



HPCSA
Health Professions Council of South Africa

ANNUAL REPORT 2023/2024







ANNUAL REPORT 2023/2024

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PART A

GENERAL INFORMATION

1. THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (HPCSA) 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 practicing of health professions registered under the Health Professions Act 56 of 1974.

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 ensure the investigation of complaints concerning practitioners and to ensure 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.

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 (Vice President)
Mr Sidney Dwyili
Mr Ahmed Bham

Environmental Health Practitioners

Mr Joseph Shikwambane

Medical and Dental

Prof. Solomon Rataemane – (Resigned - February 2023)
Dr Thandeka Khanyile
Prof. Arthur Rantloane
Prof. Mbulaheni Simon Nemutandani (Withdrawal by the Medical and Dental Board on 4 July 2024)

Medical Technology

Ms Akhona Vuma

Optometry and Dispensing Opticians

Ms Yurisa Naidoo

Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy

Mrs Elizabeth Burger

Psychology

Prof. Justin Oswin August

Physiotherapy, Podiatry and Biokinetics

Dr Desmond Mathye (Elected as President - 26th September 2024)

Radiography and Clinical Technology

Ms Brenda Mahlaola

Speech, Language and Hearing

Prof. Lebogang Ramma

Community Representative not registered in terms of the Act

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
Prof. Julia Ngoloyi-Mekwa

Department of Higher Education and Training

Mr Alfred Matlhesedi Makgato

Department of Health Person versed in law

Dr Aquina Thulare
Adv. Motlatjo Josephine 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

Registered Office

Lt General Ntshavheni Maphaha

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 CA(SA) – Chief Financial Officer

Website

www.hpcs.co.za

2. ABBREVIATIONS, ACRONYMS AND TERMS

AI	Artificial Intelligence
AMCOA	Associations of Medical Councils of Africa
APA	Auditing Profession Amendment Act (Act No.5 of 2021)
AR/VR	Augmented Reality/Virtual Reality
CHW	Community Health Worker
CPD	Continuous Professional Development
CSIR	Council for Scientific and Industrial Research
FY	Financial Year
FWA	Fraud, Waste and Billing Abuse
GDP	Gross Domestic Product
HPA	Health Professions Act
HPCSA	Health Professions Council of South Africa
HR	Human Resource
HRH	Human Resources for Health
HSRC	Human Sciences Research Council
IAMRA	International Association of Medical Regulatory Authority
IDC	International Data Corporation
IRBA	Independent Regulatory Board for Auditors
ICT	Information and Communication Technology
IT	Information Technology
IoT	Internet of Things
GHG	Greenhouse Gas
ILOSTAT	International Labour Organization Statistics Database
MoL	Maintenance of Licensure
MPC	Monetary Policy Commission
MTBPS	Medium Term Budget Policy Statement
MTSF	Medium Term Strategy Framework
MTT	Ministerial Task Team
NBI	National Business Initiative
NDC	Nationally Determined Contribution
NDoH	National Department of Health

NHI	National Health Insurance
OHSC	Office of the Health Standards Compliance
PCC	Presidential Climate Commission
PCE	Professional Conduct Enquiries
PERSAL	Personal and Salary system
PHC	Public Health Centre
PMS	Performance Management Systems
POPI Act	Protection of Personal Information Act No. 4 of 2013
SAIIA	South African Institute of International Affairs
SoNA	State of the Nations Address
TBD	To Be Determined
TRIPS	Trade-Related Aspects of Intellectual Property Rights
WBOTS	Ward Based Outreach Teams
PBDNB	Professional Board for Dietetics and Nutritionists Professions
PBDOH	Professional Board for Dental Assistance, Dental Therapy and Oral Hygienists Professions
PBEMC	Professional Board for Emergency Care Professions
PBMTP	Professional Board for Medical Technology Professions
PBODO	Professional Board for Optometry and Dispensing Opticians Professions
PBPPB	Professional Board for Physiotherapy, Podiatry and Biokinetics Professions
PBRCT	Professional Board for Radiography and Clinical Technology Professions
PBSLH	Professional Board for Speech, Language, and hearing Professions
PBEHP	Professional Board for Environmental Health Professions
PBPSP	Professional Board for Psychology Professions
PBMDDP	Professional Board for Medical and Dental Professions
PBOCP	Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy Professions
WEF	World Economic Forum

3. GLOSSARY OF TERMS

TERM	HPCSA's UNDERSTANDING AND APPLICATION
ACT	Includes the regulations, rules and any proclamation or order issued or made under this Act.
MANDATE	An authority given by one person to another to do certain things or take some course of action and accepted by the other. It is an authority given by a principal to his/her agent.
PROFESSIONAL BOARD	A Professional Bboard established in terms of any of the provisions of Section 15 of Act.
VISION STATEMENT	It describes what the organisation should look like as it successfully implements its strategies and achieves its full potential.
MISSION STATEMENT	Is an action-oriented formulation of the organisation's reason for existence—its purpose.
SERVICE	It is any act of performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Preparation of service may or may not be associated with the physical product".
ORGANISATIONAL CULTURE	The set of shared, taken for granted implicit assumptions that a group holds and that determines how it perceives, thinks about, and reacts to its various environments.
SERVICE MANAGEMENT	It is a multidisciplinary field which is related to many other management fields. The world of service management has two sides: the customer experience and the behind-the-scenes services that support the customer. True success in service management means that customers' expectations are met or exceeded in a predictable way.
CUSTOMER	Known as a client, buyer, or purchaser is the recipient of a good, service, product or an idea via a financial transaction or exchange for money or some other valuable consideration.
STRATEGIC ISSUE	It is a fundamental policy choice or change challenge affecting an organisation's mandates, mission, product or service level and mix, clients or users, costs, financing, structure, processes, or management.
Strengths (SWOT)	Strengths are the qualities that enable the organisation to accomplish the organisation's mission. Strengths can be either tangible or intangible for example human competencies, process capabilities, financial resources, products and services, customer goodwill and brand loyalty.
Weaknesses (SWOT)	Weaknesses are the qualities that prevents the organisation from accomplishing its mission. These weaknesses deteriorate influences on the organisational success and growth. Weaknesses may be depreciating machinery, insufficient research and development facilities, narrow product range, poor decision-making, and others. Weaknesses are controllable. Therefore, must be eliminated or minimised.
Opportunities (SWOT)	Opportunities are presented by the environment within which the organisation operates. These arise when an organisation can take benefit of conditions in its environment to plan and execute strategies that enable it to become more profitable. Organisation should be on the lookout and recognise the opportunities and grasp them whenever they arise.
Threats/Challenges (SWOT)	Threats/Challenges arise when conditions in external environment jeopardise the reliability and profitability of the organisation's business. They compound the vulnerability when they relate to the weaknesses. Threats are uncontrollable. When a threat arise, stability and survival can be at stake.
HEALTHCARE PRACTITIONER	Means any person, including a student, registered with Council in a profession registrable in terms of this Act.
MEDICAL PRACTITIONER	Means a person registered as such under this Act.
"MEMBER"	Means a member of Council or of a Professional Board.
"PRESIDENT"	Means the president of Council;
"PROFESSIONAL BOARD	Means a Professional Board established in terms of any of the provisions of Section 15.
"QUALIFICATION"	Means any degree, diploma or certificate awarded after examination of a person's proficiency in a particular subject.
"REGISTRAR"	Means the registrar appointed under Section 12 or a person lawfully acting in that capacity;
"REGULATION	
"REGISTER",	Means any regulation made under this Act.
"RULE"	When used as a noun, means a register kept in accordance with the provisions of this Act, and when used in relation to any class or a member of any class of persons in respect of which a register is kept, means the register kept for that class.
"UNPROFESSIONAL CONDUCT"	means improper or disgraceful or dishonourable or unworthy conduct or conduct which, when regard is had to the profession of a person who is registered in terms of this Act, is improper or disgraceful or dishonourable or unworthy.



Dr Desmond Mathye
HPCSA President

4. PRESIDENT'S FOREWORD

It is my duty and honour to present Council's Annual Report for the year ended 31 March 2024 to report on how we performed in the delivery of our mandate.

As Council we continue to regulate the healthcare professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards. All individuals who practise any of the healthcare professions incorporated in the scope of the HPCSA are obliged by the Health Professions Act, 56 of 1974 to register with Council. Failure to do so constitutes a criminal offence.

Council is legislatively enjoined to promote and regulate inter-professional liaison between the healthcare professions in the interest of the public and to fulfil an advisory role to the Minister of Health on matters falling within the scope of the Health Professions Act in order to support the universal norms and values of health professions and the national health policy.

Governance and Risk

As a regulatory body we continued to adhere to the principles of good governance as embodied in the King Reports, the Health Professions Act, and any relevant legislation and governance prescripts. Adherence to these principles ensures that the HPCSA maintains the integrity of its operations, thus gaining credibility from and confidence of its important stakeholders.

During the reporting period Council Strategic, Professional Boards and Operational risks assessments were conducted. In line with the Business Continuity Management programme of the organisation, all Continuity Recovery Plans for respective business units were reviewed and updated. Council's Audit Committee is chaired by an independent external person to ensure that our relationships with our stakeholders are honest and transparent. The committee was satisfied at the acceptable way risks have been managed. Our external auditors have expressed an unqualified opinion on the annual financial statements for the period under review.

Drafting and Reviewing Legislation

The HPCSA continues to play a meaningful role in making contributions to the Health Professions key development policy and other legislative policy changes. In the year under review several regulations were submitted to the Minister of Health for final promulgation into law. The HPCSA continues to work 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.

International Relations

Stakeholder engagement remains a critical component for HPCSA's operations in order to establish sustainable relationships with other relevant

organisations. Engagement with relevant stakeholders improves the organisation's awareness of the internal and external factors which could negatively or positively affect the organisation in its decision making to improve its operation.

In the financial year under review, Council supported and continues to support HPCSA's involvement in continental and international affairs. This is essential as these engagements are used as learning experiences as well as for benchmarking purposes.

To achieve its Strategic Goal of improving relationship between the HPCSA and all relevant stakeholders by the end of term (2020/25)", Council participated in various international stakeholder engagements. Council took part in the Federation of States Medical Board 111th Annual meeting which focused on developing strong, resilient regulatory framework that supports the mission of public protection.

The HPCSA continues to maintain and build relationships with other African countries to foster improved collaboration and synergy. In the reporting HPCSA assisted other AMCOA member states Councils on various areas of regulation. On the international front, the HPCSA attended the 15th International Association of Medical Regulatory Authority (IAMRA) Conference. IAMRA exists to support the world's Medical Regulatory Authorities (MRA) in their endeavour to improve regulations.

Acknowledgements

I would like to thank Council members and Health Ministry for their constant engagement, commitment, support and guidance. Let me also extend a sincere thanks to all our stakeholders who have contributed greatly to our work and in our decision making.



Dr Desmond Mathye
President: HPCSA



Dr Magome Masike
HPCSA REGISTRAR

5. REGISTRAR OVERVIEW

It gives me great pleasure to present to you our 2023/24 Annual Report. In addition to presenting our operational and financial performance, this report will showcase our honest attempt at authoring a new chapter of hope for the HPCSA, inspired by our NGOKU philosophy of doing things now with speed.

In setting the appropriate and relevant standards for healthcare for training and education, registration, professional practice and continuing professional development of professionals, the HPCSA commits to fairness, transparency, consistency and accountability, while executing its mandate professionally, efficiently and effectively. Furthermore, the HPCSA realises its advocacy and advisory role for healthcare within South Africa and to do so with respect, honesty, dignity and integrity. As we pursue our mission and vision and uphold the HPCSA mandate, we are confident that the strategic direction we have chosen is sound.

Registrations

Council continues to make efforts to improve on its services to the practitioners. We achieved a two-day turnaround time (against a target of 10 days) to process the registration for applicants seeking registration as practitioners in supervised practice, community service, independent practice, through the online portal.

In the year under review 181 981 practitioners who qualified for registration in accordance with the Act were registered. We achieved a three-month turnaround time for bulk processing of student registrations applications, this is a milestone compared to the six-months turnaround time achieved in the previous financial year. We also managed to perform data clean-up of the students' register by removing 1 753 students who had exceeded acceptable academic periods without progression. A total of 1 880 registrations were also closed following the progression of students after qualifying as practitioners.

Stakeholder engagement

The HPCSA continues to uphold its mandate of protecting the public and guiding the professions. As a means of interacting with practitioners through direct dialogue, the HPCSA conducted practitioner roadshows in various provinces throughout the country. The practitioner roadshows enable Council to highlight pertinent issues that affect practitioners in their respective professions and work environments.

Stakeholder engagements are undertaken through various formats, such as Council engagements, Professional Board webinars, monthly online symposia, meetings with stakeholders, attending various conferences, etc. With stakeholder engagement initiatives continuing throughout the organisation, Council has conducted a total of hundred and fifty-two (152) engagements during the reporting period.

Professional Practice

The Continuing Professional Development programme is managed according to Section 26 of the Health Professions Act, 56 of 1974, CPD Rules and its Guidelines.

In the year under review, a total of 1 847,434 service requests/ incidents received were processed on an average of 3.7 days. A total of 21 002 spreadsheets uploaded from CPD Service Providers, for bulk uploading onto HPCSA's system. An average 42,332 registered health practitioners engaged the CPD online portal, which is approximately a 23% utilisation rate.

Inspectorate Office

The HPCSA Inspectorate Office continues to be fully functional with the Head Office in Pretoria and regional offices in the Western Cape (Cape Town), KwaZulu-Natal (Durban) and Eastern Cape (East London).

The Inspectorate Office continues to work closely with law enforcement to ensure that it intensifies its footprint with the provinces. In the period under review, the HPCSA Inspectorate Office investigated and finalised 497 of the 639 cases reported (i.e. 77% conviction rate). Once a practitioner has been struck off the register, the HPCSA does not have jurisdiction over the practitioner.

Clean Audit

Council has achieved a decade of unqualified clean audit and we need to ensure that another clean audit will be realised in the next financial year. We acknowledge the hard work and commitment of Council, its committees, executive management, finance team and other departments in ensuring that this clean audit was attained.

Acknowledgements

My sincere appreciation to Council and Professional Board members, for their continued leadership and guidance. I express my deepest gratitude to the Executive Management of the HPCSA for their endless support, the employees of the HPCSA for your hard work and determination so that we could deliver on our mandate.

I look forward to your continued assistance in the year to come which I have no doubt will be a fruitful one. As the administration, we remain committed to delivering the highest quality of service to the practitioners and public.



Dr Magome Masike
HPCSA Registrar

6. 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.

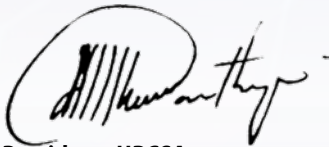
In the reporting period, the external auditors were engaged to express an independent opinion on the annual financial statements prepared in accordance with the International Financial Reporting Standards. The annual financial statements are based on appropriate accounting policies consistently applied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

The Registrar 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 acknowledges to have reviewed Council's cash flow forecast for the year to 31 March 2025 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 193 to 195. The annual financial statements set out on pages 196 to 226, have been prepared on the going concern basis and were approved by Council on 27 September 2023, and signed on their behalf by:

Approval of financial statements.



President: HPCSA

President: Health Professions Council of South Africa

27 September 2024



7. STRATEGIC OVERVIEW

7.1 VISION STATEMENT

The Vision of the HPCSA is to be

"A progressive regulator of health professions aspiring to quality, equitable and accessible healthcare."

7.2 MISSION STATEMENT

The Mission of the HPCSA is: -

To regulate and guide registered healthcare professions and protect the public through:

- Setting contextually relevant standards for healthcare training and practice.
- Setting and maintaining standards for ethical and professional practice.
- Strengthening the maintenance of continuing competency programmes.
- Ensuring consistent compliance to all the set standards.
- Continually engaging the public and other stakeholders.

7.3 THE CULTURE OF THE HPCSA

The progressive culture that the HPCSA wants to come through from all its functionaries (Members of Council, Members of Professional Boards, and the Secretariat) in their individual as well as in group settings will be based on the Core Values Sets enumerated in Figure 2.

The HPCSA has adopted an approach which puts a meaning to each and every one of the value words and then defines behaviours that each of the functionaries of the HPCSA will display all the time. The values exercise also delivered behaviours that each and every one of the HPCSA functionaries will work towards eradicating in the posture as they engage with any of the activities meant to deliver the tenets of the Health Professions Act, 56 of 1974 as amended.



8. LEGISLATIVE AND OTHER MANDATES

LEGISLATIVE MANDATES

The Health Professions Council of South Africa (HPCSA) is established as a juristic person in terms of Section 2 of the Health Professions Act, 56 of 1974 (The "Act"). In executing its mandate, the HPCSA is directed and guided by the legislative landscape that its operations are either intended to impact or may be impacted by. Some of the many legislations that must be taken into account by the HPCSA during the course of its mandate delivery are discussed here. The importance of this discussion is to bring to the fore the need for the HPCSA to comply to or work within the constraints or latitude that these laws prescribe.

THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA (ACT 108 OF 1996)

The Constitution of the Republic of South Africa is the supreme law of the land. Chapter 2 of the Constitution sets out fundamental rights of all citizens including the right to dignity and the right to equality. This chapter also articulates as to when the guaranteed rights may be limited. The rights afforded to all citizens which the HPCSA during its operation cannot flout includes the following:

Section 24. Environment

Everyone has the right-

- to an environment that is not harmful to their health or well-being; and
- to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that-
 - prevent pollution and ecological degradation
 - promote conservation; and
 - secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development.

Section 27. Healthcare, food, water, and social security

- Everyone has the right to have access to-
 - health care services, including reproductive health care
 - sufficient food and water; and
 - social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- No one may be refused emergency medical treatment

Section 30. Language and culture

Everyone has the right to use the language and to participate in the cultural life of their choice, but no one exercising these rights may do so in a manner inconsistent with any provision of the Bill of Rights.

Section 32. Access to information

- Everyone has the right of access to-
 - any information held by the state; and
 - any information that is held by another person and that is required for the exercise or protection of any rights.

