisis situation (2008/09 Financial Markets Crisis), they continued to display some fragility, including increased corporate debt risks and liquidity mismatches. Before the pandemic, there was an increasing market concentration, with large productivity and profitability gaps between the top companies in each sector and all others; and the fallout from the pandemic and associated recession is likely to exacerbate these trends.

RATINGS AGENCIES VIEW ON SOUTH AFRICA

A country's credit rating assesses the government's ability to repay its debts. A credit rating agency decides how risky these loans are. The South African government has noted credit rating agencies Standard & Poor (S&P) and Fitch's assessment of South Africa's investment grading.

S&P in its rating affirmed South Africa's long term foreign and local currency debt ratings at 'BB and 'BB', respectively. The agency maintained a stable outlook. Fitch has affirmed South Africa's long term foreign and local currency debt ratings at 'BB-'. The agency maintained a negative outlook. According to Fitch, South Africa's rating is constrained by high and rising government debt, low trend growth and exceptionally high inequality that will complicate consolidation.

Rating agencies have indicated that South Africa's rating strengths include a credible central bank, a flexible exchange rate, an actively traded currency, deep capital markets as well as a favourable debt structure (low share of foreign currency debt) with long maturities, which should help counterbalance low economic growth and fiscal pressures.

ECONOMIC ENVIRONMENT'S IMPACT TO THE STRATEGY OF THE HPCSA

The economic environment presents challenges to practitioners and stakeholders alike. The HPCSA needs to be wide awake to this eventuality. HPCSA must embrace sensitive spending patterns, the budgets going forward must show that this challenging economic environment has been considered.

Impact is negative. The HPCSA has to monitor the situation closely especially for a worsening of the environment. Spending patterns, budgets are affected.

With inflation forecast is at 4.2%, the Budgeting processes of the HPCSA will be starting in July of 2021, Council and Professional Boards can expect that if any fees increases are agreed to, they may not go far above the 4,2% range. The inflation forecast number is the base number that will be the starting point of the 2022/2023 financial year salary hike negotiations with organised labour.

1. All the approved strategic and operational activities of the HPCSA are funded from revenues generated from annual registrations, renewals, interest as well as other fees. The practitioners registered either serve in the public or in the private sector.
2. The HPCSA has approximately 190 000 practitioners on its registers. Approximately 55% (104 500/190 000) of these practitioners serve the South African society from the public sector platform whilst, 40% (76 000/190 000) of these practitioners serve the South African society from the private sector platform. Those serving from a private sector platform are either working for private sector employers or are self-employed. 5% (9 500/190 000) are practitioners who based on their age are excused from payment of annual renewal fees.
3. Understanding how registration and renewals of registrations fees are sensitive to adverse economic conditions will assist the HPCSA and especially the Professional Boards to also be sensitive when setting annual payable fees. The second sensitivity analysis need to go to the likely impact of reduced employment levels especially amongst those in the Living Standards Measure (LSM) that purchase services from healthcare practitioners.

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SOCIO-CULTURAL ENVIRONMENT

INTRODUCTION

The HPCSA does not operate in a vacuum. Socio-cultural dynamics and changes do impact the organisation in terms of clients and stakeholder attitudes and perceptions over time. Socio-cultural factors in dynamics includes but are not limited to social attitudes, belief systems, levels of education, and politics and others. As society and culture changes the onus is on the organisations to take heed, adapt and retain relevance.

CHANGING PREFERENCES REQUIRE ADAPTATION

One of the major socio-cultural factors influencing businesses and business decisions is changing consumer preferences. It is folly to expect that society will look at what may have been acceptable and tolerable in the past with the same level of acceptance. Organisations have to be tuned in with the preferences of their stakeholders and adapt their services in line with expectations.

CHANGING DEMOGRAPHICS AFFECT HOW YOU TARGET YOUR AUDIENCE

Changes in demographics are also a significant factor in the business world. Changes in the proportion of genders and different racial, religious, and ethnic groups within a society may also have a significant impact on the way an organisation does business. This is especially true when it comes to providing products and services to a younger generation.

GENDER AND RACIAL ATTITUDES IMPACT INTERNAL WORK ENVIRONMENT

Organisations' internal decision-making processes, policies and other governance mechanisms must give due consideration to socio-cultural factors that its employees come from. Changing gender roles and increasing emphasis on family life have led to an increased respect for maternity and paternity leave within organisations. COVID-19 pandemic has also brought to the fore changes to what the office means or could mean. There is now a clear and clean delineation between work and the office. It is now clear that work can now happen anywhere the worker is subject to availability of tools of the job.

THE CULTURE OF PROTEST IN SOUTH AFRICA

The Institute for Security Studies Protest and Public Violence Monitor has been tracking and reporting on demonstrations across the country since January 2013. The average over the past seven years has been 2.26 protests daily. Until now the highest number of incidents were recorded in 2013 and 2014 with more than three protests a day. This period was followed by reductions to nearly one per day in 2018. The number started growing steadily again in 2019 to about 2.5 a day on average. The HPCSA has not been spared a protest or two, with a union representing professions registrable led marches to the HPCSA Head Office.

South Africa has woken up to a new form of activism as taken up by one vociferous political party . This party took a fight to several branches of a national retail group across the length and breadth of the country where shops were trashed. What happened to this retail group can befall any organisation that forgets to be sensitive to what matters to South Africans at any point in time. As activists wish to raise their profiles, the HPCSA should be concerned that the matter of foreign qualified practitioners as well as long running professional conduct enquiries do not become a low hanging fruit for these activists to pursue, resulting in the HPCSA being showered with unfriendly attention.

REPUTATION OF PROFESSIONAL SERVICES ORGANISATIONS

Public opinion in South Africa has been significantly impacted by the exposure of financial irregularities and corporate failure within the private sector and shocking revelations about the scale and mechanics of state capture in the public sector. In both cases, the spotlight has been turned onto the role the auditing, consulting and legal firms have played in these controversies.

POPULATION ESTIMATES

South Africa's mid-year population is estimated to have increased to 59,62 million in 2020, according to Statistics South Africa. The report indicates that approximately 51,1% (approximately 30,5 million) of the population is female. According to the report about 28,6% of the population is aged younger than 15 years and approximately 9,1% (5,4 million) is 60 years or older. The proportion of elderly persons aged 60 and has grown from 7,6% in 2002 to 9,1% in 2020. The report further shows that for the period 2016–2021, Gauteng and Western Cape are estimated to experience the largest inflow of migrants of approximately, 1 553 162 and 468 568 respectively. Life expectancy at birth for 2020 is estimated at 62,5 years for males and 68,5 years for females. The infant mortality rate for 2020 is estimated at 23,6 per 1 000 live births.

PREVALENCE OF MENTAL HEALTH CONDITIONS AS A RESULT OF COVID-19

It is reported that the prevalence of mental health conditions amongst healthcare practitioners is spread across numerous conditions such as depression, anxiety, post-traumatic stress (PTS), insomnia, mental disturbance (depression, anxiety, PTS, and insomnia grouped together), somatisation, obsessive-compulsive symptoms, burnout, stress, and fear.

IMMIGRATION AND EMIGRATION RATES

A trend that has emerged suggesting an ongoing reduction on trade openness and the international movement of people, now vastly stalled due to the pandemic. For several years before the crisis, skills mismatches, talent shortages and increasing misalignment between incentives and rewards for workers had been flagged as problematic for advancing productivity, prosperity, and inclusion. Because of the pandemic and subsequent acceleration of technology adoption, these challenges have become even more pronounced and compounded further by permanent and temporary losses of employment and income. The COVID-19 crisis has highlighted a second issue: how healthcare systems' capacity has lagged behind increasing populations in the developing world and ageing populations in the developed world.

ATTITUDES TOWARD PUBLIC SECTOR CUSTOMER SERVICE AND QUALITY

South Africa adopted Service Charter, which serves as a contract between the state and the public servants, it outlines

what the service beneficiaries can expect from the representative of the state being public servants (Service Charter, 2013). The aim of the service charter is to improve performance in the organs of the civil society (Service Charter, 2013). Some of the objectives of the service charter are:

- Encourage excellence and professionalise the public service delivery.
- Ensure an effective and efficient service that is also responsive to the needs of the public.
- Reinforcement and commitment to service delivery improvement for the benefits of the South African citizens; and
- Clarification of the rights and the obligations of both the public servants and the citizens;

To ensure that services are provided as per the Service Charter, the Department for Planning, Monitoring and Evaluation has implemented a programme whereby an unannounced monitoring of service quality is validated. Monitoring the quality of public services can deliver two important benefits. First, they oblige government departments to set quality standards. These signal the minimum level of service expected from service areas to citizens. Once entrenched, they also serve as the basis for recourse by citizens if these standards are not met. Second, quality standards also serve to direct effort and resources towards achieving minimum service standards. These are designed to drive measurable improvements in key service delivery processes. Over time, monitoring these standards can help to raise the quality of public services.

The number of protests experienced in the country since 2013 suggests that the Batho Pele Principles, and the Service Charter are not in all environments delivering the required levels of service and at the correct quality levels. It is however an accepted truism that customer service and service quality are a life-long journey and process. In this journey, organisations never arrive but enjoined to be on an evolutionary continuing improvement drive.

THREAT TO HPCSA's MANDATE

One of two registered professionals who were being taken through professional conduct processes, arrested and charged with culpable homicide was murdered. This act by the police, undertaken before an enquiry to determine culpability, seriously puts the HPCSA Professional Conduct processes in doubt. This act by the police if unchallenged will render some of the legislated mandate of the HPCSA redundant.

Numerous stakeholders had something to say about this matter including assertions that the HPCSA pandered to political and/or news media pressure when suspending the practitioners.

Health Professions Council of South Africa (HPCSA) withdrew charges against an anti-abortion doctor who did not want to assist a patient terminate her pregnancy. This doctor who has not been able to practise for three years wants to be acquitted of all charges and wants to go after his senior colleagues, who he claims laid the complaint against him, and the HPCSA. Healthcare workers who refuse to assist women terminate pregnancies can do so under Section 15(1) of the Constitution, which guarantees the right to freedom of conscience, religion, thought, belief, and opinion.

SOCIAL MEDIA ADOPTION

The growth of technology has impacted billions of lives by allowing people to connect with others through social media platforms such as Facebook, Twitter, Skype, WhatsApp, and so on. Social media platforms have revolutionised the world of communication and dissemination of information. The use of various kinds of technology in recent years has had a significant impact on humans, personally and socially, particularly in developing countries. The innovation of cutting-edge technology does not solely depend on the market and economic advancement.

It is now legendary that the use of social media assisted President Barack Obama to ascend to the White House and to be re-elected. It is also legendary that the Arab Spring was propagated through social media and caught on like a wildfire. Since the use by President Obama and the "Arab Spring" companies and organisations have integrated social media into their communication strategies as a channel to exploit. Monitoring the social media spaces ensures that companies and organisations get to participate either by influencing, informing, responding, refuting, or even "spinning" any unfavourable narrative.

SOCIAL ENVIRONMENT'S IMPACT TO THE STRATEGY OF THE HPCSA

The social environment presents a mixed bag of opportunities, threats and weaknesses to the HPCSA. What is happening in the majority of public sector entities are providing the HPCSA with free lessons. Taking these learnings to heart will assist the HPCSA to improve its own service delivery and service quality, its regulatory finesse, its management as well as its governance practices.

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TECHNOLOGICAL ENVIRONMENT

INTRODUCTION

Organisations achieve business outcomes through intersection of skilled human capital and technological resources. Trends in both the external technological environment and the adoption levels of technology have the potential to influence organisational performance levels and how the organisations are viewed by its stakeholders.

For technology to be adopted internally, there has to be awareness of its existence. For stakeholders to build a view on an organisation's sophistication or not, awareness by comparison with other organisations should take place first.

This section presents technological trends awareness generally as well as in the healthcare sector. These trends are used to create an opportunity for an intersection between technology and the regulatory environment that the HPCSA operates in.

HEALTHCARE SECTOR TECHNOLOGICAL TRENDS

Technologies aided by machine learning and patient data transmitting wearable devices create capability for real time diagnosis from a distance, thus removing geography in some of healthcare provision. This is a trend that continues As some of these technologies are intended to maintain good health and reduce hospitalisations. This trend suggests a move towards primary care and prevention of health issues. Technologies in this space includes the following: -

Wearables Will Bring Deep Data Insights and Challenges

Once the domain of early adopters, wearables are poised to help healthcare professionals collect a wealth of data from a widening and more diverse pool of users. This come in the form of remote patient monitoring, in which specialised devices track metrics such as blood pressure and glucose levels, and via fitness trackers and devices that can identify signs of atrial fibrillation, among other things. However, there are still challenges to overcome in this space such as interoperability and interpretation issues.

Artificial Intelligence (AI) Will Enhance Diagnosis, Process and Security

There is an increasing acknowledgement of the pivotal nature of the use and benefit of AI in healthcare. As healthcare threats increase in number and severity, AI can be employed to recognise unusual behaviours on a network, watch for fraud threats and predict malware infections based on previously identified characteristics, among other security measures.

AI is also assisting patients take better control of their own care, with tools that include chatbots for quick help with minor ailments, and wearable devices that can record health data and produce predictive capacities. It also can be used to develop algorithms that help oncologists offer deep insights on biopsy reads.

However artificial intelligence as a technology in most of the time currently provided by companies with one variable and one AI algorithm solving one problem which opens opportunities for alliances between technology companies and healthcare organisations.

Telehealth Will Widen Its Reach and Scope of Services

More doctors, health systems and medical specialties are providing telehealth services. As insurers move to offer reimbursements for telehealth and the scope of telehealth coverage for Medicare Advantage enrollees expands the benefits and will continue to be more evident. A senior citizen recovering in post-acute care, for example, could receive an on-camera consultation without the physical and financial toll of travel. Regardless of a user's age or condition, familiarity with the concept will prompt wider adoption. Regulations must keep pace with this development and the reach of its application.

Virtual Reality (VR) Will Play a Greater Role in Patient Care

Virtual reality as a technology which is mostly associated with gamers is finding a role in healthcare. In the United States of America, senior living residences are implementing VR to help memory care patients "visit" favourite vacation spots, access street views of their childhood homes and enjoy comforting scenes of animals and nature. Those experiences can spark group discussions and boost socialisation.

Vivid imagery provided via headsets is also being used in hospitals as a mode of distraction and, when necessary, a way to avoid or lessen the use of pain medication for patients undergoing treatments or who are experiencing discomfort. VR can also be used to educate; for instance, by offering "fly-through tours" of a tumor to explain treatment to a patient or what life is like for people with Alzheimer's disease.

Fifth Generation (5G) Networks Will Provide Faster Network Speeds.

The arrival of 5G has the potential to transform healthcare delivery by boosting network speed and capacity while reducing latency. This powerful network will be crucial for transmitting large medical images, and for supporting telehealth initiatives and remote patient monitoring tools as well as complex uses of AI, AR, and VR.

5G will also facilitate faster downloads and communication on mobile devices and tablets used in healthcare settings.

Robotics

Currently, collaborative robots such as the Da Vinci surgical robot are already assisting humans with tasks in the operating rooms. The potential for robots in healthcare expands beyond surgical uses. With rooms, helping patients with rehabilitation or with prosthetics, and automating labs and packaging medical devices. Other medical robots that are promising include a micro-bot that can target therapy to a specific part of the body, such as radiation to a tumor or clear bacterial infections.

Tremendous growth expected in the industry the global medical robotics market is expected to reach $20 billion by 2023. There's no doubt that robots used in healthcare will continue to conduct more varied tasks. These already include helping doctors examine and treat patients in rural areas via "telepresence," transporting medical supplies, disinfecting hospital rooms, helping patients with rehabilitation or with prosthetics, and automating labs and packaging medical devices. Other medical robots that are promising include a micro-bot that can target therapy to a specific part of the body, such as radiation to a tumor or clear bacterial infections.

Genomics

Artificial intelligence and machine learning help advance genomic medicine when a person's genomic information is used to determine personalised treatment plans and clinical care. In pharmacology, oncology, infectious diseases, and more, genomic medicine is making an impact. Computers make the analysis of genes and gene mutations that cause medical conditions much quicker. This helps the medical community better understand how diseases occur, but also how to treat the condition or even eradicate it. There are many research projects in place covering such medical conditions as organ transplant rejection, cystic fibrosis, and cancers to determine how best to treat these conditions through personalised medicine.

Three-Dimensional (3D) Printing3D printing enabled prototyping, customisation, research and manufacturing for healthcare. Surgeons can replicate patient-specific organs with 3D printing to help prepare for procedures. Most medical devices and surgical tools can be 3D printed. 3D printing makes it easier to cost-effectively develop comfortable prosthetic limbs for patients and print tissues and organs for transplant. 3D printing is currently used in dentistry and orthodontics.

Health Data Is Gold

Healthcare's big data market is expected to reach nearly $70 billion in 2025, almost six times its 2016 value of $11.5 billion. The rapid acceleration of health data collection gives the industry an unprecedented opportunity to leverage and deploy ground-breaking digital capabilities, such as AI, to improve treatment. Smart use of health data has the potential to dramatically improve patient care.

APPLICABLE GENERAL COMMERCIAL USE TECHNOLOGY

The "AS-A-SERVICE" revolution

"As-a-service" – the provision of services that are needed to live and work through cloud-based, on-demand platforms – is the key that has put the other technology trends being mentioned. It is the reason why AI and robotics are a possibility for just about any business or organisation, regardless of their size or budget. As the ongoing pandemic rages around the world, it can clearly be seen that organisations that rely on cloud to provide scalable solutions as-a-service are prospering.

National Digital and Future Skills Strategy

The Executive Authority approved the National Digital and Future Skills Strategy which responds to a coordinated framework to promote skills capacity for all sectors of the economy within the context of digital transformation and technological advancement of the Fourth Industrial Revolution. Are Regulators ready to regulate practitioners work being executed by technology or being technology assisted?

Presidential Commission on The Fourth Industrial Revolution (PC4IR) Report

The PC4IR Report has been approved with its proposals to revive the country's industrialisation aspirations to improve the global and continental economic competitiveness for inclusive growth.

Mobility First Strategies

The outbreak of COVID-19 was swiftly followed by lockdown restrictions. However, amidst those lockdowns some sectors of the economy had to continue functioning from behind locked gates and homes. Mobile as well as traditional networks enables this new way of work and life. What was known as telecommuting became known as "work from home" and "eventually work from anywhere" Mobile technologies especially powered by Fourth Generation (4G) and lately by Fifth Generation (5G) networks.

Virtual Meetings (MS Teams, WebEx, Skype, Google Meet, Zoom and others) benefits from the available bandwidth. These meetings allow up to one thousand (1 000) participants per meeting. This allows for most if not all meetings that are run by the HPCSA to be migrated to virtual platforms. Six key trends driving mobile use and consumer activity in emerging and mature economies:

- 4G/5G fueling the smartphone: Networks such as 4G/LTE have begun to catch up with Wi-Fi as the preferred means of connecting to the Internet from mobile devices. 4G is also enabling wearables, such as a fit band or a smart watch, which are gaining popularity with consumers.
- Smartphone addiction: More than one-third of consumers worldwide said they check their phone within five minutes of waking up in the morning, and 20% of them check their phone more than 50 times a day. The reliance on smartphones seems likely to increase as more features become available.
- From function-to-function: For most consumers smartphones are still not a preferred choice for making payments, with only one-third of them making payments using their mobiles. The trend is similar for entertainment as well, wherein small screen has not yet become the channel of choice for viewing content for most consumers, with the global average hovering around 15%.
- Internet of Things (IoT)'s incipient opportunity: Using IoT devices to keep healthy seems to be a market segment in an up-and-coming mode. Owning or accessing wearables to track vital signs averages 3% in most countries and slightly higher, at 7%, in the developing countries. Smart cars rate about the same with around 5% of consumers owning or having access to a connected vehicle.
- Safe and secure: Most consumers aren't very guarded about privacy: around 70% of consumers in developed countries have shared personal information online. In the surveys of developing countries, it's more than 80%. However, security remains a

concern among consumers, preventing them from adopting various kinds of technologies.

- Making the most of mobile device sales: Over 25% of phones are sold back into the marketplace. With stronger and targeted trade-in programs, manufacturers and carriers can build sustained relationships with those consumers looking to upgrade by selling their current phone.

Global data reveals that mobile continues to ingrain into consumers' daily lives. Smartphone and tablet penetration are all increasing with wearables experiencing the highest growth rate. Our latest global consumer trends report highlights changing user habits, daily usage details, and consumer preferences. Five key trends shaping the future of mobile connectivity include:

1. Mobility comes in all shapes and sizes—Almost 80% of global consumers have smartphones, nearly 10% own wearables, more than 50% have tablets, and 7% own all three.

2. Consumers can't get enough mobile screen time—93% of the consumers in emerging markets and 78% in developed markets look at their phone within an hour or less of waking up.

3. Text and instant message are consumer favourites—Globally consumers check text messages and instant messages (IM) first thing in the morning.

4. Payment usage is picking up speed—47% of emerging market consumers reported using their phones to make in-store payments compared to 20% of consumers in developed markets.

5. Network versus Wi-Fi, a regional preference—In developed markets, 4G speeds are consistently higher than Wi-Fi speeds. .

DIGITAL TRANSFORMATION

Due to COVID-19 pandemic, digital transformation trends were experienced, and technology adoption accelerated at a higher pace than before.

COVID-19 Pushing 5G Forward Faster

Everyone across the globe wanted faster connectivity, both at home and in the workplace. COVID-19 only intensified this demand as workers left their offices in well-connected areas for at-home offices in the sprawling suburbs and beyond. There is a need for better networks to keep everyone connected. Many telecommunications companies are on track to deliver or exceed their 5G implementation goals.

Analytics Prove a Competitive Advantage

The outbreak of COVID-19 made the need for using data and analytics even greater.

Corporations and institutions like Johns Hopkins and SAS created COVID-19 health dashboards that compiled data from a myriad of sources to help governments and businesses make decisions to protect citizens, employees, and other stakeholders.

As businesses are in re-opening phases, data and analytics is used for contact tracing and to help make other decisions in the workplace. There have been recent announcements from several big tech companies including Microsoft, HPE, Oracle, Cisco and Salesforce focusing on developing data driven tools to help bring employees back to work safely — some even offering it for free to its customers.

AI and Machine Learning - Powering Businesses Through the Pandemic

As data continues to grow exponentially, data without technology to analyse it, is useless. AI and machine learning have exploded in recent months as businesses turned to the technology to gain insights into their data.

Blockchain - Necessary for the Fight

In April 2020, the Department of Homeland Security (USA) named blockchain an essential technology for fighting COVID-19 and repairing our broken economy. Supply chains across the globe were impacted by the virus. Blockchain, if deployed correctly, has the potential to fix damaged supply chains by processing and verifying transactions quickly. This could be the perfect catalyst for making blockchain a necessary technology moving forward.

Conversational AI is Here to Answer Questions

Customer service took a major hit in many organisations as a result of COVID-19 shutdowns. A highly trained army of conversational AI bots ready to answer customer questions and keep their worlds moving is needed to solve this challenge—even when the customer service team is out of service. This technology has the attention of the world's largest tech organisations . From voice-controlled video collaboration to your personal assistant on your mobile device to the chatbot helping you with online shopping.

Technology Adjacent Trends Did Take Centre Stage in 2020

Everything as a service (XaaS), User/Customer Experience (UX/CX) , and digital privacy would dominate discussions around digital transformation and that has been the case. The XaaS market has grown in the last few months as organisations and corporations had to buy the technologies needed to keep employees connected. And since the work-from-home experiment has largely been successful, this market will only continue to expand as legacy systems are either eliminated or put into a consumption like model.

The focus on UX/CX has continued to drive business investments in digital transformation as organisations and corporations eliminated unnecessary spending and focused more on retaining customers. Technologies like 5G, and conversational AI have provided value to organisations and corporations already.

TECHNOLOGICAL ENVIRONMENT'S IMPACT TO THE STRATEGY OF THE HPCSA

The technology environment presents challenges and opportunities to the HPCSA. The bulk of technologies mentioned here will find themselves into practices alongside practitioners. Is the HPCSA ready to regulate in such an environment? The opportunity here is that the HPCSA must continue with digitalisation at the reasonable rate to continue looking for that elusive sweet spot called efficiency. The digitalisation goal adopted by the HPCSA is appropriately considered. The successful deployment of the online platforms will make the HPCSA

appealing to many of its stakeholders.

Impact is Neutral – The HPCSA is already on the digitalisation journey and the progress made must be maintained for continual performance improvements that comes from intersection of better skilled employees and the capability brought about technology.

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ECOLOGICAL/ ENVIRONMENTAL ENVIRONMENT

INTRODUCTION

The HPCSA is enjoined to assist the government as a Committee Member of Permanent Representatives to the United Nations Environment Programme to live up to its commitments of protecting the planet from degradation, including through sustainable consumption and production, sustainably managing its natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generations. This is part of the 2030 Agenda for Sustainable Development and its seventeen (17) goals that cut across disciplines, sectors, and institutional mandates, acknowledging the integrated nature of the many challenges that humanity faces.

This section discusses ecological/environment developments that the HPCSA was keeping an eye on in the period under review.

ENVIRONMENTAL GUIDELINES AND COVID-19

The National Department of Health has developed environmental health guidelines to address environmental health-related questions and gaps when responding to coronavirus disease of 2019 (COVID-19). This is in relation to recommendations on the management of the deceased due to COVID-19 and the disposal of infected corpses; tracing of family, household hygiene, workplace, and community contacts; cleaning, decontamination/disinfection in the workplace, household of patients and contacts; and other environmental factors.

WASTE MANAGEMENT

ScienceDirect asserts that as coronavirus is spreading rapidly to other parts of the world, very soon the medical waste management could be a big issue. Medical health organisations and waste management companies have already taken step in coronavirus decontamination services. It is becoming very crucial for governments and regulatory agencies to be in the middle to ensure sound environmental health practices in the immediate term. The Professional Board for Environmental Health could play a role in getting out an advisory on what the HPCSA guides regarding this unprecedented situation.

Effort needs to be put in to ingrain into the processes of organisation, acts driven by conscience and proactiveness in considering "green". Energy efficient consumption approaches are called for, efficient water utilisations solutions as well sound waste management strategies and approaches will have to be explored and adopted. Some of these initiatives offer potential to lead to cost avoidance in the long term.

NATIONAL CLIMATE CHANGE ADAPTATION STRATEGY (NCCAS)

The Department: Fisheries, Forestry and the Environment communicated the approval of the NCCAS. This strategy serves as the country's National Adaptation Plan as required by the United Nations Framework Convention on Climate Change. The NCCAS outlines a set of objectives, interventions an outcome to enable South Africa to give expression to its commitment to the Paris Agreement on climate change.

The interventions listed in the strategy includes: -

i. Approval for the establishment of the Presidential Climate Change Coordinating Commission. This is in line with the Presidential Job Summit Framework Agreement signed during the Presidential Job Summit in 2018. The commission will coordinate the transition of South Africa to a low carbon climate and resilient economy and society by 2050.

ii. Approval of the submission of the country's Low Emission Development (LED) Strategy to the UNFCCC Secretariat. This LED Strategy will advance the national climate change and development policy in a more coordinated, coherent, and strategic manner. It provides mitigation measures focusing on four key sectors of the economy, namely Energy; Industry; Agriculture, Forestry and Land Use; and Waste.

The National Waste Management Strategy (NWMS) 2020 has been approved by the Executive Authority to replace the 2011 NWMS. The waste management strategy gives into effect the terms of the National Environmental Management: Waste Act, 2008 (Act 59 of 2008). It directs the environmental protection programmes. It drives a sustainable and an environmentally friendly, inclusive economic growth, with three focus pillars – waste minimisation, effective and sustainable services, and waste awareness and compliance

GAZETTE: CONSULTATION ON ENVIRONMENTAL MANAGEMENT – WASTE ACT

The Department issued the gazette on National Environmental Management: Waste Act, 2008 (ACT NO.59 OF 2008) for the purposes of consultation on the Draft National Norms and Standards for the Treatment of Organic Waste. The Professional Board for Environmental Health Professions and the Department: Legal and Regulatory Affairs are keeping an eye on these processes.

PROGRESS ON CLIMATE ACTION TO DATE HAS BEEN LIMITED.

On the government side, while 121 countries have now committed to be carbon neutral by 2050, they account for less than 25% of emissions. None of these countries are among the top five emitters, and few, in spite of the commitment, have enacted policies that are robust enough to produce the desired effects. On the corporate side, only a minority of companies fully disclose their emissions. Even fewer have emissions targets or are in the process of making reductions in line with the Paris Agreement trajectory.3 And while investors have begun to recognize the importance of assessing climate-related risks, liabilities, and opportunities, much of their day-to-day decision making continues to be dominated by an emphasis on short term performance. In light of this global inertia, public pressure and global activism have surged in recent years, especially among the youth and in Western countries. However, public education on the threat of climate change and related climate action is still insufficient to make this a global phenomenon.

CORPORATIONS AND GOVERNMENTS SHOULD CONSIDER MOVING UNILATERALLY

Since progress in international negotiations is disappointing, corporations and governments need to move unilaterally. The world needs cohesive and swift global policy action – and progress is urgently needed at the Annual Meeting in Davos-Klosters and the COP26 this year. But with the slow pace of international climate negotiations to date and the complex political context, the reality is that a global consensus will very likely not be established soon enough to counter the crisis. Individual governments and corporations can and should move ahead with unilateral initiatives; it is about realising savings from efficiency improvements, managing risks, pursuing new opportunities, and maintaining the long-term licence to operate. While no single actor can halt global warming alone, efforts by leading industrial nations or large corporations can have a multiplier effect.

INDIVIDUAL ACTION AND MEANINGFUL SHORT- AND LONG-TERM REDUCTIONS

Corporations can accelerate individual action and commit to meaningful short-term and long-term reductions. Organisations and corporations in all sectors can do much more to reduce the emission intensity of their business and supply chains through measures that cost them little or nothing and can offset residual emissions. All should actively monitor and manage their climate-related risks and increase their efforts to achieve a 1.5-2°C world (for example, with internal carbon pricing), anticipating a future with more stringent policies and greater societal mobilisation. Most can develop new business models that contribute to achieving a low carbon economy and capitalise on the new value pools for "green" products and services.

RELEVANCE FOR THE HPCSA

The HPCSA as a public entity needs to develop and implement strategies around its interaction with the environment to will align with government's commitments to the people of the world. Areas to look at closely includes contribution to minimising carbon emissions (limit travel – road or air) and careful and proactive avoidance of waste from numerous service delivery processes. Where waste cannot be avoided, waste management protocols should be followed with commitment. A policy position on this subject will show commitment to the ecological cause

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LEGISLATIVE ENVIRONMENT

INTRODUCTION

As a statutory regulatory body, the HPCSA owes its existence to Act, 56 of 1974 , which provides a mandate to dispense administrative justice for registrable healthcare professions. The HPCSA is therefore enjoined to have a keen eye on what is happening in the legislative arena in South Africa and other geographies with respect to prescripts that guide the practice of the registrable professions. This section discusses processes in the legislative environment in the annual report period that would have been of interest to the HPCSA.

THE HEALTH PROFESSIONS ACT 56 of 1974 REVIEW PROCESS

The process to review and close identified legislative gaps within the HPA continued in the year under review. Council, all the twelve Professional Boards, the extended Executive Management Committee as well as the representative union leadership were taken through the "New/Amended Health Professions Act Policy" for the purposes of consultations. With internal engagements concluded, preparations are under way to take the process to the Ministry of Health for the project to unfold under their custody. (Ntsane Must Still OK This)

NATIONAL HEALTH INSURANCE (NHI) BILL

The objective of the NHI Bill is to provide universal access to quality healthcare for all South Africans as enshrined in the Constitution, which recognises healthcare as a fundamental human right. The NHI Bill seeks to achieve this by ensuring that:

- No one is deprived of the above-mentioned rights because of their socio-economic status.
- One public health fund is created with adequate resources to plan for and effectively meet the health needs of the entire population, not just for a selected few; and
- The ultimate goal is to achieve Universal Health Coverage (UHC).

The parliamentary service shared the following development with regards to developments on the NHI on the 4th of November 2020.The Portfolio Committee on Health received an update from the parliamentary staff on procurement of an external service provider for the processing of the National Health Insurance (NHI) submissions and to consider the provincial NHI public hearings report.

The committee heard that only one service provider responded to the advertisement calling for interested service providers to submit quotations for the processing of the submissions on NHI, and it has agreed to use the parliamentary service instead of the private service providers to process the NHI report. The committee welcomed the first provincial report draft on NHI and asked members who have content that is not captured in the report to submit it for incorporation.

NATIONAL HEALTH A/B [B29-18 (s76)]

The purpose of the Bill is to amend the National Health Act, 2003 (Act No. 61 of 2003) , in order for clinics in the public sector to operate and provide health services 24 hours a day and seven days a week.

ROAD ACCIDENT BENEFIT SCHEME BILL [B17B-17 (s75)]

The purpose of the Bill is to provide compensation to the victims of road accidents as a result of another's negligent driving. The Fund compensates victims involved in motor vehicle accidents and also offers support to dependents whose providers have been injured or killed.

ENVIRONMENTAL MANAGEMENT LAWS AMENDMENT BILL [B14D – 2017] (NEMLA BILL).

The NEMLA Bill proposes various amendments to the National Environmental Management Act 107 of 1998 (NEMA), the National Environmental Management Amendment Act 62 of 2008 and various specific environmental management acts. Proposed amendments to these laws have been in the pipeline since the first version of the NEMLA Bill [B14-2017] was introduced to Parliament in May 2017. Some of the anticipated amendments to NEMA specifically include:

- The inclusion of a new Section 2 principle that the environment sector must advance and promote the full participation of black professionals;
- Section 24 which deals with environmental authorisations makes provision for environmental management instruments, which either can replace the need for an environmental authorisation or make it easier for an applicant to obtain one; the amendment enables when financial provision is required for activities requiring environmental authorisation, and will not just be limited to activities authorised in terms of the Mineral and Petroleum Resources Development Act 28 of 2002 such as mining and prospecting; and
- Section 28, which deals with the duty of care and the remediation of environmental damage, will be amended to extend the power to issue directives to municipal mangers, as well as allow for a notification and an opportunity to make representations prior to the issuing of a directive.

OTHER BILLS AND ACTS CONSIDERED BY PARLIAMENT AND NATIONAL COUNCIL OF THE PROVINCES

There are other Bills and Acts that were considered by either Parliament and by the National Council of the Provinces in the period under review. The considered submissions include the following:-

- The Cannabis for Private Purposes Bill of 2020 for processing.
- Criminal Law (Sexual Offences and Related Matters) Amendment Bill of 2020.
- National Register for Sexual Offences; and
- Domestic Violence Amendment Bill – to Parliament.
- Pension Funds Amendment Bill (B30-2020)
- Compensation for Occupational Injuries and Diseases Amendment Bill (B21-2020).
- Disaster Management Tax Relief Act (Act 13 of 2020).

The Cannabis Bill gives effect to a Constitutional Court judgement that declared unconstitutional some parts of the Drugs and Drug Trafficking Act, 1992 (Act 140 of 1992) and Medicines and Related Substances Control Act, 1965 (Act 101 of 1965).

Three of the seven Bills responded to several issues raised during the Presidential Summit Against Gender Based Violence and Femicide (GBVF) held in 2018 in respect to the workings of the criminal justice system. The Domestic Violence Amendment Bill facilitates the obtaining of protection orders against acts of domestic violence via electronic means. It obliges the Department of Social Development and Department of Health to provide certain services to victims of domestic violence and aligns the provisions of the Domestic Violence Act, 1998 (Act 116 of 1998) with the provisions of the Protection from Harassment Act, 2011 (Act 17 of 2011).

This development starts an era where transformation/reform of rules that insist on a physical original piece of paper from any person before processes can be kick started.

All employers as responsible citizens are enjoined to assist the government in this GBVF fight by setting policies that show disdain for such acts and for employers to decisively act where such policies are not complied to.

LEGISLATIVE ENVIRONMENT'S IMPACT TO THE STRATEGY OF THE HPCSA

HPCSA has an active interest to track developments of all new and relevant legislation as well as amended legislations. The primary interest is about the protection of the HPCSA's legislated mandate, secondly being that the HPCSA must participate in helping to inform how legislation that give effect to entities with similar or aligned mandates and thirdly to inform or influence legislation that puts an obligation on the HPCSA to comply.

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02 CORE OPERATIONS Department

1. DEPARTMENT - WIDE OVERVIEW

The Department of Core Operations houses the core activities of the HPCSA as mandated by the Health Professions Act, 1974 (Act No. 56 of 1974 as amended) which is the founding legislation of the HPCSA.

According to the Act, the HPCSA has responsibility over the Education and Training, Registration and Professional and Ethical conduct and practice of health practitioners in South Africa. These responsibilities are structurally located within three (3) formal divisions in the Department, namely:

a) Education and Training
b) Registrations; and
c) Professional Practice

The divisions, individually and collectively as a department, seek to contribute to the attainment of the Strategic Goals and Objectives of the HPCSA, for the current five-year Strategic Plan of 2016/17 to 2020/21.

The department was staffed as follows:

a) Department – Head of Department and Secretary. However, the Secretary was providing "Committee Coordinator" support to the Education and Training Division on internships due to inadequate capacity within the Division
b) Education and Training – thirteen (13) of the currently approved positions have been filled. Not all Education and Training operations have been moved from the Company Secretariat. This situation, where Education and Training activities straddle the Division and Company Secretariat need to be addressed urgently, and there has been meetings on this matter. Ultimately, all Education and Training activities will need to be housed within the Division, meaning, more staff will be required.
c) Registrations – forty-one (41) of the forty-six (46) positions provided for in the approved organisational structure were filled. Finalisation of the on-line registration system may warrant a review of Human Resource capacity within the division.
d) Professional Practice – fourteen (14) of the fifteen (15) approved positions provided have been filled. The process to fill the position of the Ethics Officer commenced during this reporting period, and it is expected to be concluded in the next financial year.

2. EDUCATION AND TRAINING DIVISION

The activities of the Education and Training Division falls under the following key functional areas: 1) Accreditations and Evaluations of Training programmes; 2) Accreditations and Evaluations of Internship programmes; 3) Board Examinations; and 4) Recognition of Prior Learning/Training Time. The COVID-19 pandemic and lockdown affected some of the activities that had been planned.

2.1 ACCREDITATIONS AND EVALUATIONS

2.1.1 ACCREDITATIONS

Because of the advent of the COVID-19 pandemic, all accreditations were postponed to the next financial year. Future accreditations will need to consider the recommendations made by the Education, Training and Quality Assurance (ETQA) Committee of Council as it considered measures to minimise costs in the Professional Boards carrying out these functions. The committee identified several options that could help save costs, while recognising that the unique requirements of each professional area would need to be taken into consideration. In fact, each evaluation should be handled on its merits, subject to the approval of each Board. In this regard, the following may be considered when seeking to minimise costs:

a. The use of virtual platforms for amenable aspects of accreditations and evaluations
b. Reduction in the number of accreditation panel members
c. Reduction in the duration of site visits (these usually would take five (5) days)
d. Reducing the wide gap in fees paid to chairpersons and ordinary members of panels (subject to rules and prescripts of the HPCSA).
e. Remote administrative and logistics support by the Secretariat
f. Reconciling fees paid to panel members with the fact that, panel members are already employees of institutions, paid for by those institutions. However, this should be handled carefully as it may be difficult to attract people with expertise to serve on the panels if fees are not attractive
g. Exploration of the possibility of the Department of Higher Education, Science and Innovation, and Council on Higher Education subsidising accreditation evaluations.

2.1.2 EVALUATIONS

2.1.2.1 MEDICAL AND DENTAL PROFESSIONS BOARD

All programme evaluations were postponed to the next financial year because of the COVID19 pandemic and subsequent lockdowns.

Three foreign qualified specialist applications were sent for peer review as follows:

- Two (2) applications for Specialist Medicine were sent to CMSA for peer review: One (1) was approved by both Board and CMSA for registration as a Specialist, and the outcome for the other is still to be provided.
- One (1) application for Specialist Dentistry was sent to the four dental schools for peer review, we are still awaiting outcome from the schools.

Of the seventy-seven (77) applications for recognition of medical officer training time received:

- Sixty-eight (68) applications were processed and finalised in various specialties. Recognition was approved for sixty-seven (67) of them and one (1) was declined due to training having taken place at an unapproved facility.
- Nine (9) applications are awaiting additional information from the practitioners before they can be processed.

2.1.2.2 DIETETICS AND NUTRITION PROFESSIONS BOARD

Evaluations were conducted for the following clinical sites:

NAME OF INSTITUTION	DATE OF RE-EVALUATION	NAME OF THE PROGRAMME	METHOD OF EVALUATION
STELLENBOSCH UNIVERSITY – (MEDICLINIC DURBANVILLE HOSPITAL)	18 February 2021	Food Service Management	During the ETRC meeting of 18 February 2021
NORTH-WEST UNIVERSITY (8 CLINICAL TRAINING FACILITIES)	18 February 2021	Community Nutrition and Therapeutic Nutrition	During the ETRC meeting of 18 February 2021
UNIVERSITY OF KWAZULU-NATAL (MEDI-CLINIC HOSPITAL)	18 February 2021	Food Service Management	During the ETRC meeting of 18 February 2021
KING EDWARD VIII	20 August 2020	Therapeutic Nutrition	During the ETRC meeting of 20 August 2020
NELSON MANDELA UNIVERSITY – (KRUISFONTEIN CLINIC)	20 August 2020	Community Nutrition	During the ETRC meeting of 20 August 2020
HUMANSDORP CLINIC	September 2020 – August 2025	Food Service Management	Form 272
UNIVERSITY OF LIMPOPO (11 CLINICAL TRAINING FACILITIES)	18 February 2021	Community Nutrition, Food Service Management and Therapeutic Nutrition	During the ETRC meeting of 18 February 2021
NOBODY CLINIC	23 July 2020	Community Nutrition	During the ETRC meeting of 23 July 2021

2.1.2.3 SPEECH, LANGUAGE AND HEARING PROFESSIONS BOARD

NAME OF INSTITUTION	DATE OF RE-EVALUATION	NAME OF THE PROGRAMME	METHOD OF EVALUATION
UNIVERSITY OF FORT HARE	07 – 09 February 2021	Speech-Language Pathology	Physical (Evaluation of Portfolio of Evidence (POEs)
	22 – 23 June 2021		Physical
	06 July 2021		Virtual – (Interviews with respective stakeholders from the university)

2.1.2.4 EMERGENCY CARE PROFESSIONS BOARD

NAME OF INSTITUTION	DATE OF RE-EVALUATION	NAME OF THE PROGRAMME	METHOD OF EVALUATION
NELSON MANDELA UNIVERSITY	20 January 2021	Bachelor of Emergency Medical Care	Physical

2.1.2.5 PHYSIOTHERAPY, PODIATRY AND BIOKINETICS PROFESSIONAL BOARD

NAME OF INSTITUTION	DATE OF EVALUATION	PROGRAMME	VIRTUAL/PHYSICAL
WITS UNIVERSITY	18 August 2020	Biokinetics	Online/Virtual
WITS UNIVERSITY	24 Nov 2020	Biokinetics	Physical
UNIVERSITY OF VENDA	3 Dec 2020	Biokinetics	Online/Virtual
UNIVERSITY OF VENDA	8 – 9 April 2021	Biokinetics	Physical
UNIVERSITY OF CAPE TOWN	10 – 11 February 2021	Biokinetics	Online/Virtual
UNIVERSITY OF CAPE TOWN	22 February 2021	Biokinetics	Physical

2.1.2.6 PSYCHOLOGY PROFESSIONS BOARD

All scheduled evaluations were postponed to the next financial year.

2.1.2.7 RADIOGRAPHY AND CLINICAL TECHNOLOGY PROFESSIONS BOARD

No programmes in Higher Education Institutions were evaluated in 2020-2021 except for eight (8) Clinical Training facilities, which were evaluated as indicated in the table below.

NAME OF INSTITUTION	CLINICAL TRAINING FACILITIES	CATEGORY	DATE	VIRTUAL / PHYSICAL
DURBAN UNIVERSITY OF TECHNOLOGY	Charlotte Maxeke Johannesburg Academic Hospital	Cardiology	12-03-2021	Virtual
CENTRAL UNIVERSITY OF TECHNOLOGY	Fresenius Medical Care Panorama	Nephrology	12-03-2021	Virtual
TSHWANE UNIVERSITY OF TECHNOLOGY	Renalworx Dialysis Centre	Nephrology	11-02-2021	Virtual
DURBAN UNIVERSITY OF TECHNOLOGY	IMA Private Renal Unit	Nephrology	25-03-2021	Virtual
DURBAN UNIVERSITY OF TECHNOLOGY	Dialysis Care Group (PTY) LTD Mount Edgecombe	Nephrology	25-03-2021	Virtual
TSHWANE UNIVERSITY OF TECHNOLOGY DURBAN UNIVERSITY OF TECHNOLOGY	Charlotte Maxeke Johannesburg Academic Hospital	Nephrology	12-03-2021	Physical
CENTRAL UNIVERSITY OF TECHNOLOGY	FMC Panorama	Nephrology	26-03-2021	Physical
UNIVERSITY OF JOHANNESBURG	Dr Burger Radiologists - Arwyp Hospital	Ultrasound	27-05-2021	Virtual

2.1.2.8 OPTOMETRIST AND DISPENSING OPTICIAN PROFESSIONS BOARD

Evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

2.1.2.9 ENVIRONMENTAL HEALTH PROFESSIONS BOARD

Evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

2.1.2.10 OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY PROFESSIONS BOARD

Evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

2.1.2.11 MEDICAL TECHNOLOGY BOARD PROFESSIONS BOARD

Evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

2.1.2.12 DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE PROFESSIONS BOARD

Evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

2.1.3 PROFESSIONAL BOARD EXAMINATIONS

2.1.3.1 MEDICAL AND DENTAL PROFESSIONS BOARD

a. Medical

TYPE OF EXAM	DATE	TOTAL CANDIDATES	PASSED	FAILED
THEORY	19 Jan 2021	57	36	21
OSCE (PRACTICAL)	23 February 2021	36	35	1

b. Medical Science (Portfolio submissions)

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/ FINALISED	OUTSTANDING/STILL IN PROGRESS
01 - 31 MAY 2020	20	20	0
01 - 30 SEPTEMBER 2020	19	18	1
01 - 30 JANUARY 2021	14	14	0

c. Dental

There were no examinations conducted

2.1.3.2 PSYCHOLOGY PROFESSIONS BOARD

Because of the COVID-19 pandemic, the Psychology Professions Board introduced Online/ Virtual Board Exams from May 2020 as outlined in the tables below.

CATEGORIES	DATES	PASSED	FAIL	SUB-TOTAL
1. EDUCATIONAL PSYCHOLOGY	25 – 30 June 2020	7	0	7
	7 – 10 Oct 2020	39	8	47
	3 – 9 Feb 2021	16	6	22
	Sub-Total	**62**	**14**	**76**
2. INDUSTRIAL PSYCHOLOGY	25 – 30 June 2020	17	0	17
	7 – 10 Oct 2020	52	9	61
	3 – 9 Feb 2021	43	7	50
	Sub-Total	**112**	**16**	**128**
3. RESEARCH PSYCHOLOGY	25 – 30 June 2020	0	0	0
	7 – 10 Oct 2020	3	3	6
	3 – 9 Feb 2021	2	2	4
	Sub-Total	**5**	**5**	**10**
4. NEUROPSYCHOLOGY	25 – 30 June 2020	14	0	14
	7 – 10 Oct 2020	3	0	3
	3 – 9 Feb 2021	0	0	0
	Sub-Total	**17**	**0**	**17**
5. REGISTERED COUNSELLORS	25 – 30 June 2020	11	0	11
	7 – 10 Oct 2020	1	46	47
	3 – 9 Feb 2021	67	1	68
	Sub-Total	**79**	**47**	**126**
6. PSYCHOMETRY	25 – 30 June 2020	9	9	18
	7 – 10 Oct 2020	52	24	76
	3 – 9 Feb 2021	47	9	56
	Sub-Total	**108**	**42**	**150**
7. COUNSELLING PSYCHOLOGY	25 – 30 June 2020	11	0	11
	7 – 10 Oct 2020	23	2	25
	3 – 9 Feb 2021	18	1	19
	Sub-Total	**52**	**3**	**55**
8. CLINICAL PSYCHOLOGY	25 – 30 June 2020	28	0	28
	7 – 10 Oct 2020	35	8	43
	3 – 9 Feb 2021	27	4	31
	Sub-Total	**90**	**12**	**102**
Total		**525**	**139**	**664**

2.1.3.3 OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY PROFESSIONS BOARD

One (1) candidate wrote and failed the OFT exam, and two (2) foreign qualified candidates wrote and passed the OCP examination.

2.1.3.4 DIETETICS AND NUTRITION PROFESSIONS BOARD

The Dietetics and Nutrition Professions Board examinations are outsourced and conducted by approved Higher Education Institutions and are scheduled to take place during October/November of each year. Two (2) foreign qualified Dietitians were approved to register after approval of the Board Examination results.

2.1.3.5 SPEECH LANGUAGE AND HEARING PROFESSIONS BOARD

Of the three (3) candidates who were invited to sit for audiology examinations, one (1) passed, one (1) failed and one (1) withdrew and therefore did not sit for the examination. Four (4) were invited to sit for the Speech Therapy examination, and three (3) passed and one (1) failed.

2.1.3.6 EMERGENCY CARE PROFESSIONS BOARD

2.1.3.6.1. PROFESSIONAL BOARD EXAMINATIONS

There were no Board examinations conducted during the reporting period.
The Education, Training and Registration Committee requested HEIs and Provincial Colleges to assist with venues for future assessments and examinations for practitioners wishing to restore their names back to the register.

2.1.3.6. 2. MODERATION OF APPROVED/ ACCREDITED HIGHER EDUCATION INSTITUTIONS EXAMINATIONS

The Professional Board for Emergency Care annually moderates all approved institutions' summative assessments . The following institutions' programme examinations were moderated in the reporting period as outlined in the table below.

NAME OF INSTITUTION	PROGRAMME MODERATED	DATE OF MODERATION
UNIVERSITY OF JOHANNESBURG	Bachelor of Health Sciences	February 2021
UNIVERSITY OF JOHANNESBURG	Diploma in Emergency Medical Care	February 2021
UNIVERSITY OF JOHANNESBURG	Higher Certificate in Emergency Medical Care	September 2020
NETCARE EDUCATION FACULTY OF EMERGENCY AND CRITICAL CARE	Higher Certificate in Emergency Medical Care	June 2020
NETCARE EDUCATION FACULTY OF EMERGENCY AND CRITICAL CARE	Diploma in Emergency Medical Care	June 2020
SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY	Higher Certificate in Emergency Medical Care	February 2021
DURBAN UNIVERSITY OF TECHNOLOGY	Bachelor of Health Sciences	October 2020
CAPE PENINSULA UNIVERSITY OF TECHNOLOGY	Higher Certificate in Emergency Medical Care Diploma in Emergency Medical Care	June 2021
NELSON MANDELA UNIVERSITY	Bachelor's Degree in Emergency Medical Care	Date of moderation appears on the report and the report is still outstanding.
MEDICLINIC PRIVATE HIGHER EDUCATION INSTITUTION	Bachelor's Degree in Emergency Medical Care	Date of moderation appears on the report and the report is still outstanding.

2.2.3.7 MEDICAL TECHNOLOGY PROFESSIONS BOARD

Medical Technology Examinations are outsourced to the Society of Medical Laboratory Technology of South Africa (SMLTSA). We receive the results and reports from moderators and examiners then table them at the ETR meeting, once approved, a letter is sent to SMLTSA informing them to release the results. The examinations are written twice every year in March/April and September/ October.

DATE	PROGRAMME	NUMBER OF CANDIDATES	PASSED	FAILED
7 SEPTEMBER 2020	Haematology	3	1	2
7-8 SEPTEMBER 2020	Cytology	4	2	2
11 SEPTEMBER 2020	Histology	13	2	11

2.2.3.8 PHYSIOTHERAPY, PODIATRY AND BIOKINETICS PROFESSIONS BOARD

Board examinations were conducted for thirty-eight (38) Physiotherapy Assistants and Technicians on the 28 November 2020, and thirty-five (35) passed.

2.2.3.9 ENVIRONMENTAL HEALTH PROFESSIONS BOARD

DATE	PROGRAMME	NUMBER OF CANDIDATES	PASSED	FAILED
26 AUGUST 2020	Environmental Health Assistant – Written Theory Examination	16	16	None
AS AND WHEN REQUIRED	Environmental Health Practitioners – Oral Examination	25	25	None

2.1.2.10 OPTOMETRIST AND DISPENSING OPTICIAN PROFESSIONS BOARD

Due to COVID-19, no examinations were facilitated in the 2020/2021 financial year.

2.1.2.11 RADIOGRAPHY AND CLINICAL TECHNOLOGY PROFESSIONS BOARD

Due to COVID-19, no examinations were facilitated in the 2020/2021 financial year.

2.1.2.12 DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE PROFESSIONS BOARD

Due to COVID-19, no examinations were facilitated in the 2020/2021 financial year.

3. REGISTRATIONS

3.1 OVERVIEW

The Registrations Division is responsible for the registration of all healthcare practitioners, including students ahead of practising their respective professions. The main categories of registration are Students, Interns, Public/Community Service, Supervised Practice, Independent Practice, Specialists and subspecialists. In addition, registration is also undertaken for temporary and/or restricted practice for education, postgraduate study, and volunteers.

3.2 REGISTRATION OF HEALTHCARE PRACTITIONERS

In the year under review, the HPCSA registered more than 30 000 healthcare practitioners in line with its legislative mandate. All registrations were done against a backdrop of a ravaging pandemic and the employees were working from home for the entire duration of the financial year. Practitioners and applicants were, in the main, registered based on e-mailed applications and requests. Registration categories for which original or notarised documentation is required were processed with an end date which would only be removed after the applicant or practitioner submitted the original application.

The following tables depict movements that resulted in changes to the registers kept by Council, as well as other services provided to practitioners in the period, 1 April 2020 to 31 March 2021, with comparative numbers for the period 1 April 2019 to 31 March 2020:

Table 1: Registrations

CATEGORY	NUMBER REGISTERED IN 2019/2020	NUMBER REGISTERED IN 2020/2021
PRESCRIBED REGISTRATIONS	26627	23020
SPECIALISTS	682	512
FOREIGN QUALIFIED	755	326
ADDITIONAL CATEGORY	69	71
ADDITIONAL QUALIFICATION	1890	1268
CATEGORY CHANGE	30023	23020

Table 1: Registrations

CATEGORY	NUMBER RECORDED IN 2019/2020	NUMBER RECORDED IN 2020/2021
VOLUNTARY ERASURES	949	636
SUSPENSIONS FOR NOT PAYING ANNUAL FEES	11077	11770
INSTRUCTION TO ERASE	58	31
DEATHS	69	75

3.3 REGISTRATION GROWTH STATISTICS APRIL 2018 – MARCH 2021

Annexure 1 depicts the growth of the total register from April 2018 to March 2021 including those healthcare practitioners who do not necessarily pay annual fees such as students, intern students, interns from some Professional Boards, and practitioners exempted due to old age but are still practising.

BRD_CODE	REG_CODE	REG_NAME	APR 2018	APR 2019	APR 2020	APR 2021
DOH	**DA**	DENTAL ASSISTANT	4738	4460	4325	4098
	DA S	STUDENT DENTAL ASSISTANT	2 127	1977	2065	2080
	OH	ORAL HYGIENIST	1214	1 240	1 257	1 263
	OH S	STUDENT ORAL HYGIENIST	400	334	342	388
	TT	DENTAL THERAPIST	732	767	740	804
	TT S	STUDENT DENTAL THERAPIST	265	257	269	300
DOH Total			**9,476**	**9,035**	**8998**	**8,933**
DTB	DT	DIETITIAN	3 422	3 555	3 494	3 822
	DT S	STUDENT DIETITIAN	1 668	1 411	1 453	1 490
	NT	NUTRITIONIST	230	226	229	216
	NT S	STUDENT NUTRITIONIST	288	289	310	335
DTB Total			**5 608**	**5 484**	**5 486**	**5 863**
EHO	FI	FOOD INSPECTOR	11	9	9	9
	HI	ENVIRONMENTAL HEALTH PRACTITIONER	3 752	3 806	3 493	4 118
	HI S	STUDENT ENVIRONMENTAL HEALTH OFFICER	2 606	1 796	1 838	1733
	HIA	ENVIRONMENTAL HEALTH ASSISTANT	68	66	71	69
EHO Total			**6,437**	**5,677**	**5,403**	**5,929**
EMB	ANA	AMBULANCE EMERGENCY ASSISTANT	10 063	10 683	11 350	11 365
	ANT	PARAMEDIC	1 527	1 489	1 353	1 543
	ANTS	STUDENT PARAMEDIC	554	491	597	662
	BAA	BASIC AMBULANCE ASSISTANT	50 604	43 171	35 448	29 664
	ECAS	STUDENT EMERGENCY CARE ASSISTANTS				73
	ECP	EMERGENCY CARE PRACTITIONER	623	731	817	854
	ECPS	STUDENT EMERGENCY CARE PRACTITIONER	810	856	917	1 012
	ECPV	ECP VISITING STUDENT	17	23	21	26
	ECT	EMERGENCY CARE TECHNICIAN	1 124	1 123	1100	1 080
	ECTS	STUDENT EMERGENCY CARE TECHNICIAN	717	692	684	685
	OECO	OPERATIONAL EMERGENCY CARE ORDERLY	486	462	441	393
EMB Total			**66 525**	**59 721**	**52 728**	**47 657**

BRD_CODE	REG_CODE	REG_NAME	APR 2018	APR 2019	APR 2020	APR 2021
MDB	**BE**	BIOMEDICAL ENGINEER	2	2	1	1
	CA	CLINICAL ASSOCIATE	758	846	946	1 006
	CA S	STUDENT CLINICAL ASSOCIATE	482	511	547	577
	DP	DENTIST	6 433	6 365	6059	6 586
	DP S	STUDENT DENTIST	1 338	1 002	973	1 021
	GC	GENETIC COUNSELLOR	12	12	21	23
	GCIN	INTERN GENETIC COUNSELLOR	9	12	12	10
	GR	GENETIC COUNSELLOR	13	14	11	14
	GRIN	INTERN GENETIC COUNSELLOR	3	4	4	4
	IN	INTERN	3 511	3 715	4 458	5 016
	IN S	STUDENT INTERN	1 515	2 180	2 190	1 799
	KB	CLINICAL BIOCHEMIST	9	9	5	6
	MP	MEDICAL PRACTITIONER	45 503	45 393	43 901	48 021
	MP S	MEDICAL STUDENT	13 024	13 213	11 574	12 146
	MS & MW	MEDICAL SCIENTIST	654	650	614	689
	MSIN & MWIN	INTERN MEDICAL SCIENTIST	214	265	268	240
	PH	MEDICAL PHYSICIST	151	151	148	166
	PH S	STUDENT MEDICAL PHYSICIST	54	33	30	
	PHIN	INTERN MEDICAL PHYSICIST	20	28	36	42
	SMW	SUPPLEMENTARY MEDICAL SCIENTIST	3	3	2	3
	VS	VISITING STUDENT	49	101	92	15
MDB Total			**72,823**	**75,201**	**72,207**	**77,385**
MTB	CT	CYTO-TECHNICIAN	1	1	1	1
	GT	MEDICAL TECHNICIAN	3 679	3 915	3 969	4 314
	GT S	STUDENT MEDICAL TECHNICIAN	2 841	2 775	2 778	2 852
	LA	LABORATORY ASSISTANT	693	818	940	966
	LA S	STUDENT LABORATORY ASSISTANT	1 014	1 016	1 019	1007
	MLS	MEDICAL LABORATORY SCIENTIST	94	167	210	234
	MT	MEDICAL TECHNOLOGIST	5 637		5 097	6 119
	MT S	STUDENT MEDICAL TECHNOLOGIST	4 725	5 780	4 352	4 552
	MTIN	MEDICAL TECHNOLOGY INTERN	782	4 851	807	735
	SGT	SUPPLEMENTARY MEDICAL TECHNICIAN	19	16	4	14
	SLA	SUPPLEMENTARY LABORATORY ASSISTANT	187	171	157	136
MTB Total			**19 672**	**20 376**	**19 334**	**20 930**

BRD_CODE	REG_CODE	REG_NAME	APR 2018	APR 2019	APR 2020	APR 2021
OCP	AOS	ASST MED ORTH PROST & LEATHERWORKER	5	4	4	2
	AT	ARTS THERAPIST	83	87	95	95
	AT S	ARTS THERAPY STUDENT	36	45	56	49
	ATIN	ARTS THERAPIST INTERNS	6	10	14	19
	OB	ORTHOPAEDIC FOOTWEAR TECHNICIAN	49	48	39	46
	OS	MEDICAL ORTHOTIST AND PROSTHETIST	568	596	638	698
	OS S	STUDENT MEDICAL ORTHOTIST AND PROSTHETIST	284	382	339	282
	OSA	ORTHOPAEDIC TECHNICAL ASSISTANT	74	77	76	75
	OSIN	INTERN MEDICAL ORTHOTIST AND PROSTHETIST	230	249	70	96
	OT	OCCUPATIONAL THERAPIST	5 198	5 465	5 638	5 876
	OT S	STUDENT OCCUPATIONAL THERAPIST	2 329	1 888	1 952	,956
	OTB	OCCUPATIONAL THERAPY ASSISTANT	76	69	66	51
	OTBS	STUDENT OCCUPATIONAL THERAPY ASSISTANT	43	32	32	32
	OTT	OCCUPATIONAL THERAPY TECHNICIAN	455	452	442	420
	SOS	SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST	1	1	1	1
OCP Total			**9,447**	**9,405**	**9,469**	**9,698**
ODO	OD	DISPENSING OPTICIAN	148	138	136	133
	OD S	STUDENT DISPENSING OPTICIAN	460	355	379	409
	OP	OPTOMETRIST	3 826	3 812	3 879	3 994
	OP S	STUDENT OPTOMETRIST	1 042	842	905	939
	OPVS	VISITING STUDENT OPTOMETRIST	4	4	4	4
	OR	ORTHOPTIST	11	10	4	10
	SOD	SUPPLEMENTARY OPTICAL DISPENSER	2	2	1	2
	SOP	SUPPLEMENTARY OPTOMETRIST	11	8	5	8
ODO Total			**5,504**	**5,170**	**5,313**	**5,499**
PPB	BK	BIOKINETICIST	1 671	1 786	1 869	1 971
	BK S	STUDENT BIOKINETICIST	839	1 021	1 351	1 283
	BKIN	INTERN BIOKINETICIST	938	988	1 010	338
	CH	PODIATRIST	301	319	280	349
	CH S	STUDENT PODIATRIST	386	314	322	343
	MA	MASSEUR	3	2	0	2
	PT	PHYSIOTHERAPIST	7 702	7906	8 058	8 343
	PT S	STUDENT PHYSIOTHERAPIST	2 353	2 117	2 209	2 191
	PTA	PHYSIOTHERAPY ASSISTANT	171	156	137	122
	PTAS	STUDENT PHYSIOTHERAPY ASSISTANT	2	2	0	0
	PTT	PHYSIOTHERAPY TECHNICIAN	46	46	43	42
	RM	REMEDIAL GYMNAST	2	1	1	1
	SCH	SUPPLEMENTARY PODIATRIST	3	3	2	3
	SPT	SUPPLEMENTARY PHYSIOTHERAPIST	3	2	1	2
PPB Total			**14 420**	**14 663**	**15 283**	**14 647**

BRD_CODE	REG_CODE	REG_NAME	APR 2018	APR 2019	APR 2020	APR 2021
PSB	PM	PSYCHO-TECHNICIAN	19	16	7	12
	PMT	PSYCHOMETRIST	2 065	2 101	1 939	2 047
	PMTS	STUDENT PSYCHOMETRIST	697	846	455	533
	PRC	REGISTERED COUNSELLOR	2 327	2 474	2 559	2 596
	PS	PSYCHOLOGIST	8 565	8 742	8 030	9,125
	PS S	STUDENT PSYCHOLOGIST	1 504	1 394	1 399	1 448
	PS V	PSYCHOLOGY VISITING STUDENT	3	5	3	5
	PSIN	INTERN PSYCHOLOGIST	972	958	1,013	733
	SRC	STUDENT REGISTERED COUNSELLOR	2 736	2 903	2 008	2 149
PSB Total			**18 888**	**19 439**	**17 413**	**18 648**
RCT	DR	RADIOGRAPHER	7 780	7 890	7 309	8 332
	DR S	STUDENT RADIOGRAPHER	2 327	2 561	2 328	2 302
	DR V	VISITING STUDENT RADIOGRAPHER	28	42	38	58
	EE	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	51	55	60	62
	EE S	STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	110	128	143	161
	KT	CLINICAL TECHNOLOGIST	835	802	682	745
	KT S	STUDENT CLINICAL TECHNOLOGIST	677	515	516	583
	KTG	GRADUATE CLINICAL TECHNOLOGIST	491	598	689	726
	RLT	RADIATION TECHNOLOGIST	8	10	10	8
	RLTS	STUDENT RADIATION TECHNOLOGIST	8	2	1	2
	RSDR	RESTRICTED SUPP DIAG RADIOGRAPHER	5	3	1	2
	SDR	SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	196	163	100	130
	SDRS	STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	100	100	9	9
	SKT	SUPPLEMENTARY CLINICAL TECHNOLOGIST	3	2	2	2
RCT Total			**12 619**	**12 871**	**11 888**	**13 122**
SLH	AM	AUDIOMETRICIAN	4	4	1	4
	AU	AUDIOLOGIST	642	706	781	835
	AU S	STUDENT AUDIOLOGIST	533	516	501	541
	GAK	HEARING AID ACOUSTICIAN	157	148	109	139
	GAKS	STUDENT HEARING AID ACOUSTICIAN	36	51	32	32
	SAU	SUPPLEMENTARY AUDIOLOGIST	1	1	1	1
	SGAK	SUPPLEMENTARY HEARING AID ACOUSTICIAN	4	4	2	4
	SGG	COMMUNITY SPEECH AND HEARING WORKER	14	13	7	6
	SGK	SPEECH AND HEARING CORRECTIONIST	6	4	3	4
	SHA	SPEECH AND HEARING ASSISTANT	3	3	3	3
	SSTA	SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST	1	1	1	1
	ST	SPEECH THERAPIST	1101	1202	1272	1401
	ST S	STUDENT SPEECH THERAPIST	793	746	806	862
	STA	SPEECH THERAPIST AND AUDIOLOGIST	1578	1589	1450	1638
	STAS	STUDENT SPEECH THERAPIST AND AUDIOLOGIST	439	289	243	214
	STAV	STA VISITING STUDENT	2	4	4	4
	STB	SPEECH THERAPY ASSISTANT	1	1	1	1
SLH Total			5 315	5 262	5217	5 700
Grand Total			248 512	242 304	228 739	234 011

4. PROFESSIONAL PRACTICE

4.1 OVERVIEW

The Professional Practice Division's main functions are Continuing Professional Development (CPD) and its transitioning to Maintenance of Licensure (MoL), Business Practice, Scope of Practice and Ethics and Management of impaired practitioners and students.

4.2 CPD AND MOL PROJECT

The CPD portfolio is managed according to Section 26 of the Health Professions Act, 1974 which states that: Council may, after consultation with a Professional Board, make rules which;-

(a) determine conditions relating to continuing professional development to be undertaken by persons registered in terms of this Act in order to retain such registration.

(b) determine the nature and extent of continuing professional development to be undertaken by persons registered in terms of this Act.

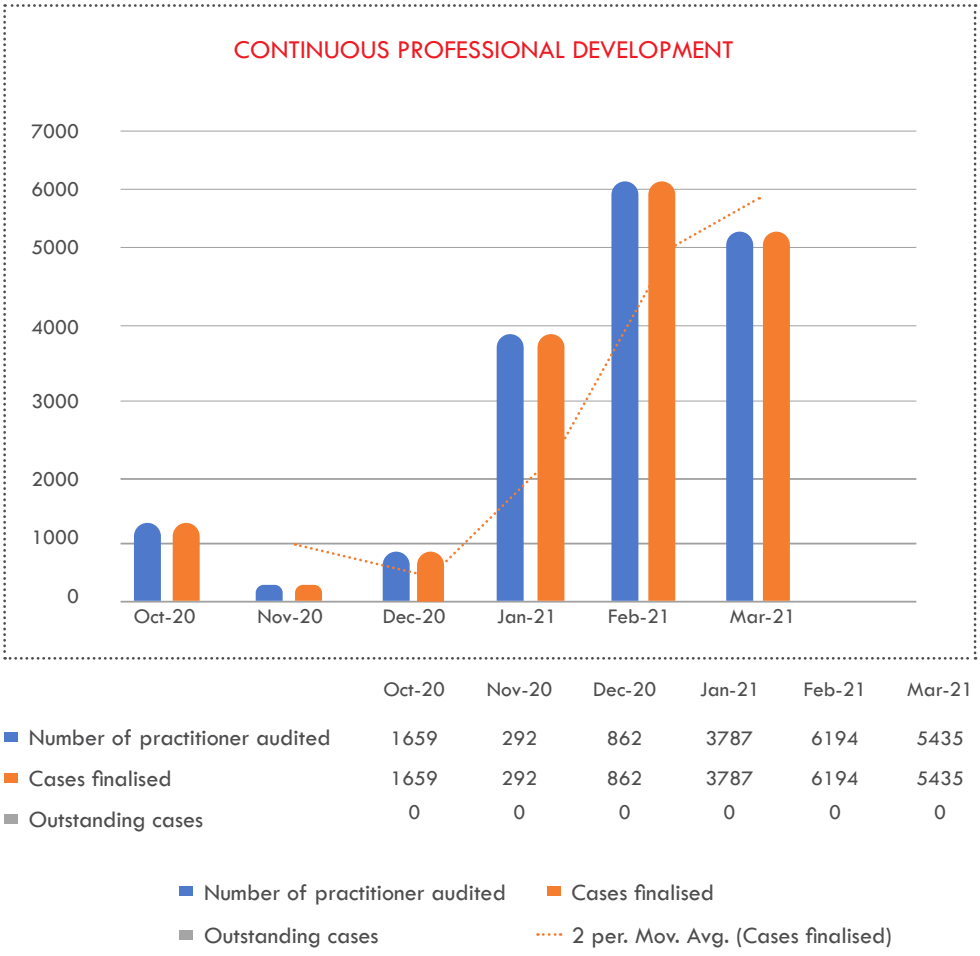
(c) relate to the criteria for the recognition by the Professional Board of continuing professional development activities and providers of such activities;

(d) relate to offences in respect of, and penalties for, noncompliance.

A total of 18 229 practitioners were selected randomly for CPD compliance in the 2020/21 financial year. (See figure 1 below).

The MoL policy development is not complete and has been deferred to the next reporting period.

Figure 1: CPD Annual Stats



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of practitioner audited	1659	292	862	3787	6194	5435
Cases finalised	1659	292	862	3787	6194	5435
Outstanding cases	0	0	0	0	0	0

4.3 BUSINESS PRACTICE

There was a 78% reporting rate by practitioners in terms of Ethical Rule 23A.

A total of ten (10) applications from corporate institutions (i.e., private hospitals), were received for consideration by the Business Practice Committee in terms of Ethical Rule 18.

4.4 MANAGEMENT OF IMPAIRED PRACTITIONERS AND STUDENTS

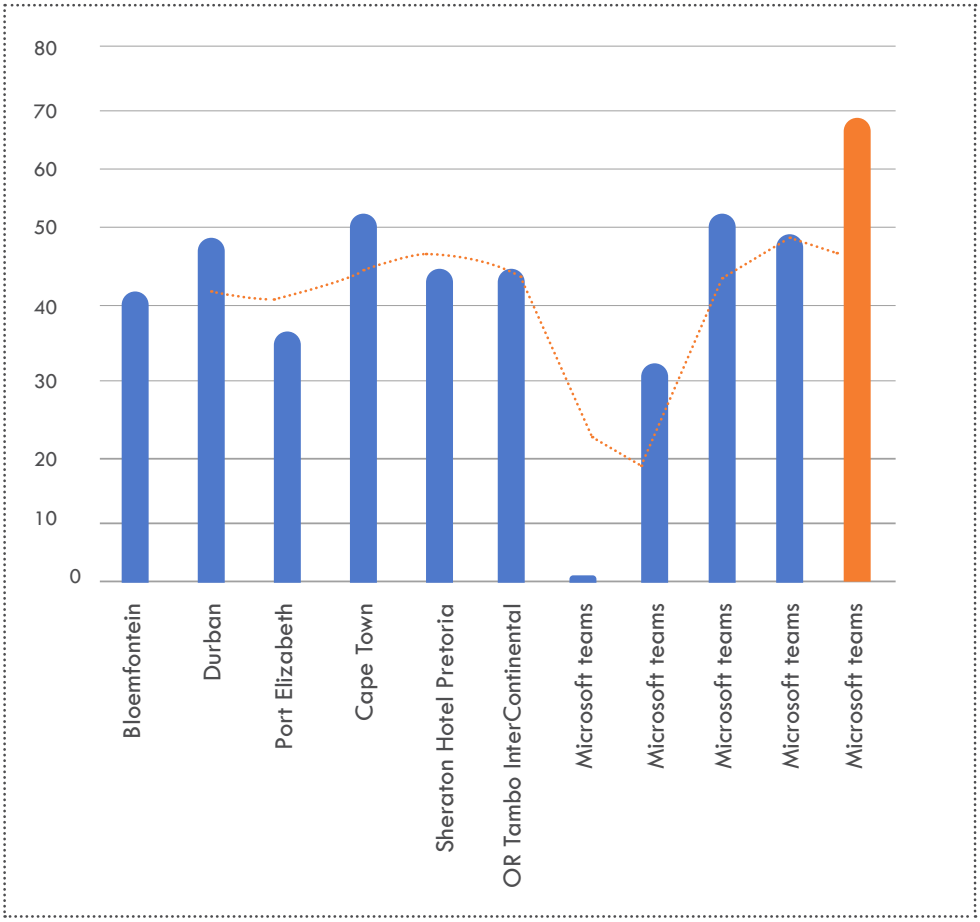
The management of practitioners' impairment is conducted in terms of regulations in Section 51 of the Health Professions Act, 1974 which states that:

The Minister may, after consultation with Council and the Professional Boards, make regulations relating to investigation in respect students or persons registered in terms of this Act who appears to be impaired , on the assessment of conditions, the conditions to be imposed on the registration or practice, their scope , their suspension or removal from practising , revocation of conditions , suspension or removal and on acts of unprofessional conduct committed before or during assessment or investigation.

The Committee managed a total of 389 individual practitioners' cases in terms of Section 51 of the Act – a significant increase of reported cases annually compared to the previous financial years.

Ninety-seven percent (97%) of the reported cases were related to mental illness and substance abuse.

Figure 2: Health Committee Workload



4.5 SCOPE OF PRACTICE AND ETHICS

The Ethics and Human Rights Committee of Council reviewed ethical rules (7, 8, 18 and 21) in response to environmental changes, especially as reflected in the Health Market Inquiry report which was released in September 2019. The review was approved by Council.

There was a total of 2652 correspondences received from practitioners and the public requesting guidance and advice on matter of ethics and scope of practice. Ninety six percent (96%) of them were responded to within five days.

03 LEGAL AND REGULATORY AFFAIRS Department

LEGAL AND REGULATORY AFFAIRS

The Legal and Regulatory Affairs Department provides legal support to Council, Professional Boards and Administration.

"This department is also tasked with the investigation and prosecution of all complaints against healthcare practitioners"

STRATEGIC FOCUS

In terms of Section 3 of the Health Professions Act,1974 one of the objects and functions of the Health Professions Council of South Africa (HPCSA) is to ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in order to protect the interest of the public. Section 3 of the Act is also intended to ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality.

5.1 COMPLAINTS HANDLING, INVESTIGATION AND MEDIATION

5.1.1. COMPLAINTS HANDLING

5.1.1.1. TRENDS

Table 1: Complaints received

	2019/2020	2020/2021
Total number of complaints received by HPCSA	2 059	1 458
Total number of complaints referred for Preliminary Investigation	1 239	987
Total number of complaints referred for Mediation	711	407
Total number of complaints resolved at perusal and analysis stage	109	63

During the period under review, the HPCSA received 1 458 new complaints of which 987 (67.7%) were referred for Preliminary Investigation, 407 (28%) for Mediation and 63 (4.3%) were resolved at perusal and analysis stage.

Figure 1: Complaints received

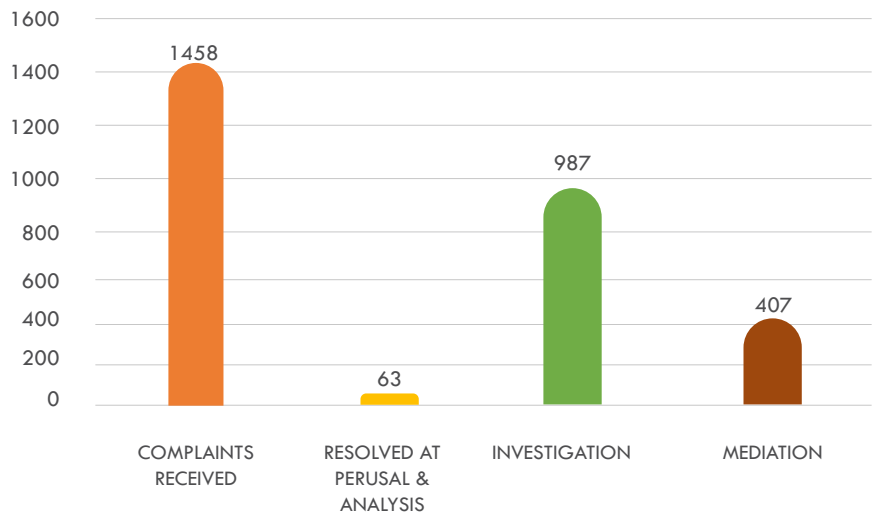


Figure 2 below reflects that the department received 99.5% of complaints through electronic mail followed by 0.4 % of walk-in complaints and 0.1% through postal. Most of the complaints (71.1%) were lodged by members of the public, followed by complaints referred by other departments within HPCSA at 8% and practitioners at 7.6% and the rest followed as depicted in figure 3.

Figure 2: Mechanism of receipt

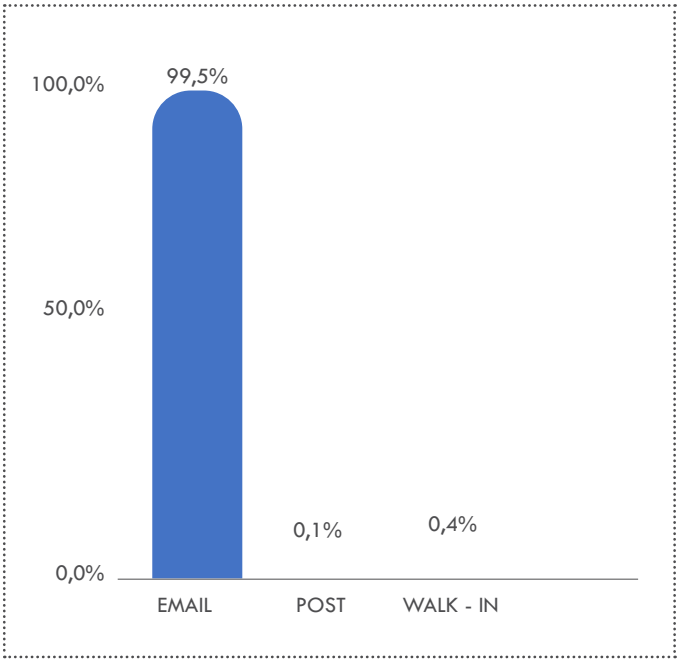


Figure 3: Source of complaints

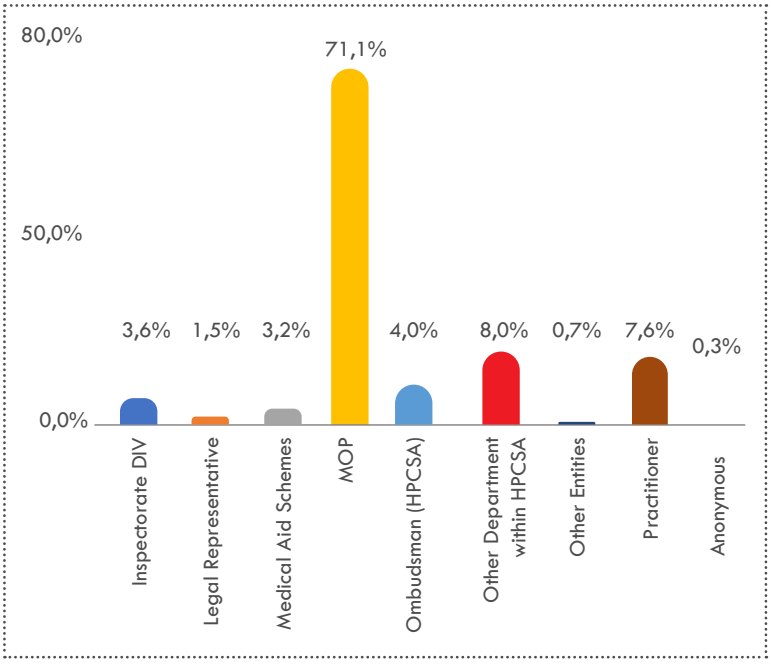


Figure 4 below illustrates cases of negligence which remained the top nature of complaint in 2020/21 with (30.2%) as compared to the 2019/20 financial year. This was followed by accounts in both years. There was a sharp increase in cases relating to financial interests in hospitals. This was as a result of 115 (11.2%) complaints received from the Professional Practice Division within HPCSA against practitioners who contravened ethical 23A. In terms of ethical rule 23A (h), the practitioner who has financial interests in the hospital shall submit annual report to the HPCSA indicating the number of patients referred by him or her or his or her associates or partners to such hospital or healthcare institution and the number of patients referred to other hospitals in which he or she or his or her associates or partners hold no shares as a shareholder. The percentage of fraud cases increased from 6.7% to 7.6% in 2020/21 and moved to the fifth highest nature of complaint.

Figure 4: Nature of complaint

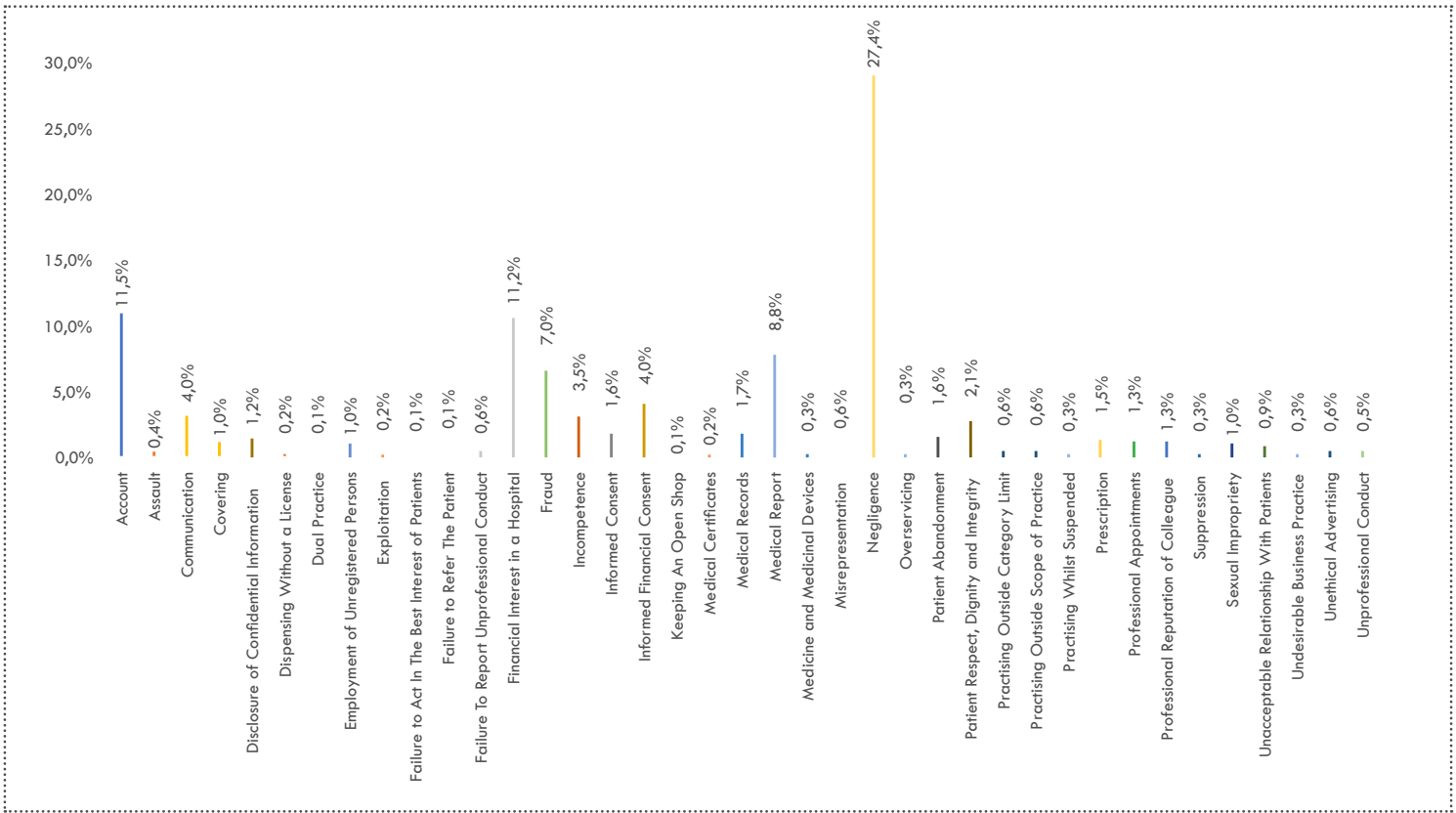


Figure 5 below shows the proportions of the Professional Boards as per the HPCSA register.

Figure 5: Proportion of Practitioners on the HPCSA Register

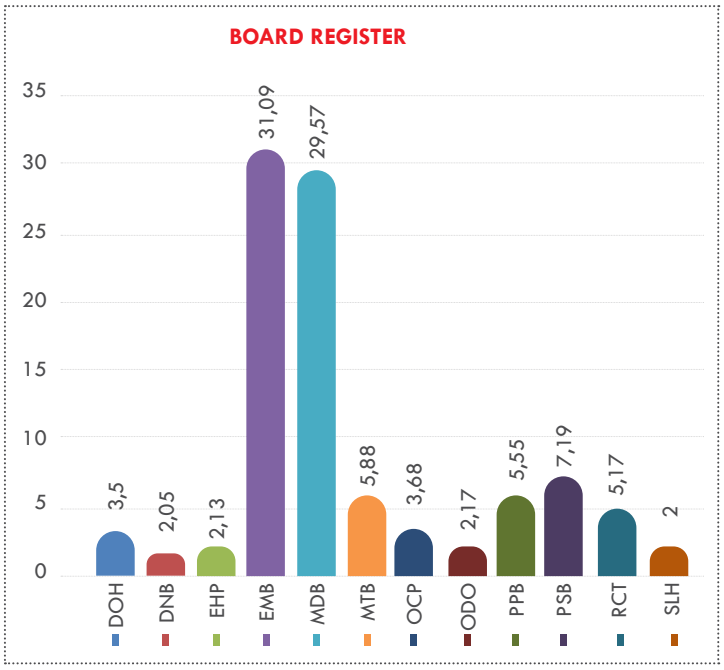


Figure 6 below illustrates the percentage of complaints received per Board for the period under review. In terms of percentages, most complaints were against practitioners registered with the MDB (85%) followed by the PSB (4.9%) and OCP Board (1.6%) and the rest followed.

Figure 6: Percentage of complaints received per Board

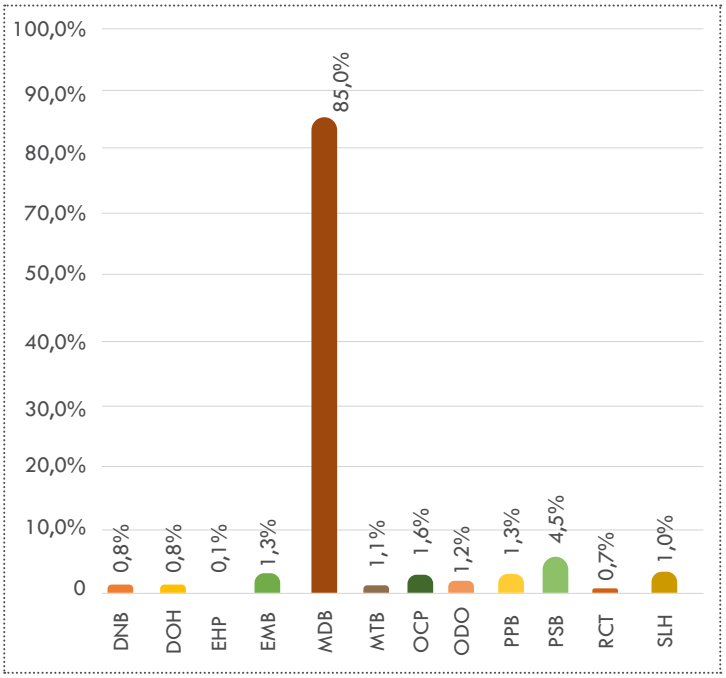


Figure 7 Below illustrates that in terms of the proportion to the register, MDB (2.3) followed by PSB (0.5), SLH and ODO respectively (0.4) were the Boards in which a high number of complaints were received.

Figure 7: Proportion of complaints received per Board

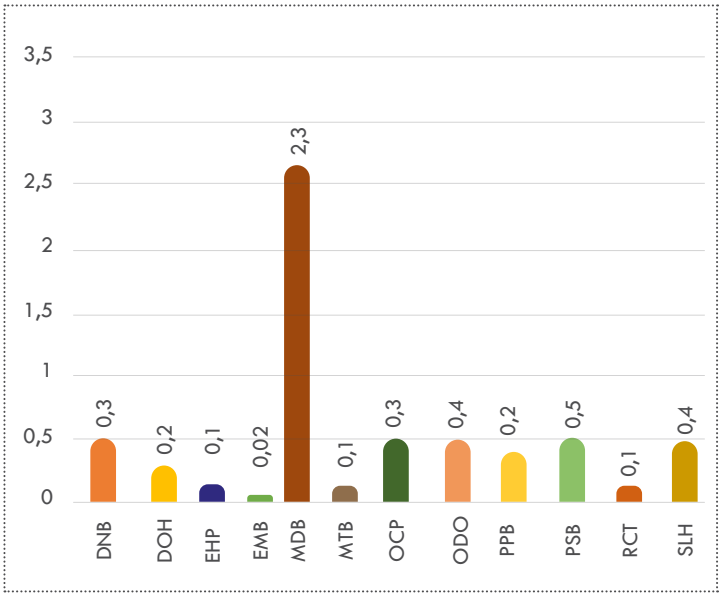


Figure 8 below illustrates the distribution of complaints received per MDB speciality. The Medical and Dental Board Specialities received most complaints lodged against General Practitioners at (28.9%) followed by practitioners who specialised in Obstetrics and Gynaecology (8.4%), General Dentistry (6.8%) and Surgery (6.5%).There was a significant increase in percentage of complaints lodged against the following speciality from 2019/2020 to 2020/2021 financial years: Cardiology, Medicine, Nephrology, Obstetrics and Gynaecology, Orthopaedics, Paediatrics, and Plastic and Reconstructive Surgery.

Figure 8: Distribution of cases registered per MDB Speciality

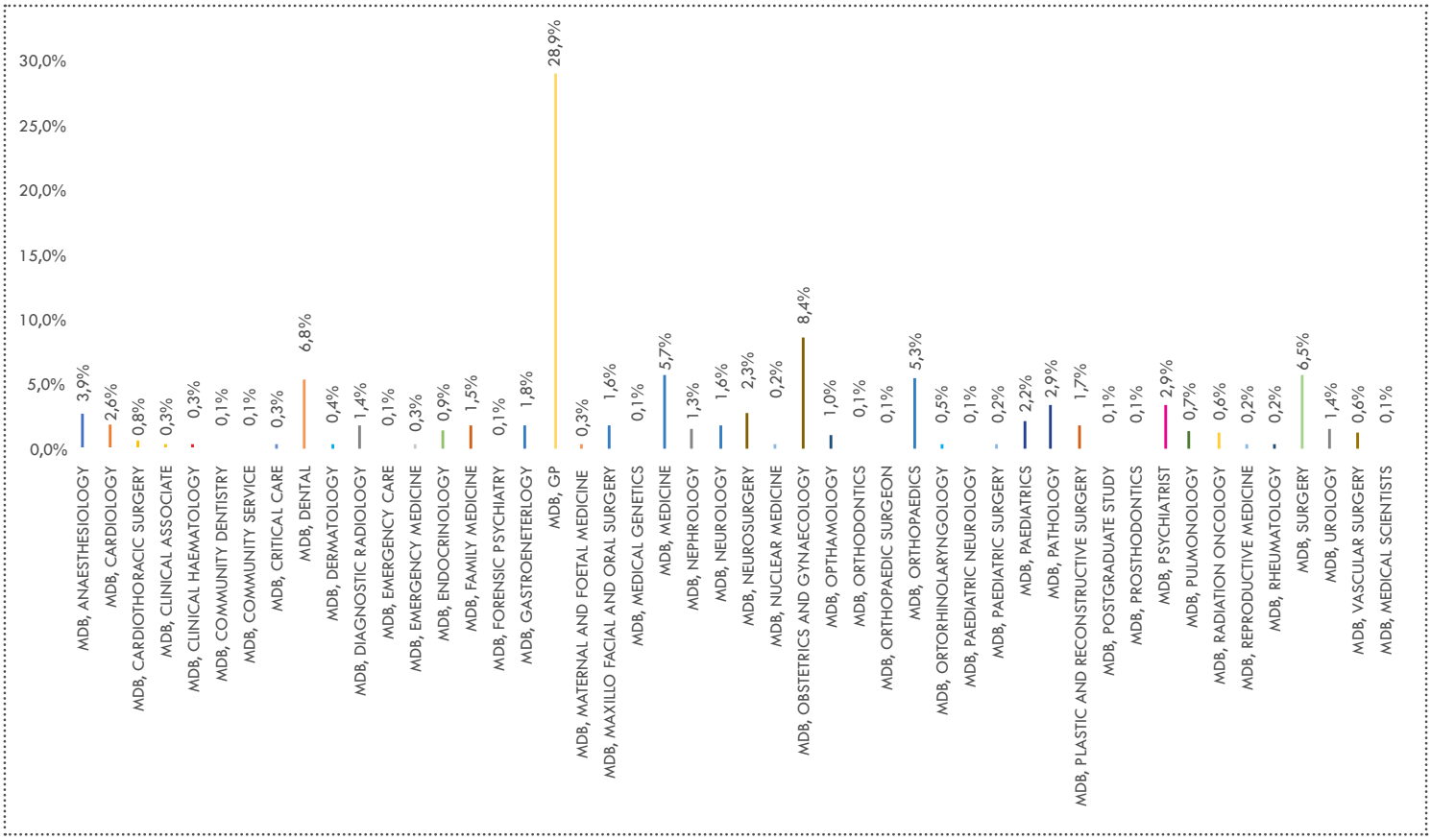


Table 1 below illustrates the distribution of complaints which were registered against practitioners in the Boards: DNB, DOH, EHP, EMB, MTB, OCP, ODO, PPB, PSB, RCT and SLH.

Table 1: Distribution per Board specific categories

BOARD	SPECIFIC PROFESSION WITHIN THE BOARD	NUMBER OF COMPLAINTS	TOTAL
DNB	DIETITIAN	12	12
DOH	DENTAL THERAPIST	10	12
	ORAL HYGIENIST	2	
EHP	HI	2	2
EMB	ANA	6	19
	ANT	4	
	BAA	3	
	ECT	2	
	ECP	4	
MTB	MTS	2	15
	MT	12	
	MLS	1	
OCP	OS	10	21
	OT	11	
	OTT	1	
ODO	OP	17	17

BOARD	SPECIFIC PROFESSION WITHIN THE BOARD	NUMBER OF COMPLAINTS	TOTAL
PPB	PT	13	19
	PTS	1	
	BK	2	
	CH	3	
PSB	PS	56	68
	PMT	3	
	PRC	9	
RCT	DR	7	10
	KT	1	
	KTG	2	
SLH	GAK	1	14
	STA	11	
	AU	2	

5.1.1.2. COMPLAINTS HANDLING PERFORMANCE

Table 2: Complaints Handling Performance

INDICATOR	2020/2021
% of complaints perused, analysed and categorised within three (3) days	(1 429/1 458) 98%
Average TAT for perusal, analysis and categorisation of complaints	2 days
% of complaints registered, acknowledged and allocated within four (4) days	(1 399/1 399) =100%
Average TAT for registration, acknowledgement and allocation of complaints	1.5 days

5.1.2. PRELIMINARY INVESTIGATION

During the period under review, a total number of 987 complaints were referred for Preliminary Investigation. From 01 April 2020 until 31 March 2021about 1 273 investigations were completed of which 800 (62%) were investigated within 150 days (5 months) against the target of 60%.

Table 3: Preliminary Investigation Performance

INDICATOR	TARGET	ACTUAL PERFORMANCE
Total number of investigations completed	Not Applicable	1 273
Total number of investigations completed within five (5) months	Not Appli-cable	800
% of complaints investigated within five (5) months	60%	(800/1 273) 62%

For the period under review a total number of 1 573 were considered by the Preliminary Committee of Inquiry and 1 073(68%) of the matters were finalised.

Please refer below for full details:

NUMBER OF COMPLAINTS RECEIVED			
Description	2018/2019	2019/2020	2020/2021
	1 038	1 239	987

MATTERS CONSIDERED BY COMMITTEES OF PRELIMINARY INQUIRY			
Description	2018/2019	2019/2020	2020/2021
	Data not available	911	1 573

MATTERS FINALISED BY COMMITTEES OF PRELIMINARY INQUIRY			
Description	2018/2019	2019/2020	2020/2021
	561	513	1 073

5.1.3. OMBUDSMAN'S ANNUAL PERFORMANCE

The Office of the Ombudsman was established to mediate cases of minor transgressions in terms of Regulation 2(3) (d) of the regulations relating to the Conduct of Inquiries into alleged Unprofessional Conduct under the Health Professions Act, 1974. In terms of these regulations, minor transgressions means conduct which in the opinion of the Registrar or Preliminary Committee of Inquiry, on the basis of the documents submitted to the Registrar or such committee, is unprofessional, but of a minor nature, and does not warrant the holding of a formal Professional Conduct Inquiry.

The Office of the Ombudsman considers any referred matter and mediates between parties with a view of making a determination to resolve the matter between the parties, advise the parties of the determination made on the matter and require them to indicate whether or not they will abide by the determination. If the parties agree to abide by the determination, the Ombudsman confirms the determination in writing and the determination is then binding on both parties as a final resolution on the matter. Should either party not agree to abide by the determination, the matter is then referred to the Registrar for preliminary investigation.

ABRIDGED SUMMARY

- The Ombudsman for the period under review received 407 complaints, which comprises 29% (407/1 404) of total registered complaints. There is a 6% decrease of complaints referred for mediation compared to the 2019/20 financial year.
- On average, it takes less than two days from the time a complaint is registered to the time when a request for explanation is sent to the respondent.
- 92% (374/407) of the complaints received have been finalised, of which 97% (361/374) were finalised within 90 days with a mediation success rate of 93% (349/374).
- A total number of 998 matters were finalised by the Ombudsman, of which 37% (374/998) were received in the current financial year; 20% (197/998) are from the previous financial year and 43% (427/998) are backlog matters.
- All matters which were outstanding from the 2019/20 financial year have been cleared
- 98 % (418/427) of the backlog has been cleared.
- 97% (973/998) of complaints were finalised without requiring a contact mediation, only 3% (25/998) were finalised through virtual mediation.

Table 1.1 Cumulative Performance Information

INDICATOR	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
	Performance	Performance	Performance	Performance	Performance
Total number of complaints received and registered by HPCSA	2 755	2 608	1662	2 058	1 404
Total number of complaints mediated	638 (23.16%)	798 (30.59%)	776 (46.7%)	711 (35%)	407 (29%)
Number of complaints finalised	306 (48%)	243 (30.45%)	147 (19%)	560 (79%)	374 (92%)
Number of matters finalised through contact mediations	3 (0.98%)	2 (0.82%)	4 (2.7%)	28 (5%)	8 (2%)
TAT for finalising matters	118 days	165 days	138 days	99 days	29 days

1. Performance for 2020/2021

Below is the tabulated performance of the Ombudsman Office on the cases registered in the 2020/2021 financial year.

Table 1.2 Manner in which complaints were finalised

MODE OF CLOSURE	NUMBER OF COMPLAINTS
Email Mediation	305 (81.6%)
Telephonic Mediation	27 (7.2%)
Referred to Prelim	25 (6.7%)
Virtual Mediation	8 (2.1%)
Withdrawn	5 (1.3%)
Duplicate Complaint	2 (0.5%)
Wrong practitioner flagged	2 (0.5%)

Telephonic communication followed by determinations communicated by email to parties the main manners through which matters are finalised by the Ombudsman. This is a consistent trend from the previous financial year.

Table 1.3 Finalised matters per nature of complaint

NATURE OF COMPLAINT	NUMBER OF COMPLAINTS
Account	103 (27.54%)
Medical records/reports	70 (18.71%)
Insufficient care	63 (16.84%)
Communication	49 (13.10%)
Informed financial consent	46 (12.30%)
Billing	24 (6.41%)
Integrity	17 (4.55%)
Dignity	1 (0.26%)
Reputation colleague	1 (0.26%)
Total	374

The above tables shows the nature of complaints finalised by the Ombudsman . This trend has been consistent over the years and it demonstrates a need of guiding practitioners on matters related to the fees that they charge.

Table1.4 Mode of closure per nature of complaint

	DUPLICATE COMPLAINT	EMAIL MEDIATION	REFERRED TO PRELIM	TELEPHONIC MEDIATION	VIRTUAL MEDIATION	WITHDRAWN	WRONG PRACTITIONER FLAGGED	GRAND TOTAL
Account	1	90	5	5	1	1		103
Insufficient care		44	8	7	2	1	1	63
Medical report / records		65	1	2	1	1		73
Communication		40	2	3	2	1	1	49
Informed financial consent	1	39	2	4				46
Billing		19	3	2				24
Integrity		7	4	4	2			17
Dignity		1						1
Reputation of colleague						1		1
Grand Total	2	305	25	27	8	5	2	374

Email mediation is the main mode through which complaints were resolved, followed by telephonic mediation and matters referred for Preliminary Investigation. Matters referred for prelim are mostly insufficient care followed by integrity matters. (33 cases were still open by end of financial year)

Table 1.5 Distribution of complaints referred to Ombudsman

BOARD	NUMBER OF COMPLAINTS PER BOARD
MDB	363 (89.2%)
PSB	12 (2.9%)
OCP	9 (2.2%
ODO	7 (1.7%)
PPB	7(1.7%)
RCT	3 (0.73%)
DNB	2 (0.49%)
DOH	2 (0.49%)
SLH	2 (0.49%)

The above table shows that there were no matters of practitioners registered with the Emergency Care Board, Environmental Health Practitioners Board and Medical Technology Board, that were referred to the Ombudsman. Majority of matters mediated were related to the Medical and Dental Professions Board

SPECIALTY	NUMBER OF COMPLAINTS
GP	91 (25.07%)
Dental	42 (11.57%)
Pathology	27 (7.43%)
Orthopaedics	25 (6.88%)
Anaesthiology	23 (6.33%)
Medicine	22 (6.06%)
Surgery	20 (5.5%)
Gynae and Obstet	19 (5.23%)
Diagnostic Radiology	9 (2.47%)
Psychiatry	9 (2.47%)
Cardiology	8 (2.2%)
Gastroenterology	7 (1.92%)
Plastic and Reconstructive surgery	7 (1.92%)
Maxillo facial and Oral Surgery	6 (1.65%)
Obstetrics & Gynaecology	6 (1.65%)
Neurology	5 (1.37%)
Family Medicine	4 (1.1%)

Table 1.6 Distribution of complaints across specialties in the Medical and Dental Professions Board

SPECIALTY	NUMBER OF COMPLAINTS
Ophthalmology	4 (1.1%)
Orthodontics	4 (1.1%)
Rheumatology	4 (1.1%)
Dermatology	3 (0.82%)
Paediatrics	3 (0.82%)
Endocrinology	2 (0.55%)
Neurosurgery	2 (0.55%)
Otorhinolaryngology	2 (0.55%)
Urology	2 (0.55%)
Vascular Surgery	2 (0.55%)
Emergency Medicine	1 (0.275%)
Nephrology	1 (0.275%)
Nuclear medicine	1 (0.275%)
Oral medicine and Periodontics	1 (0.275%)
Pulmonology	1 (0.275%)
Grand Total	363

This table shows the distribution of complaints across specialties in the Medical and Dental Professions Board.

Table 1.7 Nature of Complaints Distribution per Board

ROW LABELS	ACCOUNT	BILLING	COMMUNICATION	DIGNITY	INFORMED FINANCIAL CONSENT	INSUFFICIENT CARE	INTEGRITY	MEDICAL REPORT/ RECORDS	REPUTATION OF COLLEAGUE	GRAND TOTAL
MDB	96	24	51	1	44	70	17	60		363
PSB	3	1	2		1			5		12
OCP	4				1			3	1	9
ODO	2					3		2		7
PPB	1	3	1		2					7
RCT	2							1		3
DNB								2		2
DOH	1					1				2
SLH	1	1								2
Grand Total	**110**	**29**	**54**	**1**	**48**	**74**	**17**	**73**	**1**	**407**

This table shows common nature of complaints per Board. The most common complaints for the Medical and Dental Board were matters relating to accounts followed by medical records. Complaints relating to medical records / reports were the most common in the Psychology Board.

1. Cases carried over from 2019/2020 Financial Year

197 cases which had been registered in the previous financial year were all cleared, resulting in the 100% clearance of cases registered in 2019/2020 financial year.

2.Backlog

The Office of the Ombudsman had 427 complaints in backlog (cases registered before the 2019/2020 financial year) of which 418 were cleared with a clearance rate of 98% on the 1st April 2020.

5.2 PROFESSIONAL CONDUCT INQUIRY

The following breakdown refers to matters that were referred for direct Inquiry before Committees of Professional Conduct Inquiry and the penalties imposed.

SUMMARY OF FINALISED MATTERS ACCORDING TO PENALTIES 01 APRIL 2020 - 31 MARCH 2021			
DESCRIPTION	**2018/2019**	**2019/2020**	**2020/2021**
SUSPENSIONS	17	35	32
ACQUITTALS	15	45	59
FINES IMPOSED AT INQUIRY	61	118	90
CAUTION AND REPRIMAND	30	18	27
ADMISSION OF GUILT FINES 4(9)	167	154	43
FINALISED AT HEALTH COMMITTEE	0	1	0
FINALISED BY HOD	26	60	38
ERASURES	11	15	30
BACKLOG PROJECT	14	0	0
FINALISED AT PRELIM	0	0	04
DEFENCE OBJECTION UPHELD	0	5	0
TOTAL	**341**	**451**	**323**

5.2.1 BREAKDOWN PER BOARD

BREAKDOWN OF FINALISED MATTERS PER PROFESSIONAL BOARD 01 APRIL 2020 – 31 MARCH 2021				
	BOARD	**2018/2019**	**2019/2020**	**2020/2021**
1	Medical and Dental	248	312	209
2	Dental Assisting, Dental Therapy and Oral Hygiene	04	15	08
3	Dietetics and Nutrition	06	02	07
4	Medical Technology	0	01	0
5	Occupational Therapy, Medical Orthotics & Prosthetics	08	06	11
6	Optometry and Dispensing Opticians	10	29	16
7	Physiotherapy, Podiatry and Biokinetics	14	06	11
8	Psychology	30	40	24
9	Speech, Language and Hearing	07	07	04
10	Emergency Care Personnel	12	22	23
11	Radiography and Clinical Technology	02	11	11
12	Environmental Health	0	0	0
TOTAL		341	451	323

5.2.3 FINALISED MATTERS PER OFFENCE

FINALISED MATTERS PER OFFENCE			
TYPE OF OFFENCE	**2018/19**	**2019/20**	**2020/2021**
Unethical advertising	1	14	1
Incompetence	17	26	25
Over servicing	5	1	3
Breach of confidentiality	3	1	1
Damaging professional reputation of colleague	1	1	4
Insufficient care/treatment and mismanagement of patients	48	66	32
Negligence	25	62	45
Unacceptable/Inappropriate relationship with patients	11	14	12
Refusing to treat patients	04	03	7
Misdiagnosis	7	9	5
Practicing outside scope of competence	13	23	16
Fraudulent certificates/incorrect Information on death certificates	16	18	5
Refusing to complete forms / producing inaccurate reports	12	13	3
Overcharging / charging for services not rendered	32	56	43
Issues relating to consent	24	30	15
Fraud and theft	60	68	51
Bringing the professions into disrepute	27	24	17
Employing unregistered practitioners	14	16	17
Unethical dispensing, using of unregistered medicine and prescribing of drugs	5	4	2
Contempt of Council	10	2	5
Supersession	1	1	2
Contravening the Hazardous Substances Act, 1973	3	0	0
Practising without registration	2	5	2
TOTAL	**341**	**451**	**323**

5.3 THE ROAD ACCIDENT FUND

Contested claims for serious injury are referred to the Health Professions Council of South Africa (HPCSA) Appeal Tribunals for final determination. In the year under review 1 905 disputes were received, 117 meetings were held, 3 949 matters were dealt with and 3 479 cases were finalised.

RAF TRIBUNAL 01 APRIL 2015 – 31 MARCH 2020							
	MATTERS RECEIVED	NO. OF MEETINGS	SERIOUS	NON SERIOUS	DEFERRED	WITHDRAWN	FINALISED
2018/2019	4 788	82	879	2 155	235	14	3 034
2019/2020	4 251	112	1 268	3 106	500	37	4 374
2020/2021	1 905	117	1 046	2 433	393	77	3 479

In the financial year under review, a significantly lower number of new matters were received as compared to previous financial years. This reduction can be attributed to the ongoing changes at the RAF as well as the impact of COVID-19 which has resulted in a slow down of work output.. It is expected that the number of lodgments will increase going forward.