Section 33. Just administrative action

- Everyone has the right to administrative action that is lawful,

reasonable, and procedurally fair.

- (2) Everyone whose rights have been adversely affected by administrative action has; the right to be given written reasons.

Section 40. On intergovernmental cooperation

- (1) In the Republic, government is constituted as national, provincial, and local spheres of government which are distinctive, interdependent, and interrelated.
- (2) All spheres of government must observe and adhere to the principles in this Chapter and must conduct their activities within the parameters that the Chapter provides.

Section 41. Principles of co-operative government and intergovernmental relations

- (1) All spheres of government and all organs of state within each sphere must-
 - (a) preserve the peace, national unity, and the indivisibility of the Republic.
 - (b) secure the well-being of the people of the Republic.
 - (c) provide effective, transparent, accountable, and coherent government for the Republic as a whole.
 - (d) be loyal to the Constitution, the Republic, and its people.
 - (e) respect the constitutional status, institutions, powers, and functions of government in the other spheres.
 - (f) not assume any power or function except those conferred on them in terms of the Constitution.
 - (g) exercise their powers and perform their functions in a manner that does not encroach on the geographical, functional, or institutional integrity of government in another sphere; and
 - (h) co-operate with one another in mutual trust and good faith by-
 - (i) fostering friendly relations.
 - (ii) assisting and supporting one another.
 - (iii) informing one another of, and consulting one another on, matters of common interest.
 - (iv) coordinating their actions and legislation with one another.
 - (v) adhering to agreed procedures; and
 - (vi) avoiding legal proceedings against one another.

NATIONAL HEALTH ACT, 61 OF 2003

The National Health Act, 61 of 2003 provides a framework for a structured, uniform health system for South Africa. The HPCSA plays a pivotal role in promoting the provisions in the act through:

- a) Advocating for the rights and duties of users and Healthcare Personnel as set out in Chapter 2 of the National Health Act
- b) Assisting the Minister of Health in setting Regulations Relating to Human Resources as per Chapter 7, Section 52 of the National Health Act
- c) Representation at the Forum of Statutory Health Professional Councils and ensuring that it meets the responsibilities as set out in Chapter 7, section 50 of the National Health Act
- d) Collaborating with other Health Councils and statutory bodies provided for in the National Health Act

THE HEALTH PROFESSIONS ACT, (ACT 56 OF 1974)

The Health Professions Act assigns object and general powers to each of the three components that constitute the HPCSA.

THE SOUTH AFRICAN QUALIFICATIONS AUTHORITY ACT, ACT 58 OF 1995 AND THE HIGHER EDUCATION ACT, 1997

SAQA ACT

Objectives of National Qualifications Framework

2. The objectives of the National Qualifications Framework are to-
 - (a) create an integrated national framework for learning achievements.
 - (b) facilitate access to, and mobility and progression within education, training, and career paths.
 - (c) enhance the quality of education and training.
 - (d) accelerate the redress of past unfair discrimination in education, training, and employment opportunities; and thereby
 - (e) contribute to the full personal development of each learner and the social and economic development of the nation at large.

Functions of Authority

5. (1) Subject to the provisions of subsection (2), the Authority shall-
 - (bb) the accreditation of bodies responsible for monitoring and auditing achievements in terms of such standards or qualifications;
- (2) The Authority shall pursue the objectives of the National Qualifications Framework as provided in section 2 and execute the functions of the Authority as provided in subsection (1)-
 - (a) after consultation and in co-operation with the departments of state, statutory bodies, companies, bodies, and institutions responsible for education, training and the certification of standards which will be affected by the National Qualifications Framework;

HIGHER EDUCATION ACT, 1997

This Act was promulgated to regulate higher education; to provide for the establishment, composition and functions of a Council on Higher Education (CHE); to provide for the establishment, governance and funding of public higher education institutions; to provide for the appointment and functions of an independent assessor; to provide for the registration of private higher education institutions; to provide for quality assurance and quality promotion in higher education; to provide for transitional arrangements and the repeal of certain laws; 'and to provide for matters connected, therewith.

This Act also assert the following power to CHE: -

Every national and provincial department of state, every publicly funded science, research and professional council and every higher education institution must provide the CHE with such information as the CHE may reasonably require for the performance of its functions in terms of this Act.

One of the functions of CHE as found in Chapter 2, section 5 (1) reads as follows: -

"(c) subject to section 7(2), through its permanent committee, the Higher 25 Education Quality Committee— (i) promote quality assurance in higher education; (ii) audit the quality assurance mechanisms of higher education institutions; and (iii) accredit programmed of higher education;"

9. HEALTH SECTOR'S STRATEGIC PLAN AND MEDIUM-TERM STRATEGIC FRAMEWORK

The HPCSA acknowledges and plans its programmes with due consideration to the health sector's 2019 – 2024 medium-term strategic framework. Table 1 plots how the HPCSA's 2021/22 – 2025/26 Strategic Plan seek to support the NDoH's 2020/21–2024/25 Strategic Plan which in turn supports the government's National Development Plan 2030, which in turn supports the United Nations Development Programme's sustainable development goals. Table 1 also plots the commitment made in the Presidential Health Summit Compact.

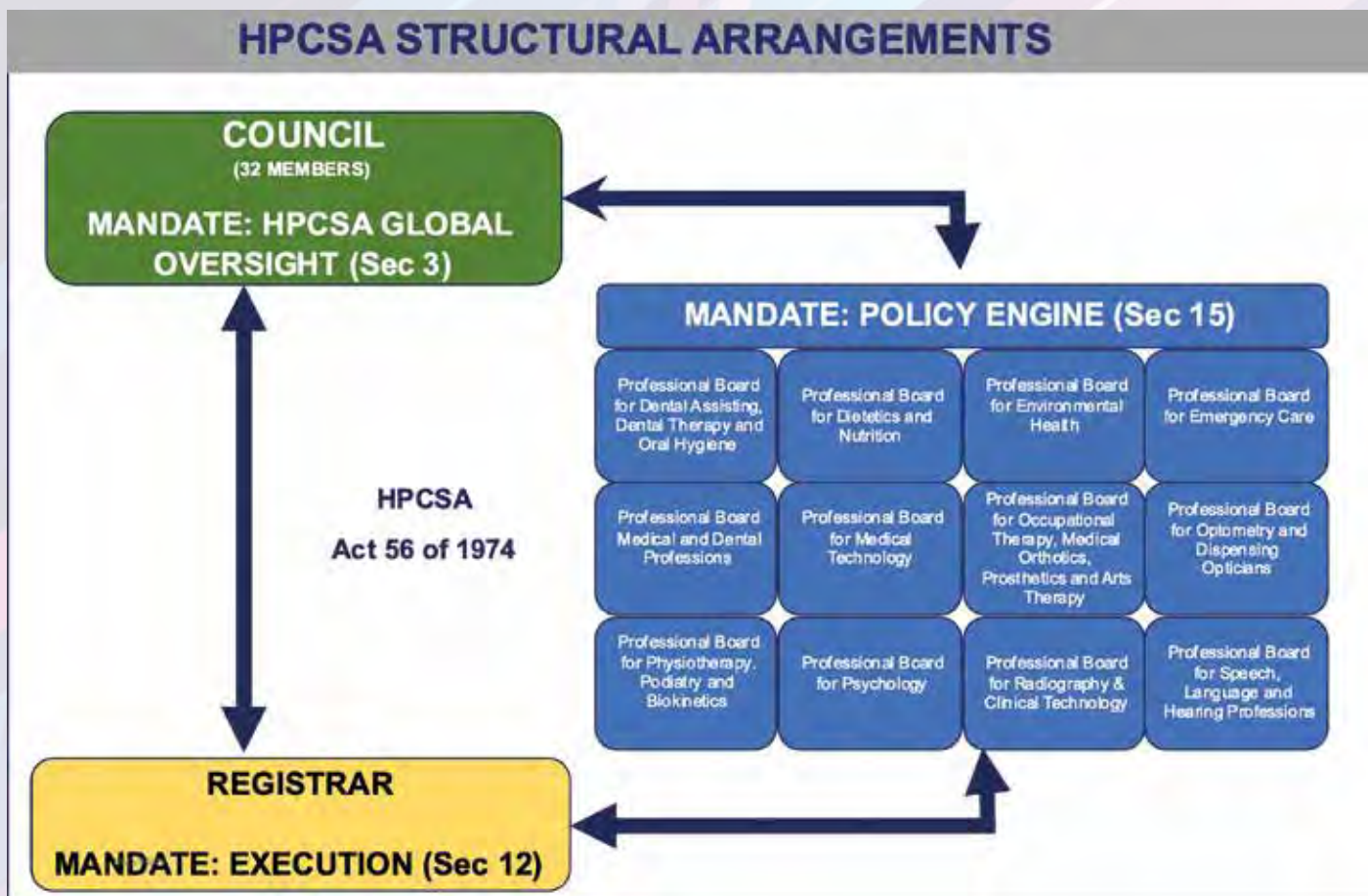
Table 1: Mapping the HPCSA's Strategic Plan to the Health Sector's Strategy FY2019 - FY2024

#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019-2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019-2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS
1	Raised the life expectancy of the South Africans to at least 70 years	- Address social determinants that affect health and diseases. - Prevent and reduce the disease burden and promote health	SDG #3: Good health and wellbeing SDG #4: Quality education	SURVIVE AND THRIVE	Life expectancy of South Africans improved to 66.6 years by 2024, and 70 years by 2030	Goal 1: Increase life expectancy, improve health and prevent disease • Improve health outcomes by responding to the quadruple burden of disease of South Africa • Intersectoral collaboration to address social determinants of health	None	Strategic Goal Number 3: Improved relationships between Council and all relevant stakeholders by the end of the term (2025)
2	Tuberculosis (TB) prevention and cure progressively improved			TRANSFORM	Universal Health Coverage for all South Africans progressively achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy	Goal 2: Achieve UHC by implementing NHI Policy • Progressively achieve Universal Health Coverage through NHI	Pillar 4: Engage the private sector in improving the access, coverage, and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes	
3	Maternal, infant, and child mortality reduced					Goal 3: Quality Improvement in the Provision of care • Improve quality and safety of care	Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care. Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability, and health system performance at all levels	Strategic Goal Number 3: improved relationships between Council and all relevant stakeholders by the end of the term (2025)
4	Prevalence of non-communicable diseases reduced					• Provide leadership and enhance governance in the health sector for improved quality of care		Strategic Goal Number 5: A capacitated Council and Professional Boards to deliver on their fiduciary responsibilities.

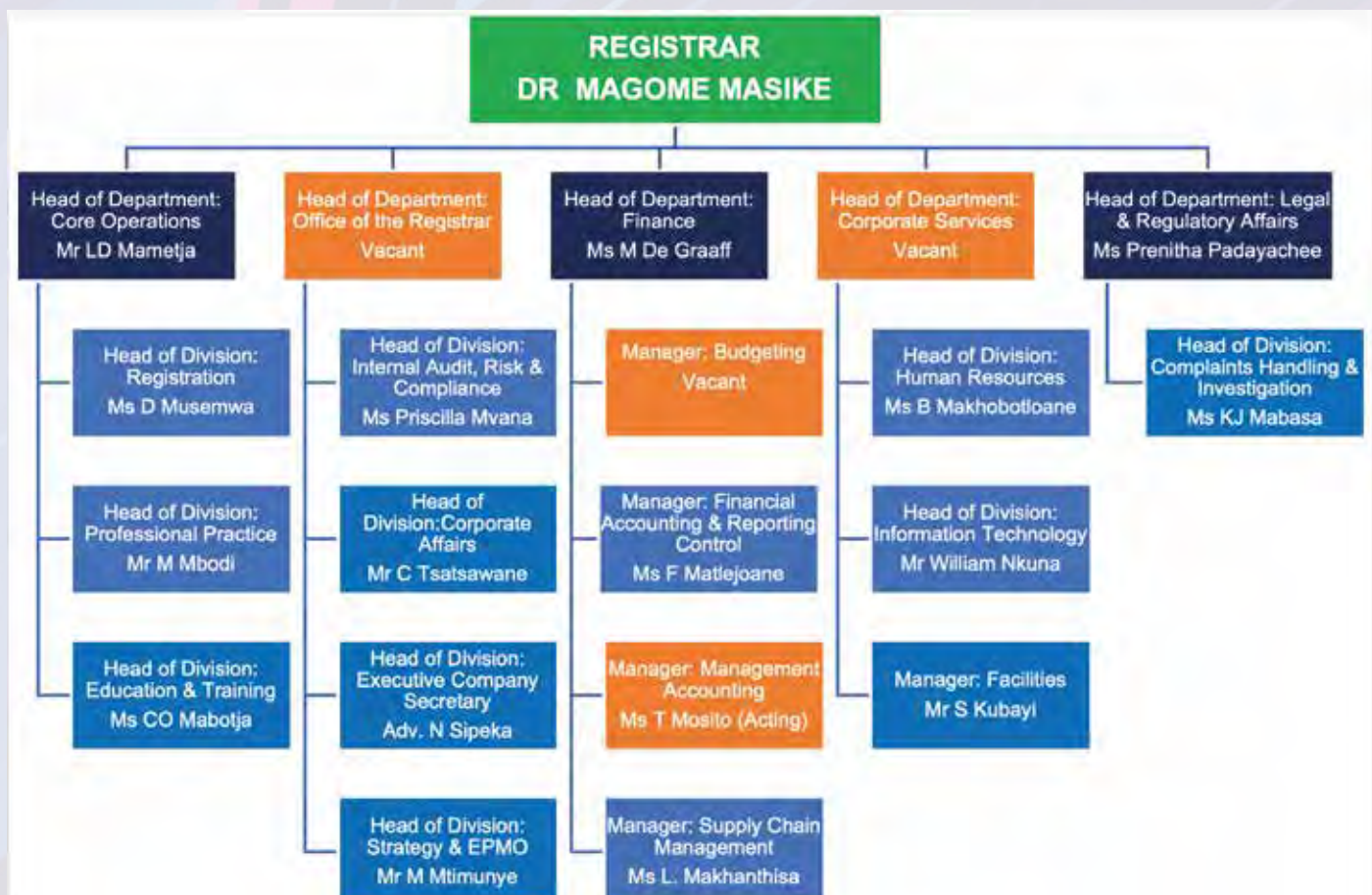
#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019-2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019-2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS	
5	injury, accidents, and violence reduced by 50% from 2010 levels				Universal Health Coverage for all South Africans progressively achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 through the implementation of NHI Policy	Goal 3: Quality improvement in the provision of care	Improve community engagement and reorient the system towards Primary Health Care through Community based health programmes to promote health	Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care	Strategic Goal Number 3: Improved relationships between Council and all relevant stakeholders by the end of the term (2025)
6	Health system reforms completed	Strengthen the health system				Improve equity, training and enhance management of Human Resources for Health	Pillar 1: Augment Human Resources for Health Operational Plan		
		Improve health information system				Improving availability to medical products, and equipment	Pillar 2: Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery		
							Pillar 6: Improve the efficiency of public sector financial management systems and processes		
		Improve quality by using evidence				Robust and effective health information systems to automate business processes and improve evidence-based decision making	Pillar 9: Develop an Information System that will guide the health system policies, strategies, and investments	Strategic goal number 1: digitally enabled council by 2023/2024	

#	NATIONAL DEVELOPMENT PLAN: VISION 2030	NDP PRIORITIES 2030	SUSTAINABLE DEVELOPMENT GOALS (SDG)	NDOH STRATEGIC THEMES	NDOH MTSF 2019- 2024 IMPACTS	HEALTH SECTOR'S STRATEGY 2019- 2024	PRESIDENTIAL HEALTH SUMMIT COMPACT PILLARS	FY2021 – FY2022 – FY2026 HPCSA STRATEGIC GOALS
						Goal 4: Build Health Infrastructure for effective service delivery	Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed, and well- maintained health facilities	
7	Primary healthcare teams deployed to provide care to families and communities							
8	Universal health care coverage achieved	Financial Universal health coverage						
9	Posts filled with skilled, committed, and competent individuals	Improve human resources in the healthcare sector						

10. ORGANISATIONAL STRUCTURE



SECRETARIAT'S ORGANISATIONAL STRUCTURE



PROFILES OF THE REGISTRAR AND EXECUTIVE MANAGEMENT



Dr Magome Masike

Registrar

Dr Magome Masike is the Registrar of the Health Professions Council of South Africa (HPCSA). He has a wealth of knowledge and experience, emanating from having worked in both the public and private sector.

Dr Masike is well-known in the medical industry, as he was previously Member of Executive Council (MEC) for Health in the North West province from 2010 and 2018. His achievement as a leader in the healthcare industry includes his leading role in the amalgamation of Tshepong and Klerksdorp public hospitals.

He holds an MBChB and a Master's in Business Administration (MBA). He is currently a candidate for a Doctor of Philosophy in Public Health. Dr Masike is not new to leadership roles. He was the Chairperson of the North West Parks Board and the Executive Mayor of the Matlosana Local Municipality from 2000 to 2004.

Dr Masike's other prominent roles include:

- Business Development Director of Healthcare at Oracle South Africa wherein he reported on Europe, Middle East, and Africa (EMEA),
- Chairperson of the North West Provincial Tender Board,
- Member of the Provincial Legislature,
- Chairperson of the Portfolio Committee on Finance in the Office of the Premier,
- President of the South African Medical Association (SAMA) in the North West,
- Member of the University Council of the Medical University of Southern Africa (MEDUNSA) and Chairperson of the Audit Committee.



Ms Prenitha Padayachee

Head of Department: Legal and Regulatory Affairs

Ms Prenitha Padayachee is the Head of Department: Legal and Regulatory Affairs. She qualified as an attorney in 1996 and went into private practice for a short period and later joined the Road Accidents Fund as a claims handler, where she developed an interest in medical law.

Before she rejoined the HPCSA to lead the Department: Legal and Regulatory Affairs, she was previously employed at Council as a Legal Officer, Legal Advisor and Head of the Professional Conduct Unit and was actively involved in Professional Conduct Inquiries as the pro forma complainant.

Ms Prenitha Padayachee has also worked as a Director and Chief Director of the Legal Services Unit in a provincial department. Additionally, she has also worked as a researcher and served in roles within the Company Secretariat Unit and Contract Management Unit in the medical schemes industry.

She has a keen interest in corporate governance as she was once a Director: Governance; Company Secretariat and Director: Legal Services at the Office of Health Standards Compliance.

Her qualifications include the degrees BA Law; LLB and LLM (Medical Law). She has also attained postgraduate diplomas in Labour Law and Contract Management, as well as diplomas in Legislative Drafting and Business Management and a certificate in Medicine and Law. She has trained as a mediator in medical negligence cases and completed a training programme for trustees of boards.



Ms Melissa de Graaff

Head of Department: Finance and Supply Chain Management and Chief Financial Officer

Ms Melissa de Graaff is the Head of Department: Finance and Supply Chain Management and Chief Financial Officer (CFO).

She obtained her BCompt (Hons) from Unisa in 1996, continuing further to conclude with her CA(SA) in 2000. As a Chartered Accountant, she affiliated with the South African Institute of Chartered Accountants (SAICA) in 2002.

Aside from her qualifications, she is also an expert in implementation, communication and negotiation, annual financial statements, supply chain management, audit, taxation, policy and procedure development and implementation, and also problem solving.



Mr Lerole David Mametja

Head of Department: Core Operations.

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.





PART B

PERFORMANCE INFORMATION

ep Oct Nov Dec

1. STRATEGIC ENVIRONMENT OVERVIEW

The HPCSA is established in terms of Section 3 of the Health Professions Act, 56 of 1974. Section 3 of the Act details the objects and functions as well as the general powers of the HPCSA.

The Health Professions Act creates the HPCSA as a regulatory body in the areas of Registrations, Education and Training, Professional Practice as well as Professional Conduct for all registrable professions.

In executing its mandate, the HPCSA, is enjoined to work within other applicable laws in the country. Some of the laws that are applicable includes but not restricted to: -

LEGISLATIVE MANDATES

The Health Professions Council of South Africa is established as a juristic person in terms of Section 2 of the Health Professions Act, 56 of 1974. In executing its mandate, the HPCSA is directed and guided by the legislative landscape that its operations are either intended to impact or may be impacted by. Some of the many legislations that must be taken into account by the HPCSA during the course of its mandate delivery are discussed here. The importance of this discussion is to bring to the fore the need for the HPCSA to comply to or work within the constraints or latitude that these laws prescribe.

THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA (ACT 108 OF 1996)

The Constitution of the Republic of South Africa is the supreme law of the land. Chapter 2 of the Constitution sets out fundamental rights of all citizens including the right to dignity and the right to equality.

NATIONAL HEALTH ACT, 61 OF 2003

The National Health Act, 61 of 2003 provides a framework for a structured, uniform health system for South Africa. The HPCSA plays a pivotal role in promoting and implementing the provisions of this the act.

THE HEALTH PROFESSIONS ACT, (ACT 56 OF 1974)

The Health Professions Act assigns object and general powers to each of the three components that constitute the HPCSA. In this section, the said objects, and functions as well as the general powers are relayed below.

SAQA ACT

Objectives of National Qualifications Framework

2. The objectives of the National Qualifications Framework are to-
 - (a) create an integrated national framework for learning achievements.
 - (b) facilitate access to, and mobility and progression within education, training, and career paths.
 - (c) enhance the quality of education and training.
 - (d) accelerate the redress of past unfair discrimination in education, training, and employment opportunities; and thereby
 - (e) contribute to the full personal development of each learner and the social and economic development of the nation at large.

HIGHER EDUCATION ACT, 1997

This Act was promulgated to regulate higher education; to provide for the establishment, composition and functions of a Council on Higher Education (CHE); to provide for the establishment, governance and funding of public higher education institutions; to provide for the appointment and functions of an independent assessor; to provide for the registration of private higher education institutions; to provide for quality assurance and quality promotion in higher education; to provide for transitional arrangements and the repeal of certain laws; and to provide for matters connected, therewith.

NATIONAL HEALTH INSURANCE (NHI)

The National Health Insurance (NHI) Bill process began with various consultative and legislative processes in 2012. It was then envisioned that potential implementation would be over a period of about 14 years which is not a static target as the country was still learning and improving on implementation plans.

OTHER POLICY MANDATES

The HPCSA is a legislated entities entrusted to contribute to the delivery of Health for All policy directives of government. The HPCSA operates under the ambit of the National Department of Health for guidance and direction. The NDoH including Act, 108 of 1996 and Act, 61 of 2003 are guided and driven from key policy mandates issued by government. The HPCSA's planning systems are therefore aligned to its policy mandates.

NATIONAL DEVELOPMENT PLAN 2030 (NDP)

The National Development Plan: Vision 2030 (NDP) is South Africa's long-term plan for achieving inclusive growth, prosperity, and improvements in the quality of life for the country's citizens. It embodies the letter and spirit of the Constitution and serves as an action plan for securing the future of all South Africans.

HUMAN RESOURCES FOR HEALTH STRATEGY 2030

The 2030 Human Resources for Health (HRH) Strategy was developed by the National Department of Health through a Ministerial Task Team. All health professionals in South Africa are required to register annually with their respective professional councils. "However, Council data over-estimate the stock of working health professionals because it includes professionals that have left South Africa, retired or who work outside their profession.

STRATEGIC ENVIRONMENT OVERVIEW

The HPCSA's strategic plan was developed having considered specific internal and external environmental assumptions. This section presents outputs from the scanning of the external as well as the remote environment for current as well as likely developments that may or do impact the said planning assumptions. The planning assumptions that the HPCSA considered and continues to carefully watch are outlined in Table 1.

Table 1: Approved Strategic Planning Assumptions – Source HPCSA's Strategic Plan

A #	ASSUMPTIONS IN THE INTERNAL ENVIRONMENT.	A #	ASSUMPTIONS IN THE EXTERNAL ENVIRONMENT
1	The backlog of Professional Conduct Enquiries (PCE) due to insufficient funding will keep on increasing	1	Healthcare practitioners will be resistant to MoL (Maintenance of Licensure)
2	Council financial position will remain stable throughout the financial year.	2	Future implementation of NHI will improve health
3	Implementation of Business Model will ensure that Council is successful.	3	Health care service delivery.
		4	Stable political environment.
		5	Positive and effective stakeholder relations and interventions will improve relationship with stakeholders

POLITICAL FACTORS

In the financial year under review, South Africa hosted a Brazil, Russia, India, China, and South Africa (BRICS) Heads of States Summit. In preparation for this summit, a number of activities were undertaken in the 13th BRICS Health Ministers meeting. The BRICS Health Ministers meeting was themed as "Bridging the Gap on Sustainable Health on the road to Universal Health Coverage 2023", which had been a clarion call for BRICS member states to intensify their efforts to achieve equitable access to affordable and quality healthcare for all citizens. South Africa's progressive movement with regards to National Health Insurance is very timely.

The President of South Africa led, Health Sector Anti-Corruption Forum (HSACF) continues to play a critical role in tackling the corruption in South Africa's health-care system. The Special Investigating Unit (SIU) which is a member of the HSACF is making great strides to recover some of the losses that government has suffered through corrupt practices.

A number of National Ministries made notable pronouncements during their budget vote debates namely:

State of the Nation Address:

The following snippets from the SoNA are important for the governance structures of the HPCSA to reflect on: -

2023

The SoNA statement asserts the following – "we are not presenting new plans, nor are we outlining here the full programme of government. Rather we are concentrating on those issues that concern South Africans the most: (1) Load shedding, (2) Unemployment (3) Poverty and the rising cost of living (4) Crime and corruption. There are no easy solutions to any of these challenges. Yet we have the strength, the means and the wherewithal to overcome them. If we work together and act boldly and decisively, leaving no one behind, we will be able to resolve our challenges. This State of the Nation Address is about seeing hope where there is despair.

2024

"Our first priority was to put a decisive stop to state capture, to dismantle the criminal networks within the state and to ensure that perpetrators faced justice. We had to do that so that we could restore our institutions and rebuild our economy. The credibility and efficiency of a number of institutions like the South African Revenue Service have been restored and their performance improved. We set up the Investigating Directorate as a specialised and multidisciplinary unit within the National Prosecuting Authority to investigate corruption and other serious crimes".

Ministry of Finance:

- Announced the two-pot retirement system which is pencilled in to be effective from 1 September 2024. The Two-Pot Retirement System enables members of a retirement fund to access a small portion of their retirement savings before they retire for emergency purposes. The majority of members' retirement savings will remain "preserved," until the member retires. The Two-Pot Retirement System is for any South African who has a pension fund, provident fund, retirement annuity, or preservation fund., the first cash withdrawals could be made from the savings pot.

Ministry of Employment and Labour

- Section 6 of the Basic Conditions of Employment Act makes provision for the Minister of Labour to publish a determination on the advice of the Commission that will exclude employees earning above a certain amount per year from sections of chapter 2 of the Act. Chapter 2 primarily deals with the regulation of working hours of employees. The earnings threshold has been increased to R 254 371,67 per year (R 21 197,64 per month) with effect from 1 April 2024.

The financial year under review also happened to be in the middle of a national electioneering season. Political parties launched election manifestos for the electorate to engage with. Key take aways from election manifesto's in this reporting period includes but are not limited to the following:

- Removing regulatory barriers to get private institutions involved in training of doctors and nurses. The proposal was that the National Health Professions Act be amended to allow medical students the option to complete their internship and community service within the private sector.
- Ensure that undergraduate and postgraduate students have a clear and efficient pathway to qualifications recognition, professional registration, licensing, and employment for those trained outside of South Africa.
- Address the shortage of healthcare professionals, including doctors, nurses, and support staff, which compromises the quality of care, by employing unemployed trained healthcare providers.
- Leverage new technologies like telemedicine and artificial intelligence in health care

Towards the Elections "May 2023"

A bigger part of the 2023/24 financial year was spent on preparations for the National and Provincial Elections that are scheduled to be held in May of 2024. Some of the interesting observed story lines used by political parties to canvas for votes included the following: -

- " Removing regulatory barriers to get private institutions involved in training doctors and nurses. This would be done by amending the National Health Professions Bill to allow medical students the option to complete their internship and community service within the private sector".
- The "... government will ensure integrated access to data to identify gaps in policy, health systems, clinical care and underlying determinants

- (water, food, housing, healthy living and working environment). Health data will be rapidly analysed to inform priority setting for specific districts/ sub-districts, foster inter-departmental collaboration to meet the underlying determinants of health, inform resource allocation and forecast budgeting
- Establishing at least one health care training facility per province and ensuring that there is no province without a health sciences campus, inclusive of nursing school and medical school. The practice of health professionals has a significant bearing on the promotion and protection of human rights, in particular the right to health therefore it is imperative that the health science education curriculum be reformed, and pedagogical approaches be adopted to centre the dignity, human rights, and equity.
- The "... government will ensure for both undergraduate and postgraduate students a clear and efficient pathway to qualifications recognition, professional registration, licensing, and employment for those trained outside of South Africa.
- Move decisively towards implementing the National Health Insurance, strengthening health infrastructure, training personnel, and creating a single electronic health record.
- Leverage new technologies like telemedicine and artificial intelligence in health care.

RELEVANCE TO THE HPCSA’s PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND RISKS FOR THE HPCSA

OPPORTUNITIES

The HPCSA is an integral component of the South African Health System. The health system is fashioned out and maintained through political policies of a governing political party. Some of the proposals from the gleaned political manifestos makes pronouncements that if implemented would pose a threat to the workings of the HPCSA.

- National Health Insurance is a reality. The HPCSA has an opportunity to positively contribute towards a successful NHI programme.
- The is an opportunity to use the “Stakeholder Engagement Strategy” to influence, to educate, to share information with stakeholders across the spectrum.
- There is an opportunity for the HPCSA to action sections such 3 (c), 15A (d) and 15A.(e) in the areas of Education and Training and others by engaging Healthcare Regulatory entities from the BRICS nations.
- There is an opportunity for conversations to be had on AI for health care governance for the continent which the HPCSA can sponsor.
- There are opportunities to socialise some of the Health Desks of Political parties about the work of the HPCSA and how the organisation is architected.
- To retain and maintain the HPCSA image and brand such that it avoids any mention when matters such as corruptions are discussed.

THREATS

- The negative press that the HPCSA receives from time-to-time threatens the HPCSA’s brand.

RISKS

- Political parties that do not fully understand architected the HPCSA.

ECONOMIC FACTORS

The state of the South African economic still resonates with the statement made by International Monetary Fund (IMF) official upon visiting the country which reads as follows, “economic and social challenges are mounting, risking stagnation amid an unprecedented energy crisis, increasingly binding infrastructure and logistics bottlenecks, a less favourable external environment, and climate shocks”. The HPCSA (Council, Professional Boards, Secretariat and Practitioners) are not immune from economic challenges that the country and the organisation must be monitoring.

INFLATION

Statistics South Africa (STATSSA) reports that South Africa’s annual inflation rate eased to a 19-month low of 5.3% in March of 2024 down from the 6.8% recorded in April of 2023. The inflation rate remains within the South African Reserve Bank (SARB)’s 3% - 6% target band. Figure 1 is the graphical depiction of the tracked movement of inflation in the reporting period.

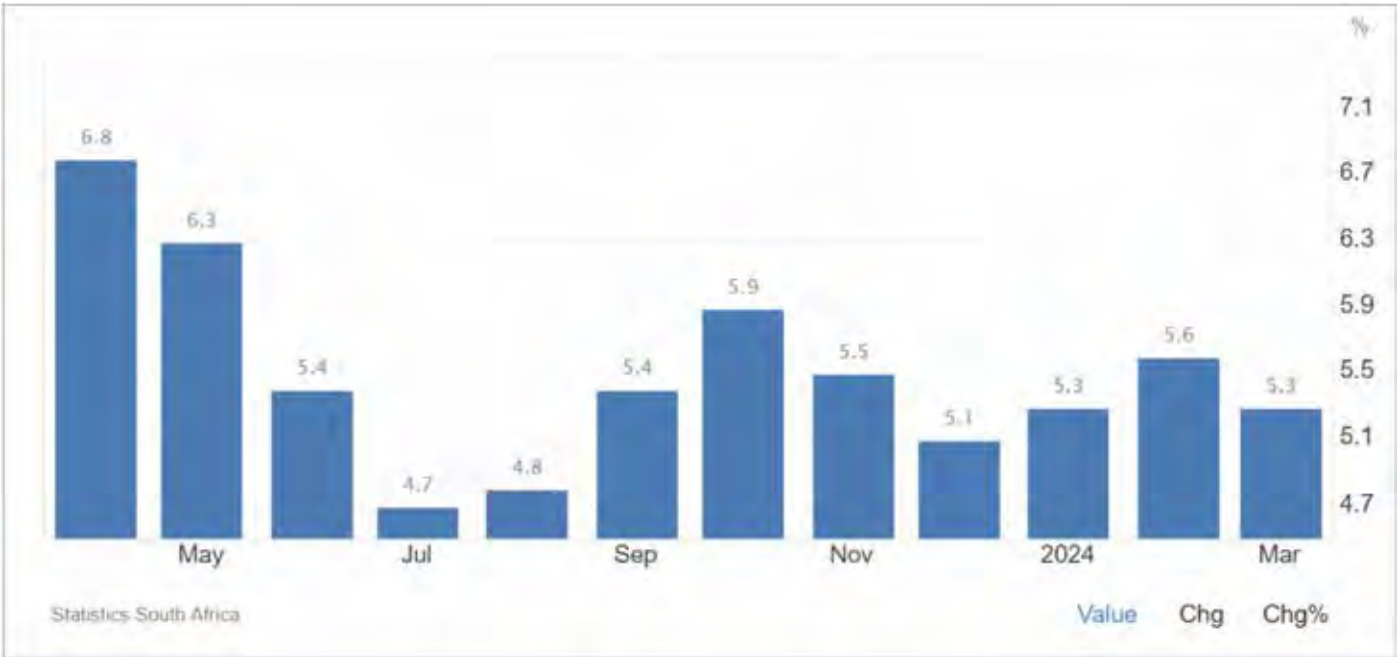


Figure 1: Tracking the Inflation Levels FY2024/24

ELECTRICITY SUPPLY ISSUES AND OTHERS

In the 2023/24 financial year, there was loadshedding for varying levels (from Level 1 through to Level 6) of loadshedding in three hundred and twenty-nine (329) days out of the available three hundred and sixty-five (365) days in the financial year.

In 2023, the National Energy Regulator of South Africa (NERSA) approved a 18,49% bulk electricity tariff increase for municipalities for the 2023/24 financial year. The City of Tshwane electricity selling tariff was increased by 15,1% from 1 July 2023 which is well above the general inflation level.

MEDICAL PRODUCTS AND SERVICE INFLATION

Statistics South Africa points that inflation had risen to 5.6% year-on-year (y/y) in February 2024 from 5.3% y/y in January and that the culprits had been medical insurance costs amongst others. This rise in core inflation was due to an acceleration in services, led by the medical aid component. Services inflation is now at its highest since 2019 as can be gleaned from the electricity.

The inflation numbers are showing a delay in moving back to the Monetary Policy Commission’s (MPC) 4.5% (midpoint) objective as it is hovering nearer the top (6%) of the target range. The MPC postulates that given the extra inflation pressure, headline inflation is now poised to reaches the target midpoint only at the end of 2025, later than previously expected.

These insights assists the HPCSA in getting its budgeting and expenditure outlooks correctly positioned. Decisions on annual practitioner fee adjustments for registrations, evaluations, annual employee salary adjustments must take this index into account.

INTEREST RATES

The Monetary Policy Commission (MPC) increased the repurchase rate by 50 basis points to 8.25% per year, with effect from the 26th of May 2023 from a 7.75%. The MPC has continued to consider the repurchase rates position at all its meetings for the remainder of the financial and decided to keep the rates at the 8,25%. Figure 2 is a graphical representation of the Interest Rate tracking done in the financial year under review.