5.4 JOINT INSPECTIONS WITH OTHER LAW ENFORCEMENT AGENCIES

The Inspectorate Office became a fully-fledged unit since February 2015 and has since performed as follows:

INDICATOR/YEAR	2018/2019	2019/2020	2020/2021
Compliance inspections conducted	1 468	3 521	4 056
Investigation of unregistered persons	1 289 out of 1 564 (82%)	1 222 out of 1 384 (88%)	804 out of 914 (88%)
Outstanding fines finalised	91 out of 98 (93%)	26 out of 26 (100%)	5 out of 6 (83%)

5.4.1 JOINT INSPECTIONS WITH OTHER LAW ENFORCEMENT AGENCIES

INDICATOR/YEAR	2018/2019	2019/2020	2020/2021
Joint inspections/ operations	29	149	53
Stakeholders engaged	27	129	82
Awareness campaigns	18	31	37

6. KEY POLICY DEVELOPMENT AND LEGISLATIVE CHANGES

(1) The Legislative Review Project gained momentum in the reporting period. From the report on the "As Is" legislative and policy environment approved in March 2019 we developed a Draft Policy on the Council's ("Draft Policy") core mandate in the first quarter of the reporting period. Consultations with Professional Boards on the Draft Policy were finalised in the second quarter of the reporting period and the final Draft Policy was approved by Council in the same quarter. A draft Health Professions Bill, 2020 was drafted and finalised in the third quarter of the reporting period. The Draft Health Professions Bill, 2020 served before Council in the fourth quarter of the reporting period but could not be considered in that sitting. What remains is for Council to consider the Draft Health Professions Bill in the 2021/2022 financial year and recommend the same to the Minister for consideration and subsequent Cabinet and Parliamentary processes.

(2) During the reporting period the following regulations and rules were drafted:

(a) Regulations relating to the registration by paramedics of additional qualifications.

(b) Regulations relating to the qualifications for the registration of graduate clinical Technologists.

(c) Regulations relating to the registration by emergency care practitioners of additional qualifications.

(3) We drafted the following proposed repeals of regulations:

(a) Regulations relating to the conditions under which registered medical physicists may practise their profession as published under Government Notice No. R. 2348 in Government Gazette No. 5349 of 3 December 1976.

(b) Regulations defining the scope of the profession of medical physicists as published under Government Notice No. R. 310 in Government Gazette No. 11152 of 26 February 1988.

(c) Regulations defining the scope of the profession of clinical biochemists as published under Government Notice No. R. 1073 in Government Gazette No. 13230 of 17 May 1991.

(d) Regulations relating to the registration of certain categories of medical scientists as published under Government Notice No. R. 52 in Government Gazette No. 17721 of 17 January 1997.

(e) Regulations relating to the registration of students in medical science as published under Government Notice No. R. 580 in Government Gazette No. 32244 of 22 May 2009.

(4) We drafted the following repeals of rules:

(a) Rules for the registration biomedical engineers as published under Government Notice No. R. 451 in Government Gazette No. 5912 of 10 March 1978.

(b) Rules relating to the registration of medical physicists in training as published under Board Notice No. 25 in Government Gazette No. 10745 of 22 May 1987.

(c) Rules relating to the registration of medical scientists in training as published under Board Notice No. 26 in Government Gazette No. 10745 of 22 May 1987.

(d) Rules for the registration of genetic counsellors as published under Board Notice No. 100 in Government Gazette No. 18394 of 7 November 1997.

(e) Rules for the registration of medical biological scientists as published under Board Notice No. 101 in Government Gazette No. 18394 of 7 November 1997.

(f) Rules for the registration of clinical biochemists as published under Board Notice No. 102 in Government Gazette No. 18394 of 7 November 1997.

(g) Rules for the registration of medical physicists as published under Board Notice No. 98 in Government Gazette No. 18394 of 7 November 1997

No rules and regulations were promulgated/gazetted during the reporting period.

04 INFRASTRUCTURE

During the year under review the Division: Facilities Management and Support Services developed a property development roadmap which was approved by Council. Some of the activities on the roadmap can be summarised as follows:

- General maintenance and building repairs
- Office reconfiguration project
- Vacating of the Nedbank Plaza Building
- Building upgrades and renovations

In the reporting period the country continued to bear the brunt of COVID-19 effects . This also affected the facilities management's operations as the division was responsible for ensuring that HPCSA's facilities are safe and that Council remained compliant with COVID-19 protocols to prevent the spread of the virus.

1.1 GENERAL MAINTENANCE AND BUILDING REPAIRS

During weekly and monthly inspections, it was identified that most of our building systems have deteriorated, and most of them needed to be replaced. Hence, most of the repairs and maintenance funds were spent on upgrading the following building systems:

- Biometric and surveillance systems- new switches, cameras, patch panels, LCD screens for control rooms were procured to replace the old non-functional ones.
- Plumbing systems- old broken urinals, additional unisex bathroom on the fourth floor Metroden Building, makeover of the seventh floor bathroom, building of main holes in Metroden Building, re-routing/replacement of old drainage grills/gullies which resulted in leaks on the first floor Main Building.
- Replacement of old non-functional air conditioners in the offices
- Major annual maintenance of the lifts
- Replacement of the damaged skylight in Metroden Building
- Installation of security/retractable door at the Main Building

1.2 OFFICE RECONFIGURATION AND VACATING NEDBANK OFFICE

a) Office Reconfiguration Project- Hot Desk Phase 1

Phase one (1) of the office reconfiguration was aimed at creating space at the two owned HPCSA buildings for the staff based in the leased Nedbank Plaza. This project was successfully implemented at a total cost of R2,141,991.24.

b) Vacating Nedbank Office

HPCSA vacated the Nedbank building and the employees have been accommodated into HPCSA buildings.

BUILDING UPGRADES AND RENOVATIONS

In the year under review, the implementation programme for the property roadmap was developed. The following are the progresses achieved in the implementation of the roadmap:

i. Council Chamber air conditioners- major maintenance and electrical upgrades were done on this unit. From the expert point of view, the aircon is still in good condition and has not yet reached its life span and thereis no need to replace it yet, but regular maintenance is required. The replacement cost of this component is approximately R350 000.
ii. Specification for upgrading access point (AP) and video conferencing system concluded- after meeting with the Division: Information Technology, it was agreed that this must be put out on a tender, given the scope of work in implementing this project. A request will be sent to the Supply Chain Management to start the process.
iii. Metroden Building clearview and electric fence- the service provider has completed the installation of the fence.
iv. Garage property maintenance- this project is 100% complete.
v. Exterior painting of Metroden Building - the service provider has started repainting and the project is expected to be completed in the next financial year.

AUCTION/ ASSET DISPOSAL

All identified redundant assets were disposed through an internal (only for the HPCSA Employees) auction process and R73 000 was generated from the auction. The second round of auction will be confirmed in the second Quarter of the 2021/2022 financial year.

OCCUPATIONAL HEALTH AND SAFETY

During the year under review, through Council's Occupational Health and Safety (OHS) the division ensured that all the HPCSA facilities are safe and complying with the COVID-19 protocols. This was to ensure the safety of both HPCSA customers and employees frequenting the facilities. Training and awareness campaigns on COVID-19 were held to ensure that all HPCSA staff members are fully informed and safe.

OHS also implemented engineering controls and administrative controls to combat COVID-19, and procured personal protective equipment (PPE) which was issued to the HPCSA employees working in the office during the pandemic. OHS also reported and managed all the COVID-19 cases detected in the workplace.

INFORMATION AND COMMUNICATION TECHNOLOGY

In the financial year IT embarked on the following major projects:
Revamping of the HPCSA website
Deployment of the HPCSA Mobile app as Progressive Web App
IT equipment enduser device refresh for 40% of staff complement
Finalised deployment and preparation of the virtual secondary site for business continuity and disaster recovery

05 ENGAGEMENTS BETWEEN COUNCIL AND REGIONAL, CONTINENTAL And International Stakeholders

Engaging and interacting with the HPCSA stakeholders is essential for transparency, promote two-way communication, good governance, and the success of the organisation.

In the period under review, the HPCSA participated in various regional, continental and international fora, including the following:

- The Medical Regulator's Role in Cultural Safety and Health Equity held on August 6, 2020
- The Acceleration of Virtual Care and Virtual Regulation - Lessons and Questions from Canada held on 26 August 2020
- Registration Assessments in a Pandemic Environment held on 28 September 2020
- Members General Assembly held on 17 September 2020

ACHIEVED

FINANCE COMMITTEE TELECOM

- Secretariat Obligations Completion of the Annual Audit – Unqualified Audit received
- International Association of Medical Regulatory Authorities (IAMRA) Management Committee meeting held in October 2020
- IAMRA Webinar: Professional Conduct and Discipline in the Era of COVID-19 held on 28 October 2020

Benchmark Information Request: Australian Health Practitioner Regulation Agency [Regulatory management of medical practitioners/physicians who are (or alleged to be) perpetrators of domestic and family violence]

- IAMRA Webinar: Emerging COVID-19 Challenges for the Safety and Standards of Patient Care – 10 December 2020
- The Association of Medical Councils of Africa (AMCOA) Management Committee meeting held on 04 February 2021
- AMCOA Webinar: The Role of the Regulatory Authorities in times of Emergencies and Pandemics held on 24 February 2021
- IAMRA Management Committee meeting held on 22 February 2021
- IAMRA Webinar: Disruption in Healthcare and Regulation held on 23 February 2021
- IAMRA Webinar Physician Health and Wellness. Presentation by Prof. Rataemane held on 29 March 2021

06 KEY POLICY DEVELOPMENT And Legislative Changes

3. KEY POLICY DEVELOPMENT AND LEGISLATIVE CHANGES

As part of its Turnaround Strategy, Council is planning a policy and legislative overhaul. To this end, a report on the "As Is" legislative and policy environment was compiled and approved by Council in March 2019. The next phase (2019/2020) was to develop a new Policy on Council's core mandate. This policy would be followed by a new legislation that will repeal the current Health Professions Act, 1974. The draft Policy has been developed. The next phase (2020/2021) is to conduct internal consultations within Secretariat and Professional Boards.

The following rules and regulations were made by Council and the Minister of Health on the recommendation of the Professional Boards during this period:

2015 / 2016

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of the profession of Oral Hygiene.
(b) Regulations defining the scope of the profession of Dental Therapy.
(c) Regulations relating to the registration of Dental Assistants.
(d) Regulations defining the scope of the profession of Radiography; and
(e) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

The following rules and regulations were made by Council and the Minister of Health on the recommendation of the Professional Boards during this period:

2015 / 2016

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of the profession of Oral Hygiene.
(b) Regulations defining the scope of the profession of Dental Therapy.
(c) Regulations relating to the registration of Dental Assistants.
(d) Regulations defining the scope of the profession of Radiography; and
(e) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the qualifications which entitle Medical Laboratory Scientists to registrations.
(b) Regulations relating to the registration of Audiology Students.
(c) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(d) Regulations defining the scope of practice of Clinical Associates; and
(e) Regulations relating to the conduct of inquiries into alleged unprofessional conduct.

Regulations published for comment

(a) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(b) Amendment of the regulations relating to the specialities and subspecialities in medicine and dentistry; and
(c) Regulations defining the scope of practice of Clinical Associates.

The following rules and regulations were made by Council and the Minister of Health on the recommendation of the Professional Boards during this period:

2015 / 2016

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of the profession of Oral Hygiene.
(b) Regulations defining the scope of the profession of Dental Therapy.
(c) Regulations relating to the registration of Dental Assistants.
(d) Regulations defining the scope of the profession of Radiography; and
(e) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the qualifications which entitle Medical Laboratory Scientists to registrations.
(b) Regulations relating to the registration of Audiology Students.
(c) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(d) Regulations defining the scope of practice of Clinical Associates; and
(e) Regulations relating to the conduct of inquiries into alleged unprofessional conduct.

Regulations published for comment

(a) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(b) Amendment of the regulations relating to the specialities and subspecialities in medicine and dentistry; and
(c) Regulations defining the scope of practice of Clinical Associates.

Regulations promulgated into law

(a) Regulations relating to the qualifications which entitle Medical Laboratory Scientists to registrations.

Rules promulgated into law

(a) Rule relating to the registration by Dental Therapists and Oral Hygienists of additional qualifications; and
(b) Rules relating to the registration by Medical Practitioners and Dentists of additional qualification.

2016 / 2017

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of practice of Health Promotion Practitioners.
(b) Regulations relating to the registration of Dental Assistants.

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the qualifications for registration of Basic Ambulance and Emergency Assistants, Operational Emergency Care Orderly and Paramedics.
(b) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(c) Regulations relating to the registration of Dental Assistants; and
(d) Regulations defining the scope of the profession of Oral Hygiene.

Regulations published for comment

(a) Regulations defining the scope of the profession of Dental Therapy.
(b) Regulations relating to the registration of Dental Assistants.
(c) Regulations defining the scope of the profession of Radiography; and
(d) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

Regulations promulgated into law

(a) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(b) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(c) Regulations relating to the qualifications for registration of Basic Ambulance and

Emergency Assistants, Operational Emergency Care Orderly and Paramedics.
(d) Regulations defining the scope of the profession of Dental Therapy; and
(e) Regulations defining the scope of practice of Clinical Associates.

BOARD NOTICES

(a) Board Notice relating to fees payable to Council.
(b) Board Notice relating to the registration of Family Medicine Specialists in terms of the grand-father clause.
(c) Board Notice relating to Occupational Medicine Specialists.
(d) Board Notice withdrawing the Notice relating to Occupational Medicine Specialists.
(e) Board Notice relating to annual fees; and
(f) Board Notice relating to fees payable to Council.

2017 / 2018

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Change of name of the Dental Therapy and Oral Hygiene Board.
(b) Regulations relating to the registration of persons who hold qualifications not prescribed for registration.
(c) Regulations relating to the minimum requirements of the Undergraduate Curricula and Professional Examination in Speech, Language and Therapy.
(d) Regulations relating to the to the qualifications for registration of Arts Therapists.
(e) Regulations relating to the registration of Intern Arts Therapists in Drama.
(f) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(g) Regulations relating to the registration of Forensic Pathology Officers.
(h) Regulations relating to the names that may not be used in relation to the profession of optometry and dispensing opticians: amendment.
(i) Regulations relating to the qualifications for the registration of Optometrists.
(j) Regulations relating to the qualifications for the registration of Dispensing Opticians.
(k) Regulations relating to the constitution of the Professional Board for Optometry and Dispensing Opticians: amendment.
(l) Regulations relating to the conditions under which registered Orthoptists may practise their profession: repeal.
(m) Regulations relating to the registration by Optometrists of additional qualifications.
(n) Regulations relating to the qualifications for registration of Biokineticists: amendment.

The following rules and regulations were made by Council and the Minister of Health on the recommendation of the Professional Boards during this period:

2015 / 2016

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of the profession of Oral Hygiene.
(b) Regulations defining the scope of the profession of Dental Therapy.
(c) Regulations relating to the registration of Dental Assistants.
(d) Regulations defining the scope of the profession of Radiography; and
(e) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the qualifications which entitle Medical Laboratory Scientists to registrations.
(b) Regulations relating to the registration of Audiology Students.
(c) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(d) Regulations defining the scope of practice of Clinical Associates; and
(e) Regulations relating to the conduct of inquiries into alleged unprofessional conduct.

Regulations published for comment

(a) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(b) Amendment of the regulations relating to the specialities and subspecialities in medicine and dentistry; and
(c) Regulations defining the scope of practice of Clinical Associates.

Regulations promulgated into law

(a) Regulations relating to the qualifications which entitle Medical Laboratory Scientists to registrations.

Rules promulgated into law

(a) Rule relating to the registration by Dental Therapists and Oral Hygienists of additional qualifications; and
(b) Rules relating to the registration by Medical Practitioners and Dentists of additional qualification.

2016 / 2017

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Regulations defining the scope of practice of Health Promotion Practitioners.
(b) Regulations relating to the registration of Dental Assistants.

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the qualifications for registration of Basic Ambulance and Emergency Assistants, Operational Emergency Care Orderly and Paramedics.
(b) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(c) Regulations relating to the registration of Dental Assistants; and
(d) Regulations defining the scope of the profession of Oral Hygiene.

Regulations published for comment

(a) Regulations defining the scope of the profession of Dental Therapy.
(b) Regulations relating to the registration of Dental Assistants.
(c) Regulations defining the scope of the profession of Radiography; and
(d) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

Regulations promulgated into law

(a) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(b) Regulations relating to the registration by Emergency Care Practitioners of additional qualifications.
(c) Regulations relating to the qualifications for registration of Basic Ambulance and Emergency Assistants, Operational Emergency Care Orderly and Paramedics.
(d) Regulations defining the scope of the profession of Dental Therapy; and
(e) Regulations defining the scope of practice of Clinical Associates.

BOARD NOTICES

(a) Board Notice relating to fees payable to Council.
(b) Board Notice relating to the registration of Family Medicine Specialists in terms of the grand-father clause.
(c) Board Notice relating to Occupational Medicine Specialists.
(d) Board Notice withdrawing the Notice relating to Occupational Medicine Specialists.
(e) Board Notice relating to annual fees; and
(f) Board Notice relating to fees payable to Council.

2017 / 2018

REGULATIONS

Regulations submitted to the Minister for public comment

(a) Change of name of the Dental Therapy and Oral Hygiene Board.
(b) Regulations relating to the registration of persons who hold qualifications not prescribed for registration.
(c) Regulations relating to the minimum requirements of the Undergraduate Curricula and Professional Examination in Speech, Language and Therapy.

(d) Regulations relating to the to the qualifications for registration of Arts Therapists.
(e) Regulations relating to the registration of Intern Arts Therapists in Drama.
(f) Regulations relating to the specialities and subspecialities in medicine and dentistry.
(g) Regulations relating to the registration of Forensic Pathology Officers.
(h) Regulations relating to the names that may not be used in relation to the profession of optometry and dispensing opticians: amendment.
(i) Regulations relating to the qualifications for the registration of Optometrists.
(j) Regulations relating to the qualifications for the registration of Dispensing Opticians.
(k) Regulations relating to the constitution of the Professional Board for Optometry and Dispensing Opticians: amendment.
(l) Regulations relating to the conditions under which registered Orthoptists may practise their profession: repeal.
(m) Regulations relating to the registration by Optometrists of additional qualifications.
(n) Regulations relating to the qualifications for registration of Biokineticists: amendment.
(o) Regulations relating to the qualifications for registration of Medical Orthotists and Prosthetists.
(p) Regulations relating to the qualifications for registration of Basic Ambulance Assistants, Ambulance Emergency Assistants, Operational Emergency Care Orderlies and Paramedics: amendment.
(q) Regulations relating to the names that may not be used in the profession of dietetics and nutrition.
(r) Regulations relating to the constitution of the Professional Board for Environmental Health Practitioners: amendment; and
(s) Regulations relating to the performance of community service by persons registering in terms of the Health Professions Act,1974: amendment.

Regulations submitted to the Minister for final promulgation into law
(a) Regulations relating to the conduct of inquiries into alleged unprofessional conduct: amendment.

Regulations published for comment
(a) Regulations relating to the specialities and subspecialities in medicine and dentistry.

Regulations promulgated into law
(a) Regulations relating to the registration of Audiology Students.
(b) Regulations relating to the registration of Dental Assistants.
(c) Regulations defining the scope of the profession of Oral Hygiene.
(d) Change of name of the Dental Therapy and Oral Hygiene Board; and
(e) Regulations defining the scope of the profession of Speech-Language Therapy.

RULES

Rules published for comment
(a) Rules relating to the registration by medical practitioners and dentists of additional qualification: amendment.

Rules promulgated into law
(a) Rules for the registration of Orthoptists: repeal.

BOARD NOTICES
(a) Board Notice relating to annual fees; and
(b) Rules relating to fees payable to Council

2018 / 2019

REGULATIONS

Regulations submitted to the Minister for public comment
(a) Regulations relating to the qualifications which entitles Psychologists to registration: amendment.
(b) Regulations defining the scope of the profession of psychology.
(c) Regulations relating to the registration by Dental Therapists and Oral Hygienists of additional qualifications; and
(d) Regulations relating to the minimum requirements of the Undergraduate Curricula and Professional Examination in Speech, Language and Therapy.

Regulations submitted to the Minister for final promulgation into law

(a) Regulations relating to the registration of Dental Assistants.
(b) Regulations relating to the registration of Technicians in Clinical Technology (ECG).

(c) Regulations relating to the qualifications for the registration of Radiographers; and
(d) Regulations relating to the to the qualifications for registration of Arts Therapists.

RULES

Rules promulgated into law
(a) Rules relating to the registration by Medical Practitioners and Dentists of additional qualification: Amendment; and
(b) Rules relating to fees for accreditation of training and educational institutions.

2019 / 2020

REGULATIONS

Regulations submitted to the Minister for public comment
(a) Regulations relating to the constitution of the Professional Board for Environmental Health Practitioners.
(b) Regulations relating to the registration of environmental health practitioners.
(c) Regulations relating to the registration by environmental health practitioners of additional qualifications.
(d) Regulations relating to the registration of student environmental health practitioners.
(e) Regulations relating to the constitution of the Medical and Dental Professions Board.

Regulations submitted to the Minister for final promulgation into law
(a) Regulations relating to registration of Dental Assistants.
(b) Regulations relating to the registration of Forensic Pathology Officers.
(c) Regulations relating to the qualifications which entitles Psychologists to registration.
(d) Regulations relating to the qualifications for the registration of Radiographers.
(e) Regulations relating to the registration of technicians in Clinical Technology.

Regulations published for comment
(a) Regulations defining the scope of the profession of nutrition published under Government Notice No. 273 in Government Gazette No. 43074.

Regulations promulgated into law
(a) Regulations relating to the specialities and sub specialities, published under Government Notice No. 376 in Government Gazette No. 43145 of 27 March 2020.
(b) Regulations relating to the conduct of inquiries into alleged unprofessional conduct under the Health Professions Act, 1974.
(c) Regulations relating to the qualifications which entitled psychologists to registration published under Government Notice No. 1490 in Government Gazette No. 42843 of 15 November 2019

BOARD NOTICES
(a) Board Notice calling for nominations for appointment of members of the Professional Boards.
(b) Board Notice publishing valid nominations.
(c) Board Notice relating to annual fees.
(d) Board Notice relating to fees payable to Council.
(e) Board Notice relating to annual fees: amendment.

The following rules were made by Council in this reporting period:

1. Rules relating to the Payment of Fees for Accreditation of Education and Training offered by Education and Training Institutions under the Act as published by Board Notice No. 112 of 2018 under Government Gazette No. 41970 of 12 October 2018;

2. Rules relating to the Registration by Medical Practitioners and Dentists of additional qualifications as published by Board Notice No. 172 of 2018 under Government Gazette No. 42037 of 16 November 2018;

3. Rules relating to Annual Fees as published by Board Notice No. 20 of 2019 under Government Gazette No. 42240 of 22 February 2019; and

4. Rules relating to Fees payable to Council as published by Board Notice No. 21 of 2019 under Government Gazette No. 42240 of 22 February 2019.

07 PERFORMANCE INFORMATION
By Programme

PERFORMANCE INFORMATION AGAINST THE ANNUAL PERFORMANCE PLAN FOR QUARTER 4

2.2.1 SUMMARY PERFORMANCE INFORMATION

In order to weave a performance thread across all quarters of the financial year, and enable monitoring of performance progress or lack thereof, Quarter 3 performance information is provided here to show whether there have been any improvements in the service delivery environment when Quarter 4 performance feedback is interrogated.

Table 2 provides performance information as reported for Quarter 3 of FY2020/2021.

Table 2: Summary of Q3 Performance

STRATEGIC GOAL	NUMBER OF INDICATORS	ANNUAL PERFORMANCE AGAINST ANNUAL INDICATORS									
		COMPLETED AND BANKED		ACHIEVED GREEN		PART ACHIEVED AMBER		NOT ACHIEVED RED		NOT DUE FOR START IN QUARTER	
		#	%	#	%	#	%	#	%	#	%
1	8	1	12.5	1	12.5	2	25.0	2	25.0	2	25.0
2	8	2	25.0	3	37.5	0	0.00	1	12.5	2	25.0
3	5	0	0.00	4	80.0	0	0.00	0	0.00	1	20.0
4	3	0	0.00	2	66.67	0	0.00	0	0.00	1	33.33
TOTALS	**24**	**3**	**12.5**	**10**	**41.67**	**2**	**8.33**	**3**	**12.5**	**6**	**25.0**

In Quarter 3, the Performance Report against the Annual Performance Plan had presented the following performance feedback:

- 12.50% of the initiatives were completed and are Banked.
- 41.67% of the initiatives committed for conclusion in quarter 3 had been achieved. This percentage together with the banked initiatives, the success level for Q3 had been 2.32% higher than the performance attained in Q2.
- 8.33% of the initiatives were partially concluded in quarter 3.
- 12.50% of the initiatives committed for conclusion in quarter 3 were not concluded. This had been a slight improvement on the performance achieved in Q2.
- 25% of the initiatives had not been scheduled for reporting in quarter 3. This rate was lower than the one reported in Q2.

2.2.2 Q4 SUMMARY PERFORMANCE INFORMATION

- Table 3 presents that summary views to the performance against the Annual Performance Plan in Quarter 4 of FY2020/2021.
- Notes to the Quarter 4 Performance Information
- Six (06) of the Thirty (30) Key Performance Indicators have been moved for execution in FY2021/2022 occasioned by the delays in the appointment of the new Professional Boards,
- namely – Development of SLAs with Professional Boards and Council as well as monitoring of those SLA's.
- Therefore, the actual performance review against the APP for Q4 can only be against the remaining twenty-four (24) Key Performance Indicators.

Table 3: Summary of Q4 Performance

STRATEGIC GOAL	NUMBER OF INDICATORS	ANNUAL PERFORMANCE AGAINST ANNUAL INDICATORS									
		COMPLETED AND BANKED		ACHIEVED GREEN		PART ACHIEVED AMBER		NOT ACHIEVED RED		NOT DUE FOR START IN QUARTER	
		#	%	#	%	#	%	#	%	#	%
1	8	N/A	N/A	3	37.5	N/A	N/A	5	62.5	N/A	N/A
2	8	1	20	7	80	N/A	N/A	1	20	N/A	N/A
3	5	N/A	N/A	4	75	N/A	N/A	1	25	N/A	N/A
4	3	N/A	N/A	3	100	N/A	N/A	0	0	N/A	N/A
TOTALS	**24**	**1**	**4.16**	**17**	**70.83**	N/A	**N/A**	**7**	**29.17**	**N/A**	**N/A**

Summary of Quarter 4 Performance

- Q4 being the last of the performance year, performance feedback can only be viewed as ACHIEVED or NOT ACHIEVED except those KPI's that were moved out of the current Financial Year due to circumstances beyond control of the performing agents.
- 17 of 24 KPI's (70.83%) were **ACHIEVED.** This bucket also accounts for KPI's that were Achieved early in the Financial Year and BANKED.
- 7 of 24 KPI's (29.17%) were **NOT ACHIEVED.** For all **NOT ACHIEVED** KPI's a Narration is inserted against each and what the next steps are going forward.

Table 4 presents a complete view of the performance comparisons across all the Quarters in the financial year with emphasis going only to the ACHIEVED versus NOT ACHIEVED summary.

2.2.3 QUARTER-TO-QUARTER PERFORMANCE COMPARISON

Table 4: Quarter-To-Quarter Performance Comparison

STRATEGIC GOAL	NUMBER OF INDICATORS	ANNUAL PERFORMANCE AGAINST ANNUAL INDICATORS															
		ACHIEVED								NOT ACHIEVED							
		Q1		Q2[2]		Q3[3]		Q4[4]		Q1		Q2		Q3		Q4	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1	11	4	36.36	5	55.55	1	12.5	3	37.5	1	9.09	1	11.11	2	25.0	5	62.5
2	9	2	22.22	3	33.33	3	37.5	7	80	1	11.11	1	11.11	1	12.5	1	20
3	6	1	16.67	4	80.00	4	80.0	4	75	2	33.33	1	20.00	0	0.00	1	25
4	4	1	25	2	50.00	2	66.67	3	100	1	25	1	25	0	0.00	0	0.00
TOTALS	**30**	**8**	**26.67**	**14**	**51.85**	**10**	**41.62**	**17**	**70.83**	**5**	**16.67**	**4**	**14.81**	**3**	**12.5**	**7**	**29.17**

The comparisons are against ACHIEVED and NOT ACHIEVED KPI.s.

The numbers for NOT ACHIEVED in this quarter includes KPI's that ordinarily would be viewed as Partially Achieved (performance scores of between 65% and 99%). Quarter 4 being the last, demands that planned work be completed and be declared in either complete (achieved) or not complete (not achieved) terms.

2.2.4 FINAL PERFORMANCE SCORE FOR FY2020/2021

Table 5: Final HPCSA Organisational Performance Score Summary

STRATEGIC GOAL	NUMBER OF INDICATORS	ANNUAL PERFORMANCE AGAINST ANNUAL INDICATORS			
		ACHIEVED		NOT ACHIEVED	
		#	%	#	%
1	8	3	37.50	5	62.50
2	8	7	80.00	1	20.00
3	5	4	80.00	1	20.00
4	3	3	100.00	0	00.00
TOTALS	**24**	17	**70.83**	7	**29.17**

2.3 DETAILED PERFORMANCE REPORT AGAINST THE FY2020/2021 APP

2.3.1 GOAL (PROGRAMME) 1: IMPROVED BUSINESS MODEL TO ENHANCE THE FUNCTIONING OF THE HPCSA

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[3]	# OF INDICATORS WITH MISSED TARGETS	5/8 = 62.5%	# OF INDICATORS WITH ACHIEVED TARGETS	3/8 = 37.5%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A
PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4				
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)		(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)	
(1) Modelled Business Processes (Business Analysis) of 5 Back-End Functional Areas •Finance, • SCM, • Facilities, • HR, •ICT	Cumulative	N/A	(5/5) = 100% 1. Finance Function. 2. Supply Chain Management Function. 3. Facilities Management Function. 4. Human Resources Management Function. 5. Information and Communications Technology Function.	100 (5/5) 1. Finance Function. 2. Supply Chain Management Function. 3. Facilities Management Function. 4. Human Resources Management Function. 5. Information and Communicati ons Technology Function.	NOT ACHIEVED	Only three Functional areas could be analysed. AREAS ANALYSED • SCM • HRM • FINANCE AREAS NOT ANALYSED • FACILITIES MANAGEMENT • ICT Final Reports for two of the three are still in the Quality Assurance Stages before being released to the respective lines of business managers. Two functional areas could not be analysed as ONLY one human resource had to undertake all this work.		Requests were made for other skilled human resources to be seconded to the initiative, but these were not successful due to work pressures as well as previous experiences of push back to the work of the Business Analysis team by some of the stakeholders within the Business. The Business Analysis of the two outstanding functions will be undertaken in the FY2021/2022. AREAS TO BE ANALYSED TIMELINE • FACILITIES MANAGEMENT – End of Q2 • ICT – End of Q3	

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[3]	# OF INDICATORS WITH MISSED TARGETS	5/8 = 62.5%	# OF INDICATORS WITH ACHIEVED TARGETS	3/8 = 37.5%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(2) Implementation of BPR's ICT Workstream project – Oracle Service Cloud – eRegistration)	Non-Cumulative	91%	Target Amended from 100% of Outstanding Work (As per Approved Project Schedule Activities) to Implement Oracle Service Cloud Enhancement Project	OSvC Enhancement Initiation Phase NOT EVALUATED FOR Quarter 2	MOVED TO FY2021/2022	The Project has not officially started	Oracle was to deliver a draft Contract for consideration to HPCSA. HPCSA to present the Contract and Project Approach to ICT Steering Committee for request to deviate from SCM policy in appointing Oracle.
(3) Implementation of KPI System and Dashboard	Cumulative	70% of Planned Project Activities Completed	100% Of remainder of planned project activities.	100% of Project Activities Completed.	**ACHIEVED**		
(4) Implementation of 4 prioritised Data Architecture projects as per Data Architecture implementation plan a. Metadata Management. b. Master Data Management c. Data Analytics d. Data Sources Environments	Cumulative	N/A	100% 3/3	3/3	**NOT ACHIEVED**	The Data Governance "AS-IS (current state)" Analysis established that there are needed foundational artifacts before practices such as Master Data Management as well as Metadata Management can be implemented with the needed potential for success. The project had to go back before forward movement can be implemented.	The following artefacts are in Quality Assurance before release into the HPCSA. • Enterprise Data Strategy • Data Governance Structures' Terms of Reference documents • Data Governance Framework REMANDER OF THE WORK IS PLANNED FOR COMPLETION IN Q3 of FY2021/2022
(5) Client Satisfaction levels	Non-Cumulative	62%	70%	70%	**NOT ACHIEVED 56%**	The Client Satisfaction Survey Score outcomes continue to be unfavourable to the HPCSA. From a 62% CSS Score the organisation rightfully targeted a higher CSS report outcome which could not be achieved.	Feedback provided from the CSS Report will continue to be used to address areas that causes negative perceptions of the HPCSA. TO IMPROVE THE CS Levels, a number of initiatives to be undertaken includes resuscitating HPCSA social media presence, gathering instantaneous clients experience feedback closer to the service interaction point. Work will also go into ensuring that subsequent surveys will happen after careful development of the survey instrument which will collect and tests data that has potential to provide meaningful insights for the HPCSA.

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[3]	# OF INDICATORS WITH MISSED TARGETS	5/8 = 62.5%	# OF INDICATORS WITH ACHIEVED TARGETS	3/8 = 37.5%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(6) Signed SLAs between Council and the Registrar	Non-Cumulative	NONE	1/1 = 100%	NOT PLANNED FOR PERFORMANCE EVALUATION IN THIS QUARTER	MOVED TO FY2021/2022	The NEW Professional Board were only appointed effective 1 November 2020.	This Key Performance Indicator can only be pushed out to FY2021/2022 since the Strategic Plans that must inform the SLA in question can only be concluded in February 2021.
(7) Signed SLAs between Professional Boards and the Registrar (12)	Cumulative	NONE	100% (12/12)	100% (12/12)	**MOVED TO FY2021/2022**	The NEW Professional Boards were only appointed starting the 1st of November 2020. The "Not Achieved" here is Secretariat Non-Attributable	This Key Performance Indicator can only be pushed out to FY2021/2022 because the Strategic Plans that must inform the SLA in question can only be concluded in February 2021.
8) Compliance to Registration Turnaround Time (10 days) throughout	Non-Cumulative	10 Days	10 Days	10 Days	**NOT ACHIEVED** **17 Days**	It was impossible to process all the applications within 10 days of them being received, for the reason that university almanacs were pushed to the very end of the year, with some universities qualifying their graduates in January and February 2021- hence the prolonged peak. Training institutions confirmed, specifically, medical interns, around 28 December 2020 when these interns would have to commence with community service from 1 January 2021.	Work through applications systematically and where possible applications processed through dumps as these are faster.
(9) Compliance to contracted complaints management turnaround times of 18 months	Non-Cumulative	NONE	Establish Baseline	Baseline Report (YES) 8 MONTHS	**ACHIEVED** **BASELINE 1 = 77% (250/323) complaints received in FY2020/2021**		
				Baseline Report (YES) 10 MONTHS	**BASELINE 2 = 35% (101/278)**		

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[3]	# OF INDICATORS WITH MISSED TARGETS	5/8 = 62.5%	# OF INDICATORS WITH ACHIEVED TARGETS	3/8 = 37.5%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(10) Compliance to Backlog Reduction programme	Cumulative	1012	928/928 = 100%	25% (232/928) Cumulative = 100% (928/928	**NOT ACHIEVED 90% (837/928)**	• Investigations Capacity challenges – capacity reduction in-year from 6 to 5 Investigators. • For FY2019/2020 circa 800 matters received in that year were carried over into FY20202021 bloating the backlog bucket. 1. Backlog was defined as complaints received from February 2019 backwards and they were distributed equally amongst the five (5) investigators. It was later realised that the allocation of backlog to Investigators is compromising investigation of new complaints received by Council. A project team was initiated which constituted of former legal officers and secretary who were willing to assist on an overtime basis. The project team managed to investigate the matters however, during monthly monitoring process it was realised that the backlog is not moving anymore, and this was attributed to the work demand in their respective divisions. The remaining backlog was then redistributed amongst Investigators. Therefore, the current staffing capacity (Investigators) is not adequate to resolve the complaints timeously. • Almost 800 matters were carried over by Investigators from 2019/2020 financial year to 2020/2021 and this became essentially an unidentified backlog which also needed to be cleared	• Constant monitoring of the backlog reduction. • Constant monitoring of the backlog reduction. • Backlog for investigation was handed over to Investigators and distributed equally. Project Team set up – BUT demands on the work put paid to the idea of the Backlog Reduction Project Team Memo crafted to appoint/ close the capacity gap. Reclassified backlog Mediation – reduced to significantly low numbers. 1. Interviews were held for the Investigator position. The memorandum for appointment is still awaiting approval. 2. The two (2) vacant positions are yet to be advertised by HR externally since there were no internal candidates. Business case to be facilitated with the organisational structure review to ensure that there is adequate capacitation of Investigators to ensure that backlog is not created

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[3]	# OF INDICATORS WITH MISSED TARGETS	5/8 = 62.5%	# OF INDICATORS WITH ACHIEVED TARGETS	3/8 = 37.5%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(11) Improved monitoring of actual spend versus approved budget throughout	Non-Cumulative	92%	95%	95%	**ACHIEVED** **SPENT = 71%** **(R263 687 175 of R373 854 247)**	-24% Provisional as final numbers only available on 31 May 2021	Covid has significantly reduced spend on Prof Conduct and Travel, accommodation, and Conference costs (physical meetings) – No interventions required for last area and Legal working on starting Prof Conduct meetings and changes to Regulations

2.3.2 GOAL (PROGRAMME) 2: ADEQUATE, EFFECTIVE AND EFFICIENT SUPPORT PROVIDED TO AND BY COUNCIL, PROFESSIONAL BOARDS AND SECRETARIAT

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[1]	# OF INDICATORS WITH MISSED TARGETS	1/8 = 20%	# OF INDICATORS WITH ACHIEVED TARGETS	7/8 = 80%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(1) Council Members Training Sessions Held	Non-Cumulative	2 Training Sessions	1/1 = 100%	1/1	**ACHIEVED** **1 Training Offered.**		
(2) Number of Board Training Sessions Held	Cumulative	12 Training Sessions	12/12 = 100%	100% (12/12)	**ACHIEVED** **12 Boards Offered Training**		
(3) Reviewed Governance compliance to rules and procedures relating to the conducting of business at meetings of Professional Boards and Council	Non-Cumulative	NONE	1 Report	1 Report	**ACHIEVED** **Commissioned Report Delivered.**		

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	8[1]	# OF INDICATORS WITH MISSED TARGETS	1/8 = 20%	# OF INDICATORS WITH ACHIEVED TARGETS	7/8 = 80%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(4) Litigation due to ultra vires decisions	Cumulative	0%	0%	0%	**ACHIEVED** **0%**		
(5) Implemented of 2 approved IT Roadmap projects [a. Application Programming Interfaces, and b. Examination Results Publishing]	Cumulative	80%	2/2 = 100% [a. Application Programmin g Interfaces, and b. Examination Results Publishing]	100%	**NOT ACHIEVED** **50%**	The remaining 50% is part of the OSvC Phase 2 that was approved by council in March 2021 which is the examination results development which is dependent on OSvC project. Currently manual process of publishing exam results through website is used.	Initiative will be monitored and delivered as per agreed Agile Project Delivery approach.
(6) Online renewal utilisation rate	Cumulative	56% of Practitioners obliged to Renew Annually	65% of Practitioners obliged to Renew Annually	65% of Practitioners obliged to Renew Annually	**ACHIEVED** **68.10% (119 579/ 175 573)**		
(7) Baseline of e- Registration utilisation rate	Cumulative	N/A	30%	NOT PLANNED FOR PERFORMANCE EVALUATION IN THIS QUARTER	**MOVED TO FY2021/2022**		
(8) Achieved Unqualified Audit Opinion	Non-Cumulative	Y	Y	ACHIEVED			
(9) Development of the HPCSA Annual Report within prescribed timeline (by 30 September)	Non-Cumulative	100%	100% of Annual Report Project Schedule Activities	ACHIEVED			

2.3.3 GOAL (PROGRAMME) 3: IMPROVING THE ROLE OF THE HPCSA AS AN ADVOCATE, ADVISOR THROUGH ENHANCED ENGAGEMENT WITH ALL KEY STAKEHOLDERS

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	5[1]	# OF INDICATORS WITH MISSED TARGETS	1/5 = 20%	# OF INDICATORS WITH ACHIEVED TARGETS	4/5 = 80%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(1) Implementation of approved Stakeholder Engagement Plan initiatives a. Professional Boards Stakeholder Engagement X 12; b. Online Practitioner Symposium X 10	Cumulative	80%	100% = (22/22 Stakeholder Engagement Activities)	25% (5.5/22) (Cumulative 100% - 22/22)	**ACHIEVED 22/22 = 100%**		
(2) Stakeholder Engagement Feedback Score	Cumulative	95%	95%	95%	**NOT ACHIEVED 89.5%**	Some practitioners indicated that they been to similar presentations over the years and whilst they understand that these presentations need to be re-enforced, they feel that it can livened up a bit. The quality of sound and availability of network also posed challenges as the presenter had to disconnect several times. The quality of sound was bad, Teams was not functioning optimally.	1. Work is underway towards the compilation of presentation that addresses the concerns and suggestions provided by the practitioners. 2. The challenges experienced with network and MS Teams have been given over to the Division: ICT for future mitigation.
(3) Compliance Rate with SLA's	Cumulative	N/A	100% of Service Level Agreement Elements	100%	**MOVED TO FY2021/2022**		KPI moved out to FY2021/2022
(4) Participation in All approved AMCOA obligations	Cumulative	2	6/6 = 100%	1/5 Cumulative = 6/6	**ACHIEVED 2**	AMCOA Manco 04 February 2021 AMCOA Webinar: The Role of the Regulatory Authorities in times of Emergencies and Pandemics Feb 24, 2021	
(5) Participation in All Approved IAMRA obligation6	Cumulative	1	8/8 = 100%	2/8 Cumulative = 8/8	**ACHIEVED 3**	IAMRA Manco 22 February 2021 IAMRA Webinar: Disruption in Healthcare and Regulation 23 February 2021 IAMRA webinar Physician Health and Wellness. Presentation by Prof Ratamane 29 March 2021	

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	5[1]	# OF INDICATORS WITH MISSED TARGETS	1/5 = 20%	# OF INDICATORS WITH ACHIEVED TARGETS	4/5 = 80%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
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(6) Reports on International Engagements to Council submitted	Cumulative	N/A	3/3 = 100%	1/3 Cumulative 3/3	ACHIEVED 1	No annual scientific conferences held or attended by HPCSA. therefore, no reports to be submitted.	Upcoming IAMRA and AMCOA Conferences for 2021 will be held virtually and reports will be submitted in line with policy.

2.3.4 GOAL (PROGRAMME) 4: LEGISLATIVE AND REGULATORY CONSISTENCY ACROSS THE HPCSA AND ITS PROFESSIONAL BOARDS

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	3[1]	# OF INDICATORS WITH MISSED TARGETS		# OF INDICATORS WITH ACHIEVED TARGETS	3/3 = 100%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A

PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4		
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)	(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)
(1) Development and Consultation on Health Professions Act Policy Document	Cumulative	N/A	100%	20%	ACHIEVED		
(2) Development and Publishing of Draft Policy on Maintenance of Licensure	Non-Cumulative	N/A	1 Document	NOT ASSESSED	ACHIEVED		
(3) Consultation on MoL policy document	Cumulative	N/A	100 = (4/4) Stakeholder Groupings Consultation	2 out of 4 (Cumulative = 4 out of 4)	MOVE TO FY2021/2022	Practice Committee set up in December 2020/January 2021 First meeting of Committee Scheduled for late February for any meaningful Stakeholder Engagement Work to be undertaken.	

# OF INDICATORS TRACKED STRATEGIC OBJECTIVES	3[1]	# OF INDICATORS WITH MISSED TARGETS		# OF INDICATORS WITH ACHIEVED TARGETS	3/3 = 100%	# OF INDICATORS WITH NEITHER ACHIEVED NOR MISSED TARGETS	N/A	#OF INDICATORS NOT PLANNED FOR EVALUATION IN THIS QUARTER	N/A
PERFORMANCE INDICATOR	KPI CALCULATION TYPE	(A) BASELINE SERVICE LEVEL PERFORMANCE	(B) ANNUAL TARGET FOR FY 2020/2021	QUARTERLY TARGETS	PERFORMANCE IN Q4				
				(C) Q4 (JAN - APR)	(D) Q4 (JAN - APR)	(E) NARRATION FOR VARIANCES/ GAPS (D) – (C)		(F) MANAGEMENTS INTERVENTION/S TO ARREST THE GAPS IN (E)	
(4) Compliance Rate (measured by Internal Audit, Risk, Compliance div, including SLAs between structures)	Non-Cumulative	N/A	80%	80%	ACHIEVED	93% (14/15) – (1/15) legislation assessed with material none- compliance/ 67% (10/15) - (5/15) legislations assessed and with none- compliance for some of the legislative provisions on the CRMP. I.T.O – Non-Compliance to HPA has since been addressed by the appropriate appointment.		The following laws assessed with none- compliance: Health Professions Act 56 of 1974; Basic Conditions of Employment Act 75 of 1997; Protection of Personal Information Act 4 of 2013; Promotion of Access to Information Act 2 of 2000 and Labour Relations Act 65 of 1995 The following legislation assessed with material none-compliance: Health Professions Act 56 of 1974	

08 DEPARTMENT: FINANCE AND SUPPLY CHAIN MANAGEMENT

Performance

The Department: Financial Services has during the reporting period ensured that the HPCSA maintains satisfactory accounting records, prepares for the audit of Annual Financial Statements. Over and above, the Department: Financial Services provided other related information, as well as help maintain a proper system of internal controls to provide reasonable assurance regarding the achievements of the HPCSA's objectives.

REVENUE

The operations of the HPCSA are funded by revenue from healthcare practitioners. Revenue is primarily derived from annual fees, registration fees and penalty fees.
During the year under review, the revenue increased by 6.5% from R303,2 million to R322,7 million and investment revenue reduced by 43% from R17,7 million to R10,0 million during the same period due to decrease in investments and reducing in prime interest rates.
The annual fees increased by 18% from R223,2 million to R262,7 million mainly due to the increase in membership fees. Registration fees decreased by 12,4% from R17,6 million to R15,4 million. Fees from penalties imposed on practitioners were R3,3 million.

EXPENSES

In response to possible financial impact due to Covid19 Council implemented cost savings strategic which resulted in operating expenses decreasing from R373 million from R327 million representing an decrease of 12% in the period under review and was due to the following:

- Council, Professional Boards and Committee meetings expenditure decreased by 29% from R75,4 million to R53,7 million, due to an increase in the number of meetings, venue costs and Professional fees for Members.
- Employment costs increased by 2% from R190,6 million to R194,2 million due to annual salary increments and the filling of key vacant positions as per new approved Organisational structure and non-filling of non-essential vacant positions.
- Information Technology costs increased by 17% from R12,9 million to R15,2 million, because of the need to increase ERS Oracle and other support costs and new licence costs.
- Strategic Project cost reduced by 64% from R5,7 million to R2 million due to reduction in Departmental strategic planning sessions and reduced strategic project initiatives due to previous Council term ending.
- Costs incurred and recovered for Road Accident Fund (RAF) cases decreased by 8% from R24,4 million to R22,4 million, due to increase in RAF activities.
- Reversal of revenue due to suspension of membership because of non-payment by healthcare practitioners increased by 33% from R9,5 million to R12,6 million.
- SIU expenditure was R2,3 million (2020 – R5,7 million) during the financial year and expenditure will continue into the financial year ending 31 March 2021.
- Consulting and professional fees - legal fees stayed consistent at R9 million during the financial year.
- Bad debt provision (Credit loss allowance) increased by R3,7 million during the financial year due to increase in accreditation/evaluation expenditure and non-payment by Universities and institutions of these fees.

SURPLUS GENERATED

Total comprehensive surplus / (deficit) for the year was R4,6 million for the year under review compared to a deficit of R53,4 million in the previous financial year. The comprehensive surplus was mainly due to:

- Increase in annual fees revenue received above budget including R7 million for the year.
- Interest revenue on investments was R1,7 million less than budgeted due to decrease in investments and reduction of 2,75% in the prime interest rate.
- Less examinations revenue than budgeted of R3,4 million due to Covid19 impact on examination activities by the Professional Boards.
- Less registration revenue received below budget of R1,5 million due to Covid19 impact.
- Less penalty fee income received below budget of R4,6 million due to non-gazetting of increase of 200% in new penalty fees.
- Reduction in restoration fee income received below budget of R3,4 million due to impact of Covid19 on practitioners who have been suspended choosing to restore.
- Savings in Council and Professional Board expenditure of R35 million below budget due to cost savings implemented by Council and Professional Boards.

PROCUREMENT ACTIVITIES

The annual procurement spent totaled R52,9 million of which R41,2 million was Level 1 to Level 3 BBBEE spent, which constitutes 78 percent of overall procurement spent with a BBBEE recognition level of 101% at R53,7 million.

PART C: PROFESSIONAL BOARDS

01 OVERVIEW OF Professional Boards

THE HEALTH PROFESSIONS ACT, 56 OF 1974, SECTION 15 MAKES PROVISION FOR THE ESTABLISHMENT OF PROFESSIONAL BOARDS.

Professional Boards are statutory structures whose overall objective is to ensure the establishment and maintenance of acceptable levels of healthcare services in the professions under their purview.

The Minister shall, on the recommendation of Council, establish a Professional Board with regard to any health profession in respect of which a register is kept in terms of this Act, or with regard to two or more such health professions.

In terms of the Health Professions Act, 56 of 1974, Professional Boards assume control and exercise authority in respect of all matters affecting the training of persons in, and the manner of the exercise of the practices pursued in connection with, any profession failing within the ambit of the Professional Board, and to maintain and enhance the dignity of the profession and the integrity of the persons practising the profession.

In terms of these delegations, Professional Boards have a responsibility to:

- Determine standards for education and training aligned to best practice based on the needs of the country ;
- Ensure compliance to those standards in terms of the process of evaluation and accreditation of education and training facilities;
- Determine and ensure maintenance of standards for professional practice and professional conduct;
- Ensure compliance to Continuing Professional Development (CPD) and to enhance a culture of life- long learning within the scope of the profession directives;
- Grant certification to students and to compliant practitioners to practise their professions once all the registrations requirements had been complied with;
- Register, where applicable, graduates for internship where applicable and graduates for compulsory Community Service;and
- Develop policy and formulate regulations and rules of conduct for professional practice.

Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by the Council, and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.

GENERAL POWERS OF PROFESSIONAL BOARDS

(1) A Professional Board may:

(a) In such circumstances as may be prescribed, or where otherwise authorised by this Act, remove any name from a register or, upon payment of the prescribed fee, restore thereto, or suspend a registered person from practising his or her profession pending the institution of a formal inquiry in terms of Section 41;

(b) Appoint examiners and moderators, conduct examinations and grant certificates, and charge such fees in respect of such examinations or certificates as may be prescribed;

(c) Subject to prescribed conditions, approve training schools;

(d) Consider any matter affecting any profession falling within the ambit of the Professional Board and make representations or take such action in connection therewith as the Professional Board deems advisable;

(e) Upon application by any person, recognise any qualification held by him or her (whether such qualification has been obtained in the Republic or elsewhere) as being equal, either wholly or in part, to any prescribed qualification, whereupon such person shall, to the extent to which the qualification has so been recognised, be deemed to hold such prescribed qualification;

(f) After consultation with another Professional Board or Boards, establish a Joint Standing Committee or Committees of the Boards concerned; and

(g) Perform such other functions as may be prescribed, and generally, do all such things as the Professional Board deems necessary or expedient to achieve the objects of this Act in relation to a profession falling within the ambit of the Professional Board.

(2) Any decision of a Professional Board relating to a matter falling entirely within its ambit shall not be subject to ratification by Council and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.

PROFESSIONAL BOARD FOR Emergency Care

DR SIMPIWE SOBUWA
CHAIRPERSON OF THE
EMERGENCY CARE BOARD

1. OVERVIEW

The Professional Board for Emergency Care is the coordinating Board for Emergency Care healthcare practitioners registered with Council and it is established to deal with matters relating to the profession.

The Professional Board for Emergency Care was constituted in terms of the regulations relating to its Constitution contained in Regulation No. R 1254 of 28 November 2008. The Professional Board comprises twenty (20) members appointed by the Minister of Health for a five-year term of office , as of October 2020 and will end in September 2025.

The Professional Board in terms of Section 15B(1)(f) and Regulation 2 of the regulations relating to the function and functioning of Professional Boards may establish standing committees as it deems necessary and such committees may consist of as many persons, appointed by the Professional Board as the Professional Board may determine. This is further amplified statutorily where "the Professional Board may delegate to any of its committees its powers as it may determine but shall not be divested of any power so delegated".

The Professional Board in compliance with and Regulation 2 of the regulations relating to the function and functioning of Professional Boards constituted the Education and Training Committee, Committee of Preliminary Inquiries, Clinical Advisory Committee and Executive Committee in the reporting period.

2. VISION AND MISSION

The vision of the Professional Board for Emergency Care is to: -

"Promote quality, equitable and professional people-centred emergency care for all."

The mission of the Board is to enhance the quality of emergency care by developing and implementing strategic policy frameworks through:

- Setting contextually relevant and evidence-based healthcare training and practice standards for registered professions.
- Ensuring compliance with standards.
- Fostering on-going professional development, competence and accountability.
- Protecting the public in matters involving the rendering of emergency care.
- Transparent public and stakeholder engagement; and
- Upholding and maintaining ethical and professional standards within the emergency care and advocating for patient rights.

3. THE STRATEGIC GOALS:

In January 2021, the Professional Board held the strategic planning workshop to discuss the strategies that the Board will be pursuing in its five-year term of office . The strategy of the Board is premised around the wins of the preceding Strategic Plan of the Professional Board for Emergency Care. The Board developed six (6) strategic goals that will be used as the building blocks towards the achievement of its specific identified initiatives.

The following are the Board's Strategic Goals:

- Goal (programme) number 1: optimised interdepartmental cooperation for clinical guidelines.
- Goal (programme) number 2: approve roadmap for qualifications, roles and objectives for emergency care vision 2030.
- Goal (programme) number 3: effective and efficient Preliminary Committee and professional conduct processes.
- Goal (programme) number 4: improve functioning Professional Board through fighting of regulations, guidelines, rules, and policies.
- Goal (programme) number 5: develop an effective Professional Conduct Enquiries system by 2025.
- Goal (programme) number 6: improve relationships between Professional Board for Emergency Care and all relevant stakeholders by the end of the term (2025). (engaged stakeholders at all levels)

1. EDUCATION AND TRAINING

In terms of the Health Professions Act 1974, (Act of 56 of 1974), one of the primary functions of the Board is to determine and uphold standards of education, training and practice.

The Professional Board delegated the mandate of education, registration and training related matters to the Education Committee, and the committee in the reporting period reviewed the following Board's specific education and training documents:

- Code of conduct and confidentiality (Form 305)
- Application for registration by foreign qualified practitioner (Form 315)
- Evaluation reporting template (Form 319)
- Evaluation panel guidelines (Form 321)
- Accreditation Guidelines for Higher Education Institution programmes (Form 332)
- Self-evaluation (Form 332A) reporting template
- Moderation template and guidelines for the Higher Education Institutions (Form 349)
- Restoration guidelines (Form 341) was revised and approved by the Board in January 2021
- Two-day evaluation programme guideline (Form 340)
- Guidelines for the submission of portfolio for late registration (Form 348) was revised and approved by the Board in January 2021
- Academic annual reporting template (Form 337)
- Academic annual report assessing template (Form 337A)

Pertaining to evaluations of higher education institutions and re-evaluation and/or follow-up evaluations, in the said reporting period, the Board reviewed the schedule of cycle of evaluation for re-evaluation and follow-up evaluations of the emergency care programmes at higher education institutions and emergency care colleges as follows:

INSTITUTION/COLLEGE	DATE OF RE-EVALUATION
Nelson Mandela University	20 January 2021
Mediclinic Private Higher Education	21 – 22 April 2021
Sefako Makgatho Health Sciences University	Cancelled due to COVID-19

MODERATION OF EXAMINATIONS

The following institutions' programme examinations were moderated in the reporting period:

NUMBER	NAME OF INSTITUTION	PROGRAMME MODERATED
1	University of Johannesburg	Bachelor of Health Sciences
2	University of Johannesburg	Diploma in Emergency Medical Care
3	University of Johannesburg	Higher Certificate in Emergency Medical Care
4	Netcare Education Faculty of Emergency and Critical Care	Higher Certificate in Emergency Medical Care
5	Netcare Education Faculty of Emergency and Critical Care	Diploma in Emergency Medical Care
6	Mediclinic Private Higher Education Institution	Diploma in Emergency Medical Care
7	Sefako Makgatho Health Sciences University	Higher Certificate in Emergency Medical Care
8	Nelson Mandela University	Bachelor's Degree in Emergency Medical Care
9	Cape Peninsula University of Technology	Bachelor's degree in Emergency Medical Care
10		Diploma in Emergency Medical Care
11	Durban University of Technology	Bachelor of Health Sciences

2. STAKEHOLDER ENGAGEMENT

One of the Board's key strategy objectives was to enhance stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was to conduct meaningful engagements and dialogue with the relevant stakeholders as it forms part of Council's broader strategic objective.

In this regard, the Board engaged with its stakeholders through the newsletter relating to the clinical practice guidelines, frequently asked questions related to the profession and other matters related to the Board profession announced on the Board specific website landing page.

In the year under review, the Board represented by a Board member attended the COVID-19 Virtual Stakeholder Engagement Workshop hosted by the South African Civil Aviation Authority and the National Department of Health.

3. PROFESSIONAL PRACTICE AND CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The Committee of Preliminary Inquiry held three (3) meetings in the reporting period and the following matters were dealt with:

1. Matters that served before the committee	36
2. Explanations noted and accepted	22
3. Inspections	0
4. Consultations	4
5. Notice to Appear 4(3)	1
6. Referred to Disciplinary Inquiry – Regulation 4(8)	5
7. Further consideration deferred (for additional information)	0
8. Complaint withdrawn	1
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	3

In the reporting period the Professional Conduct held meetings and finalised thirteen (13) Emergency Care Board Professional Conduct Matters.

4. SCOPE OF PROFESSIONS

In terms of Section 33 (1) of the Health Professions Act of 1974, the Minister may, on the recommendation of Council and the relevant Professional Board, by regulation define the scope of any health profession registrable in terms of this Act by specifying the acts which shall for the purposes of the application of this Act be deemed to be the acts pertaining to that profession: Provided that such regulations shall not be made unless any Professional Board established in terms of Section 15 in respect of any profession which may in the opinion of the Minister be affected by such regulation, has been given an opportunity of submitting, through Council, representations as to the definition of the scope of the profession in question: Provided further that if there is a difference of opinion between Council and such Professional Board as to the definition of the scope of the profession concerned, Council shall mention this fact in its recommendation.

In light of the above cited legislative framework, the Professional Board by regulation may define the scope of any health profession registrable in terms of this Act by specifying the acts which shall for the purposes of the application of this Act and accordingly the Professional Board regulations defining scope of professions are in place, however given the recent implementation of the Clinical Practice Guidelines, the Board deliberated on the way forward in terms of ensuring that the recently approved Clinical Practice guidelines are aligned to the scopes of professions. Therefore, the conceptualisation process of developing revised regulations defining scopes of profession is underway.

5. COMPLIANCE FOR REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to ensure that all personal details are up to date at all times.

The Board's rigorous registration application vetting process, for the foreign qualified and first-time registrants is conducted to ensure that appropriately qualified practitioners are registered in terms of the Board's requirements outlined in the policies, guidelines and relevant regulatory frameworks.

6. BOARD EXAMINATION

The Board examinations for qualifications registrable with the Board i.e., for first time registration, restorations are conducted by the universities in accordance with the university rules and regulations.

7. GOVERNANCE

Governance denotes the way organisations are directed and controlled . It is pertinently concerned with power and decision making in the organisation and it relates to the transparent and ethical way by which leaders attempt to achieve the objectives of the organisation and how they are held accountable for their actions and omissions.

The Professional Board is committed to and fully endorse the principles of good governance as set out in the King IV Report and as dealt with the following:

- The revision and approval of strategic plans, annual performance plans and risk management plans that directed activities and operations of the Board to meet the strategic goals and mitigation of the risks identified.
- Reviewed the composition of committees in terms of Regulation 2 of the regulations relating to the functions and functioning of the Professional Boards.
- Board committees' succession planning implementation i.e., the Education Committee Chairperson handing over reigns to the interim committee chairpersons in view of the impending term of the Board ending in July 2020.
- Reviewed and approved the terms of references for the committees of the Professional Board.
- The review and monitoring of budget of the Board and ensured that cost cutting measures are implemented and adhered to such as convening meetings back-to-back.
- The Board deliberated on the discussions on proposal of revenue enhancing and cost cutting measures in view of the Boards' income loss emanating from recent closure of emergency care short courses.

- Decisions taken by the Board relating to the profession were communicated and shared with the stakeholders for buy-in, information sharing and feedback purposes.
- Ensured that decision making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Board
- The compilation of a handover report for the Board which commenced its term in October 2020.

In the reporting period the meetings and workshops convened were as follows;

Professional Board meetings	3 Board meetings 2 special Board meetings
Education, Training and Registration Committee meetings	4 Education Committee meetings
Executive Committee meetings	1 Executive Committee meeting
Clinical Advisory Committee meetings	2 Clinical Advisory Committee meetings
Task Teams/Adhoc meetings	2 Task team meetings

8. HIGHLIGHTS

- Reviewed and updated its policies, guidelines and regulations of the Board
- Development and approval of Stakeholder Engagement Plan
- Robust discussions and engagement with key stakeholders relating to the Clinical Practice Guidelines
- Development and communicating an articulation strategy to ensure existing practitioners are aware of their professional development pathways
- Revision and approval of strategic plan and annual performance plan of the Board
- Successful conducted moderation and evaluations of Higher Educational Institutions and Emergency care colleges
- Monitoring and support of Higher Educational Institutions and emergency care colleges
- Appointment of moderators and evaluators
- Quality Assurance of continuing personal development (CPD) matters
- Discussions on proposal of revenue enhancing and cost cutting measures to circumvent the income loss emanating from recent closure of short courses

PROFESSIONAL BOARD FOR
Dietetics And Nutrition

MS LENORE SPIES
CHAIRPERSON OF THE DIETETICS AND NUTRITION BOARD

1. OVERVIEW

The Professional Board for Dietetics and Nutrition is constituted of ten (10) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act, 1974 (Act 56 of 1974). However, currently the Board comprises nine (9) members due to the resignation of a community representative member in December 2020.

The Professional Board for Dietetics and Nutrition like the other 11 Professional Boards, were appointed for a five-year term of office and has been in office since October 2020.

2. VISION AND MISSION

The vision of the Professional Board for Dietetics and Nutrition is to be "A progressive regulator of nutrition and dietetic professions aspiring to quality, equitable and accessible nutrition healthcare."

The mission of the Professional Board for Dietetics and Nutrition is:

i. To ensure effective and efficient functioning of the Board.

ii. To protect and serve the public through ensuring.

- Excellence and integrity in dietetics and nutrition service delivery.
- Sensitivity and responsiveness to the needs of the public.

iii. To guide and regulate the profession by:

- Defining and delineating the scope of practice.
- Ensuring relevant and quality education and training standards.
- Enhancing the quality and professionalism of practice.
- Advocacy for innovative and sustainable professional practice.

iv. To ensure effective communication with all stakeholders and to advocate for the role of nutrition in-

- The health and wellness of all South Africans.
- All sectors of public decision.

3. STRATEGIC OBJECTIVES

Following its inauguration in October 2020, the Professional Board for Dietetics and Nutrition developed a Strategic Plan 2020–2025 which included the following main objectives:

- Goal (Programme) 1 - Develop new Dietitian-Nutritionist Professional Qualification.
- Goal (Programme) 2 - Adapt to the changing professional environment.
- Goal (Programme) 3 - Manage stakeholder relationships by the end of the term of office (2025).
- Goal (Programme) 4 - Regulate the professions and protect the public.
- Goal (Programme) 5 - Adapt Maintenance of Licensure (MoL) processes to the Professional Board (for Dietetics and Nutrition professions) to contribute to the development of the MoL.

4. PERFORMANCE OVERVIEW

To achieve the strategic objectives and enhance communication with stakeholders and inter-sectoral relations, the following Professional Board meetings and activities were conducted.


YOUR DAILY DIET
Protein 6
Carbs 10
Fats 11
Calories 166
Daily intake goal
Veggies 50.00%
Fats 17.00%
Calories 10.00%

BOARD ACTIVITIES CONDUCTED	NUMBER OF ACTIVITIES
Professional Board meetings (Ordinary and Extraordinary)	5
Executive Committee meetings	Not Applicable
Education, Training and Registration Committee (ETR) meetings of the Professional Board (Ordinary and Extraordinary)	6
Stakeholder meetings of the Professional Board	1
Committee of Preliminary Inquiries meetings of the Professional Board	1

5. EDUCATION AND TRAINING

In terms of Health Professions Act 1974, (Act of 56 of 1974), one of the primary objects of the Professional Board is to determine and uphold standards of education, training and practice.

During the year under review the Board continued to provide guidance in education and training related matters as well as monitoring of approved Higher Educational institutions offering Dietetics and Nutrition programmes. In the reporting period, COVID-19 lockdown placed immense pressure on the practical training component of Dietetics and Nutrition programmes. The ETR provided support and guidance to all accredited Dietetics and Nutrition programmes, to ensure that entry level competencies and standards were maintained, and the cadre of final level students affected would be able to graduate and be registerable with Council.

The monitoring of the first to third year students was also added to the initial focus on the final year students, in the form of guidance related to quality assurance related online examinations. The HPCSA Quality Management System was developed with the intention of standardising the processes relating to evaluations and examinations.

6. QUALITY ASSURANCE OF PROGRAMMES FOR HIGHER EDUCATION INSTITUTIONS

Due to COVID-19 pandemic, all evaluation visits which were scheduled to take place in 2020 were postponed to later dates in 2021, i.e., Sefako Makgatho Health Sciences University, University of KwaZulu-Natal, and University of Venda.

The new template for the cycle of evaluation schedule was developed and introduced by the Education and Training Division to ensure that there was a HPCSA comprehensive generic evaluation guideline for all the Professional Boards, aimed at covering critical information/record on evaluation fees, annual reports, etc. identified as gaps, and also to streamline and standardise processes of the evaluation matters of the Boards.

To facilitate evaluation of programmes during COVID-19 pandemic, the board adopted and aligned itself to the new hybrid model for evaluating the programmes i.e. combination of virtual and physical assessment.

7. TRAINING OF PROGRAMME EVALUATORS

There was no training of programme evaluators conducted for the period under review. However, a workshop was held on 06 March 2020 to develop the pre-evaluation form for universities registering new programmes – Form 272.

8. STAKEHOLDER ENGAGEMENT

One of the Professional Board's key strategic objectives relate to managed stakeholder relationships by the end of the term. The Professional Board continued to play a significant advocacy and advisory role in line with one of Council's strategic objective of stakeholder engagement.

This was aimed at ensuring that the Professional Board improves its communication with stakeholders. With this initiative in mind, the Professional Board promoted dialogue with various stakeholders to protect the public and provide guidance to the professionals.

The Professional Board attended and participated in the following stakeholder conferences/meetings:

CONFERENCES ATTENDED	DATE	OBJECTIVE OF CONFERENCE/ MEETING
Annual Heads of Departments and Professional Associations Stakeholder meeting of the Professional Board	17 February 2021	The aim of the meeting was to discuss and guide the profession on education, training and practice related matters.
HPCSA Practitioner Roadshow	09 July 2020	The Professional Board was represented by the Secretariat staff who distributed policies and guidelines of the Board. They also attended to queries relating to the Board.

9. PROFESSIONAL PRACTICE AND CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the Committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The Committee of Preliminary Inquiry held one (1) meeting in the reporting period and the following matters were dealt with:

1. Matters that served before the committee	20
2. Explanations noted and accepted	10
3. Inspections	0
4. Consultations	1
5. Notice to Appear 4(3)	4
6. Referred to Disciplinary Inquiry – Regulation 4(8)	4
7. Further consideration deferred (for additional information)	1
8. Complaint withdrawn	0
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	5

In an effort to circumvent misconduct by the practitioners, the Professional Board through the newsletters and the website regularly addresses, and highlights to practitioners' the trends of misconduct dealt with at the Committee of Preliminary Inquiry.

The Professional Board continuously encouraged practitioners to exercise professionalism and display ethical behaviour by publishing ethics related CPD activities in the Professional Board newsletter of April 2020.

10. SCOPE OF PROFESSIONS OF THE PROFESSIONAL BOARD

The Professional Board set up a task team to determine competencies and assessment criteria for the impending new Registered Dietitian Nutritionist (RDN) register. A scope of profession for the said register would still be drafted to ensure alignment and legal compliance. As part of this process the Board continues to support all the Higher Education Institutions with developing programmes for the new qualification.

The regulation relating to the scope of profession for Dietetics and regulation relating to the scope of profession for Nutrition respectively were submitted to the National Department of Health in 2018, and the Board is still awaiting promulgation of the said regulations.

11. COMPLIANCE FOR REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to ensure that all personal details are up to date at all times.

The Board's rigorous application vetting process was conducted to ensure that appropriately qualified practitioners were registered in terms of the policies, guidelines and relevant legislation of the Board.

These matters were also discussed with the provincial nutrition managers for compliance, since government remains the largest single employer of practitioners of the Board.

PROFESSIONAL BOARD FOR
Dental Assisting, Dental Therapy And Oral Hygiene

DR TUFAYL AHMED MUSLIM
CHAIRPERSON OF THE DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE BOARD

1. OVERVIEW

The Professional Board for Dental Assisting Dental Therapy and Oral Hygiene is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The five -year term of office of the Board came to an end on 31 October 2020. I must take this opportunity of congratulating the outgoing Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene for their hard work and dedication towards achieving and upholding the mission and vision of the Health Professions Council of South Africa (HPCSA); namely: "To protect the public and to guide the profession".

The current Board was appointed into office as of October 2020 – September 2025 and was inaugurated into office on 4 November 2021. Dr TA Muslim was re-elected as the Chairperson of the Board and Dr P Brijlal as the Vice-Chairperson.

The strategic planning session of the Board was conducted on 30 November 2020 – 01 December 2020. The Board is in the process of finalising its five-year Strategic Plan and once it is finalised it will include the main objectives and initiatives.

There were discussion relating to the establishment of the Oral Health Board. Representatives from the three different constituencies were given an opportunity to air their views on forming a single Oral Health Sciences Professions Board under the ambit of the HPCSA and to indicate whether there was a need for establishing such a Professional Board.

A Task Team of six members was established amongst the three structures comprising two representatives from each structure. This team was meant to approach the issue from a regulatory leadership position, as all representatives are in this position and not present as a particular constituency.

2. VISION AND MISSION

The Board has adopted the following vision and mission, which are closely aligned to that of the HPCSA, yet reflective of the unique nature of the professions of Dental Assisting, Dental Therapy and Oral Hygiene.

The vision of the Professional Board for Dental Assisting Dental, Therapy and Oral Hygiene is to:

Regulate equitable and innovative quality oral health care for all.

The mission of the Board is:

To promote Oral Health Care to all through:

- Ensuring compliance for professional registration
- Appropriate education and training standards
- Advocacy for innovative and sustainable professional practice
- Transparency

The Board will work tirelessly and within the parameters of good governance, to ensure that it ascribes fully to achieving its vision and mission.

3. STRATEGIC OBJECTIVES

The Board is in the process of outlining a several objectives that it wishes to achieve during its term of office. Excellent progress has been made by the previous Board, with a number of targets having been met. The four broad areas of the strategic objectives were:

- Efficient and effective functioning of the Board.
- Effective stakeholder engagement.
- Quality standards in education, training and practice.
- Ensuring compliance with rules and regulation.

I am delighted to report that most of the performance metrics and indicators have not only been met but have been substantially achieved.

4. EDUCATION AND TRAINING

Our responsibility is to ensure that the people of South Africa are assured of appropriately trained, qualified and competent healthcare professionals who practise according to their scopes of practice in accordance with their training and abilities. The HPCSA Ethical Guidelines makes provision for ethical rules regarding the performance of professional acts. In terms of Rule 21 of the "Ethical Rules of Conduct for Practitioners Registered

Under the Health Professions Act, 1974", and contained in Government Notice No. R 717 of 4 August 2006, a practitioner shall perform, in an emergency, only a professional act for which he or she is adequately educated, trained and sufficiently experienced. The Board has engaged with the various universities to offer courses to Oral Hygienists and Dental Therapists, and these courses have been in place since the early 2000s.

The Education Committee is continuing with its engagement with the South African Health Products Regulatory Authority (SAPHRA), (formerly the Medicines Control Council – MCC) in attempting to overcome the systemic process hurdles related to the approval of the purchase of local anaesthetic and other approved medicines by Oral Hygienists.

The application of Rule 21 has led to challenges within the Board regarding conflict of interest and how it should be managed. We are mindful of the fact that any profession involved in self-regulation has inherent conflicts because we have personal, professional and institutional interests in the matters that we regulate. It will always be an ongoing challenge, but one that is managed by appropriate policies and declarations of conflicts of interests – whether real or perceived.

Due to the COVID-19 lockdown regulations, the Board had to postpone the evaluation of Higher Education Institutions which were due for programme review in 2020. It is anticipated evaluation will resume in 2020.

5. STAKEHOLDER ENGAGEMENT

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene had extensive engagement with stakeholders through a plethora of stakeholder interactions and platforms. The aim of these interactions was to ensure representation of stakeholders, engagement with stakeholders, and professional upliftment. The Board had a fruitful virtual stakeholder engagement with a number of stakeholders in August 2020.

6. PROFESSIONAL PRACTICE AND CONDUCT

The Board's Committee of Preliminary Inquiry has been active in its activities over the year, and has made inroads in reducing the number of outstanding cases. However, the good work of the Committee is jeopardised by practitioners not responding, or employing delaying tactics, when preliminary cases are being investigated against them. Over ten (10) new cases have been assessed over the year, which is a matter of concern. Many of these complaints were related to the allegations related to performance of clinical procedures, failure to keep proper records, treating patients without consent, practising whilst not being registered with Council, operating unlicensed radiographic equipment, submitting fraudulent or irregular claims, and unprofessional communication with patients. The Board wishes to once again highlight that we live in an increasing litigious society and urges practitioners to practise ethically and responsibly. It is the vision of the Board to not have any single case brought to the Committee of Preliminary Inquiry, and have practitioners rendering services of the highest standards to the public. The Board therefore urges practitioners to practise ethically, display excellent patient communication skills, and practise within the approved scope of practice of the relevant profession.

7. SCOPE OF PROFESSIONS

The Board is cognisant of the needs of the professions registered under its ambit (Dental Therapy,Dental Assisting and Oral Hygiene). As such, the Board consults extensively with various stakeholders such as educational institutions and quality assurers such as South African Qualifications Authority (SAQA), Council on Higher Education (CHE), professional associations, employers, the National Departments of Health and of Higher Education and Training. To this end the Board, as part of its defined strategic objectives began a process of reviewing the scopes of practice of the three professions and are currently undergoing review. Stakeholder input has been received, and both the Education Committee and the Board has extensively reviewed them and then finalised the scopes of practice. These draft scopes were approved by the HPCSA Council and submitted to the Minister of Health to gazette for public comments. The Board will consider the public comments from various stakeholders prior to submission to the Minister of Health for final promulgation.

8. COMPLIANCE FOR REGISTRATION

Over the years the Board has reviewed, simplified and standardised the registration forms, so that registration becomes a simple and non-tedious process. The Board continues to express concern that some practitioners are either not registered, or their registration has lapsed. The Board has engaged with various professional associations with a request to ensure that those practitioners who have failed to pay their annual fee are afforded an opportunity to do so. Additionally, the Board has revised the guidelines, and registration forms, for all new entrants and foreign qualified graduates. The Board has previously revised the guidelines related to the restoration of practitioners who have been suspended from the registers, to facilitate their return to the workforce. Additionally, the Board continues to encourage practitioners to utilise the online registration portal. The Board has been made aware of some practitioners who practise without being registered with Council, and has instituted complaints with the HPCSA's Inspectorate Office, so that these practitioners are investigated and dealt with appropriately.

The Board encourages Dental Therapists and Oral Hygienists, who comply with the prescribed criteria, to apply to the Board and convert their registration status from that of "supervised practice" to that of "independent practice". The Board further encourages practitioners to maintain currency in their registration by ensuring that they pay their annual fee, remain compliant with the Continuing Professional

Development (CPD) requirements, and engage in continuous and quality-assured life-long learning. This would contribute to improved practice standards and patient outcomes.

A review of the registrations statistics of 2020/2021 as of 30 March 2021 reveals an overall increase in the number of professionals registered under the ambit of the Board, and we now have 9 000 professionals registered

PROFESSION	PROFESSION	NUMBER OF REGISTERED PERSONS
DA	Dental Assistant	4 325
DA S	Student Dental Assistant	2 065
OH	Oral Hygienist	1 257
OH S	Student Oral Hygienist Assistant	342
SDA	Dental Assistant (Supplementary Register) - closed	1
TT	Dental Therapist	740
TT S	Student Dental Therapist	269
TOTAL		**8 999**

9. BOARD EXAMINATION

The Board conducted examinations for Dental Assistants. Three examinations were held in 2019 and unfortunately the examination scheduled for 2020 had to be postponed. These examinations were offered in a number of provinces and a high pass rate was achieved. In keeping with the revised rules relating to the registration of Dental Assistants, wherein unqualified but experienced Dental Assistants had until 20 February 2018 to register, and two years from date of registration to complete a Board examination. The Board is committed to offering four Board examinations per year, in all nine provinces, in order to make these examinations easily accessible and available to all. The examination results reveal that candidates are generally well prepared. The success of these candidates was enabled by the availability of the recently revised examination preparation guidelines.

10. GOVERNANCE

The Board is acutely aware of the importance of exercising good corporate governance, as entrenched in King III and King IV codes. To this end, the Board continues to maintain high ethical and governance standards, and ensures that any potential, perceived or actual conflict is appropriately managed. The secretariat, and the Board, are constantly monitored and evaluated, and any risks are identified and managed. The Board aligns itself to the governance principles of the HPCSA, and strives to ensure that the principles and values of transparency, accountability, honesty, respect, empathy and transformation are adhered to. The Board also strives to ensure that its decisions are aligned to the demands of the various ethical obligations, rules and regulations, and statutory laws of South Africa.

11. HIGHLIGHTS

The Board has achieved numerous successes despite it being in office for a few months. Amongst these is that it has continued to engage with stakeholders on a meaningful and fruitful basis and that it has put into plans, structures to address and reduce the impact of COVID-19 on its mandate. Such measures include the move towards virtual higher education institutions accreditation visits, and work on the development of an online examination for the Dental Assistants Board Examination.

12. CONCLUSION

I am confident that as we forge ahead in the next few years of office the Board will continue to achieve many successes in its quest to become one of, if not, the most effective, efficient and responsive Board within the health regulatory sphere and that we will work towards achieving the mandate of the Board- to protect the public and guide the profession.

Warm Regards

DR TA MUSLIM

CHAIRPERSON: PROFESSIONAL BOARD FOR DENTAL THERAPY,DENTAL ASSISTING AND ORAL HYGIENE

PROFESSIONAL BOARD FOR
Medical And Dental

PROF SOLOMON RATAEMANE
CHAIRPERSON OF THE MEDICAL
AND DENTAL PROFESSIONS

1. OVERVIEW

The Medical and Dental Professions Board is constituted in terms of the regulations relating to its Constitution contained in Regulation No. R 1254 of 28 November 2008 and it comprises forty-five (45) members appointed by the Minister of Health for a five-year term of office, as of October 2020 and will end in September 2025.

The Professional Board in terms of Section 15B(1)(f) and Regulation 2 of the regulations relating to the function and functioning of Professional Boards may establish standing committees as it deems necessary and such committees may consist of as many persons, appointed by the Professional Board as the Professional Board may determine. This is further amplified statutorily where "the Professional Board may delegate to any of its committees its powers as it may determine but shall not be divested of any power so delegated".

The Professional Board in compliance with and Regulation 2 of the regulations relating to the function and functioning of Professional Boards constituted the Committee for Medical Science; Dental Committee; Medical Education, Training and Registration Committee; Health Committee; Professional Practice Committee and Executive Committee in the reporting period.

The Professional Board also established the following Committees of Preliminary Inquiry: First Medical Committee of Preliminary Inquiry (Prelim Med-1), Second Medical Committee of Preliminary Inquiry (Prelim Med-2), Third Medical Committee of Preliminary Inquiry (Prelim Med-3), Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4), Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5) and Dental Committee of Preliminary Inquiry (Prelim Dent).

2. VISION AND MISSION

The vision of the Medical and Dental Professions Board is to provide quality and equitable healthcare through public protection, professional regulation and advocacy

The mission of the Medical and Dental Professionals Board is to:

- Ensure appropriate education and training standards
- Regulate and ensure compliance for professional registration
- Promote and regulate professionals as well as ethical practice
- Guide the relevant professions and to protect the public
- Maintain and enhance the dignity and integrity of the health profession and professionals
- Advocate for the promotion of the health of the population
- Commit to improved stakeholder engagement
- Advise Council and the Minister of Health in the development of strategic policy frameworks

VALUES

The Professional Board will deliver on its mandate through:

- Expecting honesty and integrity from its members
- Acting with respect, fairness and transparency to all
- Regulating consistently and decisively
- Functioning effectively and efficiently
- Ensuring accountability for its actions

3. THE STRATEGIC GOALS

In February 2020, the Professional Board held its strategic planning workshop to discuss the strategies that the Board will be pursuing over the coming five-year term of office. The strategy is premised around the wins of the preceding strategic plan of the Medical and Dental Profession Board. The Professional Board developed four (4) goals that will be used as building blocks towards achievement of the stated goals and specific identified initiatives.

The following are the Board's four (4) strategic goals:

- Goal (programme) number 1: Efficient and effective functioning of the Board
- Goal (programme) number 2: Regulating and Guiding the profession
- Goal (programme) number 3: Protecting the public
- Goal (programme) number 4: Advisory and advocacy for profession and stakeholders

4. EDUCATION AND TRAINING

In terms of Health Professions Act 1974, (Act of 56 of 1974), one of the primary functions of the Board is to determine and uphold standards of education, training and practice.

The Professional Board delegated the mandate of education, registration and training related matters to the Medical Education, Training and Registration Committee, Dental Committee and the Committee for Medical Science, and the Committees in the reporting period reviewed the following Board's specific education and training documents:

The Medical Science Legal Framework can be divided into internship training as prescribed in Policy A and accreditation of internship training facilities as described in Policy B.

a) Policy A: provided a comprehensive guideline on matters relating to internship in Medical Science. The following documents were discussed and explained under Policy A

- The National Curriculum: Medical Biological Science – CMS O1 MBS
- The National Curriculum: Genetic Counsellors – CMS 01 GC
- The National Curriculum: Medical Physics – CMS 01 PH
- Guideline for Submission and Assessment of Portfolio of Evidence: Medical Biological Science – CMS 02 MBS
- Guideline for Submission and Assessment of Portfolio of Evidence: Medical Biological Science (Reproductive Biology) – CMS 02 RB
- Guideline for Submission and Assessment of Portfolio of Evidence: Genetic Counselling – CMS 02 GC
- Guideline for Submission and Assessment of Portfolio of Evidence: Medical Physics – CMS 02 PH
- Guideline for the recognition of qualifications not prescribed for registration as Medical Scientists – CMS 04
- Application for increase in the number of intern Medical Scientist posts – CMS G
- Annual Report to the Committee for Medical Science – CMS C
- Guidelines on Assessment and Moderation of Portfolio of Evidence: Intern Medical Scientists– CMS H
- CMS H: Policy regarding the criteria for accreditation of facilities for internship training in Medical Science be renamed as CMS J.

b) Policy B: provide comprehensive guideline on matters relating to the accreditation of medical science internship facilities. The following documents were discussed and explained under Policy B:

- Application for accreditation as training facility for intern Medical Biological Scientists – Self-Evaluation Questionnaire – CMS D1 MBS
- Application for accreditation as training facility for intern Genetic Counsellors Medical Biological Scientists – Self-Evaluation Questionnaire – CMS D2 GC
- Application for accreditation as training facility for intern Medical Physicists – Self-Evaluation Questionnaire – CMS D3 PH
- Inspection of facilities for training of intern Medical Biological Scientists – Self Evaluation Report - CMS E1 MBS
- Inspection of facilities for training of intern Genetic Counsellors – Self Evaluation Report - CMS E2 GC
- Inspection of facilities for training of intern Medical Physicists – Self Evaluation Report - CMS E3 PH
- Annual Report to the Committee for Medical Science – CMS C
- Evaluation of the experience of the intern candidate during training – CMS F
- Application for increase in the number of intern medical scientist posts – CMS G

c) CMS H: Guidelines on Assessment and moderation of portfolio of evidence Intern Medical Scientists, it was indicated that the policy would be discussed further on CMS meeting scheduled for 20 April 2021 and the time frames as it was part of the agenda items.

d) Policy on the restoration or revocation of name to the register after removal or suspension for practitioners registered under the register of the Medical and Dental Professions Board

The following guidelines and policies were approved by the Board in the reporting period:

- Policy for the evaluation of South African undergraduate and postgraduate Medical and Dental programmes
- Guidelines on the impact of COVID-9 on the training of undergraduate medical students
- Guidelines addressing issues and concerns of medical science internship during COVID19 pandemic
- Guidelines addressing issues and concerns of medical internship during COVID-19 pandemic
- Guidelines on COVID-19 and the academic project for the clinical disciplines: a simplified approach
- Practice guidelines to guide registered practitioners amidst the Coronavirus COVID-19 pandemic
- Frequently asked question for practitioner's impairment
- Guidelines for restoration of medical practitioner who were not working in the profession but wish to restore their names to assist with the COVID-19 pandemic

Pertaining to evaluations of Higher Education Institutions and re-evaluation and/or follow-up evaluations, in the said reporting period, the Board reviewed the schedule of cycle of evaluation for re-evaluation and follow-up evaluations of the medical and dental undergraduate and postgraduate programmes at higher education institutions as follows:

4.1 SCHEDULE FOR UNDERGRADUATE PROGRAMMES

MBCHB AND MBBCH PROGRAMMES			
INSTITUTION	**PREVIOUS VISIT**	**ACCREDITATION PERIOD**	**NEXT VISIT**
UNIVERSITY OF THE FREE STATE	4 -8 MAY 2015 AND 9-13 OCTOBER 2017	FIVE (5) YEARS	3 - 7 AUGUST 2020
SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY	26 -31 MAY 2013	FIVE (5) YEARS	09 - 13 MARCH 2020
NELSON MANDELA UNIVERSITY	28 OCTOBER-01 NOVEMBER 2019	TWO (2) YEARS	2021
WALTER SISULU UNIVERSITY	9-13 APRIL 2018	THREE (3) YEARS	2021
UNIVERSITY OF LIMPOPO	19-24 AUGUST 2018	TWO (2) YEARS	17 -21 AUGUST 2020 REVISIT
BCMP PROGRAMMES			
INSTITUTION	**PREVIOUS VISIT**	**ACCREDITATION PERIOD**	**NEXT VISIT**
WALTER SISULU UNIVERSITY	29 AUG 2016 2 SEPT 2016	FIVE (5) YEARS	2021
UNIVERSITY OF PRETORIA	24 - 28 AUGUST 2015	FIVE (5) YEARS	19 TO 23 OCTOBER 2020
UNIVERSITY OF THE WITWATERSRAND	15-19 OCTOBER 2018	TO BE ANNOUNCED (TBA)	TBA

4.2SCHEDULE FOR POSTGRADUATE PROGRAMMES

NAME OF THE TRAINING INSTITUTION	LAST ACCREDITATION VISITS	ACCREDITATION PERIOD	LAST ACCREDITATION VISITS FOR (DISCIPLINE)	NEXT ACCREDITATION (DISCIPLINE)	NEXT ACCREDITATION VISITS (UNIVERSITY)
UNIVERSITY OF THE FREE STATE	25-28 March 2019	Five (5) years			2024 (report to be approved by the Board)
UNIVERSITY OF KWAZULU-NATAL	13-16 August 2019	Five (5) years			2024 (report to be approved by the Board)
UNIVERSITY OF LIMPOPO	2-3 February 2015	Two (2) years	20-22 Feb 2017	Anaesthesia Dermatology Emergency Medicine Internal Medicine General Surgery Nuclear Med Plastic and Reconstructive Surgery	11-13 March 2019
SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY	4-5 February 2015	Two (2) years	26–27 July 2016		Sept 2020
STELLENBOSCH UNIVERSITY	19 - 21 August 2015	Five (5) years			August 2021
UNIVERSITY OF CAPE TOWN	22-24 June 2015	Five (5) years			June 2021
UNIVERSITY OF THE WITWATERSRAND	23-24 June 2014	Five (5) years	3 March 2015 - 9 July 2015		June 2020
UNIVERSITY OF PRETORIA COMMITTEES	15-17 Sept 2014	Five (5) years	3 June 2016		August 2020

NAME OF THE TRAINING INSTITUTION	LAST ACCREDITATION VISITS	ACCREDITATION PERIOD	LAST ACCREDITATION VISITS FOR (DISCIPLINE)	NEXT ACCREDITATION (DISCIPLINE)	NEXT ACCREDITATION VISITS (UNIVERSITY)
WALTER SISULU UNIVERSITY	18-21 July 2016	Five (5) years		02 March 2020 Departmental visit	July 2021
MTHATHA CAMPUS INTERNAL MEDICINE NEUROLOGY					
EAST LONDON CAMPUS					
PORT ELIZABETH CAMPUS					

4.3 ACCREDITATIONS AND EVALUATIONS

The activities of the Education and Training Division fall under the following key functional areas: 1) Accreditations and Evaluations of Training programmes; 2) Accreditations and Evaluations of Internship Programmes; 3) Board Examinations; and 4) Recognition of Prior Learning/Training Time. The COVID-19 pandemic and lockdown that commenced in March 2020 affected some of the activities that had been planned.

4.3.1 ACCREDITATIONS

Because of the advent of the COVID-19 pandemic, all accreditations were postponed to the next financial year. Future accreditations will need to consider, the recommendations made by the Education, Training and Quality Assurance (ETQA) Committee of Council as it considered measures to minimise the costs for accreditations and evaluations of programmes. The committee identified several options that could help save costs, while recognising that the unique requirements of each professional area would need to be taken into consideration.

In fact, each evaluation should be handled on its merits, subject to the approval of each Board. In this regard, the following may be considered when seeking to minimise costs:

a. The use of virtual platforms for amenable aspects of accreditations and evaluations

b. Reduction in the number of accreditation panel members

c. Reduction in the duration of site visits (these usually would take five days)

d. Reducing the wide gap in fees paid to the chairpersons and ordinary members of panels (subject to rules and prescripts of the HPCSA).

e. Remote administrative and logistics support by the Secretariat

f. Reconciling fees paid to panel members with the fact that, panel members are already employees of institutions, paid for by those institutions. However, this should be handled carefully as it may be difficult to attract people with expertise to serve on the panels if fees are not attractive

g. Exploration of the possibility of the Department of Higher Education, Science and Innovation, and Council on Higher Education subsidising accreditation evaluations.

4.3.2 EVALUATIONS

All programme evaluations were postponed to the next financial year because of the COVID-19 pandemic and subsequent lockdowns.

Three (3)foreign qualified specialist applications were sent for peer review as follows:

Two (2) applications for Specialist Medicine were sent to CMSA for peer review: One (1) was approved by both the Board and CMSA for registration as a Specialist. We are still awaiting outcome from CMSA for the other one. One (1) application for Specialist Dentistry was sent to the four dental schools for peer review, we are still awaiting the outcome from the dental schools.

Sixty-eight (68) applications for recognition of medical officer training time were received, processed, and finalised in various specialties. Recognition was approved for sixty-seven (67) applications, whilst one was declined, due to training having taken place at an unapproved facility. The outstanding pending applications are awaiting additional information from the nine (9) practitioners. The overall attended applications were seventy-seven (77).

PROFESSION	NUMBER OF EVALUATIONS/ ACCREDITATIONS
Medical undergraduate programmes including clinical associate programmes	3
Medical postgraduate programmes	3
Dental undergraduate programmes	1
Dental postgraduate programmes	1
Medical science	0
Internship training sites	7

4.4 MATTERS RELATING TO TEACHING UNITS, DEPARTMENTS AND POSTS

The Board approved the following applications for training units and additional registrar training post numbers:

Training units	8
New and additional registrar training posts/ numbers	18

4.5 MATTERS PERTAINING TO MEDICAL SCIENCE

The Committee for Medial Science has embarked on a process of reviewing all medical science legal framework including policies, guidelines and accreditation documents. This process is still in progress.

Accreditation for intern medical science training programmes were not conducted due to the process of revising medical science legal framework underway.

Appointment letters were sent to the assessors and moderators, few assessors declined the appointment and alternative assessors were allocated as follows:

- Microbiology discipline one assessor declined, alternative assessor has been allocated
- Molecular Biology discipline three assessors declined, alternative assessors has been allocated
- Virology discipline three assessors declined, alternative assessor has been allocated
- Clinical Microbiology one assessor declined, alternative assessor has been allocated

5 REGISTRATIONS

Active Registrations (As at 31 March 2021) MDB

MDB	Intern	In	Intern	5 102
	Intern Total			**5102**
	Practitioner	BE	BIOMEDICAL ENGINEER	1
		CA	CLINICAL ASSOCIATE	1 025
		DP	DENTIST	6 605
		GC	GENETIC COUNSELLOR	23
		GR	GENETIC COUNSELLOR	14
		KB	CLINICAL BIOCHEMIST	6
		MP	MEDICAL PRACTITIONER	48 156
		MS	MEDICAL BIOLOGICAL SCIENTIST	344
		MW	MEDICAL BIOLOGICAL SCIENTIST	351
		PH	MEDICAL PHYSICIST	167
		SMW	SUPPLEMENTARY MEDICAL SCIENTIST	3
	Practitioner Total			**56 695**
MDB Total				**6 1 797**

Active Registrations (31 March 2021) Dental Specialists

REGISTER_NAME	PRACTICE_FIELD	SPECIALITY	TOTAL
DENTIST	SPECIALIST	COMMUNITY DENTISTRY	34
		MAXILLO FACIAL AND ORAL SURGERY	156
		MAXILLO FACIAL AND ORAL SURGERY (DENTAL) (CLOSED)	2
		ORAL MEDICINE AND PERIODONTICS	68
		ORAL PATHOLOGY	19
		ORTHODONTICS	156
		PROSTHODONTICS	91
DENTIST TOTAL			**526**

Active Registrations (As at 31 March 2021) Medical Specialists

REGISTER_NAME	PRACTICE_FIELD	SPECIALITY	SUBSPECIALITY	TOTAL
MEDICAL PRACTITIONER	SPECIALIST	ANAESTHESIOLOGY		1 861
		CARDIOTHORACIC SURGERY		149
		CLINICAL PHARMACOLOGY		20
		COMMUNITY HEALTH		64
		DERMATOLOGY		279
		DIAGNOSTIC RADIOLOGY		998
		EDUCATION PATHOLOGY (MICROBIOLOGICAL)		1
		EMERGENCY MEDICINE		150
		FAMILY MEDICINE		997
		FAST TRACK - PAEDIATRICS		1
		MEDICAL GENETICS		15

REGISTER_NAME	PRACTICE_FIELD	SPECIALITY	SUBSPECIALITY	TOTAL
MEDICAL PRACTITIONER	SPECIALIST	MEDICINE		965
		NEUROLOGY		199
		NEUROSURGERY		245
		NUCLEAR MEDICINE		80
		OBSTETRICS AND GYNAECOLOGY		1 183
		OCCUPATIONAL MEDICINE		41
		OPHTHALMOLOGY		570
		ORTHOPAEDICS		1 013
		OTORHINOLARYNGOLOGY		371
		PAEDIATRIC SURGERY		47
		PAEDIATRICS		1 015
MEDICAL PRACTITIONER	SPECIALIST	PATHOLOGY		18
		PATHOLOGY (ANATOMICAL)		293
		PATHOLOGY (CHEMICAL)		133
		PATHOLOGY (CLINICAL)		73
		PATHOLOGY (FORENSIC)		88
		PATHOLOGY (HAEMATOLOGICAL)		146
		PATHOLOGY (MICROBIOLOGICAL)		161
		PATHOLOGY (VIROLOGICAL)		50
		PHYSICAL MEDICINE (CLOSED)		2
		PLASTIC AND RECONSTRUCTIVE SURGERY		242
		PREVENTIVE MEDICINE (CLOSED)		4
MEDICAL PRACTITIONER	SPECIALIST	PSYCHIATRY		853
		PUBLIC HEALTH MEDICINE		89
		RADIATION ONCOLOGY		246
		SPORTS AND EXERCISE MEDICINE		1
		SURGERY		871
		UROLOGY		302
		VENEROLOGY (CLOSED)		1
	SPECIALIST TOTAL			13 837

MEDICAL PRACTITIONER	SPECIALIST	ANAESTHESIOLOGY	CRITICAL CARE	33
		COMMUNITY HEALTH	OCCUPATIONAL HEALTH	10
		EMERGENCY MEDICINE	CRITICAL CARE	7
		MEDICINE	ALLERGOLOGY	2
			CARDIOLOGY	267
			CLINICAL HAEMATOLOGY	36
			CRITICAL CARE	20
			ENDOCRINOLOGY	68
			GASTROENTEROLOGY	110
			GERIATRIC MEDICINE	16
			HEPATOLOGY	3
			INFECTIOUS DISEASES	40
			MEDICAL GENETICS	3
			MEDICAL ONCOLOGY	40
			NEPHROLOGY	130
			PULMONOLOGY	126
			RHEUMATOLOGY	84
	MEDICINE TOTAL			945
MEDICAL PRACTITIONER	SPECIALIST	OBSTETRICS AND GYNAECOLOGY	CRITICAL CARE	1
			GYNAECOLOGY ONCOLOGY	31
			MATERNAL AND FOETAL MEDICINE	40
			REPRODUCTIVE MEDICINE	55
			UROGYNAECOLOGY	20
	OBSTETRICS AND GYNAECOLOGY TOTAL			147
MEDICAL PRACTITIONER	SPECIALIST	PAEDIATRIC	ALLERGOLOGY	14
			CARDIOLOGY	50
			CLINICAL HAEMATOLOGY	7
			CRITICAL CARE	36
			DEVELOPMENTAL PAEDIATRICS	19
			ENDOCRINOLOGY	19
			GASTROENTEROLOGY	23
			INFECTIOUS DISEASES	25
			MEDICAL GENETICS	9
			MEDICAL ONCOLOGY	37
			NEONATOLOGY	76
			NEPHROLOGY	26
			NEUROLOGY	34
			PULMONOLOGY	51
			RHEUMATOLOGY	11
	PAEDIATRIC TOTAL			437

MEDICAL PRACTITIONER	SPECIALIST	PATHOLOGY (HAEMATOLOGICAL)	CLINICAL HAEMATOLOGY	28
		PATHOLOGY (MICROBIOLOGICAL)	INFECTIOUS DISEASES	3
		PHYSICAL MEDICINE (CLOSED)	RHEUMATOLOGY	5
		PSYCHIATRY	CHILD PSYCHIATRY	51
			FORENSIC PSYCHIATRY	26
			GERIATRIC PSYCHIATRY	3
			NEUROPSYCHIATRY	14
	PSYCHIATRY TOTAL			94
MEDICAL PRACTITIONER	SPECIALIST	SPECIAL MERIT	CARDIOLOGY	3
			MEDICAL GENETICS	1
			NEPHROLOGY	1
			PULMONOLOGY	1
	SPECIAL MERIT TOTAL			6
MEDICAL PRACTITIONER	SPECIALIST	SURGERY	CRITICAL CARE	15
			GASTROENTEROLOGY	61
			PAEDIATRIC SURGERY	29
			TRAUMA SURGERY	29
			VASCULAR SURGERY	71
	SURGERY TOTAL			205
MEDICAL PRACTITIONER	SPECIALIST	UROLOGY	UROGYNAECOLOGY	4
	SUBSPECIALIST TOTAL			1 923
MEDICAL PRACTITIONER TOTAL				**15 761**

Active Registrations (As at 31 March 2021) Medical Practitioners - Community Service

REGISTER_NAME	PRACT_FIELD	TOTAL
MEDICAL PRACTITIONER	MEDICAL PRACTITIONER COMMUNITY SERVICE	2 076
MEDICAL PRACTITIONER TOTAL		**2 076**

Active Registrations (As at 31 March 2021) Medical Practitioners - Public Service

REGISTER NAME	PRACTICE TYPE	PRACTICE_FIELD	TOTAL
MEDICAL PRACTITIONER	PUBLIC SERVICE	EDUCATION	3
		EDUCATION TRANSKEI	1
		GENERAL PRACTITIONER RESTRICTED TO GENERAL PRACTICE	4
		MED PRACTITIONER RESTRICTED TO FORENSIC PATH FS	1
		MEDICAL PRACTITIONER	1 296
		MEDICAL PRACTITIONER (ANAESTHESIOLOGY) MPUMALANGA	1
		MEDICAL PRACTITIONER (ANAESTHESIOLOGY) NORTH WEST	1
		MEDICAL PRACTITIONER (ENT) NORTH WEST	1
		MEDICAL PRACTITIONER (GASTROENTEROLOGY) GAUTENG	1
		MEDICAL PRACTITIONER (NEUROLOGY) FREE STATE	1
		MEDICAL PRACTITIONER (OBS & GYNAE) EASTERN CAPE	2
		MEDICAL PRACTITIONER (OBS & GYNAE) FREE STATE	1
		MEDICAL PRACTITIONER (OBS & GYNAE) LIMPOPO	1
		MEDICAL PRACTITIONER (OBS & GYNAE) MPUMALANGA	2
		MEDICAL PRACTITIONER (OBS & GYNAE) NORTH WEST	4
		MEDICAL PRACTITIONER (OPHTHALMOLOGY) EASTERN CAPE	1
		MEDICAL PRACTITIONER (OPHTHALMOLOGY) MPUMALANGA	1
		MEDICAL PRACTITIONER (OPHTHALMOLOGY) NORTH WEST	3
		MEDICAL PRACTITIONER (ORTHOPAEDICS) EASTERN CAPE	1
		MEDICAL PRACTITIONER (ORTHOPAEDICS) KWAZULU NATAL	1
		MEDICAL PRACTITIONER (ORTHOPAEDICS) MPUMALANGA	1
		MEDICAL PRACTITIONER (ORTHOPAEDICS) NORTHERN CAPE	2
		MEDICAL PRACTITIONER (UROLOGY) GAUTENG	1
		MEDICAL PRACTITIONER (UROLOGY) NORTH WEST	1
		MEDICAL PRACTITIONER ANAESTHESIOLOGY EASTERN CAPE	1
		MEDICAL PRACTITIONER ANAESTHESIOLOGY KWAZULU-NATAL	1
		MEDICAL PRACTITIONER ANAESTHESIOLOGY LIMPOPO	1
		MEDICAL PRACTITIONER ANAESTHESIOLOGY NORTHERN CAPE	2
		MEDICAL PRACTITIONER COMMUNITY SERVICE	2 076
		MEDICAL PRACTITIONER DERMATOLOGY NORTHERN CAPE	1
		MEDICAL PRACTITIONER EASTERN CAPE	1

REGISTER NAME	PRACTICE TYPE	PRACTICE_FIELD	TOTAL
MEDICAL PRACTITIONER	PUBLIC SERVICE	MEDICAL PRACTITIONER FAMILY MEDICINE	2
		MEDICAL PRACTITIONER GAUTENG	2
		MEDICAL PRACTITIONER MEDICINE - EASTERN CAPE	1
		MEDICAL PRACTITIONER MEDICINE FREE STATE	1
		MEDICAL PRACTITIONER MEDICINE LIMPOPO	6
		MEDICAL PRACTITIONER MEDICINE MPUMALANGA	4
		MEDICAL PRACTITIONER MEDICINE NORTH WEST	1
		MEDICAL PRACTITIONER NORTH WEST	1
		MEDICAL PRACTITIONER PAEDIATRICS EASTERN CAPE	2
		MEDICAL PRACTITIONER PAEDIATRICS FREE STATE	3
		MEDICAL PRACTITIONER PAEDIATRICS GAUTENG	1
		MEDICAL PRACTITIONER PAEDIATRICS LIMPOPO	4
		MEDICAL PRACTITIONER PAEDIATRICS MPUMALANGA	2
		MEDICAL PRACTITIONER PAEDIATRICS NORTH WEST	2
		MEDICAL PRACTITIONER PSYCHIATRY FREE STATE	1
		MEDICAL PRACTITIONER PSYCHIATRY GAUTENG	1
		MEDICAL PRACTITIONER PSYCHIATRY NORTH WEST	5
		MEDICAL PRACTITIONER RESTRICT TO PUBLIC HEALTH MED	8
		MEDICAL PRACTITIONER RESTRICTED TO EMERG MED LIMPOPO	2
		MEDICAL PRACTITIONER RESTRICTED TO ANAESTHESIOLOGY	1
		MEDICAL PRACTITIONER RESTRICTED TO CARDIO LIMPOPO	2
		MEDICAL PRACTITIONER RESTRICTED TO CARDIOLOGY EC	1
		MEDICAL PRACTITIONER RESTRICTED TO CLIN PATH	1
		MEDICAL PRACTITIONER RESTRICTED TO DIAG. RAD MP	1
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED E.CAPE	1
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED F STATE	15
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED GAUTENG	13
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED KZN	1
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED LIMPOPO	1
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED MPUMALANGA	2
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED NORTHERN CAPE	14
		MEDICAL PRACTITIONER RESTRICTED TO FAM MED NORTH WEST	5
		MEDICAL PRACTITIONER RESTRICTED TO FAMILY MEDICINE	126
		MEDICAL PRACTITIONER RESTRICTED TO FORENS PATH NORTHERN CAPE	1
		MEDICAL PRACTITIONER RESTRICTED TO FORENS PATH NORTH WEST	1
		MEDICAL PRACTITIONER RESTRICTED TO MEDICINE	2
		MEDICAL PRACTITIONER RESTRICTED TO NEUROSURG LIMPOPO	2
		MEDICAL PRACTITIONER RESTRICTED TO NEUROSURGERY	2
		MEDICAL PRACTITIONER RESTRICTED TO OBSTETRICS AND GYNAE	1
		MEDICAL PRACTITIONER RESTRICTED TO OBSTETRICS AND GYNAE	5
		MEDICAL PRACTITIONER RESTRICTED TO ORTHOPAEDICS	5
		MEDICAL PRACTITIONER RESTRICTED TO PAEDIATRICS	2

REGISTER NAME	PRACTICE TYPE	PRACTICE_FIELD	TOTAL
MEDICAL PRACTITIONER	PUBLIC SERVICE	MEDICAL PRACTITIONER RESTRICTED TO SURGERY	2
		MEDICAL PRACTITIONER RESTRICTED TO VASCULAR SURG	1
		MEDICAL PRACTITIONER RESTRICTED TO VASCULAR SURG L	1
		MEDICAL PRACTITIONER SURGERY KWAZULU NATAL	1
		MEDICAL PRACTITIONER SURGERY LIMPOPO	1
		MEDICAL PRACTITIONER SURGERY MPUMALANGA	4
		MEDICAL PRACTITIONER SURGERY NORTH WEST	3
		MEDICAL PRACTITIONER-RESTRICTED CARDIOLOGY NORTH WEST	1
		MEDICAL PRACTITIONER-RESTRICTED GENERAL PRACTICE	1
		MEDICAL PRACTITIONER-RESTRICTED GP EASTERN CAPE	11
		MEDICAL PRACTITIONER-RESTRICTED GP FREE STATE	3
		MEDICAL PRACTITIONER-RESTRICTED GP GAUTENG	2
		MEDICAL PRACTITIONER-RESTRICTED GP KWAZULU-NATAL	3
		MEDICAL PRACTITIONER-RESTRICTED GP LIMPOPO	1
		MEDICAL PRACTITIONER-RESTRICTED GP MPUMALANGA	3
		MEDICAL PRACTITIONER-RESTRICTED GP NORTH WEST	5
		MEDICAL PRACTITIONER-RESTRICTED GP NORTHERN CAPE	2
		MEDICAL PRACTITIONER-RESTRICTED TO NEPHROLOGY NORTH WEST	1
		POSTGRADUATE STUDY	1
		SPECIALIST	198
		SUBSPECIALIST	14
	PUBLIC SERVICE TOTAL		**3 928**

6. STAKEHOLDER ENGAGEMENT

One of the Board's key strategy objectives was to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. The objective was intended to promote meaningful engagement and dialogue with the relevant stakeholders as it forms part of Council's broader strategic objective.

In this regard, the Board engaged with its stakeholders through the newsletter relating to the clinical practice guidelines, frequently asked questions related to the profession and other matters related to the Board profession announced on the Board specific website.

One (1) virtual stakeholder engagement with the following stakeholders on the effect of COVID-19 on medical education and training was held on 27 May 2020:

- Representatives from METC, Committee for Medical Science and Dental Committee
- Junior Doctors Association of South Africa and Intern Provincial Coordinators
- South African Registrars' Association
- Deans of Medical Schools
- Deans of Dental Schools
- Clinical Associate Training Institutions
- Medical Science Training Institutions and Stakeholders
- Deans: Medical Universities and Dental Schools

7. PROFESSIONAL PRACTICE AND CONDUCT

In terms of the mandate of the Committees of Preliminary Inquiry of the Professional Board, the committees are authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The Committees of Preliminary Inquiry held twenty-one (21) meetings in the reporting period and the following matters were dealt with:

7.1 COMMITTEES OF PRELIMINARY INQUIRY

		Finalised by Prelim				Deferred						Referred				Withdrawn	
PRELIM MEETING	Number of Meetings	Explanation accepted 4(7)	Caution/ Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Withdrawn	Total Matters Considered
Med 1	4	114	13	39	43	106	14	0	1	8	54	0	2	3	0	2	389
Med 2	4	134	2	14	36	20	24	0	0	15	75	0	0	0	0	0	253
Med 3	3	82	10	20	17	49	6	0	1	9	6	0	2	1	0	2	232
Med 4	5	77	5	20	37	6	1	1	1	29	5	0	2	0	0	2	186
Med 5	1	25	8	5	6	1	0	0	0	4	0	0	8	0	0	0	57
Prelim Dent	4	38	12	6	27	1	6	0	1	0	0	0	7	3	0	0	100
TOTAL	**21**	**432**	**50**	**104**	**166**	**183**	**51**	**1**	**4**	**65**	**140**	**0**	**21**	**7**	**0**	**6**	**1217**

7.2 PROFESSIONAL CONDUCT REPORT

ACTIVITIES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
SET DOWN MATTERS	**19**	104	**85**	**132**	**340**
REMOVAL FROM THE ROLL	06	49	29	45	129
POSTPONED AT THE INQUIRY	06	22	28	37	93
FINALISED	07	33	28	50	118
APPEALS	01	01	00	01	03
SUSPENSIONS	01	02	01	02	06

Summary:

- A total of three hundred and forty (340) cases were set down during the year April 2020 – March 2021;
- On average, 19% of cases set down were removed from the roll and 14% of the matters were postponed at the inquiry due to several reasons including: -

a) Removal from the roll:-

i. Agreement by both parties as they are not ready to proceed with the matter

ii. Request from attorneys as they have just been appointed as attorneys of record and not ready to proceed with the inquiry

iii. Withdrawal of the case by the complainant

iv. Practitioner requesting to pay a Reg. 4(9) fine at the last minutes

b) Postponement at the hearing :-

i. Postponed due to time constrain

ii. Application for a postponement by any party, either practitioner/attorney (most not ready to proceed, e.g., pre-trial not held, late appointment, not comfortable with certain committee member, etc or the pro forma complainant (due to respondents and/or witnesses not located, not able to arrange for a pre-trial, etc

iii. Postponement by the committee members as they are not satisfied with certain issues and require some documents and/or proof

7.3 OMBUDSMAN: ANNUAL REPORT FOR 2020/2021

7.3.1 STATUTORY FUNCTIONS

The Office of the Ombudsman was established to mediate in the cases of minor transgressions in terms of Regulation 2(3)(d) of the regulations relating to the Conduct of Inquiries into alleged Unprofessional Conduct under the Health Professions Act, 1974. In terms of these regulations, minor transgressions mean conduct which in the opinion of the Registrar or Preliminary Committee of Inquiry, on the basis of the documents submitted to the Registrar or such committee, is unprofessional, but of a minor nature, and does not warrant the holding of a formal professional conduct inquiry.