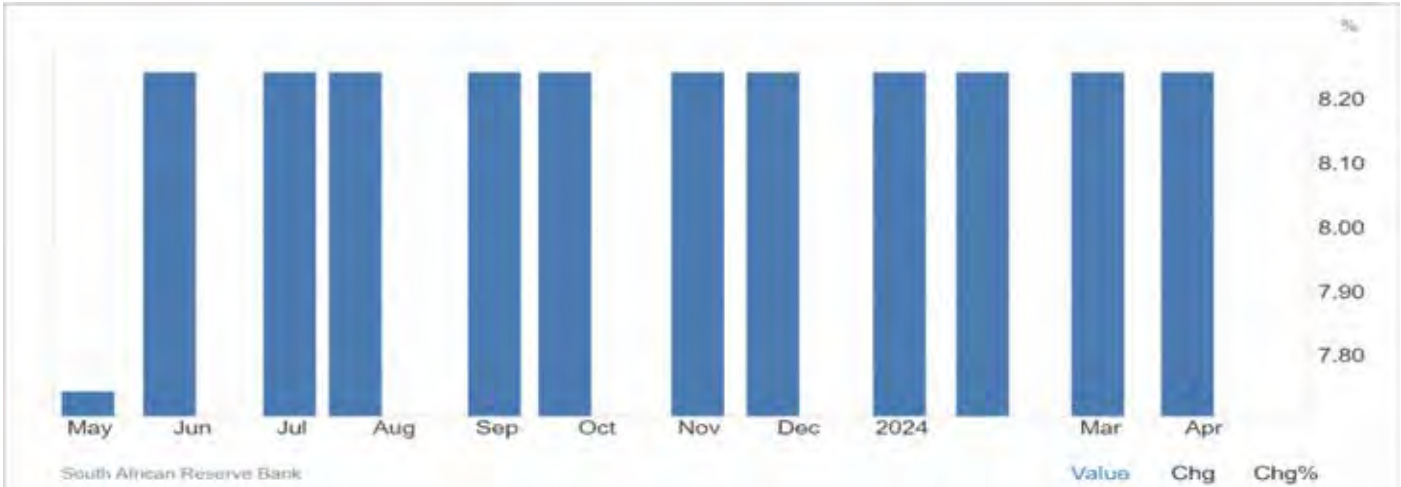


Figure 2: RSA Interest Rates

EMPLOYMENT LEVELS

Statistics South Africa (StatsSA) reports that South Africa’s unemployment rate rose to 32.9% in the first quarter of 2023, the first rise in over a year, from 32.7% in the prior reporting period. The most concerning tracked matrix is the youth unemployment rate (measuring jobseekers between 15 and 24 years old) which has risen 62.1% in Q1 of 2023. The unemployment numbers of the youths with post matric qualifications stands at 9.6%. STATSSA’s Quarterly Labour Force Survey (QLFS) indicate that the official unemployment rate was 31,9% in the third quarter of 2023.

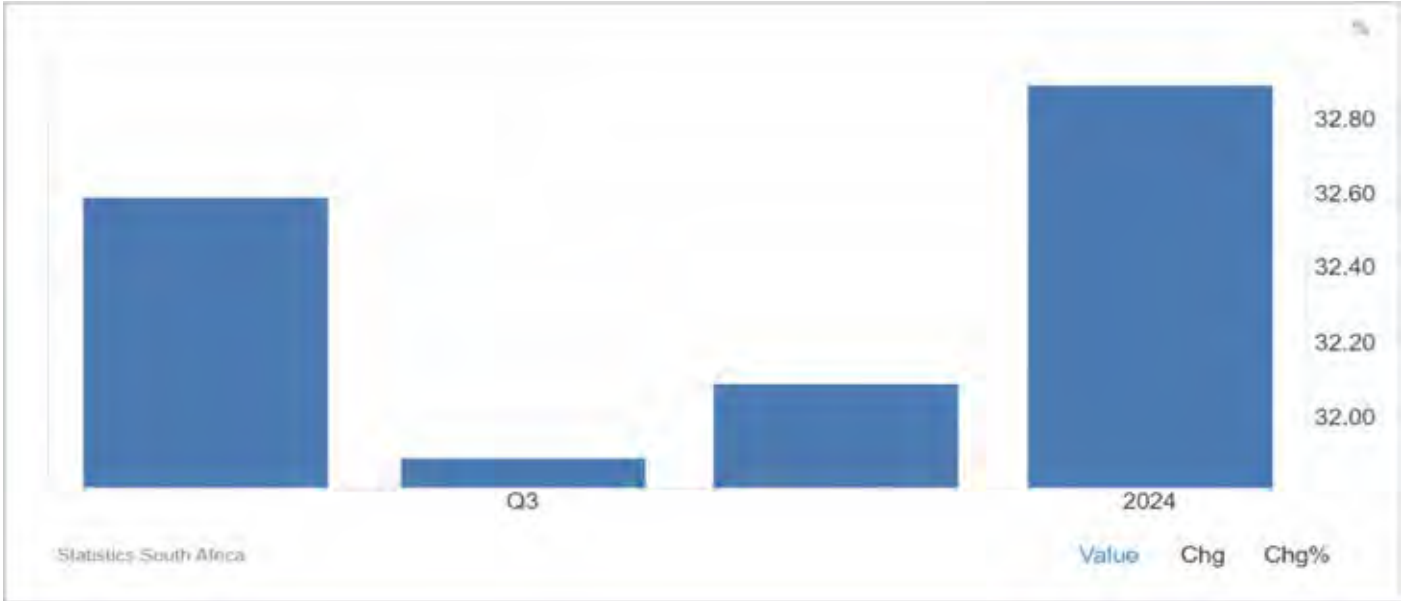


Figure 3: Unemployment Levels - FY2023/24

In the financial year under review, the South Africa Investment conference was held to continue the promotion of South Africa as an attractive investment destination and trade partner and assist in the re-industrialisation of the country and fight against the high unemployment levels in the country. The three catalysts driving the broader strategy are the Economic Stimulus and Recovery Plan, the Jobs Summit and the Investment Conference. These investments have resulted in new jobs and new opportunities for small emerging businesses.

RELEVANCE TO THE HPCSA's PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND RISKS

OPPORTUNITIES

Interest rates levels of 8.25% are viewed as very high. The higher interest rates means higher returns on the investments that the HPCSA makes on a yearly basis. The HPCSA has taken the opportunity to open its environment for Internships that can be used to build some experience for those that are freshly out of tertiary institutions.

THREATS

Higher interest rate may contribute to practitioners delaying renewals and or letting the registration to be suspended.
Higher interest rates may be a trigger for higher starting point for salary negotiations.

The HPCSA procures many services from external parties – the costs of these services will start to become higher even with the use of supply chain management tactics and practices.

The unemployment levels especially amongst the youth seem to be stuck on the high-end. These unemployment numbers must be a cause for concern for every South African (legal persons and natural person).

SOCIAL FACTORS

Improving Educational Attainment Levels

Statistics South Africa reported that educational progress, particularly among the black African population in South Africa is improving, in that there has been a notable decline in the percentage of individuals aged 25 years and older with only primary education or less. This percentage dropped from approximately 57,9% in 1996 to 22,2% in 2022.

This decline underscores a considerable shift towards higher educational attainment levels among this group over the past three decades. STATSSA further revealed that there is a notable achievement in South Africa's educational landscape, particularly concerning gender parity in tertiary education attainment. The gender gap in tertiary education attainment was nearly closed, with the percentage of females surpassing that of males. With society getting more educated in their rights, the level of healthcare expect is also increasing.

This is not a South African phenomena as similar trends are being noted in countries such as Ghana and Botswana. The increase in awareness of rights leads to a more litigious climate, which in conjunction with recent patient-centred jurisprudence also raises the number of claims being instituted. In contrast, arguments have also been made that lack of patient centredness and a vigorous complaints management system add to the rise in claims, as disgruntled patients are left with only litigation as an avenue for redress.

Water Quality Challenges and Linkages to Disease

In May of 2023, a town in the north of the City of Tshwane Metropolitan Municipality was caught in a cholera outbreak. Twenty-three (23) residents 23 died from this situation whilst one hundred and sixty-three (163) were hospitalised. with the deaths of 23 residents 163 patients were admitted to local hospital with diarrhoea and vomiting. Investigations by the Water Research Commission (WRC) could not pinpoint the source of the cholera outbreak but highlighted some important public health risks which may contribute towards causing future cholera and/or other waterborne disease outbreaks”.

Crime and Criminality

In the 2023/24 financial year, a number of factors in the social environment have directly or indirectly impacted the delivery of the mandate that the HPCSA carries. Crime and criminality continued to challenge the Justice, Crime Prevention and Security Cluster. The crime statistics that are issued in each quarter of the year by the Minister of Police continues to lay bare the concerning crime situation in the country. Some of the criminal incidences that are closer to the HPCSA includes employees having their properties broken into and the work issued laptops stolen whilst at times the employees themselves being on the receiving end of violent acts; Emergency Medical Services (EMS), personnel being robbed whilst responding to health emergency incidences from the public.

The SIU continues to receive proclamations to investigate corruption in specific organs of state and or state-owned entities. The Health Sector Anti-Corruption Forum (a forum where the HPCSA participates in) raised concerns around the rising levels of fraudulent medico-legal claims across the length and breadth of the country.

Quality Healthcare Expectations

Prinsen (2023) writing in the South African Medical Journal (April 2023) cited medicolegal scholars as having concluded that the rise in medicolegal claims is due to amongst many relates to clinical errors and the quality of healthcare services as well as developments in legislation and case law which have created the shift towards the patient. Patient-centeredness is provided for in the Constitution, the National Health Act No. 61 of 2003, the Consumer Protection Act, as well as the Children's Act.

Social Unrest and Protests

In this financial year, “unemployed doctors” marched (brought a service delivery protest) to the HPCSA on account of delays in the scheduling and writing of medical Professional Board examinations. This service delivery protest attracted extensive media attention which the HPCSA, under the leadership of the Registrar, extensively responded to. A report by Boston Consulting Group (BCG) and the World Federation of People Management Associations (WFPMA), 45 people leaders from South Africa suggests that there is a talent scarcity facing Human Resources leaders in South Africa. South Africa's skills crisis has been highlighted by several sources. The Department of Employment and Labour has also sounded the alarm on the skills shortage in South Africa, arguing that the country could benefit from more skilled foreigners.

Prevention and Treatment for Substance Use Disorders

Cabinet has approved the gazetting of the Policy on Prevention and Treatment for Substance Use Disorders, which aims to tackle the country's substance abuse levels and supplement other substance abuse interventions such as the National Drug Master Plan. The impairment processes of the HPCSA must take into account this development.

RELEVANCE TO THE HPCSA'S PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND RISKS

OPPORTUNITIES

The Health Sector Anti-Corruption Forum presents the HPCSA a platform to assert its anti-corruption stance.

The policy of the prevention and or treatment for Substance User Disorders creates an opportunity for the Impairment processes to be aligned to a national policy directive.

THREATS

Other organised structures could emulate those that took a protest to the front door of the HPCSA.

RISKS

The source of Medico-Legal claims are varied inclusive of the quality of the training and development. In a more litigious society, non-performance or poor performance of the quality assurance mandate potentially puts risks on the HPCSA.

TECHNOLOGICAL FACTORS

Fast Company (2023) argued that by choosing to adopt and start on a journey towards National Health Insurance (NHI), South Africa has an opportunity to deliver one of the most innovative health systems solutions on the African continent. They assert that artificial intelligence (AI) has the potential to provide health information in such a way that may enable people to take care of themselves.

Improving the flow and unification of data across health care systems, referred to as data interoperability, is one of the most important building blocks to leveraging AI, and it promises to help organisations run more effectively, improve patient care, and helps people live healthier lives. To be included in the NHI discussion must be technology and its utility.

Part of these discussions must include improvement and transformation of how health records are collected. Does the HPCSA contemplate a future where health care wearable technology will be issued through prescription by healthcare practitioners and or non-healthcare practitioners.

Machine-learning algorithms increasingly drive technological advances that deliver valuable improvements for society and the economy. The adoption of machine learning tools continues to grow, with projections by Statista, Gartner, and IDC of between 17% and 30% compounded annual growth rate between 2025 and 2030. Machine-learning algorithms used in medical treatments and consumer products can contribute to the kind of information asymmetries that typically justify consumer protection regulation.

Collection of patient's health data will raise ethical concerns and need for clarity about data storage and security. All of these factors require consensus and legislative processes that take care of regulatory factors. One of the biggest risks is the potential for data breaches. As health care providers (healthcare technology vendors) create, receive, store, and transmit large quantities of sensitive patient data, they become targets for cybercriminals.

As existing regulatory bodies go forward to address AI-related problems within their domains, they will certainly need to develop their data science expertise further. The National Institute of Standards and Technology (NIST) within the U.S. Department of Commerce has issued a generalized risk management framework for artificial intelligence that could be of value if customized to fit the needs of other more specialized regulatory settings.

The intensification of the digitalisation has concomitant risks. In this reporting period, the journal, IT Governance, reported numerous data breaches which includes breaches at the Norwegian Government, Electoral Commission of the UK, Police Service of Northern Ireland, and the Indian Medical Research Council.

In the year under review, the Office of South Africa's Information Regulator (IR) received more data breach notifications than ever before. South African organizations that reported cyber-attacks include Dis-Chem, TransUnion, Experian, the Development Bank of Southern Africa, First National Bank, the Western Cape Provincial Parliament, and Dimension Data amongst others. The HPCSA's cyber security protections must as a matter of necessity and urgency be beefed up to mitigate these lurking threats.

Due to the heterogeneity of these algorithms, multiple regulatory agencies will be needed to regulate the use of machine learning, each within their own discrete area of specialization. Even these specialized expert agencies, though, will still face the challenge of heterogeneity and must approach their task of regulating machine learning with agility.

Regulators should also consider how they can use machine-learning tools themselves to enhance their ability to protect the public from the adverse effects of machine learning. Effective regulatory governance of machine learning should be possible, but it will depend on the constant pursuit of regulatory excellence. For AI systems to be trustworthy, they often need to be responsive to a multiplicity of criteria that are of value to interested parties. Approaches which enhance AI trustworthiness can reduce negative AI risks.

Regulatory Delivery is the way that regulatory agencies operate in practice to achieve the intended outcomes of regulations. Rulemaking and Regulatory Delivery are the two key components of a regulatory system that help render statutory decisions and deliver services provided to citizens and businesses by governmental agencies and/or independent regulators.

Regulatory Technology (RegTech) is the application of emerging technology to improve the way businesses manage regulatory practice and compliance. Regulatory organisations and organisations that must comply to ever changing regulatory landscape are engaging machine learning, natural language processing, blockchain, AI, and other technologies in order to bring the power of digital transformation to the world of regulatory compliance.

The HPCSA is a key component of the health care system in South Africa, on the African continent and globally. Health care service providers are adopting varying

levels of technology to enable their service provision processes. Figure 4 depicts the Gartner's hype cycle for Artificial intelligence. This image shows the pattern that arises with each new technology or other innovation and the research assists in determining whether a technology is all hype or not. AI has so far stuck it out to very top of the first curve surviving initial adoption jitters and early adopter implementation challenges.

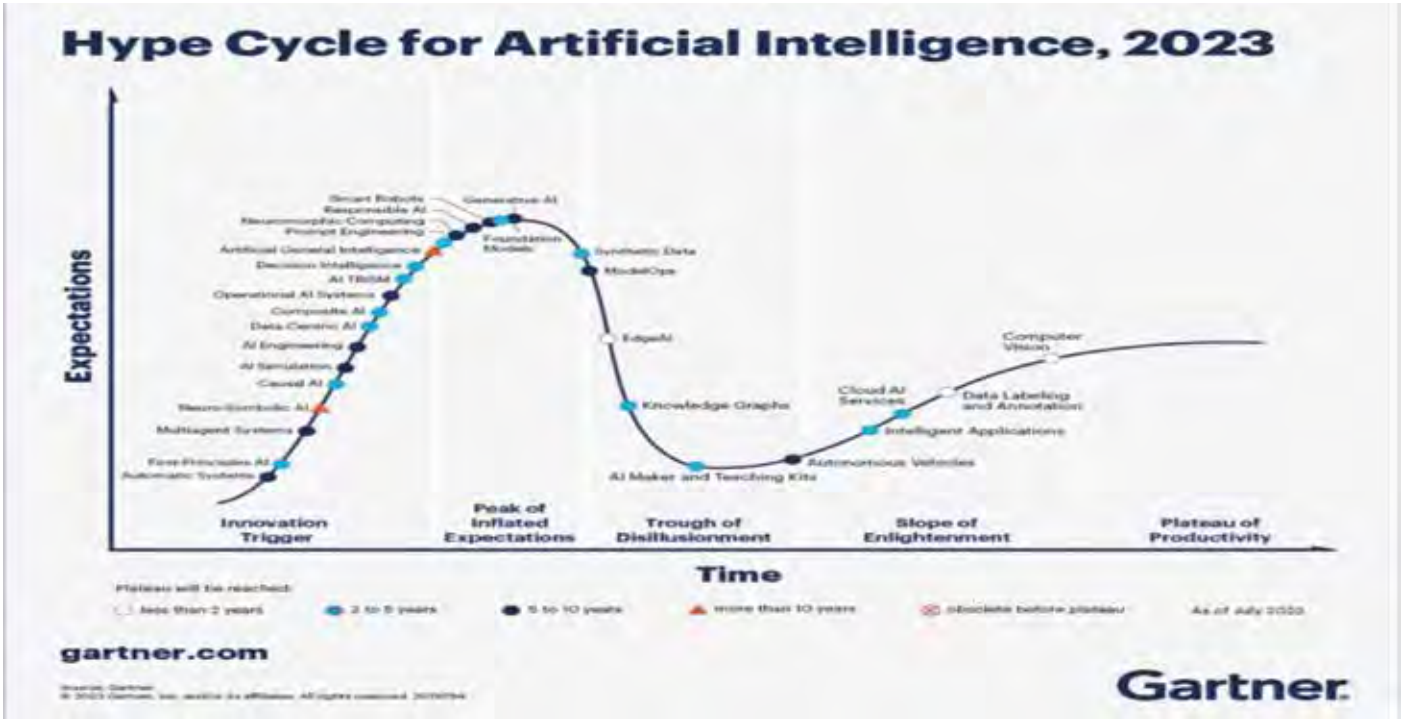


Figure 4: Hype Cycle for AI - December 2023

Figure 5 depicts that adoption of AI in the health sector globally. The sector is not an early adopted nor is it a laggard. This image points to the levels of penetration of AI in the provision of health care services across all sub-sectors of the health care system.