The Office of the Ombudsman considers any referred matter and mediates between parties with a view of making a determination to resolve the matter between the parties, advise the parties

of the determination made on the matter and require them to indicate whether or not they will abide by the determination. If the parties agree to abide by the determination, the Ombudsman confirms the determination in writing and the determination is then binding on both parties as a final resolution on the matter. In cases where either party does not agree to abide by the determination, the matter is referred to the Registrar for preliminary investigation.

7.3.2 EXECUTIVE SUMMARY

- The Ombudsman received 407 complaints from April 2020 to March 2021, which comprises 29% (407/1404) of total registered complaints during this period. There is a 6% decrease of complaints referred for mediation compared to the 2019/20 financial year.
- On average, it takes less than two days from the time a complaint is registered to the time when a request for explanation is sent to the respondent.
- 92% (374/407) of the complaints received from April 2020 to March 2021 have been finalised, of which 97% (361/374) were finalised within 90 days with a mediation success rate of 93% (349/374).
- A total number of 998 matters were finalised by the Ombudsman, of which 37% (374/998) were received in the reporting period ; 20% (197/998) are from the previous financial year and 43% (427/998) are backlog matters.
- All matters which were outstanding from the 2019/20 financial year have been cleared
- 98 % (418/427) of the backlog has been cleared
- 97% (973/998) of complaints were finalised without requiring a contact mediation, only 3% (25/998) were finalised through virtual mediation.

7.3.3 DISTRIBUTION OF COMPLAINTS PER BOARD

BOARD	NUMBER OF COMPLAINTS PER BOARD
MDB	363 (89.2%)

7.3.4 COMPLAINTS PER SPECIALTY IN THE MEDICAL AND DENTAL BOARD

SPECIALTY	NUMBER OF COMPLAINTS
GP	91 (25.07%)
DENTAL	42 (11.57%)
PATHOLOGY	27 (7.43%)
ORTHOPAEDICS	25 (6.88%)
ANAESTHIOLOGY	23 (6.33%)
MEDICINE	22 (6.06%)
SURGERY	20 (5.5%)
GYNAE AND OBSTET	19 (5.23%)
DIAGNOSTIC RADIOLOGY	9 (2.47%)
PSYCHIATRY	9 (2.47%)
CARDIOLOGY	8 (2.2%)
GASTROENTEROLOGY	7 (1.92%)
PLASTIC AND RECONSTRUCTIVE SURGERY	7 (1.92%)
MAXILLO FACIAL AND ORAL SURGERY	6 (1.65%)
OBSTETRICS AND GYNAECOLOGY	6 (1.65%)
NEUROLOGY	5 (1.37%)
FAMILY MEDICINE	4 (1.1%)
OPHTHALMOLOGY	4 (1.1%)
ORTHODONTICS	4 (1.1%)
RHEUMATOLOGY	4 (1.1%)
DERMATOLOGY	3 (0.82%)
PAEDIATRICS	3 (0.82%)
ENDOCRINOLOGY	2 (0.55%)
NEUROSURGERY	2 (0.55%)
OTORHINOLARYNGOLOGY	2 (0.55%)
UROLOGY	2 (0.55%)
VASCULAR SURGERY	2 (0.55%)
EMERGENCY MEDICINE	1(0.275%)
NEPHROLOGY	1 (0.275%)
NUCLEAR MEDICINE	1 (0.275%)
ORAL MEDICINE AND PERIODONTICS	1 (0.275%)
PULMONOLOGY	1 (0.275%)
GRAND TOTAL	**363**

This table shows the distribution of complaints across specialties in the Medical and Dental Professions Board

7.3.5 NATURE OF COMPLAINTS DISTRIBUTION PER BOARD

ROW LABELS	ACCOUNT	BILLING	COMMUNICATION	DIGNITY	INFORMED FINANCIAL CONSENT	INSUFFICIENT CARE	INTEGRITY	MEDICAL REPORT / RECORDS	REPUTATION OF COLLEAGUE	GRAND TOTAL
MDB	96	24	51	1	44	70	17	60	0	363

This table shows common nature of complaints per Board. The most common complaints for the Medical and Dental Board are matters relating to accounts followed by medical records

8. COMPLIANCE FOR REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and it is also a legal requirement to ensure that all personal details are up to date at all times.

The Board's rigorous registration application vetting process, in particular for the foreign qualified and first-time registrants is conducted to ensure that appropriately qualified practitioners were registered in terms of the Boards requirements outlined in the policies, guidelines and relevant regulatory frameworks.

9. BOARD EXAMINATION

The Medical and Dental Professions Board medical examination was conducted on the dates of the examinations:

9.1 MEDICAL

TYPE OF EXAM	DATE	TOTAL CANDIDATES	PASSED	FAILED
THEORY	19 JAN 2021	57	36	21
OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) (PRACTICAL)	23 FEBRUARY 2021	36	35	1

9.2 MEDICAL SCIENCE (PORTFOLIO SUBMISSIONS)

The Committee for Medial Science has received the following portfolios for the National Board Assessment (Portfolio Assessments).

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED / FINALISED	OUTSTANDING/STILL IN PROGRESS
01 - 31 MAY 2020	20	20	0
01 - 30 SEPTEMBER 2020	19	18	1
01 - 30 JANUARY 2021	14	14	0

9.3 DENTAL

There were no examinations for the Dental Professions

10. GOVERNANCE

Governance denotes the way organisations are directed and controlled. It is pertinently concerned with power and decision making in the organisation and it relates to the transparent and ethical way by which leaders attempt to achieve the objectives of the organisation and how they are held accountable for their actions and omissions.

The Board's Annual Performance Plan and Operational Plan informed the activities involved in the running of the Board and ensuring that it meets its goals.

A Risk Register was developed to identify and mitigate potential risks and these governance documents were reviewed at the Professional Board's structures to manage and track progress as well effectiveness of interventions.

The Professional Board is committed to and fully endorse the principles of good governance as set out in the King IV Report and dealt with the following:

- The revision and approval of strategic plans, annual performance plans and risk management plans that directed activities and operations of the Board to meet the strategic goals and mitigation of the risks identified.
- Reviewed the composition of committees in terms of Regulation 2 of the regulations relating to the functions and functioning of the Professional Boards.
- Reviewed and approved the terms of references for the committees of the Professional Board.
- The review and monitoring of budget of the Board and ensured that cost cutting measures are implemented and adhered to such as convening meetings back-to-back.

- Decisions taken by the Board relating to the Profession were communicated and shared with the stakeholders for buy-in, information sharing and feedback purposes.
- Ensured that decision making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Board for the reporting period.
- The compilation of a handover report for the current Board which commenced its term of office in October 2020.

In the reporting period , the meetings and workshops convened were as follows;

PROFESSIONAL BOARD MEETINGS	FIVE (5) BOARD MEETINGS TWO (2) BUDGET MEETINGS ONE (1) STRATEGIC PLAN WORKSHOP TWO (2) SPECIAL BOARD MEETINGS ONE (1) LEGISLATION REVIEW PROJECT WORKSHOP
MDB MANAGEMENT MEETING	TWO (2) MEETINGS ONE (1) SPECIAL MEETING
EXECUTIVE COMMITTEE MEETINGS (EXCO)	SIX (6) MEETINGS ONE (1) BUDGET MEETING
COMMITTEE FOR MEDICAL SCIENCE (CMS)	FOUR (4) MEETINGS TWO (2) WORKSHOPS
DENTAL COMMITTEE (DC)	FIVE (5) MEETINGS
MEDICAL EDUCATION AND TRAINING COMMITTEE (METC) (UNTIL OCT 2020)	FIVE (5) MEETINGS ONE (1) WORKSHOP
MEDICAL REGISTRATION COMMITTEE (MRC) (UNTIL OCT 2020)	FOUR (4) MEETINGS
MEDICAL EDUCATION, TRAINING AND REGISTRATION COMMITTEE (METRC)	ONE (1) MEETING ONE (1) WORKSHOP
PRACTICE COMMITTEE (PPC)	TEN (10) MEETINGS TWO (2) WORKSHOPS
HEALTH COMMITTEE (HC)	TWO (2) MEETINGS ONE (1) WORKSHOP
FIRST MEDICAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM MED-1)	FOUR (4) MEETINGS
SECOND MEDICAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM MED-2)	FOUR (4) MEETINGS
THIRD MEDICAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM MED-3)	THREE (3) MEETINGS
FOURTH MEDICAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM MED-4)	FIVE (5) MEETINGS
FIRTH MEDICAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM MED-5)	ONE (1) MEETING
DENTAL COMMITTEE OF PRELIMINARY INQUIRY (PRELIM DENT)	FOUR (4) MEETINGS
TASK TEAMS/ADHOC MEETINGS	FIVE (5) BOARD TASK TEAM MEETINGS TWO (2) PRACTICE COMMITTEE TASK TEAMS

11 HIGHLIGHTS

- Reviewed and updated its policies, guidelines and regulations of the Board
- Reviewed and updated its legal framework for the profession of medical science
- Development and approval of Stakeholder Engagement Plan
- Robust discussions and engagement with key stakeholders relating to the placement of Nelson Mandela Fidel Castro Medical Collaboration (NMFCMC) students
- Development and communicating an articulation strategy to ensure existing practitioners are aware of their professional development pathways
- Revision and approval of Strategic Plan and Annual Performance Plan of the Board
- Appointment of moderators and evaluators
- Discussions and engagement with key stakeholders relating to guidelines for practice under the COVID-19 pandemic
- Update Legal frameworks for medical scientists

PROFESSIONAL BOARD FOR
Medical Technology

MS AKHONA VUMA
CHAIRPERSON OF THE MEDICAL TECHNOLOGY BOARD

1. OVERVIEW AND STRATEGIC OBJECTIVES

The Professional Board for Medical Technology is constituted of ten (10) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The term of office (2015-2020) of the Board came to an end on 31 October 2020. The outgoing Board developed a five-year Strategic Plan and identified following four strategic goals with a number of objectives and initiatives. These strategic objectives were aligned with those of the HPCSA and had provided direction and set priorities for the Board. It was anticipated that these strategic objectives will bring about an improved service delivery to practitioners, the public and hopefully take the professions to greater heights. The Board achieved most of its set objectives and those will be highlighted throughout this report. Most of the performance metrics and indicators have not only been achieved but have been substantially achieved. The Board which will hold office from 2020 – 2025 was inaugurated into office on 05 November 2021. Ms A Vuma was elected as Chairperson of the Board and Dr C Grobler as Vice-Chairperson.

The strategic planning session of the Board was conducted on 4 – 5 February 2021 and was facilitated by the Strategy and Enterprise Project Management Office (EPMO) Division. The Board is in the process of finalising its five-year Strategic Plan. The Strategic Plan once finalised will include the main strategic objectives with its initiatives.

2. MEETINGS OF THE BOARD AND BOARD STRUCTURES

To achieve the strategic objectives , the following meetings and Board activities were conducted between 1 April 2020 and 30 March 2021.

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings (3 ordinary, 1 inaugural and 1 special)	5
Education Committee meetings	3
Executive Committee	1
Committee of the Preliminary Inquiry	1
Task Team meetings/ MTB and Medical Science Committee	1
Stakeholders meeting	1

3. EDUCATION AND TRAINING

The HPCSA has clear ethical rules regarding the performance of professional acts, and in terms of Rule 21 of the "Ethical Rules of Conduct for Practitioners Registered Under the Health Professions Act, 1974", and contained in Government Notice No. R 717 of 4 August 2006, a practitioner shall perform, in an emergency, only a professional act for which he or she is adequately educated, trained and sufficiently experienced.

One of the primary functions of the Board is to determine and uphold standards of education and training. This function delegated to the Education , Training and Registration Committee was conducted through the system of evaluation and accreditation of education and training against a set of standards and guidelines. The committee is satisfied with its functioning as it can claim many achievements during the reporting period.

Due to the COVID-19 lockdown regulations, the previous Board had to postpone the evaluations of Higher Education Institutions and Clinical Training Facilities which were due for programme review in 2020. It is anticipated that evaluation will resume in 2021.

4. STAKEHOLDER ENGAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders.

The previous Board engaged with its stakeholders through the website, newsletter, e-Bulletin and at least one stakeholder meeting per annum in different provinces. Due to the COVID-19 lockdown regulations the annual roadshow was not conducted during the reporting period. However, the Board hosted the consultative meeting with the Society of Medical Laboratory Technology of South Africa, Medical

Technologist Coordinators (provincial representatives), Laboratory Area Managers and Training Managers. The purpose of this initiative was to discuss the March 2021 Medical Technology Board Examination. The Board also contributed various articles in the newsletters of the Board that are aimed at engaging with stakeholders on various matters affecting the professions.

5. PROFESSIONAL PRACTICE AND CONDUCT

The Committee of Preliminary Inquiry in terms of its mandate is authorised within the current policy parameters as determined by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, 56 of 1974 and to report thereon to the Professional Board. The Prelim Committee has conducted one meeting during the reporting period.

The Board considered and acted on complaints relating to, practising outside of scope of practice, unprofessional conduct towards clients and colleagues, insufficient treatment of patients, etc. The Board also received quarterly status reports on professional conduct matters to enable the Board to monitor progress as well as trends in complaints.

6. SCOPE OF PROFESSION

The Board is currently reviewing the scope of profession of Medical Technology.

7. BOARD EXAMINATIONS

The Society of Medical Laboratory Technologists of South Africa (SMLTSA) conducts the National Board examination on behalf of the Board as per the Memorandum of Understanding.

8. GOVERNANCE

The Board aligns itself to the governance principles of the HPCSA, and strives to ensure that the principles and values of transparency, accountability, honesty, respect, empathy and transformation are adhered to. The Board had committed to fulfill this mandate. This was achieved by developing a Strategic Plan which was aligned to its mandate in terms of the Health Professions Act, 1974 (Act 56 of 1974). A Risk Register was also developed to mitigate and manage potential risks.

The Annual Performance Plan and Operational Plan defined the Board's day-to-day operational activities, to ensure that the objectives are achieved.

The Board reviewed the mandates, roles and responsibilities of its committees in terms of its strategic objectives.

9. HIGHLIGHTS

The inauguration of the new Board members into office and the completion of the e-Bulletin/Newsletter for distribution to the practitioners registered within the Board..

10. CHALLENGES FACED BY THE BOARD IN THE REPORTING PERIOD:

- Delay on the promulgation of the regulations relating to the registration of the Forensic Pathology Officers.
- Completion of all backlogs of re-accreditation and accreditation of training laboratories.
- Review of regulations, rules and policies to ensure alignment and currency.
- Non-payment of government employed Board members resulting in poor preparation and participation during meetings.

11. CONCLUSION

A lot of work awaits the Board to complete, develop and implement. With continuous engagements of the various Board stakeholders, the effectiveness of the implementation will be evident through continuous monitoring of the tools and the guidance the Board is providing to the profession. The Board hopes for remediation of the challenges, to ensure that it diligently carries out its mandate prior to the end of its new term.

MS A VUMA

CHAIRPERSON: PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY


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PROFESSIONAL BOARD FOR
Occupational Therapy, Medical Orthotics And Prosthetics And Arts Therapy

DR DESHINI NAIDOO
CHAIRPERSON OF THE OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY BOARD

1. OVERVIEW

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy is constituted of fourteen (14) members and appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The previous term of office of the Professional Board came to an end on 30 June 2020 and the process of nomination of members to serve for the term 2020 -2025 commenced in February 2020. The term of the Board was extended by the Minister with three months until 31 October 2020.

Following the appointment of members to the Board by the Minister of Health, the Board conducted its inaugural meeting on 4 November 2020 with a fully constituted Board and different committee structures were established.

Dr Deshini Naidoo was elected as Chairperson of the Board and Mrs Mariette Deist was elected as Vice Chairperson of the Board.

A strategic planning session was held in February 2021 and the vision, mission and strategic objectives of the Board for the five-year term were determined as follows:

VISION AND MISSION

The Vision of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy is regulating its professions and protecting the public through promotion of holistic health services for all.

MISSION

The Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy will achieve its vision by:

- **Guiding and regulating the profession through:**
  - o Scopes of profession and practice.
  - o Setting contextually relevant minimum training standards.
  - o Enforcing compliance.
  - o Accreditation and quality assurance of training programmes, facilities, and supervisors.
  - o Setting the standards for registration.
  - o Fostering/promoting continuing professional development.
- **Protecting the public through:**
  - o Monitoring professional conduct.
  - o Upholding and maintaining ethical standards.
- **Advocacy, advisory and stakeholder engagement through:**
  - o Consistent and effective communication and guidance.
  - o Responsiveness to the evolving health needs of the country.
- Efficient and effective Board functioning

STRATEGIC OBJECTIVES

The Board during its strategic planning session in February 2021 defined the following strategic objectives for the five-year term, namely to ensure:

1. Competent graduates practising the professions
2. A capacitated Professional Board to deliver on its fiduciary responsibilities
3. To ensure that all requisite guidelines and regulation that empowers the Board to regulate the professions are current and applicable
4. To ensure recognised technologies for training and practice environment
5. All professional conduct matters are concluded timeously
6. Adopted virtual platforms for all work of the Board
7. Digitally enabled Professional Board by 2025
8. Improved relationships between Professional Board and all relevant stakeholders by the end of the term (2025)

2. PERFORMANCE OVERVIEW

To achieve the strategic objectives as defined by the Board, the following meetings and Professional Board activities were conducted during the period 1 April 2020 - 31 March 2021:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Professional Board meeting -consultation on legislative review	1
Inaugural meeting of newly appointed Board	1
Professional Board -Orientation and Governance Training of new Board Members	1
Board Strategic Planning session (2 days)	1
Document Review Task Team	1
Executive Committee meetings	1
Education, Training and Registration Committee meetings	2
Internship Committee meetings	3
Committee for Preliminary Inquiry meetings	2
Examinations facilitated	3
Evaluation of internship facilities	1
Congresses and conferences	1

3. EDUCATION AND TRAINING, AND QUALITY ASSURANCE FUNCTIONS

Minimum Standards for the Education and Training of professions under the auspices of the Board.

One of the milestones of the Board during the previous year was the development of minimum standards for the education and training of all the professions under the ambit of the Board. The standards were finalised and approved at the Board meeting held in May 2020 for the following categories:

1. Minimum standards for the education and training of Occupational Therapists and Occupational Therapy Technicians.
2. Minimum standards for the Training of Medical Orthotists and Prosthetists and Orthopaedic Technical Assistants.
3. Minimum standards for the Education and Training of Arts Therapists with appendices for the four domains of Art, Drama, Music and Dance Movement.

The Board, based on set minimum standards for training and exit level outcomes, guided institutions on the education and training of students and interns. The development and training of a professional is viewed as part of the value chain in the process from the accreditation of programmes to the certification of a practitioner's competencies in order to register duly qualified and competent practitioners. This ensured that training remained dynamic, relevant, flexible and sensitive to the burden of disease and rehabilitation as well as the health care needs.

Due to the negative impact of the COVID-19 pandemic on the students and interns' education and training during the reporting, period institutions had to make adjustments to find other measures and mechanisms to still ensure quality education and training, and adherence to the minimum standards as determined by the Board.

As the regulatory body, the Board continuously monitored the provision of quality education and training of students and interns registered under the ambit of the Board and was committed to provide the continued support and guidance to institutions. Institutions were scheduled for evaluation and accreditation to train students in accordance with the minimum standards based on a cycle of five (5) years.

A detailed guideline document was in place to assist the evaluation panel with the process (Form 59.) No training of evaluators was required during the reporting period. Processes and procedures were reviewed during the current term to ensure that the Board was on par with the developments in education and programmes, and aligned to the requirements of the Council on Higher Education (CHE) and Higher Education Qualifications Sub- Framework (HEQSF) .

The self-evaluation form (SER) was in place and completed prior to the evaluation visit. Form 59 (guideline for accreditation of higher education institutions) is used for this process. The form was also reviewed to make provision for the approval of new programmes.

The Board continued to monitor the provision of quality education and training of students and interns registered under its ambit and equally, committed to provide the continued support and guidance to the institutions. The institutions were scheduled for evaluation and accreditation to train students in accordance with the minimum standards based on a cycle of five (5) years.

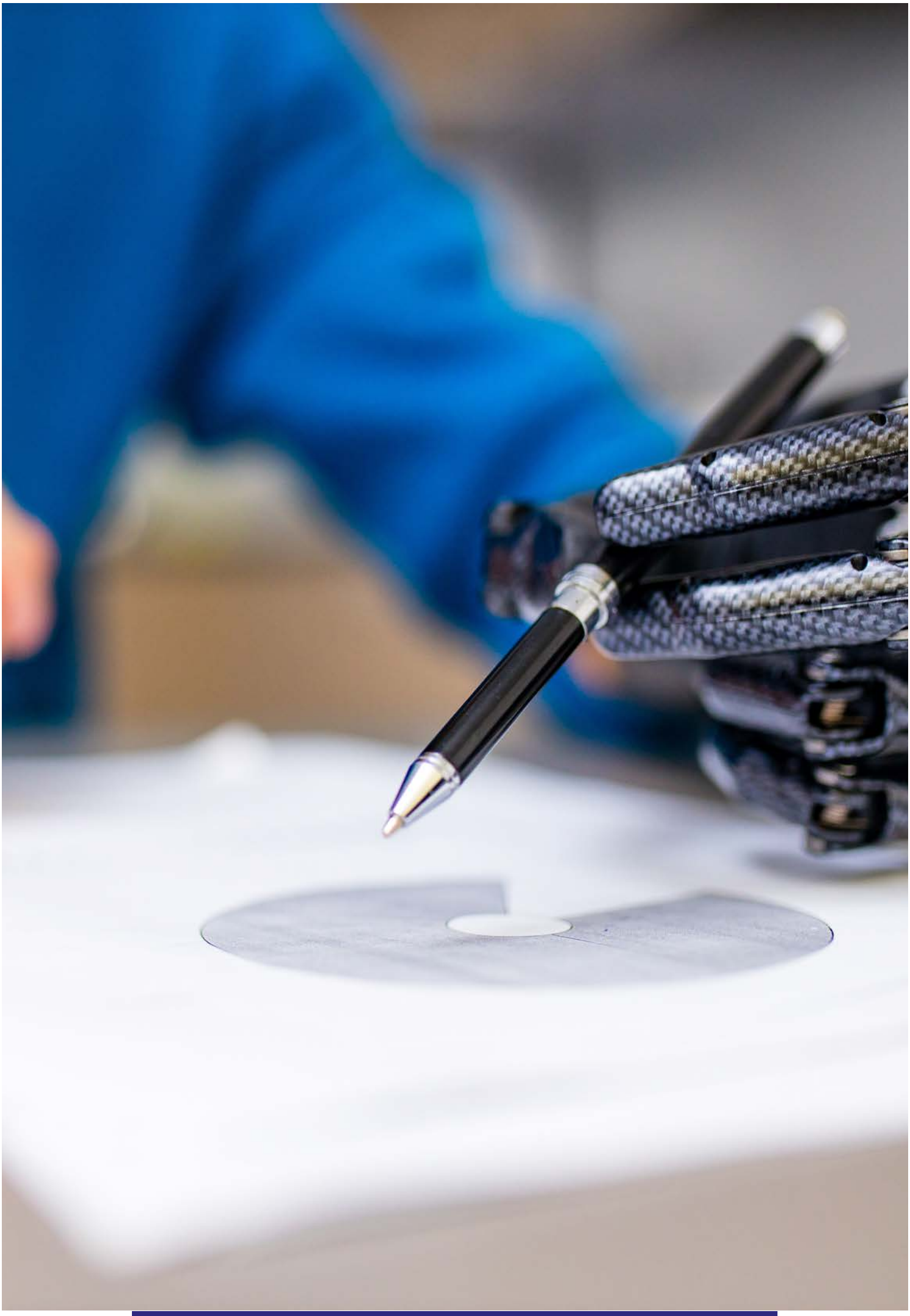
INTERNSHIP TRAINING AND REQUIREMENTS

An Internship Committee was established as a Sub-Committee of to read Education, Training and Registration Committee. The mandate of the Internship Committee was to evaluate applications for purposes of accreditation of internship facilities, appoint panels to evaluate internship facilities, consider the evaluation reports and make recommendations to the Education Committee.

The Internship Committee was further mandated to maintain a record of the placement of interns at internship facilities and to consider internship reports as well as assist with challenges that may arise during the period of internship.

During the period under review, one internship facility for the training of medical orthotist and prosthetist interns was evaluated to ensure that they meet the standards set by the Board for clinical training of interns.

The one-year internship training for medical orthotists and prosthetists will be phased out over the next two years as all medical orthotics and prosthetic training has been aligned to the Higher Education Qualifications Framework (HEQSF) in terms of offering four year directed professional qualifications.



BOARD EXAMINATIONS

The purpose of Board Examinations was to measure the competence and capacity of foreign qualified practitioners applying for registration to enter the profession. Examinations comprises theory and practical assessments conducted by the Board.

The Board conducted examinations in April / May and September /October respectively per annum. During the reporting period, three (3) sets of examinations were facilitated. The Education, Training and Registration Committee as part of the procedure approved the applications for registration individually and if the basic minimum standards for education and training has been met, based on the submission, then the examinations were arranged accordingly in order to determine the registrability of the candidates for purposes of professional registration.

4. PROFESSIONAL PRACTICE AND CONDUCT

CONTINUING PROFESSIONAL DEVELOPMENT AND MAINTENANCE OF LICENSURE (MOL) - PILOT PROJECT

The compliance levels in terms of the Continuing Professional Development (CPD) were monitored and regular reports from CPD accreditors served at the Board structures for quality assurance purposes.

The Board was selected in May 2018 and agreed to participate in the Maintenance of Licensure (MoL) Pilot Project and a task team was appointed to represent the occupational therapy, medical orthotics and prosthetics and arts therapy registers that were part of the project.

The Maintenance of Licensure requirement would have the advantage of running over a five-year cycle and would involve active self-directed learning, starting from a basis of reflection. It also involved international benchmarking.

The MoL Pilot Project was progressing well, however, the business specifications for the online platform were still to be drafted and the business model for the MoL project was to be determined.

COMMITTEE OF PRELIMINARY INQUIRY

The Committee of Preliminary Inquiry is mandated and authorised within the current policy parameters as determined by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, 56 of 1974 and to report thereon to the Professional Board.

The Board complied with the requirements that Professional Conduct matters should be finalised at Board / Professional Conduct Committee within eighteen (18) months. During the 2020/2021 period thirty-seven (37) matters served before the Committee of Preliminary Inquiry ,twenty-seven (27) matters were finalised while ten (10) were pending finalisation.

MEETING OUTCOME	DATE OF MEETING			NUMBER OF ACTIVITIES
	31 May 01 June 2020	20 October 2020	11 March 2021	
Matters served before the committee	31	4	2	37
Explanations noted/accepted	8		1	9
Cautioned/ reprimanded	5	1		6
Inspections	1		1	2
Disciplinary inquiry	3	1		4
Further consideration deferred	2			2
Found guilty and imposed fine/penalty	10	2		12
Total Matters Finalised	**23**	**3**	**1**	**27**
Total Matters Not finalised	**8**	**1**	**1**	**10**

ASSISTIVE DEVICES AND TECHNOLOGY TASK TEAM AND ISSUING OF A POSITION STATEMENT

The Board historically received numerous complaints regarding assistive devices and technology service delivery and responded by setting up a task team in 2013 to address these issues. The task team developed a draft position paper in order to establish standards of practice regarding assistive devices and technology service delivery for practitioners under the auspices of the Board.

The Board engaged with representatives from other Boards to propose broadening the task team in order to be inclusive of all Boards that have practitioners involved in assistive devices and technology service delivery. The inter-board assistive devices task team was established and provided for practitioners under the auspices of the Professional Board for Speech, Language and Hearing Professions (SLH) and Professional Board for Physiotherapy, Podiatry and Biokinetics (PPB) to be part of the process. The expanded inter-board assistive devices and technology task team identified common values and acknowledged that there were numerous instances of scope overlap.

The position paper aimed to:

- Provide clarity regarding the minimum Assistive Devices and Technology training requirements for health practitioners under the auspices of these Boards;
- Provide clarity regarding the categories of Assistive Devices and Technology that fall within the scopes of practice of the professions that fall under the auspices of these Boards; and

- Provide clarity regarding the roles of the different stakeholders involved in Assistive Devices and Technology service delivery.

The Assistive Devices and Technology task team has submitted the draft Position Paper and attachments for consideration and input by the Boards. It was anticipated that the approved position paper will then be presented at Council as an official position on the provision and fitting of Assistive Devices and Technological equipment within the scope of the various professions.

5. STAKEHOLDER STRATEGY AND ENGAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders and inter-sectoral relations, this in an effort to promote dialogue with the stakeholders at the same time providing guidance to the professionals.

A draft Stakeholder Communication Strategy was considered by the Board in 2020 and approved in principle.

The aim with the strategy was to achieve the following:

- Improve communication with all stakeholders to promote a positive brand image;
- Align its stakeholders at the very centre of the communication plans and ensure that they have access to accurate information;
- Foster a culture of a two-way communication with its stakeholders;
- Ensure that the stakeholders understand the Boards' roles and responsibilities;
- Encourage feedback from the practitioners as a means of improving the Boards services through continuous engagement.

The Board issued an annual newsletter in September 2020 as part of the Board communication strategy to improve communication with stakeholders, and in particular with practitioners, interns and students. Important Board related developments were communicated in the Board newsletter.

6. FINANCE AND BUDGETING

The Board performed well within its budget provisions with a 0% increase in annual fees for 2021 and an amount was available from the surplus funds of the previous financial year for the Board for roll-over to the next financial year based on approval by Financial Committee (FINCOM) for specific Board projects during the period under review.

7. HIGHLIGHTS

The previous Professional Board was commended for the significant progress made in terms of the following projects under the Chairmanship of Ms Matty van Niekerk as Chairperson and Prof Lana van Niekerk as Vice Chairperson:

1. Approval of the following draft Scopes of the Profession for the following registers under the ambit of the Board:

- Scope of the profession for Medical Orthotists and Prosthetists
- Scope of the profession for Orthopedic Footwear Technicians
- Scope of the profession for Orthopedic Technical Assistants
- Scope of the profession for Art Therapy

2. The review of the Scope of Profession for Occupational Therapy was finalised in 2018. The finalised Scope was submitted to Council for ratification in June 2018. This was after it was circulated to all other Professional Boards for comments. The Regulations were submitted to the Ministry of Health in 2018 for promulgation.

3. Positive progress made with the development of a register for Orientation and Mobility practitioners as a possible new register as these practitioners were performing acts closely related to the domain of occupational therapists but were not registered with the HPCSA.

4. The development of a draft Position Statement on Assistive Devices and Technology in order to establish standards of practice regarding assistive devices and technology service delivery for practitioners under the auspices of the Board as well as for other related professions. Input from other Boards was awaited.

d. **The Standardised Test Task** Team was established to review and update formal assessment instruments used in occupational therapy. The document was now aligned with the occupational therapy scope of profession document (scope) and assessment instruments were therefore classified in accordance with domains used in the scope. Each assessment instrument is being classified according to a rating scale that was developed to provide a summary overview of the assessment. The South African context is diverse in nature, for this reason an assumption cannot be made that a rating scale is accurate to all contexts.

e. The **Document Review** Task Team reviewed seventy-two (72) forms, guidelines, policies or regulations which served at different Board structures and Board for approval.

PROFESSIONAL BOARD FOR
Environmental Health

MR JOSEPH SHIKWAMBANE
CHAIRPERSON OF THE
ENVIRONMENTAL HEALTH
PRACTITIONERS BOARD

1. OVERVIEW

The Board and its structures successfully held a total of eleven (11) meetings in the 2020/21 reporting period, with two meetings cancelled due to COVID-19 pandemic challenges. The annual interaction with stakeholders, which excluded practitioners, is included in the total number of meetings held. The attendance of members has been more than satisfactory in the reporting period – records kept by the Secretariat in terms of Regulation 26 of the regulations relating to the functions and functioning of the Professional Boards, confirms accordingly.

2. VISION AND MISSION

Vision – A regulatory body that promotes comprehensive, quality and equitable Environmental Health for all

Mission – The Board protects the interest of the public and guides the profession through:

- Developing and implementing strategies, policy frameworks and standards for Environmental Health professions
- Monitoring the quality of training against the set standards
- Promoting ethical practice by ensuring an on-going professional competence and conduct
- Aligning to international standards in education and training while adhering to the best practice within the South African context
- Ensuring effective communication with all stakeholders

3. EDUCATION MATTERS

The Education, Training and Registration Committee of the Board continued to monitor the provision and relevance of the continuing professional development (CPD) activities through the consideration of annual reports submitted by the accredited service providers and giving feedback. Monitoring of work integrated learning hours of final the year students was done following concession to reduce the number of required hours due to COVID-19 challenges.

4. STAKEHOLDER ENGAGEMENT

The annual engagement with the University Heads of Environmental Health Departments on policy matters pertaining to education and training, for example work integrated learning guidelines, guidelines on accreditation of the professional degree programme, ethical conduct of students, articulation general statutory requirements took place. The annual engagements with municipalities and practitioners did not take place due to COVID-19 and the delays in the appointment of new Board members. Northern Cape was scheduled to be visited, however due to COVID-19 regulations and the delays in the appointment of the new Board, the visit did not take place.

5. PROFESSIONAL PRACTICE AND CONDUCT

During the reporting period no matters were considered by the Board's Committee on Preliminary Inquiries and thus no meetings were held

6. SCOPE OF PROFESSIONS

The scope of practice for the professions under the ambit of the Board are in place. The Board ensured that previously reported cases of scope infringement were dealt with accordingly with the assistance of the Inspectorate Office.

7. COMPLIANCE FOR REGISTRATION

The Education, Training and Registration Committee of the Board ensured that the applications received from foreign qualified practitioners considered were compliant in all standard requirements for registration

including being equivalent to the South African qualification and approved for Board examination.

Through the Board's newsletter and symposium, practitioners were encouraged to ensure that they were registered in terms of the Health Professions Act, and also ensure that they attend accredited continuing professional development activities and acquire the required continuing education units (CEUs) as determined by Section 26 of the Health Professions Act.

8. BOARD EXAMINATIONS

A total of fourteen (14) candidates sat for the Board oral examinations at various venues with different dates . Twenty-two (22) took restoration assessments , eight (8) applied for their first registration after community service, two being foreign qualified Environmental Health Practitioners. Twenty-three (23) candidates (twenty of which were from the City of Cape Town) sat for the Environmental Health Assistant (EHAs) Board Examination and were successful registered as such.

The Board examination appeal process guidelines were drafted and incorporated into the reviewed Board Examination Guidelines and due for approval at the next Board meeting.

9. GOVERNANCE

The new Board members were inaugurated in November 2020 for the 2020-2025 term of office and had their strategic planning session in January 2021 The Board's Annual Performance Plan (APP) document incorporates objectives, timeframes and indicators aligned with its Strategic Plan. The monitoring of performance was done through regular reporting on the progress made towards implementing the set objectives as outlined in the APP. The reports were approved at Board meetings held in May 2020.

Related risk register was approved with progress made in mitigating potential risks identified over and above the register.

10. HIGHLIGHTS

- 100% of agendas were finalised during all scheduled and unscheduled meetings that for the period under review.
- Successful stakeholder engagement with Head of Institutions
- Improved role with strategic partners (communication and interactions), stakeholders/practitioners
- Active participation (presentation by Board Chairperson and exhibition) in the annual World Environmental Health Day celebrations organised by the National Department of Health
- Interventions of the Board deterred intended scope infringement ("training of environmental health assistants by one of the metros")

PROFESSIONAL BOARD FOR
Optometry And Dispensing Opticians

MS YURISA NAIDOO
CHAIRPERSON OF THE
OPTOMETRY AND DISPENSING
OPTICIANS BOARD

1. OVERVIEW

The Professional Board for Optometry and Dispensing Opticians successfully implemented its 2020/21 Annual Performance Plan (APP) against its approved budget. A total of nineteen (19) scheduled and extra-ordinary meetings of the Board and its structures were held during the period, through the meeting portal, SharePoint and Microsoft Teams . Active participation and cooperation of members and the Secretariat contributed to a successful financial year.

2. VISION AND MISSION

VISION: "An effective and accountable regulator in the education and practice of eye care professions"

MISSION: To establish and implement a regulatory framework, policies and guidelines for Optometry and Dispensing Optician through:

- Setting of professional norms and standards
- Quality assurance of eye care education and professional practice
- Defining Scopes of Practice
- Promotion of equitable and accessible eye care service delivery
- Effective stakeholder engagement

The Board was inaugurated in November 2020 and had its strategic planning session in January 2021 to develop its new vision, mission and the strategic plan for the term of office (2020 – 2025).

3. EDUCATION AND TRAINING

The Education, Training and Registration Committee of the Board finalised the process of the expanded four-year Bachelor of Optometry programme, which will include Ocular Therapeutics. Endorsement letters were sent to the institutions for them to commence with internal approvals.

In the period under review there were no evaluations scheduled for accreditation of Dispensing Opticianry and Optometry programmes, only a submission of a progress report from one institution on updates on the improvement plan. Continued support and guidance was provided to all the institutions offering education and training in Optometry and Dispensing Opticianry to ensure that competent graduates would be registered with Council.

Policy guidelines:-

- Reviewed Guidelines on Evaluation for Approval of Optometry and Optical Dispensing programmes.
- Approved guidelines on the appointment of lecturers or supervisors by institutions.
- Board Examination guidelines reviewed and approved.
- Reviewed and amended restoration guidelines.
- Continued with drafting the rationale and guidelines for the National Board Examination.

Verification of the number of clinical hours achieved and/or number of patients seen by final year students was conducted, to quality assure that the minimum requirements for registration are met. Also, in terms of monitoring the quality of education and training offered by the five accredited institutions of higher learning in South Africa. In assisting and supporting the institutions and students to mitigate the challenges faced due to the COVID-19 pandemic and related restrictions, the Board approved the request to reduce the minimum clinical hours and patient numbers seen by final year students.

4. STAKEHOLDER ENGAGEMENT

The annual meeting was held with the Head of Departments of Optometry and Dispensing Opticianry to discuss policy relevant matters and share best practices towards improving the professions. This meeting was also used to discuss challenges facing institutions and students as a result of the COVID-19 pandemic. The stakeholder engagement with Dispensing Opticians and other industry stakeholders scheduled for September 2020 was cancelled, due to COVID-19 and the end of term of office for the Board. The Board, however continued engaging with stakeholder via e-mail on matters affecting the profession and is due to resume the meeting with stakeholders in September 2021.

The Board's webpage was regularly reviewed and updated with relevant information. Media statements were published to allay fears and uncertainties of practitioners with the restrictions in the COVID-19 pandemic.

5. PROFESSIONAL PRACTICE AND CONDUCT

The current clinical guidelines for practice will be reviewed in the next financial year.

The Committee of Preliminary Inquiries had five (5) meetings in 2020/21 which considered forty-one (41) matters and the following statistics were noted:

1.	Matters that served before the committee	43
2.	Explanations noted and accepted	9
3.	Inspections	4
4.	Consultations	3
5.	Referred to Disciplinary Inquiry – Regulation 4(8)	0
6.	Further consideration deferred (for additional information)	0
7.	Complaint withdrawn	0
8.	Found guilty and imposed fine/penalty/ caution and reprimand – Regulation 4(9)	14

6. SCOPE OF PROFESSIONS

The previous Board resolved that the Task Team on scope expansion for Dispensing Opticians (DOs) should rather redirect the approach and refocus the scope of D's with more consideration given on the Bachelor of Health Science (BHSc): Opticianry in bridging the gap/s highlighted by the Dispensing Opticians.

7. COMPLIANCE FOR REGISTRATION

- The Board engaged in proactive handling of complaints, had a number of media statements distributed and radio interviews conducted.
- Continuing Professional Development (CPD) Accredited Service Providers (ASPs) and accreditors appointed by the Board submitted annual reports to the Board for consideration. The ASPs and Board appointed accreditors faced challenges due to COVID-19, a few activities were called off, some postponed and ASPs were forced to move these activities virtually.
- The Board continued with its annual verification of compliance with regards to patient numbers/clinical hours, which are supposed to be acquired by final year students as one of the minimum requirements for registration.
- The Board considered applications for a change of category from supervised practice to independent practice, after these practitioners were required to work under supervision for a period of six (6) months, as one of the requirements for restoration after being off the register for two (2) years or more.

8. BOARD EXAMINATION

Board examinations are normally conducted twice a year, however, they had to be postponed during the reporting period due to COVID-19. The Board will resume Board examinations in April 2021, conducting clinical examinations on 10-11 April 2021 for six (6) candidates. This postponement in 2020 negatively affected practitioners who had to successfully pass the examination before they can be restored or registered, however, the Board and the institution responsible for conducting these examinations were bound by the government's Disaster Management Act and also in trying to mitigate human contact.

9. GOVERNANCE

In accordance with Regulation 2 of the regulations relating to the functions and functioning of Professional Boards, Committees of the Board and terms of reference thereof, were accordingly reviewed. Attendance and active participation of members during meetings and discussion of documents improved greatly and has led to the Board being more effective and efficient in carrying out its mandate.

The progress made on the implementation of annual targets as outlined in the 2020/21 Annual Performance Plan, was done in May 2020. The Board is satisfied with its performance in the 2020/21 financial year. Monitoring of the mitigation of identified risks is an ongoing activity and was successfully achieved.

There are mechanisms in place to monitor expenditure of the budget which was developed in line with the Board's strategic objectives.

The previous term of office (2015 – 2020) came to an end in October 2020 after two extensions by the Minister of Health and the new term started with the inaugurations of new members of the Board in November 2020.

10. HIGHLIGHTS

- Finalised the process of expanding the Bachelor of Optometry programme to include Ocular Therapeutics, the matter is now in the hands of higher education institutions offering the programme.
- Policy guidelines were developed and others reviewed. All legislative framework pertaining to the Board were reviewed and are awaiting promulgation by the Minister of Health.
- Continued stakeholder engagements, even under the difficult circumstances that the country finds itself in as a result of COVID-19.
- Proactive handling of complaints and

improved handling of legal matters by the Committee of Preliminary Inquiry.

- Close monitoring of education standards with regular reporting by institutions.
- Online sale of contact lenses and spectacles incorporated to the reviewed ethical rules – draft amendments were published for public comment, these comments are currently being considered by the new Board.
- Expansion of Drug list for Optometrists – the Board managed to get more drugs approved by the South African Health Products Regulatory Authority (SAHPRA), the new Board has established a new Task Team to work on a submission to SAHPRA to get more drugs approved.

PROFESSIONAL BOARD FOR
Physiotherapy, Podiatry & Biokinetics

DR DESMOND MATHYE
CHAIRPERSON OF THE
PHYSIOTHERAPY, PODIATRY AND
BIOKINETICS BOARD

1. OVERVIEW

In the period under review, the Board and its structures successfully held twenty (20) scheduled and unscheduled meetings and activities in pursuance of its set strategic objectives . Of all these meetings hundred percent of the agendas were completed and no meeting was postponed or cancelled due to a lack of a quorum. During the period of review, the Board improved on attendance of meetings by members, with active participation during physical, virtual and/or round robin meetings. As a result an improved working relationship with the Board Secretariat was realised.

Participation in one international physiotherapy conference was one of the highlights in the past year.

2. VISION AND MISSION

The Board was in this reporting period still guided by its vision and mission as developed and adopted in 2015/16 financial year:-

VISION

Ensuring quality specialised skills in Physiotherapy, Podiatry and Biokinetics for all.

MISSION

The mission of the Professional Board for Physiotherapy,Podiatry and Biokinetics is to:

- Guide, set standards and regulate the professions in line with national and international practices
- Protect the public
- Proactively address the needs of the community and relevant stakeholders
- Advocate for the professions and advise relevant policy formulation
- Ensure efficient and effective functioning of the Board

The Board inaugurated in November 2020 had its strategic planning session in January 2021 to develop new vision, mission, strategic plan for the term of office (2020 – 2025).

3. EDUCATION AND TRAINING

The minimum standards of education and training for the three professions under the PBPPB were reviewed and the finalised documents were shared with higher education institutions for implementation. The finalisation of the documents was conducted after a number of consultations with the relevant stakeholders and input/ comments received were incorporated into the reviewed documents.

The evaluations schedule for quality assurance of the different education and training programmes for the different professions under the ambit of the Board, were adhered to. Only three institutions were evaluated using a hybrid approach- virtual and a one-day visit due to COVID-19 restrictions. All were approved to continue offering programmes for the next five years.

The necessary support to the institutions was provided by the Board continuing quality assurance and improvement of the education and training programmes for the professions under the ambit of the Board.

Placement of graduates for internship remained a challenge for many Biokineticists graduate and the Board in its endeavour to assist the situation, had dealt with more than XX applications received of which twenty-seven (27) were approved. The practices were assessed for accreditation towards appointing qualified Biokineticists to do Internship for a period of twelve (12) months. No physical evaluation of practices was conducted due to COVID-19, therefore the evaluation was done through audible and visible video clips of practices.

Reviewed regulations are still with the National Department of Health for further processing and promulgation.

a. Regulations relating to the qualifications for registration of Biokineticist: amendment to include the University of Free State.

b. Regulations relating to the qualifications for registration of Biokineticist: Amendment to the qualification name.

4. STAKEHOLDER ENGAGEMENT

In the year under review, the Education Training and Registration Committee had its annual engagement virtually with Heads of Departments at higher education institutions offering education and training in Physiotherapy, Podiatry and Biokinetics. The Professional Associations were also involved in the same engagement.

The annual Board specific practitioner roadshow was not held due to the COVID-19 pandemic.

5. PROFESSIONAL PRACTICE AND CONDUCT

The Committee for Preliminary Enquiries held four (4) meetings.

1.	Matters that served before the committee	37
2.	Explanations noted and accepted	6
3.	Inspections	1
4.	Consultations	1
5.	Referred to Disciplinary Inquiry – Regulation 4(8)	9
6.	Further consideration deferred (for additional information)	6
7.	Complaint withdrawn	1
8.	Found guilty and imposed fine/penalty/ caution and reprimand – Regulation 4(9)	10

6. SCOPE OF PROFESSIONS

Reviewed regulations defining the scopes of all the three professions in the previous reporting period still awaits finalisation by the National Department of Health. The review was done to update and ensure alignment to developments and needs of the country. Consultations with relevant stakeholders had been done and input/ comments received were incorporated.

Board started a process to review the scope of practice for Physiotherapy Technicians (PTTs) .

7. COMPLIANCE FOR REGISTRATION

Practitioners attending the stakeholder meetings were encouraged to attend accredited continuing professional development activities to remain compliant to that legislative requirement. Compliance levels were monitored through reports received on activities offered by accredited service providers. These annual reports were considered by the Education Training and Registration Committee

Three (3) applications for registration with foreign qualifications were evaluated to verify comparability with the South African qualifications for registration with Council.

8. BOARD EXAMINATION

The Board examinations were conducted in March/April and September/October 2020 for both theory and practical with three 3 candidates who qualified in countries other than South Africa and seeking to be registered with the HPCSA. The four (4) candidates were successful in the examinations and have been registered. Examinations scheduled for March/April 2020 including the PTA/PTT examinations were postponed until COVID-19 regulations are lifted. New dates will be determined accordingly. The PTA/PTT Examinations scheduled for November 2020 for both theory and practical with thirty-eight (38) candidates who wrote the Grandfather Board Examination. The thirty-five (35) candidates qualified for practical examination. In June 2021 supplementary Board examination was conducted for three (3) candidates who were not successful in the examination.

9. GOVERNANCE

Regular monitoring of the implementation of the strategic plan document through the developed annual performance plans and risk register, was done and reported on at every Board meeting.

The Terms of Reference for all the different Committees of the Professional Board were reviewed as required annually. The Practice Committee and Biokinetics Internship Committee were established and regular reports from these Committees were tabled at all Board meetings.

Monitoring of the Board's budget were done through the tabling of financial statements at every Board meeting.

10. HIGHLIGHTS

- Improved attendance and participation of members at all scheduled and unscheduled/extra-ordinary meetings held and in activities of the Board and its committees with only two meetings cancelled
- The Board is awaiting feedback from the South African Health Products Regulatory Authority (SAHPRA) on its submitted application for prescription rights Podiatrists.
- Successful stakeholder engagements with professional associations/societies and heads of programme departments at higher education institutions
- The "Grand Father clause" approved by the Board for upgrading of Physiotherapy Assistants (PTAs) to Physiotherapy Technicians (PTTs) – written Board examinations conducted in four provinces successfully.
- All scheduled evaluations for approval of programmes and clinical facilities (for Biokinetics internship training) took place and all reports given to institutions in time. Virtual evaluation done for some due to COVID-19 regulations.

PROFESSIONAL BOARD FOR Psychology

DR JUSTIN OSWIN AUGUST
CHAIRPERSON OF THE
PSYCHOLOGY BOARD

1. OVERVIEW AND ESTABLISHMENT OF THE BOARD

The Professional Board for Psychology is constituted of twenty (20) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The previous term of office of the Professional Board came to an end on 30 June 2020 and the process of nomination of members to serve for the term 2020-2025 commenced in February 2020. The Minister extended the term of office of the Board by three months until 31 October 2020.

Following the appointment of members to the Board by the Minister of Health, the Board conducted its inaugural meeting on 3 November 2020 and different committee structures were established.

Dr Justin August was elected as the Chairperson of the Board and Prof Charles Young was elected as the Vice-Chairperson of the Board.

A strategic planning meeting was held in February 2021 and the vision and mission of the Board were determined as follows:

VISION AND MISSION

The vision of the Professional Board for Psychology Board is to regulate and advocate for responsive, relevant, and equitable psychological healthcare and wellbeing for all.

The mission of the Professional Board for Psychology Board is to strive to enable regulations that protect the public, guide and uphold the integrity of the profession through:-

- The development of progressive regulations, standards, guidelines and policies.
- Engaging and advocating the work of the Board to all relevant stakeholders.
- Ensuring compliance to legislation.
- Implementing effective, efficient, and transparent procedures and processes.
- Promoting equitable provision of psychological healthcare services and wellbeing for all.

STRATEGIC GOALS

The main strategic goals of the Professional Board for Psychology are as follows :

1. A digitally enabled Professional Board.
2. Improve relationships between the Board by the end of the term of office in 2025.
3. Approve a number of guidelines and regulations by 2025.
4. Efficiently direct Professional Board programmes within available funds.

2. PERFORMANCE OVERVIEW AND GOVERNANCE

BOARD PERFORMANCE ASSESSMENT

The Performance Assessment Tool for Professional Boards was developed by the Education,

Training and Quality Assurance Committee (ETQA Committee) and was aimed at enabling

Professional Boards to engage thoroughly in reflecting on its performance.

The Annual Self-Assessment on the Board performance was compiled by the Company Secretariat

for the January – December 2020 served at the Board meeting in April 2021.

BOARD AND COMMITTEE RELATED ACTIVITIES

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following Professional Board meetings and activities were conducted and facilitated during the reporting period:

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Professional Board meetings - Consultation on Legislative review	1
Inaugural meeting of the newly appointed Board	1
Professional Board meeting - Orientation and Governance Training of new Board Members	1
Board Strategic Planning session (2 days)	1
Executive Committee meetings	6
Education, Training and Registration Committee meetings	4
Examinations Committee meetings	3
Committee for Preliminary Inquiry meetings	4
Psychometrics Committee meetings	3
Accreditation and Quality Assurance Committee meetings	3
Neuropsychology Review Panel	4
National Board Examinations	3

3. EDUCATION AND TRAINING

MAINTAINING STANDARDS OF EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and update the minimum standards for the education and training, and ensure compliance with those standards.

In the reporting period the Board reviewed the minimum standards for education and training for all categories of Psychologists, Psychometrists and Registered Counsellors in line with the international best practice while keeping in mind the mental needs of a diverse South African population.

The revision of the minimum standards included the following:-

- The review of the minimum standards for the education and training documents in line with the scope;
- An outline of the competencies for each registration category;
- Alignment with South African Qualifications Authority (SAQA) and Council on Higher Education (CHE) requirements.

Following the establishment of the register for Neuropsychology, minimum standards for the education and training of Neuropsychologists were developed and approved by the Board during the period under review.

CLINICAL INTERNSHIP TRAINING

The term "Internship" refers to the prescribed minimum period of twelve (12)-months of full-time practical or clinical training in a specific category of Psychology. The primary purpose of the internship programme is to integrate, apply and refine student psychologists' attitudes, competencies and skills that are necessary to prepare them for independent functioning as psychologists in a variety of settings.

It was important for the Professional Board to ensure that interns were adequately trained and competent as healthcare practitioners on completion of their internship programmes to successfully pass the National Board Examinations before they can register as competent psychological professionals.

RE-LINKING OF INTERNSHIP PROGRAMMES WITH HIGHER EDUCATIONAL INSTITUTIONS

Historically, internship training was delinked from the academic programme to prevent keeping students in the system for too long. Students could only obtain their Masters' qualification once they had completed their internship. The Board was of the view that it was the responsibility of universities to assist interns in finding internship sites, internship supervisors and that internships were adequately supervised.

In recent years challenges were experienced by graduates to find suitable internship sites and in many instances, interns had to revert to tailored internship programmes at non-accredited institutions and then the Board had to quality assure all the individual internship programmes which added a large strain on the Board capacity. The Board therefore directed institutions to re-link their programmes to internship sites, however, the newly appointed Board was tasked to further engage on the process due to various challenges identified by institutions.

IMPACT OF THE COVID-19 PANDEMIC ON EDUCATION AND TRAINING

Changes to the practical work or work integrated learning was necessary due to the COVID-19 pandemic and guidance was needed for universities and internship sites. The pandemic resulted in significant changes to the training of master's students, especially with test administration.

Broad guidelines were provided to the institutions of higher learning in order to manage the negative impact of the pandemic and to ensure quality education and training of all students, and interns in order to ensure competent graduates.

QUALITY ASSURANCE OF PROGRAMMES AT HIGHER EDUCATIONAL INSTITUTIONS

The evaluation of higher educational programmes were conducted based on a five-year cycle against a set of criteria and guidelines which were aligned to the Council on Higher Education (CHE) processes and requirements for purposes of professional registration.

Issues such as inadequate transformation, insufficient access, the exposure to a limited variety of psychometric assessments and the inability to secure psychometric tests as well as inadequate staffing at some institutions were identified as some of the main challenges that needed improvement.

Due to the negative impact of the COVID-19 pandemic the Board resolved that institutions with lapsed accreditations be extended for a further period of twelve (12) months until the end of 2021, while the planning of virtual evaluations was in progress.

The policy for evaluations was continuously adapted and amended to align to the impact of COVID -19 restriction levels imposed at different levels during the period of reporting.