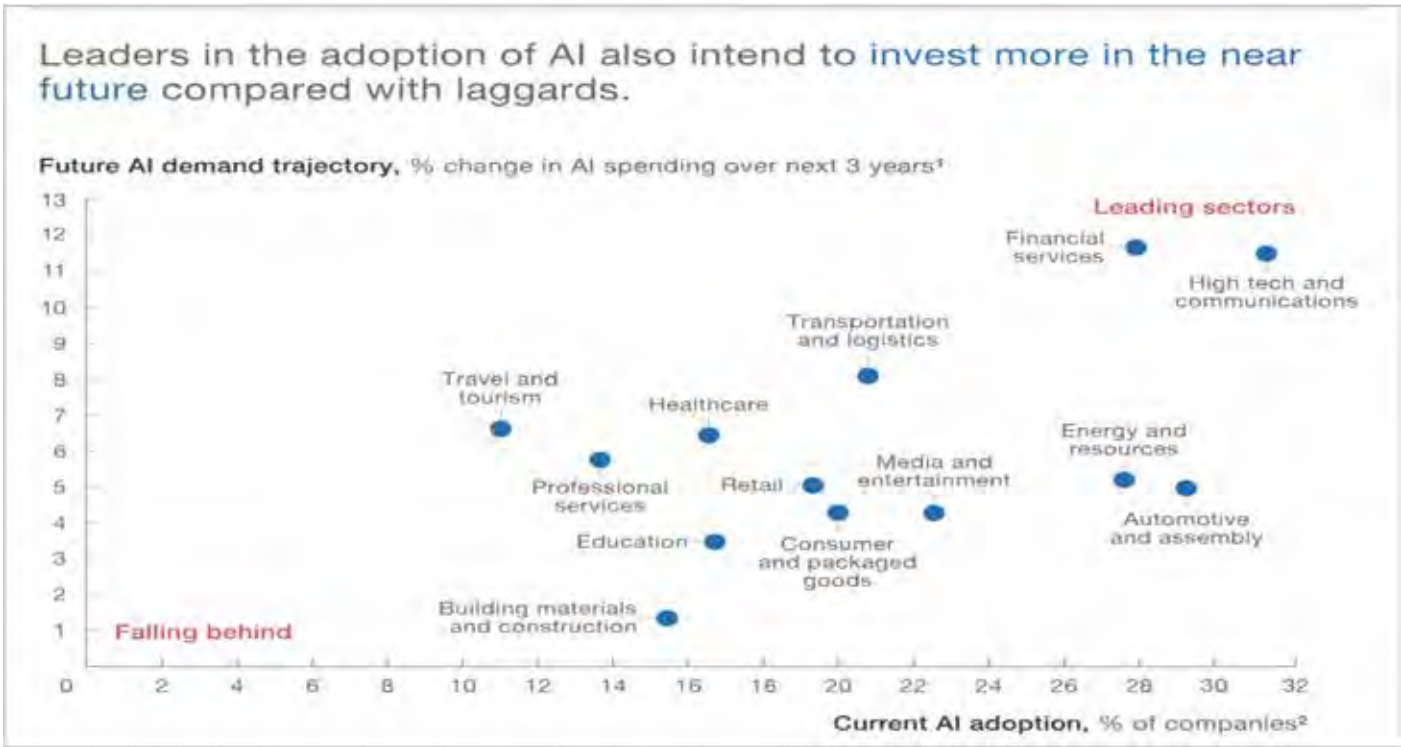


Figure 5: Adoption of AI by the Health System.

The level of adoption of the AI suggests that practitioners registered with the HPCSA are either exposed to AI or are using AI in the process of acting out their professions. With digital technologies such as Artificial Intelligence (AI) transforming businesses and societies, regulatory delivery needs to evolve as well especially through the adoption of such technologies to make a balance between burden reduction and protection of public and consumer interest in the new digital era.

AI-enabled solutions can assist regulators in allocating resources efficiently and obtaining results that demonstrate meaningful outcomes. They enable smarter

regulatory oversight activities such as risk-based targeting by providing information and knowledge that would allow for proactive actions and response. Figure 6 depicts in the main the use case for AI in the health care sector for now.



Figure 6: Use Cases for AI in the Health Care Sector

Figure 6 assists the Regulator to have interest in the actual use of AI by the professions which must be around governance of AI. In the context of AI, it includes reference to the safety and ethics guardrails of AI tools and systems, policies concerning data access and model usage or the government-mandated regulation itself. In the South African context, it would be easy to assert that the Office of Health Standards Compliance (OHSC) is the mandated body to ensure proper AI for health care governance. However, the HPCSA develops scopes of practice as well as the scopes of the various professions. In providing this much required governance, the HPCSA must be a key player in the governance conversations.

The World Economic Forum's AI Governance Alliance published the Presidio AI Framework which provides a structured approach to the safe development, deployment, and use of generative AI. In doing so, the framework highlights gaps and opportunities in addressing safety concerns, viewed from the perspective of four primary actors: AI model creators, AI model adapters, AI model users, and AI application users."

The digital transformation of society demands a new approach to designing, implementing, and enforcing regulations. Regulators have discovered, it is hard to impose rules on companies that sell to domestic consumers but operate from headquarters on another continent.

RELEVANCE TO THE HPCSA'S PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND OR RISKS

OPPORTUNITY

- There is an opportunity for the HPCSA's "Tools of Regulations" to contend with practices where a practitioner and a patients share patient health data using wearable technology.
- There is a big opportunity for the HPCSA to take the AI governance conversation to AMCOA and other Africa based Health Care Regulatory Agency Association as a responsible member of that continental structure.
- There is an opportunity for the HPCSA to develop capability in regulatory technology intelligence. Participating in fora to govern health sector AI ensure that one of the mandates of the HPCSA will be lived out.

THREATS

- Patient Data breaches have potential to clog the Complaints Handling and Investigations environment.
- Weaponised AI can be used to sabotage the work of regulators. Cloning of voices, cloning and changing of "tools of regulations" cannot be ruled out, which requires that the HPCSA be vigilant.

RISKS

- HPCSA's failure to protect the public due to new technology failures in use in the practice of the professions.

ENVIRONMENTAL FACTORS

In this financial year, the Western Cape, KwaZulu-Natal, Eastern Cape, and Northern Cape provinces experienced devastating floods which claimed numerous lives, destroying road and other infrastructure. The Gift of the Givers was amongst the first Non-Governmental Organisation that coordinated humanitarian relief efforts. This organisation survives on donations to enable it to respond when called upon to do so.

National Assembly and National Council of Provinces approved the Climate Change Bill [B 9—2022] in this financial year and submitted it to the Presidency for further processing. The Bill creates the roadmap for South Africa's transition to a low-carbon and climate-resilient economy. The Bill has specific offenses, including fines and imprisonment, for persons convicted for providing false data or failing to provide any data concerning the Bill's reporting requirements. The United Nations International Children's Emergency Fund/United Nations Children's Fund (UNICEF)'s Climate, Energy and Environment Landscape Analysis for Children in South Africa report warns that mental issues afflicting children be taken note of and mechanism be put in place to address them.

Presidential Climate Commission (PCC) reflections on the key outcomes from the 28th United Nations Conference of Parties (COP28) re-emphasizing South Africa's commitment to the "UAE consensus" which places Climate Change efforts as being 'all of economy', 'all of society' approach.

A report by the World Bank asserts that as the global climate crisis escalates, its devastating impacts on human health and well-being will also accelerate. The report further argues that changing climate conditions are increasing heat-related illnesses and deaths; changing the patterns of infectious disease transmission, making deadly disease outbreaks and pandemics more likely; worsening maternal and child health outcomes; and intensifying health impacts from extreme weather events such as floods, droughts, wildfires, and windstorms. Climate change exerts significant strains on health systems, simultaneously increasing demand for health services whilst also impairing the system's ability to respond.

South Africa has established a Climate Change Response Fund that will bring together all spheres of government and the private sector. By coordinating financial mobilisation from both government and the private sector our country will have collaborative effort to build resilience and respond to climate change.

Bowmans South Africa, writing in the International Comparative Legal Guides (ICLG) restated Regulation 28 of the Pension Funds Act, 1956 as requiring of a pension fund, as well as its board to "before investing in and whilst invested in an asset consider any factor which may materially affect the sustainable long-term performance of the asset including, but not limited to, those of an [ESG] character". Some of the factors to be considered includes but are not limited to: -

- Environmental aspects such as climate change, energy, water scarcity and usage, biodiversity, destruction of natural habitats, pollution, and waste management.
- Social issues such as employment and labour issues, employee benefits, diversity, health and safety, human rights, community relations, and the manner in which broad-based black economic empowerment (B-BBEE) is advanced.
- Governance matters include corporate structure and management, strategic direction and oversight, compliance, anti-bribery and corruption, board composition, and executive compensation.

Principle 3 of King IV Report on Corporate Governance asserts that the "the governing body should ensure that the organisation is and is seen to be a responsible corporate citizen". Under the Recommended Practices under Principle 3, King IV argues as follows: -

- The governing body should oversee and monitor, on an ongoing basis, how the consequence of the organisation's activities and outputs affect its status as a responsible corporate citizen. This oversight and monitoring should be performed against measures and targets agreed with management in all of the following areas: -
 - o Environment (including responsibilities in respect of pollution and waste disposal and protection of biodiversity).

RELEVANCE TO THE HPCSA's PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND RISKS

OPPORTUNITIES

- The HPCSA's Council delegates the Pension and Provident Trustee Committee to ensure that the Board of Trustees directs, controls, and oversees the operations of a fund in accordance with the applicable laws and the rules of the fund. King IV also recommends to the trustees to be cognisant of environmental issues. The Pension and Provident Trustee Committee must have consideration to how the requirements set out by King IV are complied to.
- The HPCSA still has an opportunity to analyse Climate Change legislation and determine if there is any obligation placed on the organisation considering its type of business, size and extent of points of presence across the country.
- The HPCSA through the Professional Boards has an opportunity to raise the matter of mental wellness amongst children which is exacerbated by the climate change situation.
- Using the CSR policy, the HPCSA should be encouraged to make donations to those organisations that are in the forefront of directly providing relief to communities under distress. Contributions and or donations in circumstances such as these is a social good which must be encouraged as this has potential to enhance the brand reputation of the HPCSA.
- The HPCSA has opportunity to determine the readiness of all registered practitioners to service all the health challenges that are likely to be presented due to climate change conditions.
- The Climate Change Response fund may be a funding opportunity for registered practitioners to undertake training in new skills that may not normally be taught in health care professions training. The HPCSA may want to lead this as put of the motto, guiding the professions.

LEGISLATIVE FACTORS

In the financial year under review, the following legislative factors were of interest to the HPCSA to monitor, namely, (1) National Health Insurance Bill (NHI)), (2) Public Procurement Bill, (3) Constitution Twentieth Amendment Bill (B20—2023) on the Cyber Commissioner in the Republic, (4) Companies Amendment Bill (B27—2023), (5) Companies Second Amendment Bill (B26—2023) (6) the Statistics Amendment Bill (B 31—2023), and the (7) Pension Funds Amendment bill(B3—2024).

- The NHI Bill was processed by both the National Assembly and the National Council of Provinces and then submitted to the President's Office for approval into law.
- The objective of Public Procurement Bill is "to regulate public procurement; to prescribe a framework within which preferential procurement must be implemented. It does this by introducing a single regulatory framework for all public procurement across national, provincial, and local government. It aims to codify South Africa's multi-layered procurement system which has been fragmented since its inception.
- The HPCSA, like many organizations and companies, have embraced digitalization. The downside of digitalization is that it has attracted cyber

criminals. The Cyber Commissioner will amongst numerous accountabilities, be entrusted with establishing and maintaining suitable cyber security capabilities for all organs of state and entities dealing with public information. South Africa is also awake to the cyber threats that come with digitalisation.

- Parliament processed the Companies Amendment Bill (B27-2023). This Bill seeks to amend the Companies Act, 2008, so as to differentiate where the right to gain access to companies' records may be limited; to provide for the preparation, presentation and voting on companies' remuneration policy and directors' remuneration report; to provide for the filing of a copy of the annual financial statement; to deal with the composition of the social and ethics committee; to provide for the preparation of a social and ethics committee report, as prescribed, to be presented at the annual general meeting or shareholders meeting, as the case may be. The HPCSA is not compelled to comply with the Companies Act. However, over time, if the Companies Act provides for practices that are viewed as good and or best, it will be difficult for the HPCSA to justify why such practices cannot be adapted to and adopted by this organisation. In this reporting period
- Companies Second Amendment Bill (B26-2023) seeks to amend the Companies Act, 2008, so as to amend the time bars, in respect of proceedings to recover any loss, damages or costs for which a person may be held liable in terms of section 77 of the Companies Act; to amend the time bar for the bringing of an application to declare a person delinquent in terms of section 162(2) and (3) of the Companies Act; and to provide for matters connected therewith. Members of Council as well as members of Professional Boards have an interest in the implications of this amendment bill on their roles in the governance structures of the HPCSA.
- The purpose of the Statistics Amendment Bill (B 31—2023) includes, "... to strengthen co-ordination and enhance collaboration amongst data producers and data users by creating an enabling environment for the production and consumption of quality statistics within the Republic; to make provision for the establishment of statistics units by organs of state, the submission of annual statistics plans and annual reports by organs of state and the establishment of the Statistical Clearing House in order to promote the functions and objectives of the National Statistics System". In the same reporting period, the National Council of Provinces was only seized with deliberation of one Bill.
- The pension funds amendment bill (B3-2024) was processed by the National Assembly. The Bill amends the Pension Funds Act, 1956, so as to insert certain definitions in order to provide for the introduction of the savings withdrawal benefit; to provide for the appropriate account of a member's interest in the savings, retirement, and vested components; to provide for deductions that may be made; and to provide for matters connected therewith.

RELEVANCE TO THE HPCSA'S PLANNING ASSUMPTIONS AND STRATEGIC PLAN.

OPPORTUNITIES, THREATS AND RISKS

OPPORTUNITIES

- The opportunity presented by the Statistics Bill is the ease with which planning and decision-making data will be accessible from across all public sector organisations if the bill is passed in its current form. The HPCSA will also be enjoined to fine tune its data management and governance practice for it to be more useful for the health system.
- The purpose of the HPCSA's SCM policy is to ensure that the HPCSA has an appropriate procurement system which is fair, equitable, transparent, competitive and cost effective to ensure that goods and services are procured in line with the objectives of the South African Constitution, Section 217 (1) of Act 108 of 1996, which states: "Procurement – When an organ of state in the national, provincial or local sphere of government, or any other institution identified in national legislation, contracts for goods or services, it must do so in accordance with the system which is fair, equitable, transparent, competitive and cost effective". Changes to the Public Finance Management Act enjoins those entities that get guidance from this Act to adapt their SCM policies, procedures, and processes accordingly.
- The HPCSA must have a clear and articulate position on its role in the South African healthcare regulatory landscape in the light of the "about to be" implemented National Health Insurance. The second position to be had is how the carved-out space for the HPCSA intersects with the other healthcare statutory regulatory bodies to obviate duplications, redundancies as well as portions that may fall within cracks. Duplicated regulations will have to be harmonised, redundant regulations will have to be retired whilst where there are gaps, such must be closed off or at the most reduced.

THREATS

- The legislative environment is always evolving. All organisations that are created by statutes have the parameters of their operations codified in law. With many laws coming through this evolutionary process, there are always threats of duplicated, conflicting, and confusing mandates. Continual scanning of the legislative environment provides the requisite head-start.

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2. DEPARTMENT: CORE OPERATIONS

1. DEPARTMENT-WIDE OVERVIEW

The Department of Core Operations houses the core activities of the HPCSA as mandated by the Health Professions Act, 56 of 1974 which is the founding legislation of the HPCSA. According to the Act, the HPCSA has responsibility over the Education and Training, Registration and Professional Practices of health practitioners in South Africa. These responsibilities are structurally located within three formal divisions in the Department, namely:

- Education and Training
- Professional Practice; and
- Registrations

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 2019/20 to 2025/26.



Mr Lerole David Mametja

Head of Department: Core Operations.

2. PERFORMANCE HIGHLIGHTS

The department, from its inception in 2019, following the Business Process Re-Engineering (BPR) has fully consolidated, with its divisions operating seamlessly to address the core business areas on education and training, registrations, and professional practice in the HPCSA. Joint planning and implementation occur regularly within the department, which has facilitated the attainment, but not limited to the following achievements:

- * An articulation of the business requirements of each division, leading to a business case that was approved by Council which enabled additional staffing resources in the Education and Training, and Registrations Division;
- * A review of the Quality Management System (QMS) which outlines systems, processes and policies that guide education and training related interventions;
- * Monitoring of Professional Boards' performance on key education and training indicators;
- * Improved performance in registering persons seeking licensing by the HPCSA, to an extent that what used to be an onerous and expensive exercise of conducting the so-called "off-site registration" (which required registrations officials to physically visit high education institutions and clinical sites) was discontinued;
- * Improved compliance by practitioners to Continuing Professional Development (CPD) requirements to 40%, compared to 5% in 2021 (The HPCSA has made CPD compliance one of the centre pieces of its focus in the next financial year).

3. DIVISION-SPECIFIC HIGHLIGHTS

3.1 EDUCATION AND TRAINING DIVISION

3.1.1 The Educations and Training Division has consolidated itself and it now fully carries out its mandate. The additional human resources have helped stave off the huge workload that the division was carrying since its inception in 2019.