NATIONAL BOARD EXAMINATIONS

The purpose of the National Board Examinations was to determine the competency of graduates in terms of academic and clinical knowledge, ethical rules of conduct as well as knowledge of relevant legislation and policies in order to be registered with Council. Foreign qualified practitioners and practitioners applying for restoration to the register after erasure of a period of two (2) years, without practising their profession and not complying to continuing professional development (CPD) and other requirements, were also required to do the National Board Examination in order to be registered or restored to the register.

NATIONAL BOARD EXAMINATIONS FACILITATED VIRTUALLY

The examinations of the Professional Board for Psychology were conducted in terms of the provisions of Health Professions Act, 1974 (Act No. 56 of 1974). One of the Professional Board instruments, amongst others, in its endeavour to attain its objectives, including, the determination on whether a practitioner possesses adequate professional knowledge, skills and competencies to practise his/her profession, was the National Board Examination. Due to the impact of the COVID-19 pandemic, physical examinations could not be conducted, and the Executive Committee in 2020 resolved that based on the concerns raised and negative impact of the possible postponement of the National Board Examinations, it was agreed to facilitate virtual National Board Examinations commencing in June 2020.

The exact format, criteria, protocols, number allocation per Examiner and ethical component for the examination was defined and panels were appointed for the different categories including for the Neuropsychology category.

The ultimate goal for the Board is to move to online examinations as soon as possible in order to improve efficiency and as a cost saving measure for candidates.

CATEGORY SPECIFIC EXAMINATION STUDY GUIDELINES

The Examinations Committee developed category specific examination study guidelines for the different categories of psychological practitioners to assist candidates to prepare for their examinations. These guidelines outlined the structure and content of the question papers. To ensure synchrony these examination study guidelines were also provided to examiners in order to set examination questions in line with those guidelines.

The Board in February 2021 approved the remaining category specific examination guidelines for Registered Counsellors, Industrial Psychologists and Neuropsychologists with a view to be made available to examination candidates.

National Board Examinations were conducted between 2020/21 as follows:

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED	NUMBER OF CANDIDATES CONDONED
June 2020	**Clinical Psychology**	31	30	1	0
	Counselling Psychology	12	11	1	0
	Educational Psychology	8	7	1	0
	Industrial Psychology	17	16	1	0
	Neuropsychology	14	14	0	0
	Registered Counsellor	10	10	0	0
	Psychometry	**9**	**9**	**0**	**0**
	All categories' Totals	**101**	**97**	**4**	**101**

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED	NUMBER OF CANDIDATES CONDONED
October 2020	**Clinical Psychology**	44	36	8	0
	Counselling Psychology	25	23	2	0
	Educational Psychology	47	39	8	0
	Industrial Psychology	61	52	9	0
	Neuropsychology	3	3	0	0
	Registered Counsellor	47	46	1	0
	Psychometry	**76**	**50**	**26**	**0**
	All categories' Totals	**303**	**249**	**54**	**0**

DATE OF EXAMINATION	CATEGORY	NUMBER OF CANDIDATES	NUMBER OF CANDIDATES PASSED	NUMBER OF CANDIDATES FAILED	NUMBER OF CANDIDATES CONDONED
February 2021	**Clinical Psychology**	38	33	5	0
	Counselling Psychology	20	19	1	0
	Educational Psychology	25	19	6	0
	Industrial Psychology	52	45	7	0
	Neuropsychology	0	0	0	0
	Registered Counsellor	86	85	1	0
	Psychometry	**74**	**56**	**18**	**0**
	All categories' Totals	**295**	**257**	**38**	**0**

The total candidates who did examinations (including those who passed or failed) during the 2020 / 21 financial year were as follow:

- **699** candidates wrote the Board Examination,
- **603** candidates passed,
- **96** candidates failed, and
- **0** Candidates were condoned.

4. STAKEHOLDER STRATEGY AND ENGAGEMENTS

The Professional Board continued to play a significant advocacy and advisory role in line with one of Council's strategic objective of stakeholder engagement. This was aimed at ensuring that the Professional Board improved its communication with stakeholders and further enhance its inter-sectoral relations. With this initiative in mind, the Professional Board promoted dialogue with the various stakeholders in order to protect the public and provide guidance to the professionals.

Due to the impact of COVID-19, no face-to-face of physical stakeholder interaction was facilitated.

MENTAL HEALTH AWARENESS MONTH – OCTOBER 2020

As part of the Board's Communication Strategy, Mental Health Month was commemorated in October. The month of October has been declared Mental Health Awareness Month with the objective of not only educating the public about mental health, but also to reduce the stigma and discrimination that people with mental illness were often subjected to.

The Board during the period of reporting resolved that the following awareness and communication initiatives be undertaken during 2021 with initiatives such as a media statement, an e-Bulletin article or radio/TV interviews:

- April 2021- The impact of the COVID-19 pandemic and related mental health issues;
- July 2021 -Commemoration of Mental Illness Day;
- October 2021 - Commemoration of World Mental Health Month and in particular 10 October as Mental Health Day

It was agreed that the focus on Mental Health problems should include depression, anxiety, substance abuse and job stress as they are common, affecting individuals, their families and co-workers, and the broader community. In addition, they have a direct impact on workplaces through increased absenteeism, reduced productivity, and increased costs. Very few South Africans were seeking treatment for their mental disorders.

An estimated 400 million people worldwide were suffering from mental or neurological disorders or from psychosocial problems. To Commemorate Mental Health Awareness Month, following initiatives were undertaken by the Board with the assistance of the Corporate Affairs Division:

1. A mental health awareness signature was designed and sent to all Council employees to attach on the e-mails.
2. A media statement was placed on the HPCSA's website .
3. An article on Mental Health Awareness was submitted for publishing on the HPCSA's e-Bulletin.

5. PROFESSIONAL PRACTICE AND CONDUCT

In terms of the mandate of the Committee of Preliminary Inquiry, the Committee is authorised by the Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, 56 of 1974 and to report thereon to the Professional Board.

The committee conducted four meetings in 2020/2021 and a total of ninety- four (94) cases served before the Committee of Preliminary Inquiry as follows:

MEETING OUTCOME	DATE OF MEETING				FINAL SCORES
	11 - 12 June 2020	31 Aug 2020	26 Oct 2020	11 -12 Feb 2021	April 2020 - March 2021
Matters served before the committee	31	30	15	18	94
Explanations noted/accepted	20	11	7	7	45
Cautioned/ reprimanded	2	1	3	1	7
Inspections	0	0	0	0	0
Invite for consultation	1	9	0	2	12
Disciplinary Inquiry with option of fine	0	2	3	0	0
Disciplinary Inquiry	2	1	0	0	0
Further consideration deferred	1	7	1	0	0
Complaint withdrawn	0	1	0	0	0
Found guilty and imposed fine/penalty	4	1	1	6	0
Not to proceed with complaint	0	0	0	0	0
Referred to Pro-Forma complainant	0	0	0	0	0
Matter outside Council's jurisdiction	0	1	0	0	1
Fine reduced	0	0	0	0	0
Total Matters Finalised	**26**	**15**	**11**	**14**	**66**
Total Matters Not Finalised	**5**	**15**	**4**	**4**	**28**

6. MATTERS PERTAINING TO STATUTORY PROVISIONS AND REGULATIONS

ESTABLISHMENT OF THE REGISTER FOR NEUROPSYCHOLOGY

Following an extensive process of litigation, the Minister of Health promulgated regulations under Section 24 of the Health Professions Act 56 of 1974, prescribing the appropriate degree qualifications for Neuropsychology on 15 November 2019.

A Neuropsychology Review and Registration Panel for grandfathering and registration was appointed to consider the applications for registration based on criteria set. The first meeting of the Neuropsychology Task Team was held in March 2020 and a window period until 31 December 2021 was provided for the registration of Neuropsychologists in terms of Section 33 (2) of the Health Professions Act 1974 (Act 56 of 1974). All applications for registration in terms of the grandfather clause would be considered on an ad-hoc basis on submission of specific documentation.

On 31 March 2021 about fifty-eight (58) professionals were registered as Neuropsychologists based on the grandfathering process.

REVIEW OF ETHICAL RULES OF CONDUCT

The Ethics Task Team reviewed the Ethical Rules of Conduct including Annexure 12 which related to psychology practitioners. A final opportunity was provided to practitioners to provide input to the proposed changes and a final version served at Board meetings.

The Executive Committee was mandated to deal with ethical related matters and the review of the ethical rules which included the following:

- The review and refinement of the ethical rules aligned to other national legislation;
- The development of guidelines to support the ethical rules;
- The development of a Pledge/Credo as an aspirational code.

7. MATTERS PERTAINING TO PSYCHOMETRY

REVISED FRAMEWORK FOR EDUCATION, TRAINING, REGISTRATION AND SCOPE OR PSYCHOMETRY- FORM 94

The Psychometrics Committee in March 2020 among other things resolved that a list of projective and neuropsychological tests that could be administered by psychometrists be compiled and be accompanied by a preamble justifying why psychometrists could use these tests.

The revised framework document was approved in principle by the Education, Training and Registration Committee subject to the addition of categories of cognitive assessments that could be used. In October 2020 it was resolved that objective personality measures be renamed to read "personality measures". The list was approved by the Board in February 2021 as part of the framework for the education, training, registration and scope of Psychometry (Form 94).

POSITION STATEMENT INSTEAD OF DEVELOPING GUIDELINES ON COMPUTER-BASED TESTING

The Psychometrics Committee in November 2018 resolved that the committee should develop a Position Statement instead of developing guidelines on computer-based testing and the Position Statement would provide practitioners with the Professional Board's stance concerning online assessments. Developing guidelines would delay the process due to legal constraints.

The Psychometrics Committee resolved that South African guidelines on computerised testing would no longer be reviewed but would be converted into a Position Statement. Since the COVID-19 pandemic outbreak, there was an increase in online testing and assessment and there was a need for the types of assessments to be clarified.

The draft Position Statement was finalised at the Psychometrics Committee meeting in August 2020 and endorsed by the Board in February 2021 for release with a view to implementation and also placed on the Board's webpage.

8. FINANCE AND BUDGETING

The Board performed well within its budget provisions with a 0% increase in annual fees for 2021 and an amount of R1500000 was available for the Board's roll-over to the next financial year based on approval by the Financial Committee (FINCOM) for specific Board projects during the period under review.

9. HIGHLIGHTS

The previous Professional Board is commended for significant progress made in terms of the following projects under the Chairmanship of Prof Basil Pillay as Chairperson and Dr Thandeka Moloi as Vice-Chairperson :–

1. The review of the Ethical Rules of conduct as well as Annexure 12;
2. The development of a draft Pledge/ Credo by graduates;
3. The finalisation of the Policy Guidelines and Processes for the evaluation and quality assurance of programmes for purposes of professional registration and alignment with the Council on Higher Education criteria;
4. The implementation of the revised process for psychometric test classification to only classify tests as psychological or not and not to evaluate the tests;
5. The adoption of a Stakeholder Communication Plan and implementation of the commemoration of Mental Health Month in October annually;
6. The development of examination guidelines for virtual Board Examinations and well as the successful facilitation of the examinations virtually.
7. The development of study guidelines for examination candidates for purposes of the National Board Examinations;
8. The establishment of the register for Neuropsychologist and the grandfather process of registration in terms of Section 33 of Act 56 of 1974.

MRS A TALJAARD

DEPUTY COMPANY SECRETARY
PROFESSIONAL BOARD FOR PSYCHOLOGY

PROFESSIONAL BOARD FOR
Radiography And Clinical Technology

DR CHEVON LEE CLARK
CHAIRPERSON OF THE RADIOGRAPHY AND CLINICAL TECHNOLOGY BOARD

1. OVERVIEW

The Professional Board for Radiography and Clinical Technology is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act 56 of 1974).

The term of office (2015-2020) of the Board came to an end on 31 October 2020.

The current Board which will hold office from 2020 – 2025 was inaugurated into office on 2 November 2021. Dr C Clark was elected as Chairperson of the Board and Ms TB Mahlaola as Vice-Chairperson.

The strategic planning session of the Board was conducted on 11-12 January 2021 and the Board is in the process of finalising its five-year Strategic Plan. The Strategic Plan once finalised will include the main objectives and initiatives.

2. VISION AND MISSION

The Board during the meeting held on 29 January 2021 approved the following vision and mission statements.

The vision of the Professional Board is to be an effective regulator of ethical, equitable, efficient, and innovative radiography and clinical technology professions.

The mission of the Professional Board for Radiography and Clinical Technology is to strives to be efficient, within its mandate:

- Prioritise the protection of the public by ensuring ethical standards of practice in the profession.
- Ensure continuous professional development.
- Develop, monitor and ensure compliance to policies and procedures in ensuring protection for all.
- Effectively engage and collaborate with all stakeholders; and
- Function in an effective and efficient manner.

3. STRATEGIC OBJECTIVES

To achieve this, the Professional Board developed its five-year Strategic Plan and identified the following five (5) strategic goals:

i. To ensure an effective CPD programme
ii. To implement a quality assurance programme for professionals
iii. Enhance ethical practice
iv. Improve professional practice and provide guidance for all professions in the Board
v. Improve relations between the Professional Board for Radiography and Clinical Technology and all relevant stakeholders

The Professional Board for Radiography and Clinical Technology has achieved the set performance metrics and indicators during the reporting period. The Board had committed to fulfill this mandate during its term of office. The Annual Performance Plan and Operational Plan defined the day-to-day Board's operational activities to ensure that the objectives are achieved.

3. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This was conducted through the system of evaluation and accreditation of education and training against a set of standards and guidelines.

The Education Committee meetings were all run efficiently while aligning to the HPCSA Council guidelines for conducting meetings. These meetings were all quorate and all members participated in the meetings with each member's voice having an important contribution to the engagements of the committee. The committee received outstanding support from its Secretariat which ensured efficient and effective functioning.

One of the core functions of the committee is the accreditation of programmes at Institutions of Higher Learning and recognition of Clinical Training Facilities. Due to the COVID-19 lockdown regulations, the Board had to postpone the evaluation of Higher Education Institutions which were due for programme review in 2020. It was anticipated that the evaluation will resume in 2021.

Accreditation and evaluation cost recovery

Efforts to resolve the apparent reluctance by universities to pay for the accreditation and evaluation fees on cost recovery basis are already underway between the HPCSA and Universities South Africa (USAf). An HPCSA Task team that will include members of the HPCSA ETQA Committee, and the Secretariat will meet with Universities South Africa to reach a resolution.

Development of the template for the annual reporting by HEIs

As part of ensuring that the minimum standards of education and training are monitored annually, the committee developed a template to be used by HEIs. The template will be used for such reporting for the first in the first six (6) months of 2020. Subsequently, HEIs will be expected to complete this template annually, submitted within the first three (3) months of the new year for the previous year of reporting.

The Education Committee is in the process of integrating the annual HEIs' reports into the five-year accreditation evaluation.

4. STAKEHOLDER ENGAGEMENT

One of the Board's key strategic objectives was to improve communication with stakeholders. The aim of these interactions is to ensure representation of stakeholders, engagement with stakeholders, and professional upliftment. The following interactions with stakeholders took place:

i. The Stakeholders meeting with Higher Education Institutions, professional associations, National Department of Health, Provincial Departments of Health, private hospitals groups and practitioners who represented themselves privately was conducted on a virtual platform on 27 August 2020.

ii. A meeting was held on 12 October 2020 with the Clinical Technology industry and students. The meeting was to understand the concerns of the stakeholders and students regarding the proposed supervised practice of the BHSc in Clinical Technology graduates and to address the uncertainty and enquiries.

iii. A meeting was held with the Radiography industry on 15 October 2020 which was intended at understanding the concerns of the stakeholders regarding the proposed Ultrasound Board Examinations and to address the uncertainty and enquiries.

iv. A meeting with the Tshwane University of Technology on 3 February 2021 was convened to discuss the training of the 4th year Clin-Tech students.

v. Meeting with Board of Healthcare Funders on 11 February 2021. The purpose of the meeting was to discuss the closure of the Clinical Technology private practice register and issuing of practice numbers to Clinical Technologist registered in Independent Practice category.

vi. A Stakeholder meeting with Clinical Technologists and employers was held on 23 February 2021. The purpose of the meeting was to discuss the closure of the Clinical Technology Private Practice register, activation of the Independent Practice register and issuing of practice numbers by BHF Independent practice.

The Board contributed various articles in the Board's newsletters that are aimed at engaging with stakeholders on various matters affecting the professions.

5. PROFESSIONAL PRACTICE AND CONDUCT

The Committee of Preliminary Inquiry in terms of its mandate was authorised within the current policy parameters as determined by the Professional Board, to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act, 56 of 1974 and to report thereon to the Professional Board.

The Committee of Preliminary Inquiry had conducted two meetings in the reporting period. The outgoing committee at its meeting held on 27 May 2020 using Microsoft Teams, was able to complete the entire agenda. Therefore, no matter was handed over to the incoming committee. The committee wishes to thank the Complaints, Handling, and Investigation Division for the role they played, by providing the committee with adequate information and support to reach resolutions more quickly.

6. SCOPE OF PROFESSIONS

The regulations defining the Scope of the Profession of Radiography were published for public comment on 21 August 2020.

The regulations defining the Scope of the Profession of Clinical Technology were published for public comment on 4 September 2020.

The Board will nominate the teams to consider the public comments when the Office of Minister of Health submits the comments to the Board.

The regulations relating to registration of Technicians in Electro-Cardiographic (ECG) and Electro-Encephalographic (EEG) and Spirometry which were submitted to the Minister of Health for final promulgation have not yet been gazetted.

7. BOARD EXAMINATIONS

Due to the COVID-19 lockdown regulations no examination was conducted in the reporting period. It was anticipated that the examination for the foreign qualified practitioners and the EEG Board Examination will resume in 2021.

The Board in 2020 approved the Examination Guidelines for the special Ultrasound Board examination. The examinations are aimed at addressing the Diagnostic Radiographers operating in the practice field of ultrasound without having the prescribed qualification or registration. The applications to write the Ultrasound Board examinations closed on 28 February 2021.

The Ultrasound Board Examination will be conducted using online platforms.

8. POLICIES AND GUIDELINES

The Board played a leading role in the development of guidelines for developing the minimum standards for role extension related qualifications. The following minimum standards were developed and approved:

- Mammography guidelines
- Minimum standards for intravenous contrast media
- Minimum standards for image interpretation.

Each of the minimum standards will be developed as qualifications by HEIs that are keen to offer them as postgraduate qualifications.

9. GOVERNANCE

The Board developed its five-year Strategic Plan for the period 2015- 2020 and identified four strategic goals with a number of objectives and initiatives.

The following four key programmes had to be achieved within the five-year term as per the new HPCSA organisational structure.

i. Improved business model to enhance the functioning of HPCSA.

ii. Adequate, effective and sufficient support provided to and by Council, Boards and Secretariat

iii. HPCSA as an advocate, advisor and enhanced engagements with key stakeholders.

iv. Legislative and regulatory alignment and consistency

The Board had committed to fulfill its mandate during the reporting period. The Annual Performance Plan and Operational Plan defined the day-to-day operational activities in the managing of the Board activities and to ensure that the Board meets it objectives.

At each Professional Board meeting the Board reviewed progress made on the objectives and monitored the Risk Register to ensure that the strategic objectives were achieved.

10. HIGHLIGHTS

The strategic positioning of the Board and its objectives have been well established and pursued over the last nine months since the inauguration of the new Professional Board for Radiography and Clinical Technology. The Board members bring a wealth of experiences, knowledge and commitment to the Professional Board.

The processes defined in the strategic goals and objectives are underway as well as the outcomes of the work are reflected in measurement and accountability instruments at a Board level. As a new Board, we remain focused on our vision, mission and achieving our strategic objectives we have put forward, as reflected in the annual report.

11. CONCLUSION

As we reflect over the preceding nine months, we recognise the incredible contributions of the outgoing Board, and acknowledge the enthusiasm and drive of the incoming Board. We have established our strategic direction as a Board and have commenced achieving our objectives, together, we will continue to translate this vision into reality.

I would like to thank the Professional Board for the commitment towards the work outlined in the report and the achievements despite continuing to go through undoubtedly the most challenging time in our history. Thank you also to the HPCSA Executive team and Secretariat for your continuous support, mentorship, and leadership.

DR C CLARK

CHAIRPERSON: PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

PROFESSIONAL BOARD FOR
Speech, Language and Hearing

PROF LEBOGANG RAMMA
CHAIRPERSON OF THE SPEECH, LANGUAGE AND HEARING PROFESSIONS BOARD

1. OVERVIEW

The Professional Board for Speech Language and Hearing comprises ten (10) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act 1974, (Act No. 56 of 1974). The Professional Board was appointed for a five-year term of office and has been in office since October 2020. The term ends in September 2025.

In the year under review, the previous Professional Board had two vacancies, one for the Audiometrician and the other for a Community Representative. However, the current Board is fully constituted as per its Constitution .

The Professional Board is responsible for providing direction to the profession and to be effective in its regulatory mandate of the profession, reviewing and monitoring the Board's Strategic Plan, the Annual Performance Plan, the Stakeholder Communications Plan and the Risk Register.

The Professional Board in terms of Section 15B (1)(f) and Regulation 2 of the regulations relating to the function and functioning of Professional Boards may establish standing committees as it deems necessary and such committees may consist of as many persons, appointed by the Professional Board as the Professional Board may determine. This is further amplified statutorily where "the Professional Board may delegate to any of its committees its powers as it may determine but shall not be divested of any power so delegated".

The Professional Board in compliance with regulations relating to the functions and functioning of Professional Board constituted the Education, Training and Registration Committee, Professional Practice Committee, Committee for Preliminary Inquiries and Executive Committee in the reporting period.

2. VISION AND MISSION

The vision of the Professional Board for the Speech, Language and Hearing is to be; "A global leader in the regulation of quality education, training, and professional practice of Speech, Language and Hearing professions for all."

The mission of the Professional Board is to strive to:

- Develop and monitor contextually relevant regulations, standards for education, training and professional practice.
- Regulate registrations and professional conduct.
- Register students and professionals.
- Evaluate training programmes.
- Strengthen, support, and monitor continuing professional development (CPD) compliance.
- Improve collaboration with all relevant stakeholders and
- Promote the health, development, and well-being of the nation.

3.STRATEGIC OBJECTIVES

The strategic objectives of the Professional Board in line with the Strategic Plan are to :

- Goal (Programme) 1: Achieve standardised minimum exit competency levels for all graduates in the Speech, Language and Hearing professions.
- Goal (Programme) 2: Capacitate members of the Professional Board enabling effective discharge of mandated fiduciary responsibilities.
- Goal (Programme) 3: Improve relationships between Professional Board for Speech, Language and Hearing and all relevant stakeholders by the end of the term (2025).
- Goal (Programme) 4: Ensure that all requisite regulations, guidelines and rules that empowers the Professional Board to regulate the professions are current, applicable, and just.
- Goal (Programme) 5: Improve competency levels of all Speech, Language and Hearing registered professionals.
- Goal (Programme) 6: All reported professional conduct matters are concluded timeously.
- • Goal (Programme) 7: Achieve full funding of the Professional Conduct Processes
- Goal (Programme) 8: Digitally enabled Professional Board by 2025.

4. EDUCATION AND TRAINING

In terms of Health Professions Act 1974, (Act of 56 of 1974), one of the primary functions of the Board is to determine and uphold the standards of education, training and practice.

The Board engaged the higher educational institutions and reviewed the following documents during the period under review:

- Review and approval of curriculum for the two (2) new separate programmes for the Audiology and Speech-Language Pathology for Sefako Makgatho Health Sciences University.
- Review of the undergraduate demographic profiles for University of Cape Town, University of the Witwatersrand, University of Pretoria, University of KwaZulu-Natal, Sefako Makgatho Health Sciences University, University of Fort Hare and Stellenbosch University.
- Review of clinical hours for University of Cape Town, University of the Witwatersrand, University of Pretoria, University of KwaZulu-Natal, Sefako Makgatho Health Sciences University and Stellenbosch University.
- Developed the HPCSA Quality Management System with the intention of standardising processes relating to evaluations and examinations, in particular the Professional Board provided detailed input to the draft quality management system as part of the internal broader stakeholder management.

5. EVALUATIONS OF HIGHER EDUCATION INSTITUTIONS

The Professional Board continued to embark on the scheduled cycle of evaluation for re-evaluation and follow-up evaluations of approved Speech, Language and Hearing programmes at Higher Education Institutions for the reporting period as follows:

- 07 – 09 February 2021 - University of Fort Hare – (Evaluation of Portfolio of Evidence (POES) for Speech-Language Pathology.

6. TRAINING OF EVALUATORS

There was no training of programme evaluators conducted for the period under review.

The new template for the cycle of evaluation schedule was introduced because the Education and Training Division was tasked to develop a comprehensive generic evaluation schedules for all the Professional Boards, which must cover critical information/record on evaluation fees, annual reports, etc. identified as gaps, also to streamline and standardise processes.

Due to COVID-19 pandemic there was a need for the alignment of the new hybrid model for evaluating the programmes, i.e., desktop and physical.

7. STAKEHOLDER ENGAGEMENT

One of the Professional Board Strategy Plan Objectives in 2015-2020 was the inclusiveness of stakeholder engagement, wherein the Board engages and keeps the stakeholders abreast of the developments and activities of the Professional Board on a continuous basis.

In this regard, the Board engaged with its stakeholders through the website and the Speech, Language and Hearing specific newsletter and the e-Bulletin.

In the reporting period, the following stakeholder engagement initiatives were undertaken:

- In May 2020, the Board issued a statement concerning the Professional Board for Speech, Language and Hearing guidance on the application of regulations, rules and guidelines during COVID-19 pandemic.
- In August 2020, a meeting with the representatives of the Board and South African Health Products Regulatory Authority (SAPRA) was convened to discuss the Neuromuscular Electrical Stimulation.
- In August 2020, the Board issued a Position Statement on Treatment of Patients using Neuromuscular Electrical Stimulation (NMES).
- In November 2020, the Board issued a statement concerning role of Speech-Language Therapist in assessment and treatment of patients with tracheostomies.

8. PRELIMINARY INQUIRIES AND PROFESSIONAL CONDUCT MATTERS

In terms of the mandate of the Committee of Preliminary Inquiry of the Professional Board, the committee is authorised to deal with all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2) of the Health Professions Act 1974, (Act of 56 of 1974), and to report thereon any trends to the Professional Board for further deliberation.

The following matters were dealt with by the Committee of Preliminary Inquiry in the reporting period:

1. Matters that served before the committee	29
2. Explanations noted and accepted	5
3. Inspections	1
4. Consultations Sec 42(1)	0
5. Notice to Appear 4(3)	4
6. Referred to Disciplinary Inquiry – Regulation 4(8)	3
7. Further consideration deferred (for additional information)	2
8. Complaint withdrawn	0
9. Found guilty and imposed fine/Penalty/ Caution and reprimand – Regulation 4(9)	14

In an effort to circumvent misconduct by the practitioners, the Professional Board through the newsletters and the website regularly addresses and cautions practitioners of the trends of misconduct dealt with at the Committee of Preliminary Inquiry.

In the reporting period about five (5) Professional Conduct matters were dealt with and finalised by the Professional Conduct Committee .

9. SCOPE OF PROFESSIONS OF THE PROFESSIONAL BOARD

The regulations pertaining to scope of professions relevant to the registers of the Professional Board were in place in the reporting period.

10. COMPLIANCE FOR REGISTRATION

Registration with the Health Professions Council of South Africa (HPCSA) is a pre-requisite for professional practice, and also a legal requirement to ensure that all personal details up to date at all times.

An annual fee is payable for this registration and failure to pay this fee could result in suspension from the register. If, for some reason a practitioner is suspended from the register, they can redeem themselves by applying for restoration and paying the restoration fee.

There is also an option for voluntary erasure from the register, in cases where a practitioner does not intend to practice his/her profession in South Africa for a given period of time. A request for voluntary erasure has to be submitted in writing before 31 March of the year in which voluntary erasure is requested.

In the reporting period, the Board's rigorous application vetting process was conducted to ensure that only suitably qualified practitioners were registered in line with policies, guidelines and relevant legislation of the Board.

11. BOARD EXAMINATION

The Board approved the following Professional Board Examination in the reporting period:

BRD CODE	REG CODE	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	2020- 04	GRAND TOTAL
SLH	AU	-	-	-	-	-	-	1	1	-	-	-		**2**
SLH	ST	-	-	-	-	-	-	1	1	1	-	-	1	**4**
SLH	ST&A	-	-	-	-	-	-	-	-	-	-	-		
Total														**6**

12. GOVERNANCE HIGHLIGHTS

In the reporting period, the Professional Board acted in a fiduciary capacity as well as committing to and fully endorsing the principles of good governance as set out in the King IV Report. The Professional Board also conducted itself in line with the regulations relating to the functions and functioning of the Professional Boards and accordingly handled the following governance matters:

- Revision and the approval of Strategic Plan for the Professional Board.
- Successfully monitored and implemented the Annual Performance Plan for the Professional Board.
- Reviewed the composition of committees and approved the Terms of References for the committees of the Professional Board in terms of Regulation 2 of the regulations relating to the functions and functioning of the Professional Boards.
- Reviewed and monitored the budget of the Professional Board and ensured that cost cutting measures are applied such as convening back-to-back meetings.
- Ensured that decision making is in line with the relevant legislative frameworks. Accordingly, no ultra-vires decisions and litigations were received against the Professional Board in the reporting period.
- Successfully implemented the Annual Stakeholder engagement as scheduled. Advocacy messages of the Professional Board to the stakeholders and the public were also successfully conveyed.
- Monitored and evaluated the Risk Register of the Professional Board
- Reviewed curricula, clinical hours and demographic profiles of higher educational institutions.
- Reviewed the Professional Board's processes, policies and guidelines .


GOVERNANCE

PART D: GOVERNANCE

1. INTRODUCTION

Corporate Governance is a system of rules, practices and processes by which the HPCSA is directed, controlled and held to account.

In addition to the legislative requirements based on enabling legislation corporate governance at the HPCSA is applied in tandem with the principles communicated in the King Codes on Corporate Governance.

2. THE EXECUTIVE AUTHORITY

The Health Professions Council of south Africa is a creature of statute established in terms of Section 2 of the Health Professions Act, 56 of 1974. It is accountable to Parliament through the Minister of Health as its Executive Authority.

In terms of Section 3 (1) of the Health Professions Act 51 of 1974, the HPCSA has to submit to the Minister the following:

i) A five-year Strategic Plan within six months of Council coming into office, which includes details as to how Council plans to fulfill its objectives under the Act;

ii) Every six months, a report on the status of health professions and matters of public importance that have come to the attention of Council in the course of the performance of its functions under the Act; and

iii) An annual report within six months of the of the financial year.

In the reporting period , the above stated information was submitted to the Minister in compliance with the requisite time frames.

3. THE ACCOUNTING AUTHORITY

Council as the governing body of the HPCSA is established and vested with all functions of the Accounting Authority. Council's tenure for the period 2015/2020 came to an end and a new Council was inaugurated in December 2020 to remain in office until 2025. Council is responsible for the development of HPCSA's five-year strategy and to exercise oversight on performance placing emphasis on the following object and functions of the HPCSA:

a) To co-ordinate the activities of the Professional Boards established in terms of this Act and to act as an advisory and communicatory body for such Professional Boards;

b) To promote and to regulate inter professional liaison between health professions in the interest of the public;

c) To determine strategic policy in accordance with National Health Policy as determined by the Minister, and to make decisions in terms thereof, with regard to the Professional Boards and the health professions, for matters such as finance, education, training, registration, ethics and professional conduct, disciplinary procedure, scope of the professions, inter professional matters and maintenance of professional competence;

d) To consult and liaise with relevant authorities on matters affecting the Professional Boards in general;

e) To assist in the promotion of the health of the population of the Republic;

f) Subject to legislation regulating health care providers and consistency with national policy determined by the Minister, to control and to exercise authority in respect of all matters affecting the education and training of persons in, and the manner of the exercise of the practices pursued in connection with, the diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in human kind;

g) To promote liaison in the field of education and training referred to in paragraph (f),both in the Republic and elsewhere, and to promote the standards of such education and training in the Republic;

h) To advise the Minister on any matter falling within the scope of this Act in order to support the universal norms and values of health professions, with greater emphasis on professional practice, democracy, transparency, equity, accessibility and community involvement;

i) To communicate to the Minister information of public importance acquired by the Council in the course of the performance of its functions under this Act;

j) To serve and protect the public in matters involving the rendering of health services by persons practising a health profession;

k) To exercise its powers and discharge its responsibilities in the best interest of the public and in accordance with national health policy determined by the Minister;

l) To be transparent and accountable to the public in achieving its objectives and when performing its functions and exercising its powers;

m) To uphold and maintain professional and ethical standards within the health professions;

n) To ensure the investigation of complaints concerning persons registered in terms of this Act and to ensure that appropriate disciplinary action is taken against such persons in accordance with this Act in order to protect the interest of the public; and

o) To ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality, and that disciplinary action is taken against persons who fail to act accordingly.

The following were Council members in the reporting period and held meetings as follows:

Members from 01 April to 30 September 2020

MEMBERS	DESIGNATION	1ST ORD MEETING	EO MEETING	ORD MEETING
		25/26 June 2020	02 Sept 2020	22 /23 Sept 2020
1. Dr TKS Letlape	President	P	P	P
2. Mr L A Malotana	V.President	P	P	P
3. Ms X Bacela	Member	P	P	P
4. Dr S Balton	Member	P	P	P
5. Dr A Thulare	Member	P	P	P
6. Ms N D Dantile	Member	P	P	P
7. Ms R Gontsana	Member	P	P	P
8. Prof S M Hanekom	Member	P	P	P
9. Ms M M Isaacs	Member	P	P	P
10. Mr M Kobe	Member	P	P	P
11. Mr M A W Louw	Member	P	P	P
12. Adv T Mafafo	Member	P	P	P
13. Prof N J Mekwa	Member	P	P	P
14. Prof K Mfenyana	Member	P	P	P
16. Mrs D Muhlbauer	Member	P	P	P
17. Dr T A Muslim	Member	P	P	P
18. Ms J M Nare	Member	P	P	P
19. Prof Y I Osman	Member	P	P	P
20. Prof B J Pillay	Member	P	P	P
21. Mr S Ramasala	Member	P	P	P
22. Ms D Julia Sebidi	Member	P	P	P
23. Dr S Sobuwa	Member	P	P	P
24. Mr A Speelman	Member	P	P	P
25. Mr K O Tsekeli	Member	P	P	P
26. Ms M S van Niekerk	Member	P	P	P
27. Prof G J Van Zyl	Member	P	P	P
28. Major-General ZWS Dabula	Member	A/P	P	P
29. Ms M Mothapo	Member	P	P	P
30. Dr A Lucen	Member	P	P	P
31. Ms J Skene	Member	P	P	P

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

Members from December 2020 to 31 March 2021

COUNCIL					
Members from December 2020 to 31 March 2021					
MEMBERS	**DESIGNATION**	**1ST ORD MEETING**	**EO MEETING**	**2ND ORD MEETING**	**TOTAL**
		10-Dec-20	12-Mar-21	25-26 March 2021	3 OF 3
1. Prof M S Nemutandani	President	P	P	P	3 OF 3
2. Dr S Sobuwa	V.President	P	P	P	3 OF 3
3. Ms E Burger	Member	P	A/P	P	2 OF 3
4. Ms R Mphephu	Member	P	P	P	3 OF 3
5. Mr B I Dladla	Member	P	P	P	3 OF 3
6. Mr S T Dywili	Member	P	P	P	3 OF 3
7. Prof P Engel-Hills	Member	P	P	P	3 OF 3
8. Dr T T Khanyile	Member	P	A/P	P	2 OF 3
9. Ms Y Naidoo	Member	P	P	P	3 OF 3
10. Dr S R Legoabe	Member	P	P	P	3 OF 3
11. Ms T B Mahlaola	Member	P	P	P	3 OF 3
12. Rev. T L Mashiloane	Member	P	P	P	3 OF 3
13. Mr T J Nambo	Member	P	P	P	3 OF 3
14. Dr J O August	Member	P	P	P	3 OF 3
15. Prof N J Ngoloyi-Mekwa	Member	P	P	P	3 OF 3
16. Mr N Raheman	Member	P	A/P	A/P	1 OF 3
17. Adv M J Ralefatane	Member	P	P	P	3 OF 3
18. Prof L Ramma	Member	P	P	P	3 OF 3
19. Prof S T Rataemane	Member	P	P	P	3 OF 3
20. Mr J Shikwambane	Member	P	P	P	3 OF 3
21. Mr A Bham	Member	P	P	P	3 OF 3
22. Ms L Spies	Member	P	P	P	3 OF 3
23. Dr A Thulare	Member	P	P	P	3 OF 3
24. Ms A Vuma	Member	P	P	P	3 OF 3
25. Ms M M S Mothapo	Member	P	P	P	3 OF 3
26. Rev N Madyibi	Member	A/P	P	P	2 OF 3
27. Prof F Nomvete	Member	A/P	P	A/P	1 OF 3
28. Dr D Mathye	Member	P	P	P	3 OF 3
29. Prof N Mofolo	Member	P	P	P	3 OF 3
30. Dr TA Muslim	Member	P	P	P	3 OF 3
31. Mr A M Makgato	Member	N/N	N/N	N/N	-
32. Maj Gen P Maphaha	Member	N/N	N/N	N/N	-

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

4. COUNCIL CHARTER

The Council Charter is in accordance with the Health Professions Act and runs in tandem with the principles contained in the King III and King IV Codes on Corporate Governance. Members of Council are expected and reminded regularly to adhere and comply to the Charter of Council. Therefore, the HPCSA Charter is handled effectively and transparently. The charter outlines the process to follow in the enforcement of charter in instances of contravention.

5. COMPOSITION

In terms of Section 10 (1)(a) of the Health Professions Act 56 of 1974, Council may, from time-to- time, establish committees to assist in the execution of its responsibilities. During this period the following committees were established and held meetings as follows:

MANAGEMENT COMMITTEE

MEMBERS	DESIGNATION	MEETING 1	MEETING 2	MEETING 3	MEETING 4	MEETING 5	TOTAL
		24-Jul-21	27-Aug-20	10-Sep-20	16-Sep-20	29-Sep-20	5 OF 5
1. Dr TKS Letlape	President	P	P	P	P	P	5 OF 5
2. Mr LA Malotana	Vice President	A/P	P	P	P	A/P	3 OF 5
3. Mr M Kobe	Member	P	P	P	P	P	5 OF 5
4. Dr A Thulare	Member	P	P	P	P	P	5 OF 5

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

EXECUTIVE COMMITTEE

Members from 01 April to 30 September 2020							
		EO Meeting 1	ORD Meeting 2	EO Meeting 3	ORD Meeting 4	EO Meeting 5	TOTAL
MEMBERS	**DESIGNATION**	**02-APR-20**	**20-MAY-20**	**25-AUG-20**	**11-SEP-20**	**18-SEP-20**	**5 OF 5**
		24-Jul-21	27-Aug-20	10-Sep-20	16-Sep-20	29-Sep-20	5 OF 5
1. Dr TKS Letlape	President	P	P	P	P	P	5 OF 5
2. Mr L A Malotana	V. President	A/P	P	P	P	A/P	3 OF 5
3. Mr M Kobe	Member	P	P	P	P	P	5 OF 5
4. Prof N J Mekwa	Member	P	P	P	P	P	5 OF 5
5. Dr A Thulare	Member	P	P	P	P	P	5 OF 5
6. Mr S Ramasala	Member	P	P	P	P	P	5 OF 5
7. Mr A Speelman	Member	P	P	P	P	P	5 OF 5
8. Dr R Morar	Member	P	P	A/P	P	A/P	3 OF 5
9. Dr TA Muslim	Member	P	P	P	P	P	5 OF 5
10. Ms M M Isaacs	Member	P	P	A/P	P	P	4 OF 5

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

HPCSA COUNCIL

PROF SOLOMON RATAEMANE
CHAIRPERSON OF THE MEDICAL AND DENTAL PROFESSIONS

DR SIMPIWE SOBUWA
CHAIRPERSON OF THE EMERGENCY CARE BOARD

DR TUFAYL AHMED MUSLIM
CHAIRPERSON OF THE DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE BOARD

MS LENORE SPIES
CHAIRPERSON OF THE DIETETICS AND NUTRITION BOARD

MR JOSEPH SHIKWAMBANE
CHAIRPERSON OF THE ENVIRONMENTAL HEALTH PRACTITIONERS BOARD

MS AKHONA VUMA
CHAIRPERSON OF THE MEDICAL TECHNOLOGY BOARD

MS ELIZABETH BURGER
OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS, PROSTHETICS AND ARTS THERAPY BOARD

MS YURISA NAIDOO
CHAIRPERSON OF THE OPTOMETRY AND DISPENSING OPTICIANS BOARD

DR DESMOND MATHYE
CHAIRPERSON OF THE PHYSIOTHERAPY, PODIATRY AND BIOKINETICS BOARD

DR JUSTIN OSWIN AUGUST
CHAIRPERSON OF THE PSYCHOLOGY BOARD

MS TINTSWALO MAHLAOLA
DEPUTY CHAIRPERSON OF THE RADIOGRAPHY AND CLINICAL TECHNOLOGY BOARD

PROF LEBOGANG RAMMA
CHAIRPERSON OF THE SPEECH, LANGUAGE AND HEARING PROFESSIONS BOARD

MR SIDNEY THAMSANQA DYWILI
EMERGENCY CARE

MR AHMED BHAM
EMERGENCY CARE

PROF MS NEMUTANDANI (PRESIDENT)
MEDICAL AND DENTAL

DR THANDEKA KHANYILE
MEDICAL AND DENTAL

PROF N NGOLOYI-MEKWA
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MS RACHEL MPHEPHU
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MR NAHEEM RAHEMAN
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

REV NTOMBIZINE MADYIBI
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

REV THABISO MASHILOANE
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

DR SETHOLE LEGOABE
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MR BHEKI DLADLA
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MS MM MOTHAPO
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MR THAPELO NAMBO
COMMUNITY REPRESENTATIVE NOT REGISTERED IN TERMS OF THE ACT

MR ALFRED MAKGATO
DEPARTMENT OF HIGHER EDUCATION AND TRAINING

DR AQUINA THULARE
DEPARTMENT OF HEALTH

ADV MOTLATJO RALEFATANE
PERSON VERSED IN LAW

PROF PENELOPE ENGEL-HILLS
PERSONS APPOINTED BY UNIVERSITIES SOUTH AFRICA (HIGHER EDUCATION SOUTH AFRICA) NOW UNIVERSITIES SOUTH AFRICA (USAF)

PROF FIKILE NOMVETE
PERSONS APPOINTED BY UNIVERSITIES SOUTH AFRICA (HIGHER EDUCATION SOUTH AFRICA) NOW UNIVERSITIES SOUTH AFRICA (USAF)

PROF NATHANIEL MOFOLO
PERSONS APPOINTED BY UNIVERSITIES SOUTH AFRICA (HIGHER EDUCATION SOUTH AFRICA) NOW UNIVERSITIES SOUTH AFRICA (USAF)

MAJOR–GENERAL N MAPHAPHA
SOUTH AFRICAN MILITARY HEALTH SERVICES (SAMHS)

EDUCATION, TRAINING AND QUALITY ASSURANCE COMMITTEE

Members from 01 April to 30 September 2020				
MEMBERS	**DESIGNATION**	**ORD MEETING 1**	**ORD MEETING 2**	**TOTAL**
		23-Apr-20	14-Sep-20	2 OF 2
Prof K Mfenyana	Chairperson (Council Member)	P	P	2 OF 2
Dr P Brijlal	Professional Board for Dental Therapy and Oral Hygiene	P	P	2 OF 2
Prof K Khoza-Shangase	Professional Board for Speech, Language and Hearing Professions	P	P	2 OF 2
Ms V Mbhatsani	Professional Board for Dietetics and Nutrition	P	P	2 OF 2
Ms J Mthombeni	Professional Board for Medical Technology	P	P	2 OF 2
Prof MB Ngcobo-Sithole	Professional Board for Psychology	P	P	2 OF 2
Mr S Ntuli	Professional Board for Physiotherapy, Podiatry & Biokinetics	P	P	2 OF 2
Mr C Qoto	Professional Board for Board for Environmental Health Practitioners	P	P	2 OF 2
Ms ZM Ramaila	Professional Board for Emergency Care	P	P	2 OF 2
Ms F Segooa	Professional Board for Optometry and Dispensing Opticians	P	P	2 OF 2
Dr BV Shongwe	Professional Board for Radiography and Clinical Technology	P	P	2 OF 2
Prof L van Niekerk	Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy	P	P	2 OF 2
Prof M Ramokgopa	Medical and Dental Professions Board	A/P	P	1 OF 2
Dr A Thulare	National Department of Health Representative	A/P	P	1 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

HUMAN RESOURCES AND RENUMERATION COMMITTEE

		MEETING 1	**MEETING 2**	**MEETING 3**	**MEETING 4**	**TOTAL**
NAME	**DESIGNATION**	**19/05/2020**	**17/06/2020**	**06/08/2020**	**17/09/2020**	**4 OF 4**
Mr LA Malotana	Chairperson	A	A	P	P	2 OF 4
Dr S Sobuwa	Member	P	P	P	P	4 OF 4
Ms ND Dantile	Member	P	P	P	P	4 OF 4
Mr W Kuperus	Member	A/P	A/P	A/P	A/P	0 OF 4
Ms RM Gontsana	Member	P	P	P	P	4 OF 4
Dr A Thulare	Member	P	P	P	P	4 OF 4

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

AUDIT AND RISK COMMITTEE

Members from 01 April to 30 September 2020				
		ORD MEETING 1	ORD MEETING 2	TOTAL
NAME	DESIGNATION	2020/06/11	2020/09/09	2 OF 2
Prof G van Zyl	Chairperson	P	P	2 OF 2
Mr F Docrat	Independent Member	P	P	2 OF 2
Ms S Ngwenya	Independent Member	P	P	2 OF 2
Ms R Khwela	Independent Member	P	P	2 OF 2
Mr S Nyangintsimbi	Independent Member	P	P	2 OF 2
Dr A Lucen	Member	P	P	2 OF 2
DR RL Morar	Member	A/P	P	1 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

FINANCE AND INVESTMENT COMMITTEE

Members from 01 April - 30 September 2020					
		ORD MEETING 1	ORD MEETING 2	EO MEETING 3	TOTAL
NAME	DESIGNATION	03-Jun-20	08-Sep-20	16-Sep-20	3 OF 3
Mrs M M Isaacs	Chairperson	P	P	P	3 OF 3
Dr T A Muslim	Member	P	P	P	3 OF 3
Mr Ramasala	Member	P	P	P	3 OF 3
Ms D Simba	Member	P	P	P	3 OF 3
Mr G Ferreira	Member	P	P	P	3 OF 3

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

TENDER COMMITTEE

		DATE OF MEETING		
NAME	DESIGNATION	10/07/2020	15/09/2020	TOTAL
Mr A Speelman	Chairperson	P	P	2 OF 2
Ms J Nare	Member	P	P	2 OF 2
Ms Bl Nzotta	Member	P	P	2 OF 2
Mr S Ramasala	Member	P	P	2 OF 2
Mr K Tsekeli	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

PROPERTY COMMITTEE

		MEETING 1	MEETING 2	TOTAL
NAME	DESIGNATION	23/06/2020	14/08/2020	2 OF 2
Ms JM Nare	Chairperson	P	P	2 OF 2
Mr L Tsekeli	Member	P	P	2 OF 2
Ms DJ Sebidi	Member	P	P	2 OF 2
Ms N Tshabalala	Member	P	P	2 OF 2
Mrs MS Van Niekerk	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

ICT STEERING COMMITTEE

Members from 01 April to 30 September 2020					
		EO MEETING 1	ORD MEETING 2	EO MEETING 3	TOTAL
NAME	DESIGNATION	21-Apr-20	21-Aug-20	10-Sep-20	3 OF 3
Dr Simpiwe Sobuwa	Chairperson	P	P	P	3 OF 3
Mr. Ketso Obed Tsekeli	Member	A/P	P	P	3 OF 3
Ms. Duduzile Sebidi	Member	P	P	P	3 OF 3
Mr. Julius Segole	Independent Member	A/P	P	P	3 OF 3
Mr. Papama Nkukwana	Independent Member	P	P	P	3 OF 3

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

CONTINUING PROFESSIONAL DEVELOPMENT COMMITTEE OF COUNCIL

Members from 01 April to 30 September 2020				
MEMBERS	DESIGNATION	MEETING 1	MEETING 2	TOTAL
		04/06/2020	26/08/2020	2 OF 2
Dr A Muslim	Chairperson	P	P	2 OF 2
Dr S Balton	Member	P	P	2 OF 2
Dr T Fish	Member	P	P	2 OF 2
Prof T Guse	Member	P	P	2 OF 2
Ms HE Koornhof	Member	P	P	2 OF 2
Dr SS Maharaj	Member	P	P	2 OF2
Mr S Mdletshe	Member	P	P	2 OF 2
Dr J Oosthuysen	Member	P	A/P	1 OF 2
Prof ME Parker	Member	P	P	2 OF 2
Ms A Pinto-Prins	Member	P	P	2 OF 2
Prof L Van Niekerk	Member	P	P	2 OF 2
Mr V Voorendyk	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

PENSION AND PROVIDENT FUND

Members from 01 April to 30 September 2020				
		05-JUN-20	16-AUG-20	TOTAL
NAME	DESIGNATION	21-Apr-20	21-Aug-20	10-Sep-20
Dr TA Muslim	Chairperson	P	P	2 OF 2
Mr MAW Louw	Member	P	P	2 OF 2
Mrs Althea Bloemstein	Member	P	P	2 OF 2
Mr Vusi Masango	Member	P	P	2 OF 2
Mrs Adelle Taljaard	Member	P	A	1 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE COMMITTEE

MEMBERS	DESIGNATION	01/04/2020	30/07/2020	TOTAL
Dr S Balton	Chairperson	P	P	2 OF 2
Prof S Hanekom	Member	P	P	2 OF 2
Prof N Gwele	Member	P	P	2 OF 2
Prof D McQuoid-Mason	Member	P	P	2 OF 2
Prof N J Mekwa	Member	P	P	2 OF 2
Ms M Mothapo	Member	P	P	2 OF 2
Prof B J Pillay	Member	P	P	2 OF 2
Dr N Tsotsi	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

BUSINESS PRACTICE COMMITTEE

Members from 01 April to 30 September 2020				
		MEETING 1	MEETING 2	TOTAL
NAME	DESIGNATION	12/06/2020	20/08/2020	2 OF 2
Mr M Kobe	Chairperson	P	P	2 OF 2
Dr RL Morar	Member	P	P	2 OF 2
Ms ND Dantile	Member	P	P	2 OF 2
Dr A Thulare	Member	P	P	2 OF 2
Mr S Ramasala	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

PROFESSIONAL CONDUCT REVIEW COMMITTEE

MEMBERS	DESIGNATION	28/05/2020	28/08/2020	TOTAL
Prof K Mfenyana	Chairperson	P	P	2 OF 2
Mr MAW Louw	Member	P	P	2 OF 2
Prof NJ Mekwa	Member	P	P	2 OF 2
Ms DJ Sebidi	Member	P	P	2 OF 2
Ms D Muhlbauer	Member	P	A	1 OF 2
Mr S Ramasala	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

ICT STEERING COMMITTEE

Members from 01 April to March 2021				
		09-FEB-21	19-MAR-21	2 OF 2
NAME	DESIGNATION	09-Feb-21	19-Mar-21	2 OF 2
Ms Y Naidoo	Chairperson	P	P	2 OF 2
Mr J Shikwambane	Member	P	P	2 OF 2
Dr D Mathye	Member	P	P	2 OF 2
Mr J Segole	Independent Member	P	P	2 OF 2
Mr. P Nkukwana	Independent Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

Council at its meeting in September 2020, rationalised its committees to establish the following committees which held meetings as follows:

EXECUTIVE COMMITTEE

Members from December 2020 to 31 March 2021				
MEMBERS	**DESIGNATION**	**MEETING 1**	**MEETING 2**	**TOTAL**
		07-Jan-21	27-Jan-21	2 OF 2
1. Prof N Nemuthandani	President	P	P	2 OF 2
2. Dr Simpiwe Sobuwa	V. President	P	P	2 OF 2
3. Prof Nathaniel Mofolo	Member	P	P	2 OF 2
4. Dr Justin O August	Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

EDUCATION, TRAINING AND QUALITY ASSURANCE COMMITTEE

Members from December 2020 to 31 Member 2021			
MEMBERS	**DESIGNATION**	**ORD MEETING 1**	**TOTAL**
		23-Apr-20	14-Sep-20
Prof L Ramma	Chairperson (Council Member)	P	1 OF 1
Dr P Brijlal	Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	P	1 OF 1
Ms H E Koornhof	Professional Board for Dietetics and Nutrition	P	1 OF 1
Prof J Pillay	Professional Board for Psychology	A/P	0 OF 1
Ms N P Duma	Professional Board for Physiotherapy, Podiatry & Biokinetics	P	1 OF 1
Prof I S Human	Professional Board for Board for Environmental Health Practitioners	P	1 OF 1
Mr A Bham	Professional Board for Emergency Care	P	1 OF 1
Prof A Mbokazi	Medical and Dental Professions Board	P	1 OF 1
Dr B V Shongwe	Professional Board for Radiography and Clinical Technology	A/P	0 OF 1
Ms F Segooa	Professional Board for Optometry and Dispensing Opticians	P	P
Mr S Rabothata	Professional Board for Occupational Therapy, Medical Orthotics and	P	1 OF 1
Prof P Engel-Hills	A Representative of the Education and Training provider	P	1 OF 1
Dr B Mkhize	Professional Board for Medical Technology	A/P	0 OF 1
Dr A M Thulare	NDOH Representative	P	1 OF 1

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

HUMAN RESOURCES AND RENUMERATION COMMITTEE

		MEETING 1	MEETING 2	TOTAL
NAME	**DESIGNATION**	**15/01/2021**	**02/02/2021**	**2 OF 2**
Dr S Sobuwa	Chairperson	P	P	2 OF 2
Dr D Mathye	Member	P	P	2 OF 2
Mr S Dywili	Member	P	P	2 OF 2
Ms D Ramasia	Independent Member	Not appointed yet	P	2 OF 2
Mr C Cain	Independent Member	P	P	2 OF 2
Ms Y Mqoboli	Independent Member	Not appointed yet	A/P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

AUDIT AND RISK COMMITTEE

Members from December 2020 - 31 March 2021			
		11-MAR-21	1 OF 1
NAME	**DESIGNATION**	**2020/06/11**	**2020/09/09**
Rev N Madyibi	Chairperson	P	1 OF 1
Mr F Docrat	Independent Member	P	1 OF 1
Ms S Ngwenya	Independent Member	P	1 OF 1
Ms R Khwela	Independent Member	P	1 OF 1
Mr S Nyangintsimbi	Independent Member	P	1 OF 1
Ms A Vuma	Member	P	1 OF 1
Mr N Raheman	Member	P	1 OF 1

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

ICT STEERING COMMITTEE

Members from 01 April to March 2021				
		ORD MEETING 1	EO MEETING 1	TOTAL
NAME	**DESIGNATION**	**09-Feb-21**	**19-Mar-21**	**2 OF 2**
Ms Y Naidoo	Chairperson	P	P	2 OF 2
Mr J Shikwambane	Member	P	P	2 OF 2
Dr D Mathye	Member	P	P	2 OF 2
Mr J Segole	Independent Member	P	P	2 OF 2
Mr. P Nkukwana	Independent Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

FINANCE AND INVESTMENT COMMITTEE

Members from December 2020 - 31 March 2021				
		EO MEETING 1	ORD MEETING 2	TOTAL
NAME	**DESIGNATION**	**04-Feb-21**	**08-Mar-21**	**2 OF 2**
Ms L Spies	Chairperson	P	P	2 OF 2
Mr T J Nambo	Member	P	P	2 OF 2
Mr B Dladla	Member	P	P	2 OF 2
Ms D Simba	Independent Member	P	P	2 OF 2
Mr G Ferreira	Independent Member	P	P	2 OF 2

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

PENSION AND PROVIDENT FUND

Members from December 2020 to 31 March 2021			
		25/02/2021	TOTAL
NAME	DESIGNATION	21-Apr-20	21-Aug-20
Dr TA Muslim	Chairperson	P	1 OF 1
Mr T Mashiloane	Member	P	1 OF 1
Ms A Taljaard	Member	P	1 OF 1
Adv. N Mathibeli	Member	P	1 OF 1
Mr V Masango	Member	P	1 OF 1
Mr N Kgole	Member	P	1 OF 1

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

ETHICS COMMITTEE

		DATE OF MEETING	TOTAL
NAME	DESIGNATION	19/02/2021	
Dr J August	Chairperson	P	1 OF 1
Dr T Khanyile	Member	P	1 OF 1
Prof S Rataemane	Member	P	1 OF 1
Mr T Mashiloane	Member	P	1 OF 1
Ms R Mphephu	Member	P	1 OF 1
Dr A Thulare	Member	P	1 OF 1
Adv M Ralefatane	Member	P	1 OF 1

* **N/A** = Not Applicable | ***A/P =** Absent with Apology | * **P =** Present | ***A =** Absent | ***N/M =** No longer a member

PROFESSIONAL PRACTICE COMMITTEE

Members from December 2020 to 31 Member 2021			
MEMBERS	DESIGNATION	ORD MEETING 1	TOTAL
		23-Feb-21	1 OF 1
Prof N Mofolo	Chairperson	P	1 OF 1
Adv M J Ralefatane	Member versed in law	P	1 OF 1
Prof N Mekwa	Member (Community Representative)	P	1 OF 1
Dr MN Mabasa	Professional Board for Medical and Dental	P	1 OF 1
Prof MB Ngcobo-Sithole	Professional Board for Psychology	P	1 OF 1
Ms P Maniza	Professional Board for Dietetics and Nutrition	P	1 OF 1
Dr D Mathye	Professional Board for Physiotherapy, Podiatry and Biokinetics	P	1 OF 1
Ms K Manda	Professional Board for Dental Therapy and Oral Hygiene	P	1 OF 1
Mr S Gumede	Professional Board for Optometry and Dispensing Opticians	P	1 OF 1
Ms SL Lange	Professional Board for Environmental Health Professionals	P	1 OF 1
Mr L L Mduzana	Professional Board for Occupational Therapy, Medical Orthotics and	P	1 OF 1

* **N/A** = Not Applicable | ***A/P** = Absent with Apology | * **P** = Present | ***A** = Absent | ***N/M** = No longer a member

MINIMISING CONFLICT OF INTEREST

The HPCSA Charter of Good Practice for Councillors and Professional Boards is aimed at ensuring good governance within Council and Professional Board members performing duties within the domain of their powers and mandate. Members are,further, expected to declare any potential, actual and perceived conflict of interest to any direct or indirect business interest that they or their families may have in any matter relevant and related to the HPCSA. The declaration register is signed before every meeting and should any member declare any interest, they are to be recused from the governance structure meetings.