Table 1: Programme Evaluations

PROGRAMME EVALUATIONS - 2023-24									
BOARD	HIGHER EDUCATION INSTITUTIONS			CLINICAL TRAINING SITES			TOTAL		
	Number Evaluated	Evaluations withheld due to non-payment	Percentage evaluations withheld due to non-payment	Number Evaluated	Evaluations withheld due to non-payment	Percentage evaluations withheld due to non-payment	Number	Evaluations withheld due to non-payment	Percentage evaluations withheld due to non-payment
DNB	1	0	0%	94	0	0%	95	0	0%
DOH	4	0	0%	0	0	0%	4	0	0%
EMB	4	0	0%	2	0	0%	6	0	0%
EHP	1	0	0%	0	0	0%	1	0	0%
MDB	10	0	0%	28	0	0%	38	0	0%
MTB	3	0	0%	108	0	0%	111	0	0%
OCP	3	1	33%	0	0	0%	3	1	33%
ODO	2	0	0%	0	0	0%	2	0	0%
PPB	6	0	0%	14	0	0%	20	0	0%
PSB	17	1	6%	10	0	0%	27	1	4%
RCT	2	0	0%	68	5	7%	70	5	7%
SLH	5	1	20%	0	0	0%	5	1	20%
TOTAL	58	3	5%	324	5	2%	382	8	2%

3.1.2 All scheduled 58 evaluations were provided (excluding those cancelled due to the unavailability of either the institutions or panel members). The HPCSA continues to face challenges regarding the recovery of evaluation fees. Fees were not recovered from 5% of higher education institutions and 2% of clinical training sites respectively, leading to evaluation reports being withheld, and future evaluations suspended (See Table 1);

3.1.3 This led to unhappiness amongst applicants, which led to petitions and marches against the HPCSA, which the HPCSA adequately responded to, either directly with the complainants or through various media platforms. Nonetheless, all exams (118) planned for the reporting period were provided, accommodating 2 218 candidates with an overall pass rate of 62% [CI 33%:100%) achieved (See Table 2).

3.1.4 While the 11 other Professional Boards successfully provided examinations to applicants holding qualifications not prescribed, there were challenges with medical exams under the Medical and Dental Professions Board (MDB). This was due to delays in procuring a replacement institution to administer the exams following the expiry and non-extension of a contract with Sefako Makgatho Health Sciences University (SMU). The delays were due to failure by bidders to meet Supply Chain Management policies and procedures of the HPCSA.

Table 2: Board Examinations

BOARD	Number of exams facilitated	Number of candidates who sat for exams	Number of candidates who passed exams	Percentage of candidates who passed exams
DNB	3	3	3	100%
DOH	2	41	39	95%
EMB	4	168	69	41%
EHP	13	13	12	92%
MDB	77	765	369	48%
MTB	2	349	239	68%
OCP	2	3	2	67%
ODO	4	18	6	33%
PPB	4	6	4	67%
PSB	3	826	626	76%
RCT	2	24	9	38%
SLH	2	2	1	50%
Total	118	2218	1379	62%

3.2 REGISTRATIONS

3.2.1 Divisional Overview

3.2.1.1 The Registrations Division is mandated to register health practitioners in terms of Section 17 of the Health Professions Act, 56 of 1974 (as amended in April 2007) in various categories (registers), namely, students, interns, qualified health practitioners and limited temporary for volunteers and educationists (Section 29).

3.2.1.2 Practitioners whose education and training were undertaken in South Africa, are registered from the 1st year of studying towards the qualification registerable with the HPCSA and are progressed through the various registers as they progress through their careers.

3.2.2 Registrations Categories

3.2.2.1 Students

3.2.2.1.1 Students' registrations dropped by 3 634 from 52 113 in March 2023 compared to 48 479 in March 2024 (See Table 1).

3.2.2.1.2 The division achieved a three-month turnaround time for bulk processing of student registrations applications. This was a significant improvement compared to the six-month turnaround time achieved in the previous financial year. This was due to significant improvements in the collaboration between Registration Officials and University Administrators.

3.2.2.1.3 The division also managed to perform data clean-up of the students' register by removing 1 753 students who had exceeded acceptable academic periods without progression.

3.2.2.1.4 Also, a total of 1 880 registrations were closed following the progression of students after qualifying as practitioners.

Table 3: Active Student Registrations for the period April 2020 to March 2024

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
DOH	DA S	STUDENT DENTAL ASSISTANT	2,065	2,080	2,194	2,270	807
	OH S	STUDENT ORAL HYGIENIST	342	388	396	496	381
	TT S	STUDENT DENTAL THERAPIST	269	300	269	289	219
Total			2,676	2,768	2,859	3,055	1,407
DNB	DT S	STUDENT DIETITIAN	1,453	1,490	1,435	1,472	915
	DT V	DIETETICS VISITING STUDENT	0	0	0	2	2
	NT S	STUDENT NUTRITIONIST	310	335	354	371	105
	NT V	NUTRITION VISITING STUDENT	2	2	2	2	10
Total			1,765	1,827	1,791	1,847	1,032
EHO	HI S	STUDENT ENVIRONMENTAL HEALTH OFFICER	1,838	1,733	1,600	1,631	1,782
Total			1,838	1,733	1,600	1,631	1,782
EMB	ANTS	STUDENT PARAMEDIC	597	662	679	654	706
	ECAS	STUDENT EMERGENCY CARE ASSISTANT	30	73	141	202	469
	ECPS	STUDENT EMERGENCY CARE PRACTITIONER	917	1,012	1,012	1,066	1,164
	ECPV	ECP VISITING STUDENT	21	26	26	34	36
	ECTS	STUDENT EMERGENCY CARE TECHNICIAN	684	685	683	675	682
Total			2,249	2,458	2,541	2,631	3,057

MDB	CA S	STUDENT CLINICAL ASSOCIATE	547	577	642	770	963
	DP S	STUDENT DENTIST	973	1,021	918	1,163	1,381
	GC S	STUDENT GENETIC COUNSELLOR	5	8	6	10	4
	IN S	STUDENT INTERN	2,190	1,799	2,161	1,434	2,818
	MP S	MEDICAL STUDENT	11,574	12,146	11,957	12,394	12,863
	MS S	STUDENT MEDICAL SCIENTIST	267	268	262	259	253
	PH S	STUDENT MEDICAL PHYSICIST	30	28	28	34	34
	VS	VISITING STUDENT	134	15	4	24	5
Total			15,720	15,862	15,978	16,088	18,321
MTB	GT S	STUDENT MEDICAL TECHNICIAN	2,778	2,852	3,086	3,160	1,066
	LA S	STUDENT LABOLATORY ASSISTANT	1,019	1,007	1,096	1,205	345
	MT S	STUDENT MEDICAL TECHNOLOGIST	4,352	4,552	4,585	4,680	1,873
Total			8,149	8,411	8,767	9,045	3,284
OCP	AT S	ARTS THERAPY STUDENT	56	49	60	76	78
	OS S	STUDENT MEDICAL ORTHOTIST & PROSTHETIST	339	282	337	355	473
	OT S	STUDENT OCCUPATIONAL THERAPIST	1,952	1,956	1,920	2,060	2,358
	OTBS	STUDENT OCCUPATIONAL THERAPY ASSISTANT	32	32	32	32	32
Total			2,379	2,319	2,349	2,523	2,941
ODO	OD S	STUDENT DISPENCING OPTICIAN	379	409	436	471	516
	OP S	STUDENT OPTOMETRIST	905	939	925	1,101	1,182
	OPVS	VISITING STUDENT OPTOMETRY	4	4	4	4	4
Total			1,288	1,352	1,365	1,576	1,702
PPB	BK S	STUDENT BOKINETICIST	1,351	1,283	1,038	1,202	1,303
	CH S	STUDENT PODIATRIST	322	343	314	310	376
	PT S	STUDENT PHYSIOTHERAPISTS	2,209	2,191	2,328	2,446	2,539
Total			3,882	3,817	3,680	3,958	4,218
PSB	PMTS	STUDENT PSYCHOMETRIST	455	533	454	512	237
	PS S	STUDENT PSYCHOLOGIST	1,399	1,448	1,644	1,680	1,744
	PS V	PSYCHOLOGY VISITING STUDENT	3	5	5	5	5
	SRC	STUDENT REGISTERED COUNSELLOR	2,008	2,149	1,990	1,953	2,113
Total			3,865	4,135	4,093	4,150	4,099
RCT	DR S	STUDENT RADIOGRAPHER	2,328	2,302	2,531	2,576	3,185
	DR V	VISITING STUDENT RADIOGRAPHER	38	58	58	75	88
	EE S	STUDENT ELECTRO-ENCEPHALOGRAPHIC TECHNI- CIAN	143	161	176	205	220
	KT S	STUDENT CLINICAL TECHNOLOGIST	516	583	663	792	788
	RLTS	STUDENT RADIATION TECHNOLOGIST	1	2	2	2	2
	SDRS	STUDENT SUPPLEMENTARY DIAGNOSTIC RADIOG- RAPHER	9	9	9	9	9
Total			3,035	3,115	3,439	3,659	4,292
SLH	AU S	STUDENT AUDIOLOGIST	501	541	595	655	767
	GAKS	STUDENT HEARING AID AUCOSTICIAN	32	32	32	31	31
	ST S	STUDENT SPEECH THERAPIST	806	862	951	1,028	1,283
	STAS	STUDENT SPEECH THERAPIST AND AUDIOLOGIST	243	214	205	224	260
	STAV	STA VISITING STUDENT	4	4	4	4	4
Total			1,586	1,653	1,787	1,942	2,345
Grand Total			48,440	49,458	50,257	52,113	48,479

3.2.2.2 Intern Registration

- 3.2.2.2.1 The purpose of internship training is to offer interns their training under supervision and guidance in accredited facilities, on condition that, they are duly registered as interns prior to commencing with training.
- 3.2.2.2.2 The division managed to process compliant applications within six working days on average (against a target of 10 working days). Interns in medicine were however processed within two working days.
- 3.2.2.2.3 Following payment of fees, 7 041 interns were registered, which is lower than the 7 772 registered in the previous reporting period (See Table 2).

Table 4: Active Intern Registrations for the period April 2020 to March 2024

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
MDB	GCIN	INTERN GENETIC COUNSELLOR	16	14	17	14	15
	IN	INTERN	4,458	5,016	5,124	5,353	5,095
	MSIN	INTERN MEDICAL SCIENTIST	268	240	286	316	314
	PHIN	INTERN MEDICAL PHYSICIST	36	42	45	45	43
Total			4,778	5,312	5,472	5,728	5,467
MTB	MTIN	MEDICAL TECHNOLOGY INTERN	807	735	768	754	305
Total			807	735	768	754	305
OCP	ATIN	ART THERAPY INTERN	14	19	23	26	32
	OSIN	INTERN MEDICAL ORTHOTIST AND PROSTHETIST	70	96	93	67	2
Total			84	115	116	93	34
PPB	BKIN	INTERN BIOKINETICIST	1,010	338	314	301	292
Total			1,010	338	314	301	292
PSB	PSIN	INTERN PSYCHOLOGIST	1,013	733	877	896	943
Total			1,013	733	877	896	943
Grand Total			7,692	7,233	7,547	7,772	7,041

3.2.2.3 Qualified Health Practitioners

- 3.2.2.3.1 The registration categories for qualified practitioners are supervised practice, public service community service, public service, independent practice, specialists, and subspecialists.
- 3.2.2.3.2 181 981 practitioners were registered in March 2024, which is 3 573 more than the 178 408 registered in the previous reporting period (See Table 3).
- 3.2.2.3.3 The division achieved a two-day turnaround time (against a target of 10 days) to process the registration for applicants seeking registration as practitioners in supervised practice, community service, independent practice, through the online portal.

Table 5: Registered active qualified practitioners for the period April 2020 to March 2024

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
DOH	DA	DENTAL ASSISTANT	4,325	4,098	3,956	3,725	3,685
Total	Total		6,323	6,166	6,059	5,882	5,998
DNB	DT	DIETITIAN	3,494	3,822	3,940	4,068	4,210
	NT	NUTRITIONIST	229	216	219	218	232
Total			3,723	4,038	4,159	4,286	4,442
EHO	FI	FOOD INSPECTOR	1	9	9	9	9
	HI	ENVIRONMENTAL HEALTH PRACTITIONER	3,493	4,118	4,229	4,288	4,383
	HIA	ENVIRONMENTAL HEALTH ASSISTANT	71	69	69	62	61
Total			3,565	4,196	4,307	4,359	4,453
EMB	ANA	AMBULANCE EMERGENCY ASSISTANT	11,350	11,365	11,030	10,721	10,481
	ANT	PARAMEDIC	1,353	1,543	1,594	1,665	1,745
	BAA	BASIC AMBULANCE ASSISTANT	35,448	29,664	26,288	23,384	21,886
	ECA	EMERGENCY CARE ASSISTANT	0	0	20	114	282
	ECP	EMERGENCY CARE PRACTITIONER	817	854	958	1,055	1,138
	ECT	EMERGENCY CARE TECHNICIAN	1,100	1,080	1,057	1,036	1,017
	OECO	EMERGENCY CARE ORDERLY	441	393	366	349	343
Total			50,509	44,899	41,313	38,324	36,892
MDB	BE	BIOMEDICAL ENGINEER (CLOSED REGISTER)	1	1	1	1	1
	CA	CLINICAL ASSOCIATE	946	1,006	1,089	1,168	1,306
	DP	DENTIST	6,059	6,586	6,620	6,690	6,866
	GC	GENETIC COUNSELLOR	21	23	25	30	32
	GR	GENETIC COUNSELLOR (CLOSED REGISTER)	11	14	14	14	14
	KB	CLINICAL BIOCHEMIST	5	6	6	6	6
	MP	MEDICAL PRACTITIONER	43,901	48,021	49,514	51,579	53,773
	MS	MEDICAL BIOLOGICAL SCIENTIST	298	339	365	402	452
	MW	MEDICAL BIOLOGICAL SCIENTIST (CLOSED REGISTER)	316	350	348	347	333
	PH	MEDICAL PHYSICIST	148	166	168	184	197
	SMW	SUPPLEMENTARY MEDICAL SCIENTIST (CLOSED REGISTER)	2	3	3	3	3
Total			51,708	56,515	58,153	60,424	62,983
MTB	CT	CYTO-TECHNICIAN	1	1	1	1	1
	GT	MEDICAL TECHNICIAN	3,969	4,314	4,442	4,697	4,911
	LA	LABORATORY ASSISTANT	940	966	990	1,102	1,167
	MLS	MEDICAL LABORATORY SCIENTIST	210	234	282	482	668
	MT	MEDICAL TECHNOLOGIST	5,097	6,119	6,244	6,313	6,346
	SGT	SUPPLEMENTARY MEDICAL TECHNICIAN	4	14	12	12	11
	SLA	SUPPLEMENTARY LABORATORY ASSISTANT	157	136	127	115	109
Total			10,378	11,784	12,098	12,722	13,213

OCP	AOS	ASSISTANT MEDICAL ORTHOTIST PROSTHETIST & LEATHERWORKER	4	2	3	3	4
	AT	ARTS THERAPIST	95	95	100	109	124
	OB	ORTHOPAEDIC FOOTWEAR TECHNICIAN	39	46	43	42	41
	OS	MEDICAL ORTHOTIST AND PROSTHETIST	638	698	744	790	816
	OSA	ORTHOPAEDIC TECHNICAL ASSISTANT (CLOSED REGISTER)	76	75	75	71	69
	OT	OCCUPATIONAL THERAPIST	5,638	5,876	6,063	6,228	6,416
	OTB	OCCUPATIONAL THERAPY ASSISTANT	66	51	46	41	36
	OTT	OCCUPATIONAL THERAPY TECHNICIAN	442	420	392	390	386
	SOS	SUPPLEMENTARY MEDICAL ORTHOTIST AND PROSTHETIST (CLOSED REGISTER)	1	1	1	1	1
Total			6,999	7,264	7,467	7,675	7,893
ODO	OD	DISPENSING TECHNICIAN	136	133	142	140	156
	OP	OPTOMETRIST	3,879	3,994	4,055	4,222	4,413
	OR	ORTHOPTIST	4	10	9	9	8
	SOD	SUPPLEMENTARY OPTICAL DISPENSER	1	2	2	2	2
	SOP	SUPPLEMENTARY OPTOMETRIST	5	8	8	8	8
Total			4,025	4,147	4,216	4,381	4,587
PPB	BK	BIOKINETICIST	1,869	1,971	2,058	2,163	2,246
	CH	PODIATRIST	280	349	372	410	438
	MA	MASSEUR (CLOSED REGISTER)	2	2	2	2	2
	PT	PHYSIOTHERAPIST	8,058	8,343	8,571	8,761	9,038
	PTA	PHYSIOTHERAPY ASSISTANT	137	122	101	101	73
	PTT	PHYSIOTHERAPY TECHNICIAN	43	42	50	55	52
	RM	REMEDIAL GYMNAST (CLOSED REGISTER)	1	1	1	1	1
	SCH	SUPPLEMENTARY PODIATRIST	2	3	3	3	3
	SPT	SUPPLEMENTARY PHYSIOTHERAPIST	2	2	2	2	2
Total			10,392	10,835	11,160	11,498	11,855
PSB	PM	PSYCHO-TECHNICIAN	7	12	9	8	8
	PMT	PSYCHOMETRIST	1,939	2,047	2,018	2,048	2,104
	PRC	REGISTERED COUNSELLOR	2,559	2,596	2,583	2,618	2,661
	PS	PSYCHOLOGIST	8,030	9,125	9,218	9,328	9,529
Total			12,535	13,780	13,828	14,002	14,302
RCT	DR	RADIOGRAPHER	7,309	8,332	8,586	8,762	9,053
	EE	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	60	62	61	61	58
	KT	CLINICAL TECHNOLOGIST	682	745	623	585	568
	KTG	GRADUATE CLINICAL TECHNOLOGIST	689	726	843	990	1,079
	RLT	RADIATION TECHNOLOGIST	10	8	8	8	7
	RSDR	RESTRICTED SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	1	2	2	2	2
	SDR	SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHER	100	130	115	112	104
	SKT	SUPPLEMENTARY CLINICAL TECHNOLOGIST	2	2	2	2	2
Total			8,853	10,007	10,240	10,522	10,873
SLH	AM	AUDIOMETRICIAN	1	4	4	4	4
	AU	AUDIOLOGIST	781	835	914	974	1,061
	GAK	HEARING AUCOSTICIAN	109	139	134	127	122
	SAU	SUPPLEMENTARY AUDIOLOGIST	1	1	1	1	1
	SGAK	SUPPLEMENTARY HEARING AID AUCOSTICIAN	2	4	4	4	4
	SGG	COMMUNITY SPEECH AND HEARING WORKER	7	6	4	4	4
	SGK	SPEECH AND HEARING CORRECTIONIST	3	4	3	3	3
	SHA	SPEECH AND HEARING ASSISTANT	3	3	2	2	2
	SSTA	SUPPLEMENTARY SPEECH THERAPIST AND AUDIOLOGIST	1	1	1	1	1
	ST	SPEECH THERAPIST	1,272	1,401	1,511	1,597	1,695
	STA	SPEECH THERAPY AND ADIOLOGY	1,450	1,638	1,647	1,615	1,592
	STB	SPEECH THERAPY ASSISTANT	1	1	1	1	1
Total			3,631	4,037	4,226	4,333	4,490
Grand Total			172,640	177,668	177,226	178,408	181,981

3.3.3 Maintenance of Registration

3.3.3.1 Only practitioners with an active registration status are eligible for practising their profession in South Africa.

3.3.3.2 In terms of Section 19(1)(c) of the Act, practitioners who are not practising their profession may request voluntary removal of their names from the register, such a request should reach Council prior to 31 March of the year they wished to be voluntarily removed (See Table 6).

Table 6: Removals, suspensions, and deceased

CATEGORY	NUMBER REGISTERED IN 2022/23	NUMBER REGISTERED IN 2023/24
Voluntary removal	646	464
Suspension for failure to pay annual fee	9 892	7 085
Instruction to remove registration.	88	34
Deceased	45	39
TOTAL	10 671	7 622

- 3.3.3.3 Practitioners who fail to renew their registration by paying the prescribed registration renewal fees, are suspended from the register in terms of Section 19A(1)(b) of the Act.
- 3.3.3.4 Practitioners may also qualify for exemption due to age when they reach an age that is stipulated in the policy for age exemption. Such an exemption allows the practitioner to continue practising their profession with an automatic renewal of their registration (See Table 6).
- 3.3.3.5 Practitioners may be exempted from paying fees, depending on the thresholds set by the Professional Boards. A total of 678 practitioners were granted such exemption during the reporting period, compared to 600, the previous year (See Table 7)

Table 7: Exemption from paying annual fees due to age

BOARD	Apr-20	Apr-21	Apr-22	Apr-23	Apr-24
DOH	18	16	16	14	25
DNB	8	9	5	6	10
EHO	9	5	5	2	10
EMB	3	3	5	4	2
MDB	385	364	373	385	416
MTB	36	35	30	29	38
OCP	6	2	6	10	6
ODO	6	8	7	8	16
PPB	14	19	15	16	23
PSB	53	52	59	73	81
RCT	53	30	42	38	44
SLH	12	6	5	15	7
TOTAL	603	549	568	600	678

- 3.3.3.6 The Registrar on requests from registered practitioners issued certificates in terms of Section 23 of the Act, which may enable practitioners to practise outside of South Africa. These are Certificates of Status, Certified Extract, Intern Duty Certificates and Verifications of Credentials. A total of 4 363 were issued during the reporting period, compared to 3 112 in the previous reporting period (See Table 8).
- 3.3.3.7 The division managed to improve the Turn-around-Time for the issuance of certificates from 10 working days to three months recorded in the previous financial year to an average of 5 to 10 working days in the 2023/24 financial year.

Table 8: Section 23 Certificates

CATEGORY	NUMBER 2022/23	NUMBER 2023/24
Certificate of Status	2 208	2 846
Certified Extract	293	465
Intern Duty Certificate	326	530
Verification of Credentials	285	522
TOTAL	3 112	4 363

- 3.3.3.8 A total of 7 973 registration category changes were processed in 2023/24 (compared to 8 059 during the previous reporting period) with an average turnaround time of 8 working days. Additional qualification applications were processed over five working days, on average (See Table 9).

Table 9: Changes in the practitioners; registration categories

CATEGORY	NUMBER RECORDED 2022/2023	NUMBER RECORDED 2023/2024
Registration category change	5 145	4 891
Additional category	54	44
Additional Qualification	2 065	2 229
Specialists	795	809
TOTAL	8 059	7 973

- 3.3.3.9 The Health Professions Act (Section 29) empowers Professional Boards to assess and register practitioners who hold qualifications not prescribed (foreign qualified applicants) in various registrations categories including postgraduate training, volunteers, and education. A total of 606 were accordingly registered in 2023/24, compared to 839 in the previous reporting period (See Table 10).

Table 10: Registration of persons holding qualifications not prescribed

CATEGORY	NUMBER 2022/2023	NUMBER 2023/2024
Foreign Qualified practitioners	653	406
Volunteer	124	157
Education in terms of Section 29	62	43
TOTAL	839	606

3.3.3.10 Practitioners whose registration has been held in abeyance due to suspension, removal, and erasure, may be restored upon meeting requirements as stipulated by each professional board, also taking into consideration the time a practitioner was off the register and therefore not practicing. Compliance with requirements for Continued Professional Development (CPD) is one of the key requirements for restoration. The number of practitioners restored are depicted in Tables 11(a), Table 11(b) and Table 11(c) below.

3.3.3.11 The division managed to achieve a turnaround time of five working days to 3 months depending on whether an application had to serve in the various structures of the relevant Professional Board for a decision prior to restoration.

Table 11(a): Restoration following suspension for failure to pay annual fees

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
DOH	DA	DENTAL ASSISTANT	55	1	20	43	54
	OH	ORAL HYGIENIST	5		5	8	16
	TT	DENTAL THERAPIST	11	3	9	12	18
Total			71	4	34	63	88
DNB	DT	DIETITIAN	17		8	20	26
	NT	NUTRITIONIST	3		2	1	
Total			20		10	21	26
EHO	HI	ENVIRONMENTAL HEALTH PRACTITIONER	29	5	15	30	26
	HIA	ENVIRONMENTAL HEALTH ASSISTANT					2
Total			29	5	15	30	28
EMB	ANA	AMBULANCE EMERGENCY ASSISTANT	31	2	10	42	21
	ANT	PARAMEDIC	2			2	
	BAA	BASIC AMBULANCE ASSISTANT	365	24	145	199	129
	ECP	EMERGENCY CARE PRACTITIONER				1	3
	ECT	EMERGENCY CARE TECHNICIAN	3		1	4	2
	OECO	EMERGENCY CARE ORDERLY	1		1	2	2
Total			402	26	157	250	157
MDB	CA	CLINICAL ASSOCIATE	16	5	5	25	24
	DP	DENTIST	30	2	31	40	28
	GC	GENETIC COUNSELLOR			1		
	IN	INTERN	25		18	59	50
	MP	MEDICAL PRACTITIONER	148	13	83	289	218
	MW	MEDICAL BIOLOGICAL SCIENTIST (CLOSED REGISTER)	2			1	
Total			221	20	138	414	321
MTB	GT	MEDICAL TECHNICIAN	19	1	9	28	25
	LA	LABORATORY ASSISTANT	6		3	6	10
	MLS	MEDICAL LABORATORY SCIENTIST				1	2
	MT	MEDICAL TECHNOLOGIST	19	5	9	19	19
	SLA	SUPPLEMENTARY LABORATORY ASSISTANT				1	
Total			44	6	21	55	56
OCP	AT	ARTS THERAPIST	2			2	
	OS	MEDICAL ORTHOTIST AND PROSTHETIST	3		3	11	5
	OSA	ORTHOPAEDIC TECHNICAL ASSISTANT (CLOSED REGISTER)	1			1	2
	OT	OCCUPATIONAL THERAPIST	14	3	5	26	20
	OTB	OCCUPATIONAL THERAPY ASSISTANT	1				
	OTT	OCCUPATIONAL THERAPY TECHNICIAN	8			7	2
Total			29	3	8	47	29
ODO	OD	DISPENSING TECHNICIAN	1		1	2	1
	OP	OPTOMETRIST	25	3	16	30	44
Total			26	3	17	32	45

PPB	BK	BIOKINETICIST	14	1	7	15	13
	CH	PODIATRIST			1	4	
	PT	PHYSIOTHERAPIST	28	2	13	38	28
	PTA	PHYSIOTHERAPY ASSISTANT	4		1	1	
	PTT	PHYSIOTHERAPY TECHNICIAN					1
Total			46	3	22	58	42
PSB	PMT	PSYCHOMETRIST	12		4	11	13
	PRC	REGISTERED COUNSELLOR	17		9	24	17
	PS	PSYCHOLOGIST	47	2	11	40	49
	PSIN	INTERN PSYCHOLOGIST	12	2	3	18	24
Total			88	4	27	93	103
RCT	DR	RADIOGRAPHER	30	6	13	50	32
	EE	ELECTRO-ENCEPHALOGRAPHIC TECHNICIAN	1			1	3
	KT	CLINICAL TECHNOLOGIST	9		3	11	7
	KTG	GRADUATE CLINICAL TECHNOLOGIST	1		1	5	5
Total			41	6	17	69	47
SLH	AU	AUDIOLOGIST	5		1		7
	GAK	HEARING AUCOSTICIAN	1			1	1
	ST	SPEECH THERAPIST	1		1	5	2
	STA	SPEECH THERAPY AND ADIOLOGY	3	1		8	3
Total			10	1	2	14	13
Grand Total			1,027	81	468	1,146	955

Table 11(b): Restorations following voluntary removal from the register

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
DOH	DA	DENTAL ASSISTANT	2		2		
	OH	ORAL HYGIENIST	1				1
Total			3		2		1
DNB	DT	DIETITIAN			2	1	
	NT	NUTRITIONIST	1				
Total			1		2	1	
EHO	HI	ENVIRONMENTAL HEALTH PRACTITIONER	1		2	1	1
Total			1		2	1	1
EMB	ANA	AMBULANCE EMERGENCY ASSISTANT	1		1		
	BAA	BASIC AMBULANCE ASSISTANT	11	1	1	1	
	ECA	EMERGENCY CARE ASSISTANT					1
Total			12	1	2	1	1
MDB	CA	CLINICAL ASSOCIATE		1	1	1	
	DP	DENTIST	3		1	2	1
	IN	INTERN	1				
	MP	MEDICAL PRACTITIONER	1		2	5	
	MS	MEDICAL BIOLOGICAL SCIENTIST					
Total			5	1	4	8	1
MTB	GT	MEDICAL TECHNICIAN					
	MT	MEDICAL TECHNOLOGIST	4		1		
Total			4		1		
OCP	OB	ORTHOPAEDIC FOOTWEAR TECHNICIAN				1	
	OS	MEDICAL ORTHOTIST AND PROSTHETIST	1		1		
	OSA	ORTHOPAEDIC TECHNICAL ASSISTANT (CLOSED REGISTER)					
	OT	OCCUPATIONAL THERAPIST	1		2	4	2
	OTB	OCCUPATIONAL THERAPY ASSISTANT	1				
Total			3		3	5	2
ODO	OP	OPTOMETRIST					1
Total							1
PPB	BK	BIOKINETICIST			1		
	CH	PODIATRIST			1		
	PT	PHYSIOTHERAPIST	1	1	3	2	
Total			1	1	5	2	

PSB	PMT	PSYCHOMETRIST		1			
	PRC	REGISTERED COUNSELLOR	1		1	2	
	PS	PSYCHOLOGIST	2				1
	PSIN	INTERN PSYCHOLOGIST			1		
Total			3	1	2	2	1
RCT	DR	RADIOGRAPHER	2		1	2	3
	KT	CLINICAL TECHNOLOGIST	1				
	KTG	GRADUATE CLINICAL TECHNOLOGIST					
Total			3		1	2	3
SLH	AU	AUDIOLOGIST	2				
	ST	SPEECH THERAPIST	1				1
	STA	SPEECH THERAPY AND ADIOLOGY			1		
Total			3		1		1
Grand Total			40	4	25	22	12

Table 11(c): Restorations following suspension/removal due to unprofessional conduct

BOARD	REG CODE	REG NAME	Apr-20	Apr-21	Apr-22	Apr-23	Mar-24
MDB	IN	INTERN	3			1	
	MP	MEDICAL PRACTITIONER	2	1	1	4	3
Total			5	1	1	5	3
PSB	PS	PSYCHOLOGIST	2				
Total			2				
Grand Total			7	1	1	5	3

3.4 Professional Practice

3.4.1 CPD

The CPD programme is managed according to Section 26 of the Health Professions Act, 56 of 1974 CPD Rules and its Guidelines. The following are highlights of what was achieved during the reporting period:

- * A total of 1,847,434 service requests/ incidents were received during the reporting period. All requests were processed on average in 3.7 days (See Figure 1 below);
- * A total of 21,002 spreadsheets were received and uploaded from CPD Service Providers, for bulk uploading onto HPCSA's system;
- * An average 42,332 registered health practitioners engaged the CPD online portal, which is about 23% utilisation rate (that is 42 332/181 000).

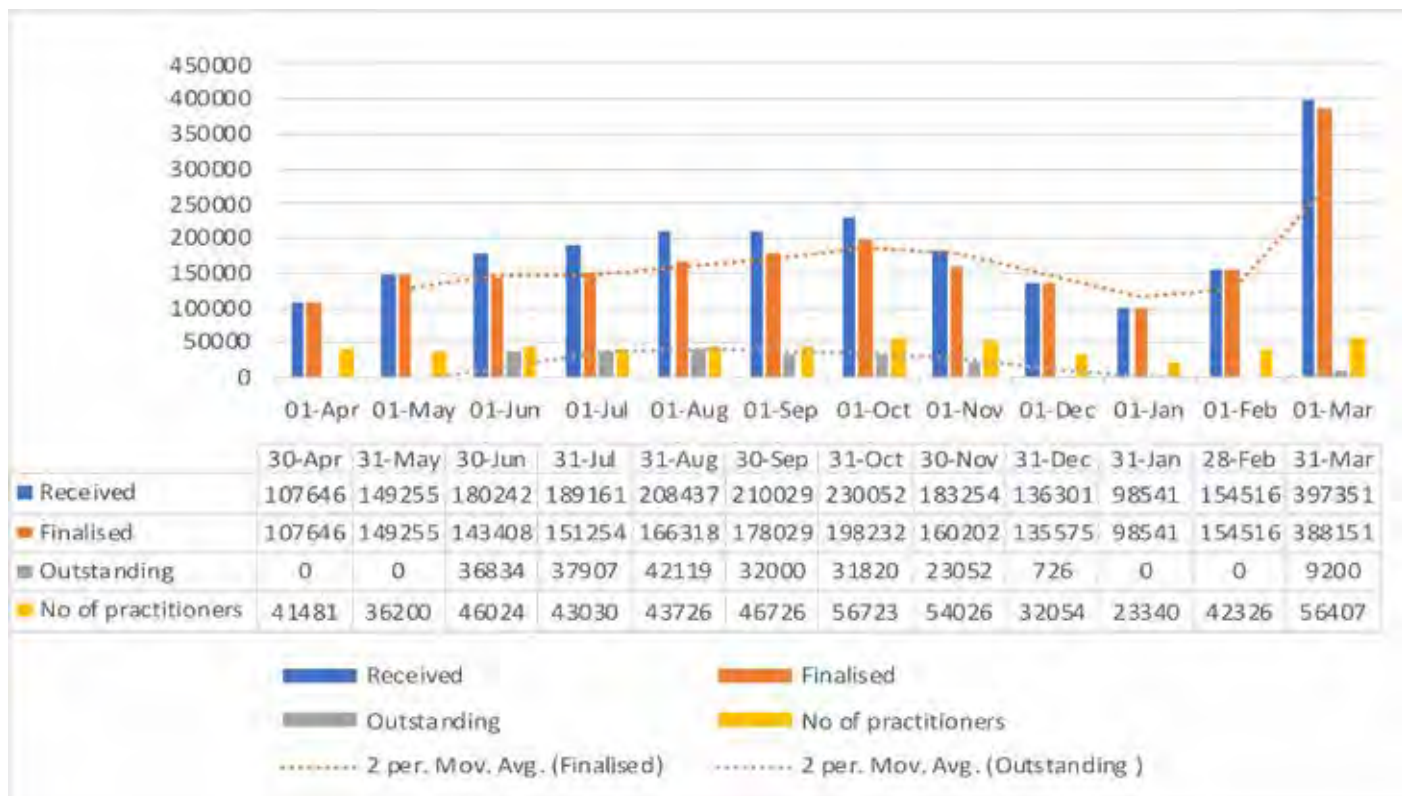


Figure 1: CPD workload management

3.4.2 Regulatory tools for ethics, CPD and business practice

In terms of the regulatory tools impacting registered practitioners, the following were amended or revised:

- * Ethical rules of conduct were finalised in November 2023. However, Council resolved to rescind the changes made to Ethical rule 18 in order to provide additional opportunity for consultation;
- * Additional revisions were conducted on Patient's Right Charter (Booklet 3), Guidelines for the Management of Chronic Diseases (Booklet 6), Guidelines for Withholding and Withdrawing Treatment (Booklet 7) CPD Guidelines for Practitioners and Accreditors, Policy on Sponsorship, Commercial Interest and fees and the Business Practices Policy;
- * The turnaround time for responding to correspondence, in the reporting period averaged two (2) days for the total of 3 525 enquiries received (See Figure 2 below).