In the reporting period, Council members and Executives continued to declare direct or indirect business interests that they or their families may have in any matter which is relevant to the HPCSA. These declarations are recorded and kept on minutes of the meetings of respective structures.

COMPANY SECRETARY

The Company Secretary is responsible for developing systems and processes that enable Council and its other governance structures to discharge their fiduciary responsibilities, efficiently and effectively.

The Company Secretary is accountable to Council and Professional Boards for ensuring that governance procedures are followed and reviewed regularly and are in compliance with the applicable laws and regulations. The Company Secretary is ultimately responsible for corporate governance issues, setting annual plans for Council and Professional Boards and related committees and keeping the governance body abreast of new applicable legislation and governance prescripts. Council and Professional Boards have access to the Company Secretary both as a collective and as individuals.

RISK MANAGEMENT

Council in ensuring that risk is managed effectively, approves from time-to-time the following risk management instruments:

- Enterprise Risk Management (ERM) Policy Framework;
- Risk Appetite Framework;
- Compliance Management Policy;
- Business Continuity Management Policy Framework; and
- Fraud Prevention Policy, Strategy and Response Plan.

These instruments address the structures, roles and responsibilities, processes and standards implemented for the overall risk management process of the organisation.

The HPCSA adopted a structured approach to risk management. The risk management programme is aligned to best practices as set out in King IV Report on Corporate Governance (2016), the National Treasury – Public Sector Risk Management Framework and ISO 31000 Risk Management – Principles and Guidelines.

Council implemented a consistent approach to the assessment and treatment of all types

of risks, at all levels and for all activities.

Risks are identified and classified in terms of Governance, People, Compliance, Business

Disruption, Technology, Stakeholders and Reputational risk.

GOVERNANCE OF RISK

Council has the ultimate responsibility for the control and oversight of risk, and

it has delegated to the Secretariat / administration the implementation and execution of an effective risk management at HPCSA.

The Audit and Risk Committee of Council (ARCOM) has been designated with the responsibility of overseeing the risk management on behalf of Council.

Risk Assessments take place annually to identify, quantify and manage risks that impact on the strategic objectives of the HPCSA at all levels. Management monitors the implementation of mitigating strategies and reports to ARCOM on a quarterly basis.

Assurance is achieved using four lines of defence (Combined Assurance Model), to enable effective control of the environment in the organisation.

INTERNAL AUDIT

The HPCSA has outsourced its Internal Audit (IA) function, which independently assesses the effectiveness of the risk management process. Council has delegated the oversight of internal audit to ARCOM.

IA is governed by an approved Internal Audit Charter. The IA Division reports quarterly to ARCOM on the effectiveness

of the approved processes and as implemented by management in managing risks impacting on the strategic objectives.

The IA function provides independent assurance that contributes to the effectiveness of risk management, control and governance processes. IA assurance activities include:

a) Providing assurance on the design and effectiveness of risk management process;

b) Providing assurance that the risks are correctly evaluated;

c) Evaluating risk management process and the reporting on the status of key risks and controls;

d) Reviewing the management of key risks, including the effectiveness of the controls

and other responses to them; and

e) Conducting risk-based audits.

AUDIT AND RISK COMMITTEE OF COUNCIL

ARCOM provides oversight over the performance of the risk management process.

Management reviews progress on the implementation of risk mitigation strategies on a monthly basis and report to ARCOM quarterly.

2020/21 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS

During the 2020/21 financial year; the following key areas of focus were achieved:

- Continuous improvement of risk management and risk assessments continued.
- Council approved Business Continuity Plan (BCP) for the organisation.
- Council approved the Risk Appetite Framework for the organisation, which is expressed using multiple Key Risk Indicators from the organisation's Strategic Risk Register, Annual Report and the Annual Performance Plan.
- During the reporting period the following instruments were reviewed and updated:
    - o Enterprise Risk Management Policy Framework;
    - o Compliance Management Policy;
    - o Fraud Prevention Policy, Strategy and Response Plan; and
    - o Business Continuity Management Policy Framework.
- In rolling out the Business Continuity Management process for the organisation, the following were achieved during the reporting period:
    - (i) Management developed Crisis Management Plan for the organisation, during the reporting period in order to provide a mechanism for the organisation to implement crisis management decisions to enable relevant teams to direct recovery efforts during a disaster situation.
    - (ii) Business Continuity Plans (BCP) for all functional areas were reviewed and updated;

RESPONDING TO COVID-19

- (iii) In responding to COVID-19, Management developed an organisational wide contingency plan that covered all areas of operations.
- (iv) In terms of section 14 of the Organisational-Wide BCP, the contingency plan was approved by Council and BCP was invoked effective 17 March 2020 and continued throughout the reporting period.
- (v) Our business continuity management processes have demonstrated to be effective during the period as the organisation managed to continue with all its operations.

- Strategic Risks and Operational risks assessments were conducted during the reporting period.

THE FOLLOWING ACTIVITIES ARE PLANNED FOR THE 2020/21 FINANCIAL YEAR:

- Reviewing and updating of the following risk management policies:
    - o Risk Appetite Framework;
    - o Enterprise Risk Management Policy Framework;
    - o Business Continuity Management Policy Framework; and
    - o Organisational Business Continuity Plan.
- Conducting Strategic Risks Assessment.
- Conducting Professional Boards risks assessments.
- Conducting departmental and divisional risks assessments

KEY RISKS

The table below outlines the Key Risks facing the HPCSA and the mitigating strategies adopted and implemented to prevent same occurring:

RISK DESCRIPTION		MITIGANTS
Funding Risk – Insufficient Cash flow to continue with operations	Insufficient cash flow to deliver on the HPCSA's mandate will result in the HPCSA not being a going concern	• Bank accounts are monitored on daily basis • 12-month cash flow done monthly • Five-year cash flow focus • Investment policy • Budget process • Weekly monitoring of annual fees payment statistics • Outstanding annual fees reminder notices to practitioners
Insufficient capabilities to implement the HPCSA's strategy	If the HPCSA's new organisational design/ structure is not implemented immediately and the IT digitisation projects fail to deliver their intended results, then HPCSA would not have sufficient capacity, and this will result in HPCSA failing to deliver in its strategic objectives/ mandate.	• Human Resources and Remuneration Committee is in place • Recruitment and Selection Policy has been approved • ICT Steering Committee is in place • dequate IT infrastructure and systems - Online renewals, Meeting Workspace, Network Infrastructure implemented • The implementation and monitoring of IT Road-Map has continued
HPCSA Business Disruption	A disaster affecting the HPCSA Business operations will lead to the HPCSA being unable to perform its function and executing its mandate; Without an adequately designed and approved Business Continuity Plan for all key Departments/Divisions a probability exists that business continuity will not be managed properly, resulting in the failure to resume business operations in a timely manner, should a disaster occur.	• Business Continuity Management Policy has been approved and implemented • Management developed an organisational wide contingency plan that covered all areas of operations. • In terms of Section 14 of the Organisational-Wide BCP, the contingency plan was approved by Council and BCP was invoked effective 17 March 2020 and continued throughout the reporting period • Management developed a Crisis Management Plan • Backup and Replication Solution still in place • Departmental/divisional Business Continuity Plans reviewed and updated and were implemented
	The withdrawal of labour will affect the business operations of the HPCSA, thereby impacting on its ability to deliver on its objectives	• Established Recognition Agreement • Bargaining Forum meetings continued to manage relationship and communications between management and organised labour
Loss of critical skills	Failure to retain critical skills will impact the delivery of HPCSA's mandate	• Approved Performance Management and Development System (PMDS) is in place • Remuneration policy • Annual Performance Plan's KPIs are cascaded into individual Performance Agreements with specific time frames • Bi-annual performance reviews and annual performance assessments are taking place • Poor performance of individuals are addressed by development of PDPs

Lack of role clarification (Council, Professional Boards and Secretariat)	Decisions taken and executed at incorrect/ wrong levels and structures, and decisions taken without following prescripts, applicable laws and regulations. Such non – compliance will impact negatively on the HPCSA reputation	• Health Professions Act 56 of 1974, as amended (HPA) Rules and Regulations in line with HPA • Council Charter is in place • Delegation of Authority Framework is in place • Reviewed and updated Terms of Reference for Council Committees and Professional Boards Committees implemented
Unethical behaviour	Unethical behaviour by employees and/or Council/ or Professional Boards Members; including the respective Committees' Members – leading to all these getting involved in acts of fraud, theft and/or corruption	• Predictive fraud detection and prevention capabilities and fraud response plan implemented • Code of conduct in place • Reviewed and updated Fraud prevention policy, strategy and response plan • Fraud and Corruption Hotline
Ultra-vires acts and inconsistent decisions making (Professional Boards and Council)	Council's Governance Structures making decisions beyond their bestowed powers resulting in litigation against the HPCSA, which may cause reputational and financial damage.	• Rules and Regulations in line with the Health Professions Act 56 of 1974 • Governance Training and Development Plan – continuous training of Council and Professional Boards members • Legislative Framework included in all Agenda Items to enforce compliance to legislation
Cyber - attacks and espionage	Cyber - attacks will lead to unauthorised access to data which could have detrimental consequences to the HPCSA	• Continual IT Penetration Testing to identify and rectify potential weaknesses that can be exploited by cyber criminals and implementation of solutions strategies • Virtual Private Network implemented • IT security policies approved • IT Security Engineer appointed and responsible for all IT security related matters
Loss or erosion of Council mandate	If the HPCSA fails to constantly scan the operating environment and report on its threats and weaknesses, then opportunities maybe missed resulting in the erosion of Council's mandate	• Scanning of operations environment, reviewing and updating of policies • Development and amendments of rules and regulations to ensure alignment is ongoing • Legislative review project continues
Failure of Council to effectively engage with all stakeholders	Non-implementation of stakeholder engagement strategy and plan resulting to poor image and reputational damage for HPCSA	• Stakeholder Engagement Strategy is in place • Ongoing stakeholder engagement initiatives are taking place (Roadshows and Symposia, Conferences, Annual Client Satisfaction Surveys) to be undertaken • Ongoing Client satisfaction surveys
HPCSA not benefiting from the outcomes (deliverables) of the BPR Project	Failure to adopt and implement outcomes of the BPR project would lead to the HPCSA not realising business efficiency.	• BPR agenda item compulsory for all Executive Management Committee meetings • Ad-hoc BPR reviews meetings • BPR Benefits Realisation Management matrix has been developed
Misalignment between Strategic Planning and Budgeting Cycles across Council	If there is no alignment between HPCSA Strategic Planning and the Budget Cycle of the organisation, management might end up with unfunded mandate to execute. This would result in Secretariat always requesting for additional funding to deliver on activities and creating funding risks.	• Approved Strategic Planning process in place • Annual Performance Plan (APP) process • Budget cycle processes and procedure in place • Head of Division: Strategy and EPMO appointed and responsible for strategic planning processes • Strategic Planning/Budgeting Alignment Guidelines are in place

COMPLIANCE RISK MANAGEMENT

The HPCSA is committed to complying with all applicable laws and Regulations and is kept informed of changes that could potentially affect the organisation. Council is required to comply with applicable laws, including all internal policies, processes and procedures. All employees are aware of compliance risk management and their responsibilities in their day-to-day conduct.

Council has a compliance function to ensure effective compliance risk management.

To achieve the above, Council approves from time-to-time a Compliance Management Policy, which includes a Compliance Regulatory Universe with all identified laws and regulations applicable to the organisation. The compliance function reports the status of compliance and any material breaches or key risks to Council, through ARCOM.

Compliance Risk Assessments continued, including risk assessment of COVID-19 regulation 11181 of October 2020 (OHS workplace directive).

During the reporting period, Compliance Risk Assessment was conducted and the assessment found one material of non-compliance in terms of Section 5(3) of the HEALTH PROFESSIONS ACT 56 OF 1974 (as amended), which requires that "Not less than three months prior to the date of expiry of the term of office of the members of Council, that persons and bodies, should inform the Registrar in writing of the names of persons to be designated or appointed by them in terms of the Act". The non-compliance included the departments of Defence and Education respectively. The non-compliance was reported to the National Department of Health, and the non-compliance was rectified by appointing the members by those two departments.

There were no other material or regulatory penalties, sanctions or fines for contraventions of, or non-compliance with, statutory obligations against, and the organisation continued to ensure compliance with all other relevant laws, policies and procedures.

In the next financial year, compliance risk assessments will continue in order to review and update all Compliance Risk Management Plans (CRMPs).


HR

HUMAN RESOURCES MANAGEMENT

HUMAN RESOURCES
Management

The Human Resources Division's plans and goals for the 2020/21financial year included the implementation of a Human Resources Strategy that is aligned to Council Strategy, the appointment of a new wellness service provider, supporting the HPCSA employees during the COVID-19 pandemic and the new normal of working from home.

The plans also included the benchmarking of salaries, continuous implementation of the values-drive and capacitation of the organisational structure through the filling of vacancies. Most importantly, the plan was to consult on policies that are due for review. The following policies were prioritised: Remuneration Policy; Code of Conduct and Business Ethics Policy; and Performance Management and Development System Policy.

The new wellness service provider was appointed for a period of three years with effect from 01 November 2021. The organisation continued to be capacitated in terms of handling and responding to COVID-19 through capacitation programmes. Other capacitation and information sessions on wellness were conducted as a means of remedial actions in terms of health and wellness issues affecting the employees. Managerial referral training and various launches of the wellness programmes were held to acquaint managers and employees of the available services and supports. In addressing the health risks, a virtual health risk assessment programme was conducted, and a significant number of employees participated in the assessment. The values drive programme was concluded with the finalisation and publishing of the Values Booklet on the intranet.

Internal recruitment was also introduced, whereby recruitment of positions started internally before sourcing from the external market.

POLICY DEVELOPMENT AND REVIEW

There were challenges in finalising the consultations of the prioritised policies, owing to the subsequent prioritisation of the review and approval of the Recruitment and Selection Policy. Furthermore, the development and approval of the Flexible Working Arrangement Policy was prioritised on the onset of COVID-19 pandemic. Though most policies were reviewed and consulted within the Human Resources Division, only two policies; Recruitment and Selection Policy and Flexible Working Arrangement Policy were successfully consulted and approved in the 2020/2021 financial year. The Remuneration and Benefits Policy, Code of Conduct, Performance Management and Development policy are reprioritised for consultation in the 2021/2022 financial year.

EMPLOYMENT EQUITY STATUS

The table below indicate the breakdown of employees by gender during the period under review. The HPCSA employs ninety (90) males and hundred and fifty- eight (158) females out of a total number of two hundred and forty-eight (248) employees.

Levels	CURRENT EMPLOYEE EE STATUS							
	Male				Female			
	African	Coloured	Indian	White	African	Coloured	Indian	White
Top Management	0	0	0	0	0	0	0	0
Senior Management	3	0	0	0	2	0	0	1
Professional qualified	28	0	2	1	17	0	1	3
Skilled	26	4	0	0	54	5	3	3
Semi-Skilled	24	1	1	0	57	7	1	2
Unskilled	0	0	0	0	2	0	0	0
TOTAL	**81**	**5**	**3**	**1**	**132**	**12**	**5**	**9**

EMPLOYMENT CHANGES

The HPCSA continued to fill positions within a reasonable timeframe.

Levels	Employment at the beginning of the period	Appointments	Terminations	Employment at the end of the period
Top Management	0	0	0	0
Senior Management	6	0	0	6
Professional qualified	53	3	4	53
Skilled	98	8	6	98
Semi-Skilled	99	0	1	99
Unskilled	2	0	0	2
TOTAL	**258**	**11**	**11**	**248**

PERSONNEL COST BY SALARY BAND

The bulk of the HPCSA Personnel Cost is allocated to the categories of Professionally Qualified, Skilled Practitioners and Semi-Skilled employees to the average of 34.48%.

EE Level	Personnel Expenditure (Total Earnings and Total Company Contributions)	% Of total personnel cost *	No. of employees
Top Management	0	0	0
Senior Management	15,037,404.20	7.71	6
Professional qualified	67,215,722.16	34.48	55
Skilled	66,121,839.81	33.92	100
Semi-Skilled	46,061,906.38	23.63	95
Unskilled	508,480.10	0.26	2
	194,945,352.65	**100**	**258**

PERFORMANCE REWARDS

The HPCSA achieved its strategic objectives for the 2019/2020 financial year and in relation to this, performance bonuses were paid out in the 2020/2021 financial year to recognise and reward the employees who contributed to this achievement. The performance assessments indicate that eighty-six (86) employees achieved an A rating and one hundred eighteen (118) employees achieved B rating which qualified them for a bonus payment.

EMPLOYEE TURNOVER

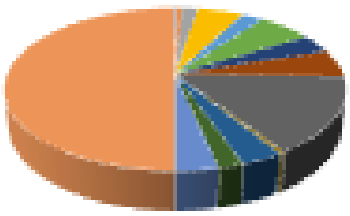
The turnover for the period under review was at 4.26%. Human Resources Division monitors the employee exits as it provides valuable insight on how the HPCSA can continue harnessing the skills and knowledge of our employees. Seven of the eleven employment terminations were due to resignations. One termination was due to death in service, one dismissal, one retirement and one due to an expiry of a contract.

TRAINING

The table below indicate the training expenditure per Division/Department. 260 of HPCSA employees attended training.

Divisional/ Departmental Expenditure	
Division /Department	**Cost**
Audit and Risk	R2,312.48
Corporate Services	R5,259.01
Education and Training	R19,438.29
Strategy and EPMO	R53,750.66
Facilities Management	R25,377.08
Finance and Supply Chain	R62,968.90
Human Resources	R39,145.64
Information Technology	R56,626.09
Legal and Regulatory Affairs	R158,113.16
Office of the Registrar	R4,304.66
Professional Practice	R35,067.71
Registrations	R20,534.26
Secretariat	R35,421.19
TOTAL	**R518 319.13**

DIVISIONAL EXPENDITURE COST



- Audit and Risk
- Corporate Services
- Education and Training
- Strategy and EPMO
- Facilities Management
- Finance and Supply Chain
- Human Resources
- Information Technology
- Legal and Regulatory Affairs
- Office of the Registrar
- Professional Practice
- Registrations
- Secretariat
- Total

No. of employees on various Training Interventions (Technical, Behavioural and Professional Update)			
Month	**Technical**	**Behavioural**	**Professional Update**
April	4		
May	3		
June	138	1	
July	156	88	
August	137	31	5
September	184	42	
October	81	1	2
November	20	16	2
December	8		
January	27		
February	15	42	
March	49	28	
TOTAL	**822**	**249**	**9**

Trainings 2020/2021	NQF Aligned	Not NQF - Aligned
Percentage	45%	55%

Bursaries 2020/2021	Total
2020/2021	32

FUTURE HUMAN RESOURCES PLANS / GOALS

The following will be the focus areas in the 2021/22 financial year:

- Continue to support the HPCSA Management and employees regarding the COVID-19 pandemic and working from home.
- Continue to capacitate the organisational structure through the filling of the twenty-two (22) prioritised vacant positions and any position that would emanate from the organisational structure review.
- Finalise the benchmarking of salaries.
- Consultation of the following prioritised policies: Remuneration Policy; Code of Conduct and Business Ethics Policy;and Performance Management and Development System Policy.
- Review the Organisational Structure.
- Conduct an employee climate survey.

PART F
FINANCIAL INFORMATION

GENERAL INFORMATION

Country of incorporation and domicile	South Africa
Nature of business and principal activities	Health Professions Regulator
Councillors	Prof MS Nemutandani* (President)
	Dr S Sobuwa*** (Vice President)
	Ms LP Spies*
	Dr TA Muslim***
	Mr ST Dywili*
	Mr A Bham*
	Mr J Shikwambane*
	Prof SM Rataemane*
	Dr TT Khanyile*
	Ms A Vuma*
	Ms E Burger*
	Ms Y Naidoo*
	Mr TJ Nambo*
	Dr JO August*
	Ms TB Mahlaola*
	Prof L Ramma*
	Dr AM Thulare***
	Prof NJ Ngoloyi-Mekwa***
	Ms R Mphephu*
	Mr N Raheman*
	Rev N Madyibi*
	Rev TL Mashiloane*
	Dr SR Legoabe*
	Mr BI Dladla*
	Prof F Nomvete*
	Prof P Engel-Hills*
	Dr D Mathye*
	Prof N Mofolo*
	Ms MM Mothapo***
	Adv MJ Ralefatane*
	Dr TKS Letlape**
	Mr LA Malotana**
	Mr S Ramasala**
	Prof K Mfenyana**
	Ms MM Isaacs**
	Prof N Gwele**
	Dr A Lucen**
	Ms MS van Niekerk**
	Mr KO Tsekeli**
	Mr A Speelman**
	Ms ND Dantile**
	Ms J Skene**
	Ms DJ Sebidi**
	Dr S Balton**
	Ms RM Gontsana**
	Prof SM Hanekom**
	Mr M Kobe**
	Mr MAW Louw**
	Mrs D Muhlbauer**
	Adv T Mafafo**
	Prof GJ van Zyl**
	Dr RL Morar**
	Ms X Bacela**
	Ms JM Nare**
	Dr YI Osman**
	Prof BJ Pillay**
	Major-General Z Dabula**

* Appointed 16 November 2020
** Term ended 31 October 2020
*** Reappointed 16 November 2020

Registered Office	553 Madiba Street Cnr. Hamilton and Madiba Street Arcadia 0001
Postal Address	PO Box 205 Pretoria 0001
Bankers	ABSA Bank Limited
Auditors	Nexia SAB&T Registered Auditor
Company Secretary	Adv. Ntsikelelo Sipeka (ACIBM)
Preparer of the Annual Financial Statement	The audited annual financial statements were internally compiled by: Ms M de Graaff Head of Department: Finance and Supply Chain Management (CFO)
Website	www.hpcsa.co.za

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

AUDITED ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH, 2021

INDEX

The reports and statements set out below comprise the audited annual financial statements presented to the Health Professions Council of South Africa:

AUDIT AND RISK COMMITTEE REPORT

1. MEMBERS OF THE AUDIT AND RISK COMMITTEE

The Audit and Risk Committee (ARCOM) is comprised of three non-executive members of the Council and four independent members, and include:

Name	Office	Designation
Rev N Madyibi	Chairperson	Non-Executive
Ms A Vuma	Member	Non-Executive
Mr N Raheman	Member	Non-Executive
Mr S Nyangintsimbi	Member	Independent
Ms R Khwela	Member	Independent
Mr S Ngwenya	Member	Independent
Mr F Docrat	Member	Independent

The committee is satisfied its members possess the required skills, knowledge and experience as set out in King IV, principle 3.2 paragraphs 5 to 10.

The report of the Audit and Risk Committee (ARCOM) is prepared in terms of the Health Professions Act 56 of 1974 as amended, section 13. The Audit and Risk Committee has adopted appropriate formal terms of reference which have been approved by Council. ARCOM has performed its responsibilities as set out in its' terms of reference executing its duties during the reporting period, the Committee has performed the following:

AUDIT

- Monitored the effectiveness and adequacy of the scope, plans, budget, coverage, independence, skills, staffing, overall performance and position of the internal audit and compliance functions within the organisation.

ARCOM FURTHER:

- Recommended to Council the appointment of the external auditors.
- Monitored the effectiveness of the external auditors including their collective skillset, independence, audit plan, budget, reporting, overall performance and approved external audit fee.
- Reviewed audit findings and management's action plans.
- Reviewed whether the work performed by internal audit and by external audit is appropriate and contributed towards the combined assurance model adopted by the Council.
- Obtained an assessment of the strength and weaknesses of systems, controls and other factors from the auditors and management that might be relevant to the integrity of the financial statements.
- Ensured that the external auditors and internal auditors had direct access to the Audit and Risk Committee and the Chairperson of the Audit and Risk Committee.

FINANCIAL

- Reviewed the annual financial statements for proper and complete disclosure of timely, reliable and consistent information.
- Evaluated the appropriateness, adequacy and efficiency of the accounting policies compliance with overall accounting standards and any changes thereto.
- Reviewed the annual financial statements before submission to Council for any change in accounting policies and practices, significant areas of judgement, significant audit adjustments, the internal control and going concern statements,

AUDIT AND RISK COMMITTEE REPORT

the risk management report, the corporate governance report, compliance with accounting and disclosure standards, and compliance with statutory and regulatory requirements.

- Reviewed the recommendations of the external auditor and those of any regulatory authority for significant findings and management's proposed remedial actions.
- Enquired about the existence and substance of significant accounting accruals, impairments or estimates that could have a material impact on the financial statements.
- Reviewed any pending litigation, contingencies, claims and assessment, and the presentation of such matters in the financial statements.
- Considered qualitative judgements by management on the acceptability and appropriateness of current or proposed accounting principles and disclosures.
- Obtained an analysis from management and the auditors of significant financial reporting issues and practices in a timely manner.

RISK GOVERNANCE

- The Council has assigned the oversight of risk governance to the Audit and Risk Committee. The Committee's responsibilities regarding risk are identical to that of a separate Risk Committee.

DURING THE REPORTING PERIOD ARCOM

- Reviewed and recommended to Council for approval of the HPCSA Fraud Prevention Policy including fraud strategy and response plan, Compliance Management Policy, Enterprise Risk Management Policy, Risk Appetite framework, Business Continuity Policy and Business Continuity Plan.
- Reviewed and recommended to Council for approval the following policies: SCM, Asset Management, Investment, Travel and Subsistence and Entertainment policies.
- Provided a channel of communication between Council and management and internal and external auditors.
- Received regular report update from each of their assurance of above functions and monitored that issues and concerns raised were resolved by management in a timely manner.

FOR THE YEAR ENDED 31 MARCH 2021

The Committee's assessment is that the overall control environment of HPCSA needs improvements. The Committee is satisfied that since the previous year reporting good progress has been made in improving the internal control environment to prevent,detect and report areas of non-compliance.

Accordingly, the full disclosure requirements of the Health Professions Act 56 of 1974 as amended have been met during the financial year under review. This is supported by the findings from the internal auditors as well as the external auditors. The effectiveness of the aforementioned measures continues to be in a constant state of improvement. The Committee has resolved to ensure that the comprehensive implementation of and adherence to the internal control environment reforms be expedited.

The Committee is satisfied that the annual financial statements are based on appropriate accounting policies and supported by reasonable and prudent judgements and estimates. The Committee evaluated Council's annual financial statements for the year ended 31 March 2021 and, based on the information provided therein, believes that the financial statements comply, in all material aspects,with the relevant provisions of the Health Professions Act 56 of 1974 and International Financial Reporting Standards.

AUDIT AND RISK COMMITTEE REPORT

2. MEETINGS HELD BY THE AUDIT COMMITTEE

The Audit and Risk committee performs the duties specified by Section 94(7) of the Companies Act, 2008 by holding meetings with the key role players on a regular basis and by the unrestricted access granted to the internal and external auditors.

The committee held 4 scheduled meetings during the financial year ending 31 March 2021.

NAME	Meeting 11 June 2020	Meeting 09 September 2020	Meeting 11 March 2021	Total
Rev N Madyibi (Chairperson)*	N/A	N/A	P	1 of 1
Ms A Vuma (Non-executive)*	N/A	N/A	P	1 of 1
Mr N Raheman (Non-executive)*	N/A	N/A	P	1 of 1
Mr S Nyangintsimbi (Independent)***	P	P	P	3 of 3
Ms R Khwela (Independent)***	P	P	P	3 of 3
Mr S Ngwenya (Independent)***	P	P	P	3 of 3
Mr F Docrat (Independent)	P	P	P	3 of 3
Dr RL Morar (Independent)**	A/P	P	C/E	1 of 2
Dr A Lucen (Independent)**	P	P	C/E	2 of 2
Prof G van Zyl (Former Chairperson)**	P	P	C/E	2 of 2

P = Present
A = Absent
N/A = Not Appointed yet
A/P = Absent with an apology
C/E = Contract expired
* Appointed on 16 November 2020
** Term expired 31 October 2020
*** Re-appointed on 16 November 2020

3. FINANCE FUNCTION

We believe that the Finance Department possess the requisite and appropriate expertise and experience to meet their responsibility.

4. INTERNAL AUDIT FUNCTION

The internal audit function was co-sourced to Big Business Innovations Group (Pty) Ltd with supervision provided by the HPCSA management, who also is responsible for the Chief Audit Executive role.

We believe that the internal audit function (Big Business Innovations Group) effectively fulfilled their responsibilities during the financial year and had the appropriate and required expertise and experience.

AUDIT AND RISK COMMITTEE REPORT

5. DISCHARGE OF RESPONSIBILITIES

The Committee agrees that the adoption of the going-concern principle is appropriate in preparing the annual financial statements. The Audit and Risk Committee has therefore recommended the adoption of the annual financial statements by Council Members on the 30 September 2021.

The Audit and Risk Committee agreed to the terms of the external audit engagement. The audit fee for the external audit has been considered and approved taking into consideration such factors as the timing of the audit, the extent of the work required and the scope.

6. AUDITED ANNUAL FINANCIAL STATEMENTS

Following the review of the audited annual financial statements the Audit and Risk Committee recommend Councils' approval thereof. Audit and Risk Committee concur with the external audit opinion.

On behalf of the Audit and Risk Committee

REV N MADYIBI
Chairperson Audit and Risk Committee

Pretoria

Thursday, 30 September, 2021

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH, 2021

COUNCILORS' RESPONSIBILITIES AND APPROVAL

The Registrar is required in terms of the Health Professions Act no 56 of 1974 to maintain adequate accounting records and is responsible for the content and integrity of the audited annual financial statements and related financial information included in this report. It is his responsibility to ensure that the audited annual financial statements fairly present the state of affairs of the Council as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with International Financial Reporting Standards. The external auditors are engaged to express an independent opinion on the audited annual financial statements.

The audited annual financial statements are prepared in accordance with International Financial Reporting Standards and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Registrar acknowledge that he is ultimately responsible for the system of internal financial control established by the Council and place considerable importance on maintaining a strong control environment. To enable the Registrar to meet these responsibilities, the sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the Council and all employees are required to maintain the highest ethical standards in ensuring the Council's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the Council is on identifying, assessing, managing and monitoring all known forms of risk across the Council. While operating risk cannot be fully eliminated, the Council endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

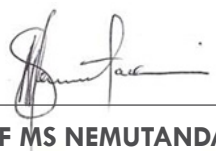
The Registrar is of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the audited annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The Registrar has reviewed the Council's cash flow forecast for the year to 31 March 2022 and, in light of this review and the current financial position, he is satisfied that the Council has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the Council's audited annual financial statements. The audited annual financial statements have been examined by the Council's external auditors and their report is presented on pages 205 to 207.

The audited annual financial statements set out on pages 211 to 248, which have been prepared on the going concern basis, were approved by the Council on 30 September 2021 and were signed on their behalf by:

APPROVAL OF FINANCIAL STATEMENTS



PROF MS NEMUTANDANI
President: Health Professions Council of South Africa
30 September 2021

Nexia SAB&T
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INDEPENDENT AUDITOR'S REPORT

To the members of the council of Health Professions Council of South Africa

Opinion

We have audited the financial statements of Health Professions Council of South Africa set out on pages 211 to 248, which comprise the statement of financial position as at 31 March 2021, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Health Professions Council of South Africa as at 31 March 2021, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa and Health Professions Act no: 56 of 1974.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the council in accordance with the Independent Regulatory Board for Auditors' *Code of Professional Conduct for Registered Auditors* (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The councillors are responsible for the other information. The other information comprises the information included in the document titled "Health Professions Council of South Africa Audited Annual Financial Statements for the year ended 31 March 2021", which includes the Councillor's Report and the Audit and Risk Committee's Report as required by the Companies Act of South Africa and Health Professions Act no: 56 of 1974. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Councillors for the Financial Statements

The Councillors are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act of South Africa and the Health Professions Act No: 56 of 1974, and for such internal control as the councillors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the councillors are responsible for assessing the council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the councillors either intend to liquidate the council or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the councillors.
- Conclude on the appropriateness of the councillors' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit

Nexia SAB&T

evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the council to cease to continue as a going concern.

- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the councillors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

NexiaSAB&T

Nexia SAB&T
C Chigora
Director
Registered Auditor

30 September 2021

COUNCILORS' REPORT

The Council Members have pleasure in submitting their report on the audited annual financial statements of Health Professions Council of South Africa for the year ended 31 March 2021.

1. MAIN BUSINESS AND OPERATIONS

The Health Professions Council of South Africa is a non-profit making statutory body governed by the Health Professions Act
No 56 of 1974. The objectives of the Council (as contained in the Act) may be summarised as follows:
(a) To promote the health of the population;
(b) Determine standards of professional education and training; and
(c) Set and maintain excellent standards of ethical and professional practice.

The operating results and state of affairs of the Council are fully set out in the attached annual financial statement.

There have been no material changes to the nature of the Council's business from the prior year.

2. REVIEW OF FINANCIAL RESULTS AND ACTIVITIES

The audited annual financial statements have been prepared in accordance with International Financial Reporting Standards and the requirements of the Health Professions Act no 56 of 1974. The accounting policies have been applied consistently.

3. COUNCILORS

The Council Members in office at the date of this report are as follows:

Council Members	**Office**	**Designation**
Prof MS Nemutandani*	President	Non-executive
Dr S Sobuwa**	Vice President	Non-executive
Ms LP Spies*		Non-executive
Dr TA Muslim**		Non-executive
Mr ST Dywili*		Non-executive
Dr A Bham*		Non-executive
Mr J Shikwambane*		Non-executive
Prof SM Rataemane*		Non-executive
Dr TT Khanyile*		Non-executive
Ms A Vuma*		Non-executive
Ms E Burger*		Non-executive
Ms Y Naidoo*		Non-executive
Mr TJ Nambo*		Non-executive
Dr JO August*		Non-executive
Ms TB Mahlaola*		Non-executive
Prof L Ramma*		Non-executive
Dr A Thulare**		Non-executive
Prof NJ Ngoloyi-Mekwa**		Non-executive
Ms R Mphephu*		Non-executive
Mr N Raheman*		Non-executive

COUNCILORS' REPORT

Rev N Madyibi*	Non-executive
Rev TL Mashiloane*	Non-executive
Dr SR Legoabe*	Non-executive
Mr BI Dladla*	Non-executive
Prof F Nomvete*	Non-executive
Prof P Engel-Hills*	Non-executive
Dr D Mathye*	Non-executive
Prof N Mofolo*	Non-executive
Ms MMS Mothapo**	Non-executive
Adv MJ Ralefatane*	Non-executive

* Appointed on 16 November 2020
** Reappointed

4. PROPERTY, PLANT AND EQUIPMENT

There was no change in the nature of the property, plant and equipment of the Council or in the policy regarding their use.

At 31 March 2021, the Council's investment in property, plant and equipment amounted to R28,719,238 (2020: R 29,729,694), of which R3,331,000 (2020: R 4,579,171) was added in the current year through additions.

5. SPECIAL INVESTIGATING UNIT

On 17 May 2019 and with the publication of Proclamation no R 23 of 2019 (Gazette no:10947 dated 17 May 2019), the honourable President of the Republic of South Africa established a Special Investigation. The SIU was established in response to a request from Council for the establishment of a SIU to investigate:

(i) Maladministration in connection with the affairs at the Council regarding exercising its functions in terms of the Health Professions Act, 1974.
(ii) Any unlawful or improper conduct by the employees or officials at the HPCSA or any other person regarding the registration of Health Practitioners in terms of the Health Professions Act,1974.

6. COVID-19 IMPACT

Since 31 December 2020 COVID-19 severely impacted on many local economies, companies and government entities. Due to early actions taken by HPCSA in reducing cost, to mitigate possible decline in revenue, due to above, HPCSA managed a comprehensive profit of R4,588,395 for the financial year ending 31 March 2021.
HPCSA also collected 100% of budgeted annual fee revenue for this financial year. HPCSA also considered impact of COVID-19 on future revenue for the financial year ending 31 March 2022 and took appropriate action in reducing planned cost. HPCSA as at 13 August 2021 managed to collect 91% of budgeted annual fee revenue for financial year ending 31 March 2022 compared to 89% for same period for the previous financial year. This is also 3% more than for same period pre-COVID-19.

7. GOING CONCERN

The Councilors believe that the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the audited annual financial statements have been prepared on a going concern basis. The Councilors have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The Councilors are not aware of any new material

COUNCILORS' REPORT

changes that may adversely impact the Councilors and have considered the Covid-19 impact on main revenue as mentioned in the above paragraph. The Councilors are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council.

8. SUBSEQUENT EVENTS

Dr D Motau was appointed Registrar / CEO effective 1 June 2021. The Minister of Health, Dr Joe Phaahla has placed Dr Motau on precautionary suspension effective 25 August 2021. The precautionary suspension of the Registrar / CEO was done to maintain the integrity at Council whilst investigations are conducted and finalised in relation to allegations of fraud and corruption during his tenure as the Head of Free State Department of Health.

9. SECRETARY

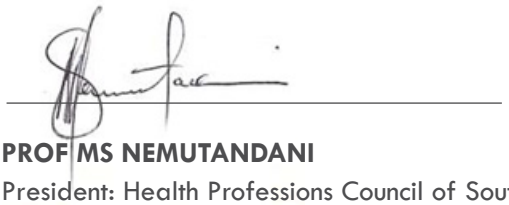
The company secretary is Adv Ntsikelelo Sipeka.

10. DATE OF AUTHORISATION FOR ISSUE OF FINANCIAL STATEMENTS

The annual financial statements have been authorised for issue by the Councilors on Monday, 28 September 2021. No authority was given to anyone to amend the audited annual financial statements after the date of issue.

The audited annual financial statements set out on page 211 to 248, which have been prepared on the going concern basis, were approved by the Council on 30 September 2021, and were signed on its behalf by:

APPROVAL OF AUDITED ANNUAL FINANCIAL STATEMENTS



PROF MS NEMUTANDANI
President: Health Professions Council of South Africa
30 September 2021

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

AUDITED ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH, 2021

STATEMENT OF FINANCIAL POSITION

FIGURES IN RAND	NOTE(S)	2021	2020 restated
ASSETS			
Non-Current Assets			
Property, plant and equipment	3	28,719,238	29,729,694
Right-of-use assets	4	2,975,449	3,449,474
Intangible assets	5	12,716,101	13,704,130
Other financial assets	6	894,022	767,270
		45,304,810	**47,650,568**
Current Assets			
Trade and other receivables	8	12,856,364	19,808,669
Cash and cash equivalents	9	183,680,488	276,252,764
		196,536,852	**296,061,433**
Total Assets		**241,841,662**	**343,712,001**
EQUITY AND LIABILITIES			
Equity			
Revaluation reserve		523,137	523,137
Fair value adjustment reserve		721,502	594,750
Retained income		72,111,310	67,649,667
		73,355,949	**68,767,554**
LIABILITIES			
Non-Current Liabilities			
Lease liabilities	4&10	310,634	837,979
Current Liabilities			
Trade and other payables	11	29,579,995	23,826,907
Lease liabilities	4&10	527,344	1,711,562
Deferred income	12	138,067,740	248,567,999
		168,175,079	**274,106,468**
Total Liabilities		**168,485,713**	**274,944,447**
Total Equity and Liabilities		**241,841,662**	**343,712,001**

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FIGURES IN RAND	NOTE(S)	2021	2020 restated
Revenue	13	297,139,804	271,400,232
Other income	14	25,600,371	31,769,284
Other operating losses		(463,536)	(35,917)
Other operating expenses		(327,664,773)	(373,594,012)
Operating deficit	**15**	**(5,388,134)**	**(70,460,413))**
Investment income	16	10,027,964	17,657,199
Finance costs		(178,187)	(292,764)
Surplus / (Deficit) for the year		**4,461,643**	**(53,095,978)**
Other comprehensive income:			
ITEMS THAT MAY BE RECLASSIFIED TO PROFIT OR LOSS:			
Profit / (Loss) on fair value through other comprehensive income		126,752	(340,458)
Other comprehensive profit / (loss) for the year	**18**	**126,752**	**(340,458)**
Total comprehensive deficit for the year		**4,588,395**	**(53,436,436)**

STATEMENT OF CHANGES IN EQUITY

Figures in Rand	Revaluation reserve	Fair value adjustment assets-available-for-sale-reserve	Total reserves	Retained income	Total equity
Opening balance as previously reported	523,137	935,208	1,458,345	119,944,291	121,402,636
Adjustments					
Prior period error	-	-	-	801,352	801,352
Restated* Balance at 1 April, 2019 as restated	**523,137**	**935,208**	**1,458,345**	**120,745,643**	**122,203,988**
Loss for the year	-	-	-	(53,095,978)	(53,095,978)
Other comprehensive loss	-	(340,458)	(340,458)	-	(340,458)
Total comprehensive Loss for the year	**-**	**(340,458)**	**(340,458)**	**(53,095,978)**	**(53,436,436)**
Opening balance as previously reported	523,137	594,750	1,117,887	67,899,837	69,017,724
Adjustments					
Prior period errors	-	-	-	(250,170)	(250,170)
Balance at 1 April, 2020 as restated	**523,137**	**594,750**	**1,117,887**	**67,649,667**	**68,767,554**
Profit for the year	-	594,750	1,117,887	4,461,643	4,461,643
Other comprehensive profit	-	126,752	126,752	-	126,752
Total comprehensive profit for the year	-	126,752	126,752	4,461,643	4,588,395
Balance at 31 March, 2021	523,137	721,502	1,244,639	72,111,310	73,355,949
Note(s)	18	18		18	

STATEMENT OF CASH FLOWS

Figures in Rand	Note(s)	2021	2020 restated
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash receipts from customers		329,340,952	309,067,357
Cash paid to suppliers and employees		(425,621,745)	(347,238,661)
Cash used in operations	19	(96,280,793)	(38,171,304)
Interest income		9,987,836	17,619,714
Dividends received		40,128	37,485
Finance costs		(178,187)	(292,764)
Net cash from operating activities		**(86,431,016)**	**(20,806,869)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment	3	(3,331,000)	(4,579,171)
Sale of property, plant and equipment	3	(1,098,698)	45,058
Right Use of Asset Acquisitions		-	(3,449,473)
Purchase of other intangible assets	5	-	(3,598,380)
Net cash from investing activities		**(4,429,698)**	**(11,581,966)**
Cash flows from financing activities			
Lease payments	10	(1,711,563)	1,208,583
Total cash movement for the year		**(92,572,276)**	**(31,180,252)**
Cash at the beginning of the year		276,252,764	307,433,016
Total cash at end of the year	**9**	**183,680,488**	**276,252,764**

ACCOUNTING POLICIES

PRESENTATION OF FINANCIAL STATEMENTS

The annual financial statements have been prepared in accordance with International Financial Reporting Standards (IFRS), Companies Act no 71 of 2008 and the Health Professions Act no: 56 of 1974. The annual financial statements have been prepared on the historical cost basis, except for the measurement of certain financial instruments and work-of-art assets at fair value and incorporate the principal accounting policies set out below.

1. SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies applied in the preparation of these audited annual financial statements are set out below.

1.1 Presentation Currency

These financial statements are presented in South African Rands since that is the currency in which the majority of the Council transactions are denominated.

Unless otherwise stated all financial figures have been rounded off to the nearest rand.

1.2 Significant judgements and sources of estimation uncertainty

The preparation of audited annual financial statements in conformity with IFRS requires management, from time to time, to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. These estimates and associated assumptions are based on experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

PRIOR YEAR COMPARATIVES

When the presentation or classification of items in the Annual Financial Statements is amended, prior period comparative amounts are also reclassified and restated, unless such comparative reclassification and / or restatement is not required by a International Financial Reporting Standards, The nature and reason for such reclassification and restatements are also disclosed.

When material accounting errors, which relate to prior periods, have been identified in the current year, the correction is made retrospectively as far as it is practicable and the prior year comparatives are restated accordingly. Where there has been a change in accounting policy in the current year, the adjustment is made retrospective as far as is practicable and the prior year comparatives are restated accordingly.

1.3 Property, plant and equipment

Property, plant and equipment are tangible assets which the Council holds for its own use and which are expected to be used for more than one year.

An item of property, plant and equipment is recognised as an asset when it is probable that future economic benefits associated with the item will flow to the Council, and the cost of the item can be measured reliably.
Property, plant and equipment is initially measured at cost. Cost includes all of the expenditure which is directly

ACCOUNTING POLICIES

1.3 Property, plant and equipment (continued)

attributable to the acquisition or construction of the asset, including the capitalisation of borrowing costs on qualifying assets and adjustments in respect of hedge accounting, where appropriate.

Property, plant and equipment is subsequently stated at cost less accumulated depreciation and any accumulated impairment losses, except for:

- ☐ Land which is stated at cost less any accumulated impairment losses; and
- ☐ Work-of-art assets that is stated at revaluation less accumulated depreciation and any accumulated impairment losses.

Revaluations for work-of-art assets are made with sufficient regularity such that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting year.

When an item of work-of-art asset is revalued, the gross carrying amount is adjusted consistently with the revaluation of the carrying amount. The accumulated depreciation at that date is adjusted to equal the difference between the gross carrying amount and the carrying amount after taking into account accumulated impairment losses.

When an item of works-of-art asset is revalued, any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset.

Any increase in an asset's carrying amount, as a result of a revaluation of work-of-art assets, is recognised in other comprehensive income and accumulated in the revaluation reserve in equity. The increase is recognised in profit or loss to the extent that it reverses a revaluation decrease of the same asset previously recognised in profit or loss.

Any decrease work-of-art asset carrying amount, as a result of a revaluation, is recognised in profit or loss in the current year. The decrease is recognised in other comprehensive income to the extent of any credit balance existing in the revaluation reserve in respect of that asset.

The decrease recognised in other comprehensive income reduces the amount accumulated in the revaluation reserve in equity.

The revaluation reserve related to a specific item of work-of-art assets is transferred directly to retained income when the asset is derecognised.

Depreciation of an asset commences when the asset is available for use as intended by management. Depreciation is charged to write off the asset's carrying amount over its estimated useful life to its estimated residual value, using a method that best reflects the pattern in which the asset's economic benefits are consumed by the Council. Leased assets are depreciated in a consistent manner over the shorter of their expected useful lives and the lease term. Depreciation is not charged to an asset if its estimated residual value exceeds or is equal to its carrying amount. Depreciation of an asset ceases at the earlier of the date that the asset is classified as held for sale or derecognised.

ACCOUNTING POLICIES

1.3 Property, plant and equipment (continued)

The useful lives of items of property, plant and equipment have been assessed as follows:

Item	Depreciation method	Useful life
Buildings	Straight line	50 years
Right use of asset - buildings	Straight line	2 years
Right use of asset - Equipments	Straight line	3 years
Furniture and asset fixtures	Straight line	20 years
Office equipment	Straight line	10 years
IT equipment	Straight line	5 years
Works of art	Straight line	30 years
Computer servers	Straight line	10 years

Land is not depreciated as it is deemed to have an indefinite life. The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate.

Each part of an item of property, plant and equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each year is recognised in profit or loss unless it is included in the carrying amount of another asset.

Impairment tests are performed on property, plant and equipment when there is an indicator that they may be impaired. When the carrying amount of an item of property, plant and equipment is assessed to be higher than the estimated recoverable amount, an impairment loss is recognised immediately in profit or loss to bring the carrying amount in line with the recoverable amount.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its continued use or disposal. Any gain or loss arising from the derecognition of an item of property, plant and equipment, determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item, is included in profit or loss when the item is derecognised.

The Council's management determines the estimated useful lives and related depreciation charges for these assets. These estimates are based on industry norms and then adjusted to be Council's specific. Management will increase the depreciation charge where useful lives are less than previously estimated useful lives and vice versa. Depreciation and amortisation recognised on property, plant and equipment and intangible assets are determined with reference to be useful lives and residual values of the underlying items. The useful lives and residual values of assets are based on management's estimation of the asset condition, expected condition at the end of the period use, its current use, expected future use and the Council's expectations about the availability of finance to replace the asset at the end of its useful life. In evaluating the how the condition and use of the asset informs the useful life and residual value management considers the impact of technology and minimum service requirements of the asset.

ACCOUNTING POLICIES

1.4 Intangible assets

An intangible asset is recognised when:

- ☐ It is probable that the expected future economic benefits that are attributable to the asset will flow to the entity; and
- ☐ The cost of the asset can be measured reliably.

Intangible assets are initially recognised at cost.

Expenditure on research (or on the research phase of an internal project) is recognised as an expense when it is incurred.

An intangible asset arising from development (or from the development phase of an internal project) is recognised when:

- ☐ It is technically feasible to complete the asset so that it will be available for use or sale.
- ☐ There is an intention to complete and use or sell it.
- ☐ There is an ability to use or sell it.
- ☐ It will generate probable future economic benefits.
- ☐ There are available technical, financial and other resources to complete the development and to use or sell the asset.
- ☐ The expenditure attributable to the asset during its development can be measured reliably.

Intangible assets are carried at cost less any accumulated amortisation and any impairment losses.
An intangible asset is regarded as having an indefinite useful life when, based on all relevant factors, there is no foreseeable limit to the period over which the asset is expected to generate net cash inflows. Amortisation is not provided for these intangible assets, but they are tested for impairment annually and whenever there is an indication that the asset may be impaired. For all other intangible assets amortisation is provided on a straight line basis over their useful life. Amortisation on intangible assets commences when the asset is available for use as intended by management.

The amortisation period and the amortisation method for intangible assets are reviewed every period-end. Reassessing the useful life of an intangible asset with a finite useful life after it was classified as indefinite is an indicator that the asset may be impaired. As a result the asset is tested for impairment and the remaining carrying amount is amortised over its useful life.

Internally generated brands, mastheads, publishing titles, customer lists and items similar in substance are not recognised as intangible assets.

Amortisation is provided to write down the intangible assets, on a straight line basis, to their residual values as follows:

Item	Depreciation method	Average useful life
Computer software - Oracle	Straight line	12 years
Right Use of Assets - Computer software	Straight line	12 years

ACCOUNTING POLICIES

1.5 Financial instruments

CLASSIFICATION

The financial assets of Council comprise the following:

- ☐ Trade and other receivables; and
- ☐ Cash and cash equivalents which are classified as financial assets at amortised cost.
- ☐ Other financial assets through fair value (OCI)

INITIAL RECOGNITION AND MEASUREMENT

Financial instruments are recognised initially when the Council becomes a party to the contractual provisions of the instruments. Financial instruments are initially measured at fair value including transaction costs.

After initial recognition

- ☐ Financial assets are measured at amortised cost using the effective interest rate method.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire or when it is transferred, and the transfer qualifies for derecognition.

IMPAIRMENT OF FINANCIAL ASSETS

The Council assessed at the end of each reporting period whether there was any objective evidence that a financial asset or group of financial assets was impaired. If any such evidence existed, the extent of the impairment was determined.

Impairment losses in financial assets carried at amortised cost were recognised in surplus or deficit.
IFRS requires an expected credit loss model to be used in impairing financial assets.

This model requires the Council to account for expected credit losses and changes thereto at each reporting date to reflect changes in credit risk since initial recognition of the financial assets. It is no longer necessary for a credit loss event to have occurred before impairments are recognised.

IFRS 9 requires the Council to recognise a loss allowance for expected credit losses on:

- ☐ Trade and other receivables

The Council has elected to apply the simplified approach for measuring the loss allowance at an amount equal to lifetime for trade receivables, contract assets and lease receivables.

Reversals of impairment losses are recognised in surplus or deficit.

FINANCIAL INSTRUMENTS DESIGNATED AS AT FAIR VALUE THROUGH OTHER COMPREHENSIVE INCOME (OCI)
The investments in Sanlam equity shares are designated as financial assets at fair value through other comprehensive income (OCI)

ACCOUNTING POLICIES

1.5 Financial instruments (continued)

TRADE AND OTHER RECEIVABLES

CLASSIFICATION

Trade receivables are classified as financial assets at amortised cost. A loss allowance account is used to recognise impairments on trade receivables. For trade receivables and contract assets, a simplified approach is applied in calculating expected credit losses. Instead of tracking changes in credit risk, a loss allowance is recognised based on lifetime expected credit losses at each reporting date.

Trade receivables disclosed above include amounts that are past due at the end of the reporting period for which the Council has not recognised an impairment because there has not been a significant change in credit quality and the amounts are still considered recoverable. There are no trade receivables that represent more than 5% of the total trade receivables of the Council. There is no material difference between the fair value of receivables and their carrying amount due to the short term nature of these instruments.

TRADE AND OTHER PAYABLES

CLASSIFICATION

Trade payables are obligations for goods and services that have been acquired from suppliers in the ordinary course of business. Trade payables are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities.

Financial liabilities are recognised initially when the Council becomes a party to contractual provisions. The trade payables are initially measured at fair value plus transaction costs. They are classified as financial liabilities at amortised cost and subsequently measured at amortised cost using the effective interest method.

CASH AND CASH EQUIVALENTS

Cash and cash equivalents comprise cash on hand and demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value.

These are initially and subsequently recognised at amortised cost.

Cash and cash equivalents are classified as a financial asset at amortised cost and the carrying amount of these assets approximates their fair value.

1.6 Leases

Leases are accounted for in accordance with IFRS 16-Leases. For any new contracts entered into, the Council considers whether a contract is, or contains a lease.

A contract is, or contains a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.
To apply this definition the Council assesses whether the contract meets three key evaluations which are whether:

ACCOUNTING POLICIES

1.6 Leases (continued)

- ☐ The contract contains an identified asset,which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Council.
- ☐ The Council has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract.
- ☐ The Council has the right to direct the use of the identified asset throughout the period of use.

COUNCIL AS LESSEE

A lease liability and corresponding right-of-use asset are recognised at the lease commencement date, for all lease agreements for which the Council is a lessee, except for short-term leases of 12 months or less, or leases of low value assets.

For these leases, the Council recognises the lease payments as an operating expense (note 4 and 15) on a straight-line basis over the term of the lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

Details of leasing arrangements where the Council is a lessee are presented in note 4 Right of use asset.

LEASE LIABILITY

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the Council uses its incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise the following:

- ☐ Fixed lease payments, including in-substance fixed payments, less any lease incentives;
- ☐ Variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- ☐ The amount expected to be payable by the Council under residual value guarantees;
- ☐ The exercise price of purchase options, if the Council is reasonably certain to exercise the option;
- ☐ Lease payments in an optional renewal period if the Council is reasonably certain to exercise an extension option;

and

- ☐ Penalties for early termination of a lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability (or right-of-use asset). The related payments are recognised as an expense in the period incurred and are included in operating expenses.

The lease liability is presented as a separate line item on the Statement of Financial Position.
The lease liability is subsequently measured by increasing the carrying amount to reflect interest on the lease liability (using the effective interest method) and by reducing the carrying amount to reflect lease payments made. Interest charged on the lease liability is included in finance costs.

ACCOUNTING POLICIES

1.6 Leases (continued)

The Council re-measures the lease liability (and makes a corresponding adjustment to the related right-of-use asset) when:

- ☐ There has been a change to the lease term, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate;
- ☐ There has been a change in the assessment of whether the Council will exercise a purchase, termination or extension option, in which case the lease liability is remeasured by discounting the revised lease payments using a revised discount rate;
- ☐ There has been a change to the lease payments due to a change in an index or a rate, in which case the lease liability is remeasured by discounting the revised lease payments using the initial discount rate (unless the lease payments change is due to a change in a floating interest rate, in which case a revised discount rate is used);
- ☐ There has been a change in expected payment under a residual value guarantee, in which case the lease liability is remeasured by discounting the revised lease payments using the initial discount rate;
- ☐ A lease contract has been modified and the lease modification is not accounted for as a separate lease, in which case the lease liability is remeasured by discounting the revised payments using a revised discount rate.

When the lease liability is re-measured in this way, a corresponding adjustment is made to the carrying amount of the right-of use asset, or is recognised in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

RIGHT-OF-USE ASSETS

Right-of-use assets are presented as a separate line item on the Statement of Financial Position.

Lease payments included in the measurement of the lease liability comprise the following:

- ☐ The initial amount of the corresponding lease liability;
- ☐ Any lease payments made at or before the commencement date;
- ☐ Any initial direct costs incurred;
- ☐ estimated costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, when the Council incurs an obligation to do so, unless these costs are incurred to produce inventories; and
- ☐ Less any lease incentives received.

Right-of-use assets are subsequently measured at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the shorter period of lease term and useful life of the underlying asset. However, if a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Council expects to exercise a purchase option, the related right-of-use asset is depreciated over the useful life of the underlying asset.

Depreciation starts at the commencement date of a lease.

For right-of-use assets which are depreciated over their useful lives, the useful lives are determined consistently with items of the same class of property, plant and equipment. Refer to the accounting policy for property, plant and equipment for details of useful lives.

ACCOUNTING POLICIES

1.6 Leases (continued)

The residual value, useful life and depreciation method of each asset are reviewed at the end of each reporting year. If the expectations differ from previous estimates, the change is accounted for prospectively as a change in accounting estimate.

Each part of a right-of-use asset with a cost that is significant in relation to the total cost of the asset is depreciated separately.

The depreciation charge for each year is recognised in profit or loss unless it is included in the carrying amount of another asset.

1.7 Impairment of tangible and intangible assets

The Council assesses at each end of the reporting period whether there is any indication that an asset may be impaired. If any such indication exists, the Council estimates the recoverable amount of the asset.

Irrespective of whether there is any indication of impairment, the Council also:

- ☐ Tests intangible assets with an indefinite useful life or intangible assets not yet available for use for impairment annually by comparing its carrying amount with its recoverable amount. This impairment test is performed during the annual period and at the same time every period.

If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or a cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

An impairment loss of assets carried at cost less any accumulated depreciation or amortisation is recognised immediately in profit or loss. Any impairment loss of a revalued asset is treated as a revaluation decrease.

The Council assesses at each reporting date whether there is any indication that an impairment loss recognised in prior periods for assets other than goodwill may no longer exist or may have decreased. If any such indication exists, the recoverable amounts of those assets are estimated.

The increased carrying amount of an asset other than goodwill attributable to a reversal of an impairment loss does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in prior periods.

A reversal of an impairment loss of assets carried at cost less accumulated depreciation or amortisation other than goodwill is recognised immediately in profit or loss. Any reversal of an impairment loss of a revalued asset is treated as a revaluation increase.

ACCOUNTING POLICIES

1.8 Employee benefits

DEFINED CONTRIBUTION PLANS

Contributions made towards the fund are recognised as an expense in the Statement of profit or loss and other comprehensive income in the period that such contributions become payable. This contribution expense is measured at the discounted amount of the contribution paid or payable to the fund. A liability is recognised to the extent that any of the contributions have not yet been paid.

Conversely an asset is recognised to the extent that any contributions have been paid in advance.

Payments to defined contribution retirement benefit plans are charged as an expense as they fall due.

1.9 Revenue

Revenue is income arising in the course of a Council's ordinary activities.

SALE OF GOODS

Revenue comprises invoiced sales to customers excluding value-added tax and other non-operating income relating to register sales, tender fees.

RENDERING OF SERVICES

Revenue from membership fees, registration fees, examination fees, restoration fees, penalties and other revenue are recognised when services are rendered.

Revenue is recognised when or as the performance obligation is satisfied by transferring a promised good or service to a customer and when Council have a legal right to receive the revenue. Assets are transferred when or as the customer obtains control of that asset.

When a performance obligation is satisfied and when Council have a legal right to receive the revenue, revenue is recognised as the amount of the transaction price that is allocated to the performance obligation. Unidentified credit balances which are older than one year and cannot be traced to the individual members are recognised as revenue.

Description	**Overtime / point in time**
Annual fees - Current	Point in time
Annual fees - Prior year	Point in time
Fees from penalties - imposed	Point in time
Registration fees	Point in time
Unidentified receipts recognised	Point in time
Restoration fees	Point in time
Examination fees	Point in time
Evaluation fees	Point in time
Other professional fees	Point in time
RAF Management fees	Point in time
Profit on sale of assets	Point in time
Other rental income	Point in time

ACCOUNTING POLICIES

Other recoveries - RAF	Point in time
Sundry revenue	Point in time
Register sales	Point in time
Tender fees	Point in time

1.10 Deferred Income

1.10.1 UNAPPLIED RECEIPTS

Deferred income is recognised when member fees that was paid in advance by members, are due and payable.

1.10.2 UNIDENTIFIED RECEIPTS

Deferred income on unidentified receipts are recognised as revenue when an unidentified member or debtor has been identified and fees for this member or debtor is due and payable.

Deferred income on unidentified receipts that remain unidentified for longer than a financial year, are recognised as revenue under unidentified receipts recognised at the end of the financial year. When a member or debtor who's receipt were recognised as revenue under unidentified receipts are identified, then revenue will be derecognised under unidentified receipts and recognised as revenue if fees are due and payable for the member or debtor.

1.11 Related parties

The Council has processes and controls in place to aid in the identification of related parties. A related party is a person or an entity with the ability to control or jointly control the other party, or exercise significant influence over the other party, or vice versa, or a Council that is subject to common control, or joint control. Related party relationships where control exists are disclosed regardless of whether any transactions took place between the parties during the reporting.

Where transactions occurred between the entity and any one or more related parties, and those transactions were not within:

- ☐ Normal supplier and / or client / receipt relationships on terms and conditions no more or less favourable than those which it is reasonable to expect the entity to have adopted if dealing with that individual entity or person in the same circumstance; and
- ☐ Terms and conditions within the normal operating parameters established by the reporting entity's legal mandate;
- ☐ Further details about those transactions are disclosed in the notes to the financial statements.

1.12 Subsequent events after the reporting date

Events after the reporting date are those events both favorable and unfavorable that occur between the reporting date and the date when the annual financial statements are authorised for issue, and are treated as follows:

- ☐ The Council adjust the amounts recognised in its annual financial statements to reflect adjusting events after the reporting date for those events that provide evidence of conditions that existed at the reporting date, and

ACCOUNTING POLICIES

1.12 Subsequent events after the reporting date (continued)

☐ The Council does not adjust the amounts recognised in its annual financial statements to reflect non-adjusting events after the reporting date for those events that are indicative of conditions that arose after the reporting date.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

2. NEW STANDARDS AND INTERPRETATIONS

2.1 New standards and interpretations not yet adopted

The Council has not applied the following new, revised or amended pronouncements that have been issued by the IASB as they are not yet effective for the annual financial year beginning 01 January 2020.The new standards, amendments and interpretations will be adopted in the Council' financial statements when they become effective. The Council has assessed, where practicable, the potential impact of all these new standards, amendments and interpretations that will be effective in future periods. Application of these standards will not materially impact the financial statements.

Classification of Liabilities as Current or Non-Current (Amendments to IAS 1) 1 January 2022
The amendments aim to promote consistency in applying the requirements by helping companies determine whether, in the statement of financial position, debt and other liabilities with an uncertain settlement date should be classified as current (due or potentially due to be settled within one year) or non-current.

Property, Plant and Equipment - Proceeds before Intended Use (Amendments to IAS 16) 1 January 2022
The amendments prohibit deducting from the cost of an item of property, plant and equipment any proceeds from selling items produced while bringing that asset to the location and condition necessary for it to be capable of operating in the manner intended by management. Instead, an entity recognises the proceeds from selling such items, and the cost of producing those items, in profit or loss.

2.2 Standards and Interpretations effective and adopted in the current year

ONEROUS CONTRACTS - COST OF FULFILLING A CONTRACT (AMENDMENTS TO IAS 37) 01 JANUARY 2022

The amendments specify that the 'cost of fulfilling' a contract comprises the 'costs that relate directly to the contract'. Costs that relate directly to a contract can either be incremental costs of fulfilling that contract (examples would be direct labour, materials) or an allocation of other costs that relate directly to fulfilling contracts (an example would be the allocation of the depreciation charge for an item of property, plant and equipment used in fulfilling the contract).

ANNUAL IMPROVEMENTS TO IFRS STANDARDS 2018 TO 2020 - 01 JANUARY 2022

Make amendments to the following standards:

- ☐ IFRS 9 - The amendment clarifies which fees an entity includes when it applies the '10 percent' test in paragraph B3.3.6 of IFRS 9 in assessing whether to derecognise a financial liability. An entity includes only fees paid or received between the entity (the borrower) and the lender, including fees paid or received by either the entity or the lender on the other's behalf.
- ☐ IFRS 16 - The amendment to illustrative Example 13 accompanying IFRS 16 removes from the example the illustration of the reimbursement of leasehold improvements by the lessor in order to resolve any potential confusion regarding the treatment of lease incentives that might arise because of how lease incentives are illustrated in that example.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

3. PROPERTY, PLANT AND EQUIPMENT

	2021			2020 Restated		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Land	3,545,008	-	3,545,008	3,545,008	-	3,545,008
Buildings	10,126,459	(2,918,451)	7,208,008	9,584,162	(2,738,598)	6,845,564
Buildings: Work-in-progress	1,538,592	-	1,538,592	-	-	
Furniture and fixtures	4,913,416	(2,339,892)	2,573,524	5,081,273	(2,627,260)	2,454,013
Office equipment	12,389,867	(6,550,919)	5,838,948	12,398,163	(5,603,016)	6,795,147
IT equipment	15,777,701	(8,290,865)	7,486,836	17,911,846	(8,369,124)	9,542,722
Works of art	567,548	(39,227)	528,321	567,548	(20,309)	547,239
Presidential badge	1	-	1	1	-	1
Total	**48,858,592**	**(20,139,354)**	**28,719,238**	**49,088,001**	**(19,358,307)**	**29,729,694**

RECONCILIATION OF PROPERTY, PLANT AND EQUIPMENT - 2021

	Opening balance	Additions	Disposals	Depreciation	Depreciation reversal		Total
Land	3,545,008	-	-	-	-		3,545,008
Buildings	5,972,514	596,625	(54,327)	(195,591)	15,737		7,208,008
Furniture and fixtures	2,186,704	464,612	(632,469)	(159,222)	446,590		2,573,524
Office equipment	5,332,356	365,026	(499,506)	(1,146,587)	324,868		5,838,948
IT equipment	9,117,085	366,145	(2,500,290)	(2,140,456)	2,218,715		7,486,836
Works of art	551,634	-	-	(18,918)	-		528,321
Presidential badge	1	-	-	-	-		1
Buildings: Work-in-progress	-	1,538,592	-	-	-		1,538,592
	29,729,694	**3,331,000**	**(3,686,592)**	**(3,660,774)**	**3,005,910**		**28,719,238**

RECONCILIATION OF PROPERTY, PLANT AND EQUIPMENT - 2020

	Opening balance	Additions	Disposals	Transfers	Depreciation Transfer	Depreciation	Depreciation reversal	Total
Land	3,545,008	-	-	-	-	-	-	3,545,008
Buildings	5,972,514	1,052,318	-	-	-	(179,268)	-	6,845,564
Furniture and fixtures	2,186,704	418,250	-	-	-	(150,941)	-	2,454,013
Office equipment	5,332,356	655,816	-	1,628,401	217,139	(1,038,565)	-	6,795,147
IT equipment	9,117,085	2,438,439	(80,975)	-	-	(1,976,885)	45,058	9,542,722
Works of art	551,634	14,348	-	-	-	(18,743)	-	547,239
Presidential badge	1	-	-	-	-	-	-	1
	26,705,302	**4,579,171**	**(80,975)**	**1,628,401**	**217,139**	**(3,364,402)**	**45,058**	**26,705,302**

Profit on sale of property, plant and equipment is included under other operating income in note 13.

Compensation received for losses on property, plant and equipment is included in operating surplus.

No property, plant and equipment have been pledged as a security for any liabilities of Council during the financial year.

ERF 587 R/PTN 1, Arcadia, Pretoria, 572 Madiba Street at a value of R23,9 million (2020 - R24,4 million)

ERF 587 PTN 3, Arcadia, Pretoria, 572 Madiba Street at a value of R3,8 million (2020 - R 2,6 million)

ERF 1244 Arcadia, Pretoria, 553 Madiba Street at a value of R40 million (2020 - R 40 million)

The above properties were evaluated by the independent valuer Lael Real Estates and Property Valuations. The purpose of this valuation was to determine the current market and replacement value.

Work-of-art assets are disclosed at fair value.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

All other property, plant and equipment are disclosed at cost less accumulated depreciation and the carrying amount do not materially differ from the fair value for these assets.

4. RIGHT-OF-USE ASSETS

Details pertaining to leasing arrangements, where the company is lessee are presented below:

CARRYING AMOUNTS OF RIGHT-OF-USE ASSETS

The carrying amounts of right-of-use assets are as follows:

	2021	2020 restated
Buildings	135,539	1,416,311
Office equipment	650,961	805,509
Computer software	2,188,949	1,227,654
	2,975,449	**3,449,474**

ADDITIONS TO RIGHT-OF-USE ASSETS

Buildings	-	2,561,543
Office equipment	-	1,115,063
Computer software	1,098,704	1,636,872
	1,098,704	**5,313,478**

DEPRECIATION RECOGNISED ON RIGHT-OF-USE ASSETS

Depreciation recognised on each class of right-of-use assets, is presented below. It includes depreciation which has been expensed in the total depreciation charge in profit or loss.

Buildings	1,280,772	1,145,233
Office equipment	371,689	92,413
Computer software	137,409	136,406
	1,789,870	**1,374,052**

OTHER DISCLOSURES

Interest expense on lease liabilities	178,187	292,764
Expenses on short term leases included in operating expenses	360,949	622,651
Total cash outflow from leases	539,136	914,303

At 31 March, 2021, the Council is committed to R 360,949 (2020: R 622,651) for short-term leases. This differs from the portfolio of leases for which an expense was recognised in the current financial period, because of a 12 month lease agreement for the following:

- Office spaces in Cape Town, East London and Durban which was entered into during this financial period.
- Cellphone and data services which was entered into during this financial period.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

	2021			2020 restated		
	Cost/ Valuation	Accumulated amortisation	Carrying value	Cost/ Valuation	Accumulated amortisation	Carrying value
Computer software	23,139,292	(10,423,191)	12,716,101	21,010,537	(9,435,162)	11,575,375
Oracle cloud - Work in progress	-	-	-	2,128,755	-	2,128,755
Total	**23,139,292**	**(10,423,191)**	**12,716,101**	**23,139,292**	**(9,435,162)**	**13,704,130**

RECONCILIATION OF INTANGIBLE ASSETS - 2021

	Opening balance	Additions	Transfers	Amortisation	Total
Computer software	11,575,375	2,128,755	-	(988,029)	12,716,101
Oracle cloud - Work in progress	2,128,755	-	(2,128,755)	-	-
	11,132,683	**2,128,755**	**(988,029)**	**12,716,101**	

RECONCILIATION OF INTANGIBLE ASSETS - 2020

	Opening balance	Additions	Amortisation	Total
Computer software	11,132,683	1,469,625	(1,026,933))	11,575,375
Software - Leased Assets	-	2,128,755	-	2,128,755
	11,132,683	**3,598,380**	**(1,026,933)**	**13,704,130**

The HPCSA upgraded the oracle system and purchased new software licenses.
No intangible assets have been pledged as a security for any liabilities of Council during the financial year.

Figures in Rand	2021	2020 restated

6. OTHER FINANCIAL ASSETS - COMPARATIVE INFORMATION AS PER IAS 39

Available-for-sale		
Listed Shares - 15018 Sanlam Shares	894,022	767,270
Free shares allocated to Council during Sanlam's demutualisation process		
Non-current assets		
Fair value through other comprehensive income (FVOCI)	894,022	767,270

7. RETIREMENT BENEFITS

Defined contribution plan

The HPCSA provides retirement benefits through independent funds under the control of trustees and all contributions on those funds are charged to profit and loss. The HPCSA pension and provident funds are governed by the Pensions Fund Act, 1956.

The total group contribution to such schemes	10,051,699	9,792,157

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

8. TRADE AND OTHER RECEIVABLES

	2021	2020 Restated
Financial instruments:		
Trade receivables	23,813,732	26,139,317
Less: Credit loss allowance	(17,701,417)	(14,088,192)
Net Trade receivables	6,112,315	12,051,125
Advances to Council members, managers and employees	57,103	23,903
Prepayments	4,730,649	5,202,436
Deposits	259,877	259,877
AMCOA loan account	28,500	142,435
Accrued income and interest	1,667,920	2,128,893
Non-financial instruments:		
Total trade and other receivables	**12,856,364**	**19,808,669**
Trade receivables ageing		
Current	3,071,587	8,454,602
1-30 days	285,556	632,911
31-60 days	298,862	476,097
61-90 days	24,831	174,135
91-180 days	327,425	1,037,920
181+ days	2,104,054	1,275,460
	6,112,315	**12,051,125**
Reconciliation of Credit Loss Allowance		
Opening Balance	(14,088,192)	(8,770,421)
Increase in credit loss allowance	(3,613,225)	(5,317,771)
	(17,701,417)	**(14,088,192)**

Loss Allowance Matrix	Weighted average expected	Gross carrying amount	Lifetime ECL
Current	34 %	3,071,587	561,732
1-30 days	44 %	285,556	952,961
31-60 days	40 %	298,862	673,075
61-90 days	42 %	24,831	19,156
91-180 days	49 %	327,425	357,974
181-360 days	49 %	2,094,430	2,261,355
361 + days	100 %	9,624	13,083,957
Outstanding Amount	**100 %**	**6,112,315**	**17,701,417**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2021	2020 restated
9. CASH AND CASH EQUIVALENTS		
Cash and cash equivalents consist of:		
Cash on hand	515	2,500
Bank balances	67,864,037	201,483,433
Short-term deposits	115,815,936	74,766,831
	183,680,488	**276,252,764**
CASH AND CASH EQUIVALENTS PLEDGED AS SECURITY		
Total cash and cash equivalents pledged as a collateral	2,000,000	2,000,000
No expiry date and no special conditions apply		
Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064961351 for R 500, 000		
Limited Cession of Absa Bank Ltd Fixed Deposit no: 2064951992 for R 1,500,000		
10. LEASE LIABILITIES		
10.1 TELEPHONE AND PRINTING SOLUTIONS		
Minimum lease payments due		
- within one year	431,682	431,682
- in second to fifth year inclusive	323,761	1,187,125
	755,443	1,618,807
less: future finance charges	(65,122)	(152,925)
Present value of minimum lease payments	**690,321**	**1,465,882**
10.2 NEDBANK BUILDING LEASES		
PRESENT VALUE OF MINIMUM LEASE PAYMENTS DUE		
- within one year	149,098	1,458,067
- in second to fifth year inclusive	-	149,098
	149,098	1,607,165
less: future finance charges	(1,440)	(91,826)
Present value of minimum lease payments	**147,658**	**1,515,339**
Non-current liabilities	310,634	837,979
Current liabilities	527,344	1,711,562
	837,978	**2,549,541**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2021	2020 restated

It is Council policy to lease telephone equipment and buildings.

The average lease term is 3 years for telephone and printing solutions while for the right-of-use building is 2 years.

Interest rates are linked to prime at the contract date. All leases have fixed repayments and no arrangements have been entered into for contingent rent.

The Council obligations under leases are secured by the lessor's charge over the leased assets.

11. TRADE AND OTHER PAYABLES

Financial instruments:		
Trade payables	8,384,530	11,882,854
Other payables	428,096	138,095
Accrued Leave Pay	9,077,551	6,264,077
Accruals and other payables	10,225,791	5,173,794
Non-financial instruments:		
VAT	1,464,027	368,087
	29,579,995	**23,826,907**

12. DEFERRED INCOME

Unearned revenue	6,224,954	3,902,870
Unapplied receipts	129,540,005	240,364,060
Unidentified receipts	2,302,781	4,301,069
	138,067,740	**248,567,999**

UNEARNED REVENUE
Represents revenue that Council only has a legal right to once payment has been received.

UNAPPLIED RECEIPTS
Represents receipts in advance from members for their next years membership fees.

UNIDENTIFIED RECEIPTS
Represents receipts from members who cannot be identified at this stage. These members normally claim these receipts when their fees remain unpaid and they receive reminders.

Included in this amount is also practitioners who paid, but are not yet registered. Receipts can only be applied once registration is complete.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2021	2020 restated

13. REVENUE

Unidentified receipts - recognised	1,201,303	975,100
Annual fees - current	262,687,700	223,174,168
Restoration fees	7,559,460	8,754,957
Examination fees	2,170,556	4,700,560
Evaluation fees	373,145	5,869,837
Other professional fees	1,726,659	2,777,045
Registration fees	15,439,443	17,620,637
Annual fees - prior years	2,715,342	3,683,814
Fees from penalties imposed	3,266,196	3,844,114
	297,139,804	**271,400,232**

14. OTHER OPERATING INCOME

RAF management fees	2,333,288	2,241,391
Profit on sale of assets	71,535	-
Other rental income	216,934	208,392
Other recoveries - RAF	22,234,272	24,099,757
Sundry revenue	695,640	822,337
Register sales	-	2,377
Tender fees	-	19,610
Insurance compensation	48,702	174,028
HPCSA National Conference	-	4,201,392
	25,600,371	**31,769,284**

15. OPERATING (DEFICIT) SURPLUS

Operating (deficit) surplus for the year is stated after accounting for the following:

GAINS (LOSSES) ON DISPOSALS, SCRAPPINGS AND SETTLEMENTS			
Auditors' remuneration - External auditors		303,335	285,619
Depreciation on property, plant and equipment		5,543,057	4,738,454
Amortisation on intangible assets		988,029	1,026,933
Loss on disposal of fixed assets	3	355,415	35,916
Operating lease charges - rental machines and office space		360,949	1,058,886
Legal expenses	6	9,014,175	8,959,897
Council, professional boards and committee meetings	6	53,694,341	75,383,014
Road Accident Fund expenses		22,451,206	24,422,886
Employee costs		194,177,612	190,612,668
Strategic projects		2,043,662	5,657,024
IT expenses		15,196,301	12,942,940

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2021	2020 restated
Postage	892,850	1,531,270
Conferences (HPCSA and IAMRA)	2,261,305	5,695,693
Investigations: SIU	605,011	8,342,410

16. INVESTMENT INCOME

DIVIDEND INCOME		
EQUITY INSTRUMENTS AT FAIR VALUE THROUGH OTHER COMPREHENSIVE INCOME:		
Dividends - Sanlam shares	40,128	37,485
Total dividend income	**40,128**	**37,485**
Interest income		
Investments in financial assets:		
Interest received	9,987,836	17,619,714
Total investment income	**10,027,964**	**17,657,199**

17. TAXATION

The Council is exempted from taxation in terms of the Income Tax Act.

18. OTHER COMPREHENSIVE INCOME AND LOSS

COMPONENTS OF OTHER COMPREHENSIVE INCOME - 2021

	Gross	Tax	Net
Items that will not be reclassified to profit (loss)			
Fair value through other comprehensive income (FVOCI)			
Losses arising during the year on Sanlam shares	126,752	-	126,752

COMPONENTS OF OTHER COMPREHENSIVE INCOME - 2020

	Gross	Tax	Net
Items that will not be reclassified to profit (loss)			
Movements on revaluation			
Losses on property revaluation	(340,458)	-	(340,458)
Items that may be reclassified to profit (loss)			
Fair value through other comprehensive income (FVOCI)			
Losses arising during the year on Sanlam shares	(173,308)	-	(173,308)
Total	**(783,001)**	**-**	**(783,001)**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand	2021	2020 restated
19. CASH USED IN OPERATIONS		
Surplus/(Deficit) before taxation	4,461,643	(53,095,978)
Adjustments for:		
Depreciation and amortisation	6,531,086	5,765,387
(Gains) / Losses on disposals of assets and liabilities	371,122	(236,277)
Dividends received (trading)	(40,128)	(37,485)
Interest income	(9,987,836)	(17,619,714)
Finance costs	178,187	292,764
Changes in working capital:		
Trade and other receivables	6,952,305	5,510,100
Increase / (Decrease) in trade and other payables	5,753,088	(3,053,318)
(Decrease)/Increase in deferred income	(110,500,260)	24,303,217
	(96,280,793)	**(38,171,304)**

20. RELATED PARTIES

Relationships	
Acting Registrar and CEO - Dr MA Kwinda	Refer to note 21
Executive Management	Refer to note 21
President of Council - Prof MS Nemutandani	Refer to note 22
Council members - 52 members	Refer to note 22
Association of Medical Councils of Africa (AMCOA) - HPCSA is a member of AMCOA and manages the day-to-day financial affairs of AMCOA	Refer to note 8
Road Accident Fund	Refer to note 23
Minister of Health and Department of Health	Refer to Health Professions Act no 56 of 1974

Related party transactions

Council / Professional Board members fees		
Members fees	33,236,481	37,083,893
Preparation fees	24,088	71,400
Subsistence expenses	821,032	3,641,523

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

21. EXECUTIVE REMUNERATION

EXECUTIVE

2021

	Emoluments	Performance bonus	Retirement benefits	Medical Aid	Acting Allowance	Total
Registrar / CEO	2,116,031	160,347	150,927	-	658,277	3,085,582
Head of Department: Legal and Regulatory Affairs	2,638,793	283,807	189,345	33,731	-	3,145,676
Head of Division: Complaints Handling and Investigation	1,410,564	-	107,214	77,918	-	1,595,696
Head of Division: Inspectorate	1,614,569	171,727	116,084	-	-	1,902,380
Head of Division: Information Technology (CIO)	2,004,679	-	256,444	-	-	2,261,123
Chief Financial Officer	2,092,403	224,486	150,927	38,977	-	2,506,793
Head of Division: Registrations	1,657,165	-	118,248	-	-	1,775,413
Acting Head of Division: Executive Company Secretariat	1,433,808	-	105,526	33,178	-	1,572,512
Head of Division: Human Resources (01 August 2019 to 31 March 2020)	1,302,487	-	139,752	-	-	1,442,239
Head of Department - Core Operations (01 January to 31 March 2020)	1,709,979	-	126,218	48,838	-	1,885,035
Senior Manager: Road Accident Fund	1,106,217	-	80,391	-	-	1,186,608
Head of Division - Education and Training	1,302,171	-	139,752	-	-	1,441,923
Head of Division - Internal Audit and Risk (01 April - 31October 2021)	759,255	-	81,688	-	-	840,943
Head of Division: Professional Practice	1,106,404	-	80,391	-	-	1,186,795
Head of Division: Corporate Affairs (April 2020)	103,690	-	12,834	-	-	116,524
Acting Head of Division: Corporate Affairs (01 May to 31 March 2021)	743,967	-	54,422	-	523,022	1,321,411
Head of Division: Strategy and Enterprise Project Management	1,451,198	-	155,450	-	-	1,606,648
Risk Management Officer	1,331,898	102,238	112,074	23,688	-	1,569,898
	25,885,278	**942,605**	**2,177,687**	**256,330**	**1,181,299**	**30,443,199**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

21. EXECUTIVE REMUNERATION

EXECUTIVE MANAGEMENT

2020

	Emoluments	Performance bonus	Retirement benefits	Medical Aid	Acting Allowance	Total
Registrar / CEO (01 April 2019 to 29 February 2020)	2,227,910	-	230,733	-	-	2,458,643
Head of Department: Legal and Regulatory Affairs	2,548,654	267,774	183,595	32,432	-	3,032,455
Ombudsman / Acting Head of Division: Complaints Handling and Investigation	1,881,589	203,421	134,556	-	-	2,219,566
Acting Registrar / CEO (01-31March 2020)	170,464	-	12,228	-	66,484	249,176
Head of Division: Inspectorate	1,572,053	181,557	112,731	-	-	1,866,341
Acting Head of Division: Internal Audit and Risk (01 April 2019 to 31 January 2020)	1,292,494	129,703	94,461	22,397	-	1,539,055
Head of Division: Information Technology (CIO)	1,950,534	203,421	210,923	36,161	-	2,401,039
Head of Department: Finance and Supply Chain Management (CFO)	2,000,784	284,790	146,784	33,838	-	2,466,196
Head of Division: Registrations	1,596,811	159,625	114,589	-	-	1,871,025
Acting Head of Division: Executive Company Secretariat	1,283,035	129,684	94,447	31,363	-	1,538,529
Acting Head of Department: Office of the Registrar / Project Manager	1,308,472	129,684	129,684	-	-	1,577,280
Head of Division: Human Resources (01 August 2019 to 31 March 2020)	836,259	-	89,921	-	-	926,180
Head of Department: Core Operations (01 January to 31 March 2020)	411,238	-	30,525	12,209	-	453,972
Head of Division: Education and Training (01 January to 31 March 2020)	313,486	-	33,730	-	-	347,216
Head of Division: Internal Audit and Risk (01 February to 31 March 2020)	208,990	-	22,487	-	-	231,477
Head of Division: Professional Practice (01 October 2019 to 31 March 2020)	532,672	-	38,880	-	-	571,552
Head of Division: Corporate Affairs	1,239,634	120,793	94,355	94,355	-	1,510,812
	21,375,079	**1,810,452**	**1,784,069**	**224,430**	**66,484**	**25,260,514**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

22. COUNCILLORS' EMOLUMENTS

NON-EXECUTIVE

2021

	Emoluments	President and Vice President Retainers Allowance	Board Retainers Allowance	Other Allowances (Collaboration, Subsistence and Travel)	Total
Prof MS Nemutandani*	340,575	62,006	-	21,392	423,973
Dr S Sobuwa***	251,900	51,672	53,824	15,800	373,196
Ms LP Spies*	160,150	-	53,824	17,201	231,175
Ms E Burger*	34,125	-	-	4,343	38,468
Prof P Engel-Hills*	14,625	-	-	2,800	17,425
Dr A Bham*	9,750	-	-	1,544	11,294
Ms X Bacela*	29,250	-	-	7,000	36,250
Rev N Madyibi*	9,750	-	-	242	9,992
Dr TT Khanyile*	19,500	-	-	2,100	21,600
Ms A Vuma*	132,625	-	53,824	17,201	203,650
Dr D Mathye*	229,425	-	53,824	39,715	322,964
Prof N Mofolo*	60,650	-	-	7,681	68,331
Dr JO August*	317,475	-	53,824	20,937	392,236
Ms TB Mahlaola*	168,900	-	-	10,937	179,837
Mr TJ Nambo*	19,500	-	-	5,622	25,122
Prof F Nomvete*	9,750	-	-	-	9,750
Adv MJ Ralefatane*	48,750	-	-	-	48,750
Ms R Mphephu*	87,750	-	-	6,173	93,923
Mr N Raheman*	102,375	-	-	11,460	113,835
Rev TL Mashiloane*	48,750	-	-	3,862	52,612
Dr SR Legoabe*	24,375	-	-	-	24,375
Mr BI Dladla*	14,625	-	-	64	14,689
Prof YI Osman**	106,675	-	-	5,600	112,275
Prof BJ Pillay**	187,812	-	75,354	36,400	299,566
Mr J Shikwambane*	141,025	-	53,824	17,201	212,050
Dr TA Muslim**	228,400	-	129,179	49,672	407,251
Dr A Lucen**	29,250	-	-	6,300	35,550
Prof NJ Ngoloyi-Mekwa***	160,875	-	-	9,100	169,975
Dr TKS Letlape**	623,425	93,009	75,354	19,600	811,388
Mr LA Malotana**	56,200	77,507	75,354	-	209,061
Mr S Ramasala**	438,000	-	-	-	438,000
Prof K Mfenyana**	50,325	-	-	4,900	55,225
Mrs MMM Mothapo**	58,500	-	-	7,425	65,925
Ms MM Isaacs**	34,125	-	-	4,900	39,025
Ms MS van Niekerk**	114,800	-	75,354	36,924	227,078
Ms KO Tsekeli**	58,500	-	-	4,900	63,400

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Figures in Rand

	Emoluments	President and Vice President Retainers Allowance	Board Retainers Allowance	Other Allowances (Collaboration, Subsistence and Travel)	Total
Mr A Speelman**	100,075	-	75,354	34,300	209,729
Ms ND Dantile**	172,050	-	75,354	36,472	283,876
Ms JM Nare**	34,125	-	-	7,700	41,825
Ms DJ Sebidi**	134,050	-	75,354	35,700	245,104
Dr AM Thulare***	206,325	-	-	6,435	212,760
Dr S Balton**	115,800	-	75,354	37,867	229,021
Ms RM Gontsana**	39,000	-	-	4,900	43,900
Prof SM Hanekom**	74,125	-	75,354	37,100	186,579
Prof GJ van Zyl**	48,175	-	-	4,200	52,375
Ms Y Naidoo**	146,675	-	53,824	17,095	217,594
Mr M Kobe**	199,150	-	75,354	41,500	316,004
Prof L Ramma*	87,275	-	53,824	11,600	152,699
Mr MAW Louw**	57,925	-	75,354	35,000	168,279
Mrs D Muhlbauer**	98,540	-	-	6,450	104,990
Mr ST Dywili**	29,250	-	-	-	29,250
Prof SM Rataemane*	293,456	-	53,824	23,638	370,918
	6,258,483	**284,194**	**1,442,489**	**738,953**	**8,724,119**

NON-EXECUTIVE COUNCIL MEMBERS

2020

	Emoluments	President and Vice President Retainers Allowance	Board Retainers Allowance	Other Allowances (Collaboration, Subsistence and Travel)	Total
Dr TKS Letlape	667,061	186,017	129,179	418,226	1,400,483
Mr LA Malotana	201,182	155,014	129,179	42,250	527,625
Mr S Ramasala	713,846	-	-	-	713,846
Prof K Mfenyana	112,971	-	-	9,408	122,379
Ms MM Isaacs	27,400	-	-	18,852	46,252
Dr S Sobuwa	187,996	-	-	8,708	196,704
Ms X Bacela	82,400	-	-	10,275	92,675
Ms MS van Niekerk	197,285	-	129,179	13,799	340,263
Mr KO Tsekeli	96,788	-	-	12,177	108,965
Mr A Speelman	151,275	-	129,179	19,597	300,051
Ms ND Dantile	233,138	-	129,179	42,462	404,779
Ms JM Nare	48,038	-	-	19,655	67,693
Ms DJ Sebidi	230,940	-	129,179	60,276	420,395

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

NON-EXECUTIVE COUNCIL MEMBERS (CONTINUED)

2020

	Emoluments	President and Vice President Retainers Allowance	Board Retainers Allowance	Other Allowances (Collaboration, Subsistence and Travel)	Total
Dr S Balton	225,483	-	129,179	38,827	393,489
Ms RM Gontsana	63,375	-	-	8,427	71,802
Prof SM Hanekom	135,638	-	129,179	26,007	290,824
Mr M Kobe	340,750	-	129,179	29,241	499,170
Mr MAW Louw	210,908	-	129,179	9,061	349,148
Mrs D Muhlbauer	166,309	-	-	11,757	178,066
Prof GJ van Zyl	64,713	-	-	1,755	66,468
Prof NJ Mekwa	139,288	-	-	7,827	147,115
Dr RL Morar	6,685	-	-	1,800	8,485
Prof YI Osman	107,538	-	-	7,827	115,365
Prof BJ Pillay	132,675	-	129,179	12,035	273,889
Dr TA Muslim	328,000	-	129,179	35,230	492,409
Dr A Lucen	24,375	-	-	6,160	30,535
Mrs MMM Mothapo	67,775	-	-	12,980	80,755
Dr AM Thulare	268,378	-	-	22,235	290,613
Prof N Gwele	20,675	-	-	11,397	32,072
Adv TE Mafafo	28,775	-	-	12,624	41,399
	5,281,660	341,031	1,550,148	930,875	8,103,714

* = Appointed 16 November 2020
** = Term ended 31 October 2020
*** = Reappointed 16 November 2020

23. ROAD ACCIDENT FUND (RAF)

The surplus recovered from the agreement between HPCSA and the Road Accident Fund can be reconciled as follows:

	2021	2020 restated
Cost incurred by HPCSA	**22,234,272**	**24,099,757**
Employee costs	9,742,193	8,149,697
RAF legal, tribunal expenditure, sheriff and disbursements	12,474,068	15,703,760
HPCSA overheads (Stationery, telephone and training)	18,011	246,300
Amounts received from RAF	**24,783,954**	**26,549,540**
Amounts received from RAF	22,234,272	24,099,757
Management accounts	2,333,288	2,241,391
Rental income	216,394	208,392
Surplus	**2,549,682**	**2,449,783**

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

24. RISK MANAGEMENT

FAIR VALUE OF FINANCIAL INSTRUMENTS

The carrying amounts of the following financial instruments approximate their fair value due to the fact that these instruments are:

- ☐ Cash and cash equivalents include bank balances and investments with commercial interest rates.
- ☐ Short trade and other receivables - due to the short term nature of Health Professions Council of South Africa's receivables, amortised cost approximates its fair values.
- ☐ Trade and other payables - are subject to normal trade credit terms and short payment cycles. The cost of other payables approximate its fair value.

No financial instrument is carried at an amount in excess of its fair value.

LIQUIDITY RISK

The Health Professions Council of South Africa manages liquidity risk through the compilation and monitoring of cash flow forecasts as well as ensuring that there are adequate banking facilities.

At 31 March 2021	**Less than 1 year**
Financial Assets	
- Cash and cash equivalent	183, 680,488
- Trade and other receivables	12,856,364
Financial Liabilities	
- Trade and other payables	29, 579,995
- Income received in advance	138,067,740
- Leases	837,979

At 31 March 2020	**Less than 1 year**
Financial Assets	
- Cash and cash equivalents	276,252,764
- Trade and other receivables	19,808,669
Financial Liabilities	
- Trade and other payables	23,826,907
- Income received in advance	248,567,999
- Leases	2,549,541

INTEREST RATE RISK

The Health Professions Council of South Africa does have investments which are interest-bearing assets. The Council is however funded through different income streams received from members. Interest rate fluctuations will therefore not have a material impact on income and operating cash flows.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

CREDIT RISK

Potential concentrations of credit risk consist mainly of cash and cash equivalents, trade receivables and other receivables.

At 31 March 2021, the Health Professions Council of South Africa did not consider there to be any significant concentration of credit risk which had not been insured or adequately provided for.

Credit risk consists mainly of cash deposits, cash equivalents, derivative financial instruments and trade debtors. The company only deposits cash with major banks with high quality credit standing and limits exposure to any one counter-party.

CREDIT RISK - TRADE AND OTHER RECEIVABLES

Trade and other receivables consist of a large number of customers spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of trade and other receivables.

The carrying amount of financial assets recognised in the financial statements, which is net of impairment losses, represents the Council's maximum exposure to credit risk.

To measure the expected credit losses, trade receivables and contract assets have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on the payment profiles of revenue over a period of 12 months and the corresponding historical credit losses experienced within this period. The historical loss rates are adjusted to reflect current and forward looking information on macroeconomic factors affecting the ability of the customers to settle the receivables.

CREDIT RISK - CASH AND CASH EQUIVALENTS

The credit risk of liquid funds is limited because the counter parties are banks with high credit ratings assigned by international credit-rating agencies. The funds invested are spread across a number of banks. The Council utilises only investment grade banks within South Africa as per the recognised rating agencies.

25. GOING CONCERN

Since 31 December 2020 COVID-19 severely impacted on many local economies, companies and government entities. Due to early actions taken by HPCSA in reducing cost, to mitigate possible decline in revenue, with above action, HPCSA managed a comprehensive profit of R 4,588,395 for the financial year ending 31 March 2021.

HPCSA also collected 100% of budgeted annual fee revenue for this financial year. HPCSA also considered impact of COVID-19 on future revenue for the financial year ending 31 March 2022 and took appropriate action in reducing planned costs. HPCSA as at 13 August 2021 managed to collect 91% of budgeted annual fee revenue for financial year ending 31 March 2022 compared to 89% for same period for the previous financial year. This is also 3% more than for same period pre-COVID-19.
The Councilors believe that the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the audited annual financial statements have been prepared on a going concern basis. The Councilors have satisfied themselves that the Council is in a sound financial position and that

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

it has access to sufficient borrowing facilities to meet its foreseeable cash requirements. The Councilors are not aware of any new material changes that may adversely impact the Councilors and have considered the COVID-19 impact on main revenue as mentioned in the above paragraph. The Councilors are also not aware of any material non-compliance with statutory or regulatory requirements or of any pending changes to legislation which may affect the Council.

26. EVENTS AFTER THE REPORTING PERIOD

Dr D Motau was appointed Registrar / CEO effective 1 June 2021. The Minister of Health, Dr Joe Phaahla has placed Dr Motau on precautionary suspension effective 25 August 2021. The precautionary suspension of the Registrar / CEO was done to maintain the integrity of Council whilst investigations are conducted and finalised in relation to allegations of fraud and corruption during his tenure as the Head of Free State Department of Health.

27. FRUITLESS / WASTEFUL EXPENDITURE

During the previous financial year, the Council suffered an unrecoverable loss of R171, 534 due to fraud that occurred on one of the Council's credit cards. The employee assigned this credit card did not report the fraudulent transactions to the Council and or to the bank. Disciplinary process was instituted against the employee and disciplinary process was finalised and outcome implemented.

	2021	2020
Opening balance at the beginning of the year	171,534	-
Credit card expenses	-	171,534
Condonement	(171,534)	-
Balance	**-**	**171,534**

28. CONTINGENT LIABILITIES

MATTER REGARDING PRACTITIONER: MR RP MCMAHON

Mr McMahon has instituted an action against Council in the Kwazulu-Natal High Court, Pietermaritzburg, in which he claims payment of the sum of R11 million plus interest and costs. There is currently no movement on the matter. The HPCSA has not made any provisions in this financial year and will continue to review this decision on an ongoing-basis. The summon was issued on 24 August 2012. Mr MacMahon who represents himself had indicated a willingness to withdraw the claim but has failed to honor meetings with the HPCSA attorneys and therefore there is no movement on the matter.

MATTER REGARDING PRACTITIONER: MS CJ GROBBLER

The practitioner experienced slow reaction of the Council to complaints against Dr Gordon. She is claiming damages estimated R 768, 000. Dr Gordon who is the second defendant is currently being sequestrated and the proceedings are currently affected by the sequestration proceedings. There is currently no movement on the matter. The HPCSA has not made any provisions in the previous financial year and no provision should be made this financial year and this decision can be reviewed on an on-going basis. The attorneys of the Plaintiff have indicated their intention to move matter forward, some 6 months ago, however there has been no concrete movement to date.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

28. CONTINGENT LIABILITIES (CONTINUED)

MATTER REGARDING PRACTITIONER: DR JF SCHOLTZ

A claim has been lodged against the Council of the HPCSA due to incorrect registration status provided on behalf of a registered practitioner resulting in the loss of employment opportunity of the registered practitioner. The practitioner is claiming payment of the sum of R 49,173,658. The matter has once again been resuscitated by the practitioner (issue and is set down for hearing on 17 August 2020). This hearing however might be affected by COVID-19 as there are witnesses who may have to come from the UAE. The matter proceed as scheduled but could not be finalised in the allocated time, the parties were to file heads of arguments and thereafter a date would be allocated for final arguments. The HPCSA has filed its heads but the Plaintiff has not.

MATTER REGARDING GARTER & SWANEPOEL // UCT

The Plaintiff's, Ms Gartner and Ms Swanepoel, both having completed the MA in Neuropsychology seek an order in the amount of R41, 061,524 and R125, 555,376 respectively which is alleged to be made up of:

- ☐ Loss of income for unpaid internship in the year 2014;
- ☐ Expenses incurred for registration expenses for the period 2015-2017; and
- ☐ Loss of future income as a professional neuropsychologist as of March 2015 to date of retirement.

The action has been defended by the HPCSA herein and awaiting additional documents from plaintiff. The HPCSA filed an exception in the matter which was heard in November 2020, we are still waiting for judgment in the matter.

MATTER REGARDING THE FORMER REGISTRAR / CEO

There is unfair dismissal dispute that is currently at CCMA conciliation stage. In the event that CCMA rules in the employee's favour, a maximum award of 12 months compensation may be made, which will be equal to R 2,635,877.98. There is no progress in the case as CCMA is not operational during the national lockdown due to COVID-19. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

MATTER REGARDING THE FORMER CHIEF INVESTIGATOR

There is unfair dismissal dispute that is currently at CCMA arbitration stage. In the event that CCMA rules in the employee's favour, a maximum award of 12 months compensation may be made, which will be equal to R1,066,384. There is no progress in the case as the CCMA is not operational during the national lockdown due to COVID-19. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

MATTER REGARDING THE FORMER HEAD OF DIVISION: HR

There is breach of contract dispute that is currently at the Labour Court. The employee is claiming four years salary of R 4,972,218.65 plus interest of 10.65% from date of dismissal up to date of payment and cost of suit. There is no progress in the case as Labour Court is not operational during the national lockdown due to COVID-19. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

29. PRIOR PERIOD ERRORS

29.1 TRADE AND OTHER TRADE RECEIVABLES (RECOVERABLE CHARGES) AND CREDIT LOSS ALLOWANCE

The Council has identified the prior period error when reviewing the recoverables charges transactions of the previous financial periods 2016-2020. Certain amounts under members fees account were fraudulently claimed as professional conduct expenses which over-stated expenses. The errors have been corrected through retrospective restatement of the comparative figures in the current financial year's financial statements.

Statement of Financial Position	As previously reported	Correction of error	Restated
Retained income - Opening balance 1 April 2019 (See Note 29.2 -2nd restatement)	(119,944,291)	(757,492)	(120,701,783)
Trade receivables (See Note 29.2 - 2nd restatement)	24,125,758	1,422,153	25,547,911
Credit Loss Allowance (See Note 29.2 - 2nd restatement)	(13,480,615)	(369,585)	(13,850,200)

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Other operating expenses - Council, professional board and committee meetings (See Note 29.4 and 29.5 - 2nd and 3rd restatement)	(119,944,291)	(757,492)	(120,701,783)

29.2 TRADE AND OTHER TRADE RECEIVABLES AND CREDIT LOSS ALLOWANCE

The Council has identified the prior period error when reviewing the trade and other trade receivables transactions of the previous financial period. The evaluation fees were incorrectly processed in the current financial year. The error has been corrected through retrospective restatement of the comparative figures in the current financial year's financial statements.

Statement of Financial Position	As previously reported or 1st restatement	Correction of error	Restated
Retained income - Opening balance 1 April 2019	(120,701,783)	(43,860)	(120,745,643)
Trade receivables (See Note 29.1 - 1st restatement)	25,547,911	417,002	25,964,913
Credit Loss Allowance (See Note 29.1 - 1st restatement)	(13,850,200)	(237,992)	(14,088,192)

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Revenue - Evaluation Fees	(5,496,693)	(373,144)	(5,869,837)
Bad debts - Increase in credit loss allowance	4,729,170	237,992	4,967,162

29.3 CASH AND CASH EQUIVALENTS (BANK CHARGES)

The Council has identified the prior period error when reviewing the bank transaction of the previous financial period. The bank charges were incorrectly processed in the previous financial period. The error has been corrected through restrospectively restatement of the comparative figures in the current financial year's financial statements.

Statement of Financial Position	As previously reported	Correction of error	Restated
Bank balances	202,197,685	(714,252)	201,483,433

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Other operating expenses - Bank charges	3,355,085	714,252	4,069,337

Statement of Cash Flows	As previously reported	Correction of error	Restated
Total cash at the end of year	276,967,016	(714,252)	276,252,764

29.4 TRADE AND OTHER TRADE RECEIVABLES AND CREDIT LOSS ALLOWANCE

The Council has identified the prior period error when reviewing the trade and other trade receivables of the previous financial year. The error is corrected with retrospective restatement, the comparative figures in the current financial year's financial statement.

Statement of Financial Position	As previously reported	Correction of error	Restated
Trade and other receivables (See note 29.1 - 1st restatement and Note 29.2 - 2nd restatement)	(25,964,913)	(174,404)	(26,139,317)
Vat	(345,680)	(22,407)	(368,087)
	25,619,233	151,997	25,771,230

NOTES TO THE AUDITED ANNUAL FINANCIAL STATEMENTS

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Expenses - Council, professional board and committee meetings (See Note 29.1 - 1st restatement and Note 29.5 - 3rd restatement)	75,403,026	(151,997)	75,251,029

29.5 TRADE AND OTHER TRADE PAYABLES (ACCRUALS)

The Council has identified the prior period error when reviewing accrual transactions relating to evaluation expenses, HPCSA conference and annual fees of IAMRA 2020 during the previous financial period 2019/20. The error has been corrected through retrospective restatement of the comparative figures in the current financial year's financial statement.

Statement of Financial Position	As previously reported	Correction of error	Restated
Accruals and other payables	5,055,655	118,139	5,173,794

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Other operating expenses - Council,professional board and committee meetings (See Note 29.1 - 1st restatement and Note 29.4 - 2nd restatement)	75,251,029	151,781	5,402,810
Expenses - Conferences (HPCSA and IAMRA)	8,376,053	(33,643)	8,342,410

DETAILED INCOME STATEMENT

Figures in Rand Note(s)	notes	2021	2020 restated
Revenue			
Annual Fees Current year before suspensions		275,299,972	232,692,625
Less: Suspension of membership		(12,612,272)	(9,518,457)
Annual fees - Current year		262,687,700	223,174,168
Annual fees - Prior year		2,715,342	3,683,814
Fees from penalties imposed		3,266,196	3,844,114
Restoration fees		7,559,460	8,754,957
Registration fees		15,439,443	17,620,637
Examination fees		2,170,556	4,700,560
Unidentified receipts - recognised		1,201,303	975,100
Evaluation fees		373,145	5,869,837
Other professional fees		1,726,659	2,777,045
	13	**297,139,804**	**271,400,232**
Other operating income			
RAF management fees		2,333,288	2,241,391
Profit on sale of assets		71,535	-
Other rental income		216,934	208,392
Other recoveries - RAF		22,234,272	24,099,757
Sundry revenue		695,640	822,337
Register sales		-	2,377
Tender fees		-	19,610
Insurance compensation		48,702	174,028
HPCSA National Conference		-	4,201,392
	14	**25,600,371**	**31,769,284**
Other operating gains (losses)			
Losses on disposal of assets		(463,536)	(35,917)
Expenses (Refer to page 47)		**(327,664,773)**	**(373,594,012)**
Operating loss		**(5,388,134)**	**(70,460,413)**
Investment income	16	10,027,964	17,657,199
Finance costs		(178,187)	(292,764)
Other comprehensive losses			
Fair value losses		126,752	(340,458)
Deficit for the year		**4,588,395**	**(53,436,436)**

The supplementary information presented does not form part of the annual financial statements and is unaudited.

DETAILED INCOME STATEMENT

Figures in Rand Note(s)	notes	2021	2020 restated
Other operating expenses			
Amortisation		988,029	1,026,933
Auditors remuneration - external auditors		303,335	285,619
Bad debts - Increase in credit loss allowance		3,660,045	4,967,162
Bank charges		3,464,212	4,069,337
Cleaning		619,242	860,904
Air conditioning Expenses		131,400	195,321
Consulting and professional fees		133,775	443,119
Internal Audit Fees		781,660	707,095
Consulting and professional fees - legal fees		9,014,175	8,959,897
RAF Expenses		22,451,206	24,422,886
Depreciation		5,450,664	4,738,454
Employee costs		194,177,612	190,612,668
Tender administrative costs		9,464	243,032
Equipment and furniture less than R1000		40,135	128,896
Strategic projects - BPR, Teambuildings and Strategic Sessions		2,044,598	5,657,024
Conferences (HPCSA and IAMRA)		605,011	8,342,410
AMCOA Conference		28,223	489,727
Council, professional board and committee meetings		53,694,341	75,402,814
Insurance		713,645	583,161
IT expenses		15,196,301	12,942,940
Lease rentals on operating lease		360,949	1,058,886
Municipal expenses		3,124,735	2,760,883
Postage		892,850	1,531,270
Public relations and promotions		1,601,451	6,755,893
Repairs and maintenance		1,775,191	1,833,829
Security		2,389,938	2,051,148
Telephone and fax		757,725	1,665,433
International conference		138,344	2,462,733
Printing and Stationery		794,241	2,480,622
Subscriptions & library costs		60,991	46,689
Investigations: SIU		2,261,305	5,695,693
Wasteful / Irregular expenditure	26	-	171,534
		327,664,773	**373,594,012**

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HPCSA

Health Professions Council of South Africa

ISBN: 978-0-621-47367-4

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DESIGNED & PRINTED BY STUDIOSIXTY | WWW.STUDIOSIXZERO.CO.ZA