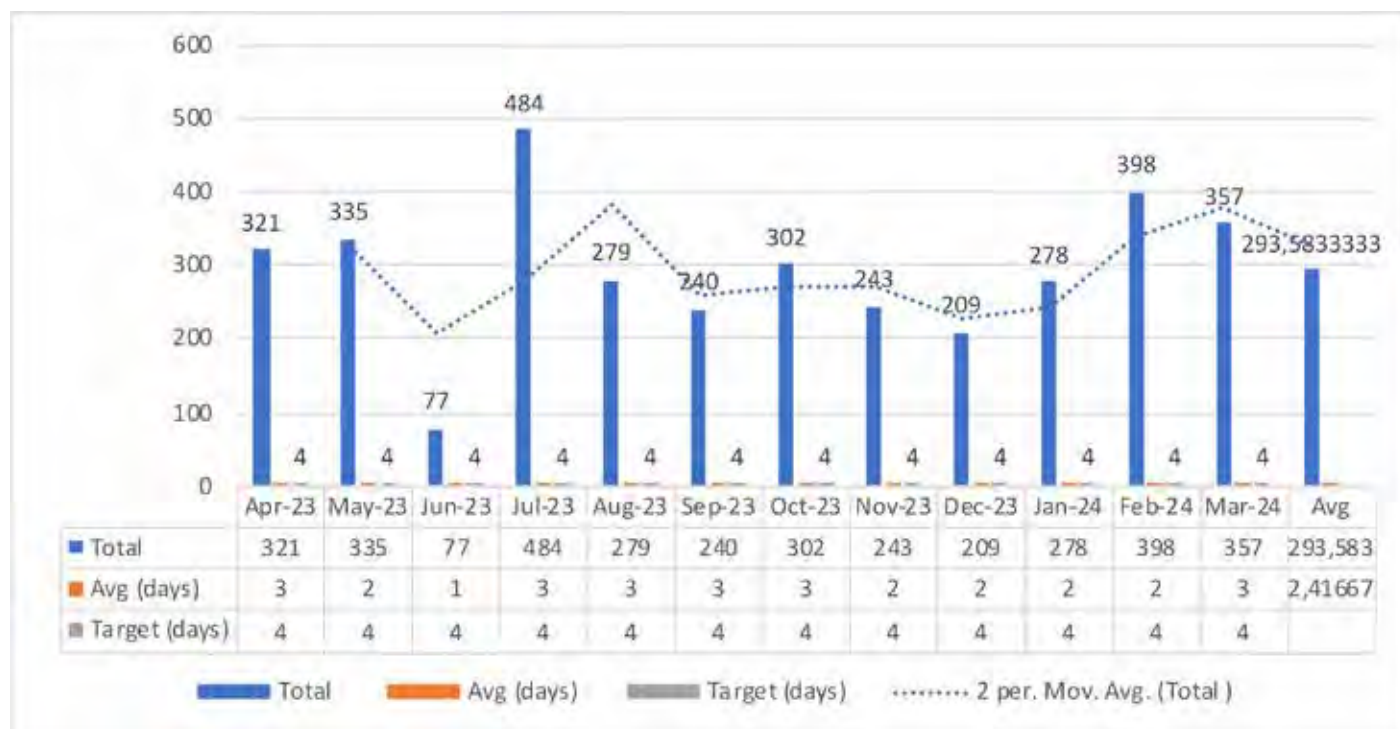


Figure 2: Management of correspondence seeking guidance and advice

3.4.3 Management of practitioner's impairment (inclusive of students)

- 3.4.3.1 The management of practitioners' impairment is conducted in line with the regulations defined in terms of Section 51 of the Health Professions Act No. 56 of 1974
- 3.4.3.2 An average of 19 new cases were reported per month during the reporting period for the health committees' consideration, pertaining to allegations of impairment of registered practitioners.
- 3.4.3.3 Most of the cases (about 63%) were in relation to practitioners falling under the Medical and Dental Professions Board (MDB) Health Committee, while the remainder (37%) were with the Inter-Board Health Committee covering the other 11 Professional Boards.
- 3.4.3.4 On average, 46 active cases would be processed by both committees in each committee meeting (See Figure 3 below).



Figure 3: Summary of Health Committees case load

3. DEPARTMENT: LEGAL AND REGULATORY AFFAIRS

1. INTRODUCTION

The Department: Legal and Regulatory Affairs (LRA) consists of six (6) divisions: The Office of the Head of Department, Complaints Handling and Investigation, Professional Conduct Inquiry, Legislative Drafting Division, Inspectorate and Road Accident Fund Division.

1.1. The Office of the Head of Department

This division manages the performance of the LRA Department. It provides strategic direction in line with Council's Strategic Plan and the Annual Performance Plan. It also serves to monitor the deliverables targeted in the Annual Operational Plan.

1.2. Complaints Handling and Investigation

This division receives complaints on allegations of unprofessional conduct lodged with the Registrar against a person registered under the Act. The Complaints Handling and Investigation Division is further divided into four (4) sections: Complaints Handling and Analysis, Chief Mediator, Preliminary Investigation and Charge Office.

1.2.1. Complaints Handling and Analysis

Its functions are to receive, peruse, analyse, register, and allocate complaints according to their significance and seriousness. Complaints of minor transgressions are allocated for mediation to the Chief Mediator. Other complaints are assigned for Preliminary Investigation and other relevant authorities.

1.2.2. Chief Mediator

Chief Mediator Office mediates in cases of minor transgressions referred to him/her by the Registrar for mediation. "Minor transgression" 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.

1.2.3. Preliminary Investigation

Complaints of serious transgressions are investigated and the results are presented to the Preliminary Committee of Inquiry ("PCI"). There are three type of investigation approaches used depending on the case at hand:

- Routine Investigation
- Section 41A investigation
- Precautionary suspension

1.2.4. Charge Office

This Office is responsible for providing the following functions:

- Executes penalties imposed by the Preliminary Committees of Inquiry ("PCI").
- Provide legal support to Preliminary Committees of Inquiry
- Communicate charges and the resolution to respondent.

1.3. Professional Conduct Inquiry

Professional Conduct Inquiry acts as a proforma complainant in the prosecution of complaints referred by the Preliminary Committees of Inquiry. A committee called the Professional Conduct Committee presides over the prosecution of such complaints.

1.4. Road Accident Fund Division

This Road Accident Fund Division was established to render Secretariat support to the Road Accident Fund Appeal Tribunal. In terms of Regulation 3 of the Road Accident Fund Regulations, the Health Professions Council of South Africa is the custodian of the Road Accident Fund Appeal Tribunal. The Appeal Tribunal is an independent adjudicator of disputes relating the seriousness of injuries sustained in motor vehicle accidents.

1.5. Inspectorate (Law Enforcement)

The mandate of the office is to enforce compliance through conducting inspections of registered practitioners and investigation of illegal practices by unregistered persons. Inspections are conducted at the practices of the registered practitioners, including those who are suspended or removed from the registers to ensure compliance with sanctions imposed by professional misconduct committees not to practise until their registration are restored.

1.6. Legislative Drafting Division

The primary role of this division is to draft and review legislation (rules and regulations). This division also deals with the vetting of contracts, provision of legal opinions and the management of litigations for and against Council.

2. STRATEGIC FOCUS

Chapter 1 of the Health Professions Act 56 of 1974 on establishment, objects, functions and powers of the Health Professions Council of South Africa and of Professional Boards, in Section 3 states that the objects and functions of Council are :

"(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".

In line with Section 3 on Objects and Functions of Council, the following Departmental Strategic Objectives/Goals were agreed upon during the Strategic Session held in June 2023:

- Efficient complaints handling and investigation.



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Head of Department: Legal and Regulatory Affairs

- Ensure an effective alternative dispute resolution of complaints.
- Effective and efficient legal advisory services and prosecution of complaints against practitioners.
- Ensure relevance Ethical Rules/Guidelines Reviews to the changing healthcare landscape.
- Effective and efficient compliance enforcement.
- Effective and efficient system of assessment of the appeals of serious injuries by the RAF Tribunal.

3. PERFORMANCE REPORTS OF THE DEPARTMENT: LEGAL AND REGULATORY AFFAIRS (LRA)

3.1. The Office of the Head of Department

At a strategic level of Council, the LRA is contributing to strategic goal 4 which is to "Strengthen the service delivery environments of the HPCSA", sub-strategic goal 4a, being "Improved Professional Conduct Processes". For the 2023/24 financial year the Key Performance Indicator was "Case Clearance rate at Preliminary Investigations. This annual target was achieved at 77,9% (839/1076).

At the departmental level, as it would appear more detailed on the sections below, despite challenges relating to resources shortages we managed to achieve all our Key Performance Indicators as per the Operational Plan of the department. The efficiencies that we have implemented in the department have borne some fruits in a form of savings and improved case clearance. At CHI we managed to make savings of collected R3 728 400 of the fines imposed by the Preliminary Committees of Inquiry. On Investigations we cleared 77,9% (839/1076). At mediation 98% (634/648) of complaints were finalised through electronic mediation. This meant that we saved costs associated with physical mediation.

At Prosecution revenue we collected R2 251 000. We only carried over to the 2023/24 financial year a total of 171 matters which is an decrease from 224 matters carried forward into the 2022/23 financial year. Conviction rate of 64.65% (75/116). At Legislative Drafting we drafted 100% (14/14) rules and regulations presented to us within 7.2 days. At RAF, 4617 disputes were received, 145 meetings were held in which 3 259 were finalised. At Inspectorate Office we conducted 1 987 compliance inspections against the annual target of 9 336.

The Department: Legal and Regulatory Affairs demonstrated strong performance across various functions, notably in legislative drafting and RAF dispute resolution. The department has effectively managed case clearances and mediation, achieving high clearance rates and saving costs. However, there is room for improvement in compliance inspections and reducing the number of matters carried over. The prosecution unit has maintained a solid conviction rate, contributing significantly to the department's overall success.

3.2. Complaints Handling and Investigation

During the period under review, the HPCSA received 1 820 new complaints with their trends detailed below.

Table 1

Complaints received	2020/21	2021/22	2022/23	2023/24
Total number of complaints received by HPCSA	1 458	1 503	1 675	2 041
Total registered	1 395	1 421	1 554	1 820
Complaints referred for Preliminary Investigation	987	893	1 065	1 076
Complaints referred to Chief Mediator for Mediation	408	528	489	744
Complaints resolved at Perusal and analysis stage	63	82	98	162
Anonymous			23	59

- **1,820** complaints were **registered** and were allocated as follows:
 - > 1 076 (52,7%) were referred for Preliminary Investigation and
 - > 744 (36,5%) for Mediation
- the balance of 221 complaints were dealt with as follows:
 - > 162 (7,9%) were resolved at perusal and analysis stage and
 - > 59 (2,9%) were received as anonymous and required investigation to establish more facts in terms of Section 41A.

Table 2

Mechanism of Receipt (Platform)	No. of Complaints	Percentage
Online	1 130	62,09%
Email	667	36,65%
Walk-ins	23	1,26%
TOTAL	1 820	100%

For the period under review as per **Table 2**:

- 62.09% of the complaints were received through the HPCSA online platform,
- 36.65% were received through the emails,
- 1.26% were received through walk-ins.

There was an increase in the use of the online system by the public from 26% during the 2022/23 financial year to 62% in the 2023/24 financial year. There are however challenges experienced as the members of the public do not provide adequate information.

Table 3

Source of Complaint	No. of Complaints	Percentage
Members of public	1 487	81,70%
Practitioner	109	5,99%
Medical aid scheme	57	3,13%
Legal representative	47	2,58%
Chief Mediator	47	2,58%
Inspectorate	37	2,03%
Anonymous	20	1,10%
HPCSA internal departments	9	0,49%
Other entities	7	0,38%
TOTAL	1 820	100%

Based on **Table 3** above, the percentage of complaints received from members of the public was the highest at 81.70% followed by complaints received from practitioners at 5.99%.

Table 4

Top 12 Nature of Complaints	No. of Complaints	Percentage
Negligence	319	17,53%
Medical Reports	219	12,03%
Incompetence	189	10,38%
Insufficient Care	144	7,91%
Accounts	140	7,69%
Communication	102	5,60%
Charging For Services Not Rendered	80	4,40%
Billing	57	3,13%
Informed Consent	54	2,97%
Financial Informed Consent	51	2,80%
Medical Records	32	1,76%
Patient Abandonment	31	1,70%
Other Categories	402	22,09%
TOTAL	1 820	100%

Table 4 illustrates that complaints of negligence were the highest at 17.5% and medical reports at 12.3%. The trend has not changed as compared to 2022/23 financial year. Incompetence and Insufficient care were at 10.3% and 7.9% respectively.

Table 5

Table 5: Complaints Registered per Board	Number Received	Percentage	Number of Practitioners in the Board
Medical and Dental Board (MDB)	1 467	80,6%	58,840
Psychology Board (PSB)	116	6,37%	14,063
Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy (OCP)	44	2,42%	7,496
Physiotherapy, Podiatry and Biokinetics (PPB)	43	2,36%	11,296
Emergency Care Practitioners (EMB)	37	2,03%	41,584
Optometry and Dispensing Opticians (ODO)	31	1,70%	4,330
Dental Therapy and Oral Hygiene (DOH)	23	1,26%	4,235
Speech, Language and Hearing Professions (SLH)	20	1,10%	12,413
Dietetics and Nutrition (DNB)	16	0,88%	4,175
Radiography & Clinical Technology (RCT)	15	0,82%	6,192
Medical Technology Board (MTB)	8	0,44%	7,496
Environmental Health Practitioners (EHP)	0	0%	4,396
TOTAL	1 820	100%	176,516

Table 5 above reflects the number and percentage of complaints registered per Board. MDB remains the highest of the **twelve (12)** Boards.



Figure 1 above reflects that of the 1 820 registered complaints, **1 738 (95.5%)** were registered against practitioners that were practising in the private sector (either in private hospitals or own private practice) while **82 (4.5%)** were against practitioners practising in the public sector which is consistent with the previous financial year.

3.2.1. Complaints Handling and Analysis

Table 6

Key Performance Indicator (KPI)	Target	2023/2024 Performance
Number of complaints received	N/A	2,041
Number of complaints registered	N/A	1,820
% Complaints resolved at perusal and analysis	2,5%	7,9%
TAT perusal, analysis and categorisation of complaints	3 days	0.2 days (Range of 0-1 days)
TAT for screening of complaints	2 days	0 days (Range 0-1 days)

This is in line with the targeted Key Performance Indicators.

3.2.2. Preliminary Investigation

Table 7

Key Performance Indicator (KPI)	Target	2023/2024 Performance
Total number of complaints received	N/A	1,076
Total number of Precautionary Suspensions	N/A	2
Average TAT for investigation of complaints	150 days	73.4 days
Total number of complaints still under investigation	N/A	237
% Of opens cases > 150 days (5 months)	20%	5,1% (12/237)
Case clearance rate-Preliminary investigation	Annual 60%	77,9% (839/1,076)

The above table reflects the following:

- The average TAT for investigation of complaints improved from 86 days in 2022/23 to 73,4 days in 2023/24.
- The percentage of open cases which are more than five (5) months has significantly improved from 12,9% to 5,1%. This reflects that Council is striving not to create backlog. Significant progress has thus been achieved.
- The number of cases which would be carried over to 2023/24 are 237 as compared to 324 in 2022/23 financial year.

3.2.3. Charge Office (Execution of penalties imposed by the Preliminary Committee of Inquiry)

The Office is responsible for providing the following functions:

- o Provide legal support to Preliminary Committees of Inquiry
- o Formulate charges in writing.
- o Communicate charges and the resolution to respondent.
- o Stipulate that the penalty must be accepted/rejected within 14 days upon receipt of the communication.
- o Monitor compliance.
- o If Charges are accepted, proof of compliance must be forwarded by the respondent and the matter will then be considered finalized.
- o If the charge is rejected or no response is received by the due date, the Registrar must arrange for an inquiry to be held into the professional conduct of the respondent and the charges be formulated.

Table 8

Key Performance Indicator (KPI)	2023/2024 Performance
Total files received	350
Total number of charge sheets drafted and communicated (8 matters were referred back to Prelim for clarity)	331 (19 files uploaded after the financial year)
Average TAT-drafting of charge sheets	2 days
Minimum TAT	1 day
Maximum TAT	7 days
Caution	88
Reprimand	2
Caution and reprimand	6
Caution and Fine	7
Fines	239
Total amount of fines imposed	R6,743,000
Charges accepted	264
No response to charges	19
Charges rejected	38
Files closed	231
Referred to Finance	130
Referred to Inquiry	84
Total Amount Collected	R3,728,400

3.2.4. Chief Mediator

The Office of the Chief Mediator was established to mediate complaints 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.

The Office of the Chief Mediator considers any referred matter and mediates between parties. This is done with a view of making a determination to resolve the matter between the parties. In the event where either party does not agree to abide by the determination, the matter is referred to the Registrar for preliminary investigation.

Table 9

Key Performance Indicator (KPI)	No. of Complaints	Total	Percentage
No. of registered complaints received by Chief Mediator 2023/24 (Refer to Table 1)	744	1,820	36,5%
Case Clearance 2023/24 (Complaints finalised)	648	744	87%
Finalised <70 days	571	648	88%
Average TAT for mediation of complaints	648	35 days	
Mediation success rate (Finalised through Mediation)	604	648	93%
Referred to Preliminary Investigation	44	648	7%
Finalised without requiring virtual/contact mediation	634	648	98%
Case Clearance (2022/23)	589	589	100%

Table 10

Top 12 Nature of Complaints referred for Mediation	No. of Complaints	Percentage
Medical report/ records	175	23,52%
Accounts	155	20,83%
Insufficient care	124	16,67%
Communication	96	12,90%
Informed financial consent	60	8,06%
Billing	59	7,93%
Patient abandonment	20	2,69%
Failure to furnish patient with statement	15	2,02%
Professional Reputation of Colleagues	6	0,81%
Over servicing	5	0,67%
Patient dignity and integrity	4	0,54%
Inaccurate Record Keeping	3	0,40%
Other complaint categories	22	2,96%
TOTAL	744	100%

The above table shows that medical reports /records and accounts continue to be the highest followed by the complaints related to insufficient care.

Table 11

Manner in which matters were finalised at Mediation	No. of Complaints	Percentage
Electronic mediation	570	88,0%
Referred to Prelim	44	6,8%
Virtual/Contact Mediation	13	2,0%
Withdrawn	13	2,0%
Cancelled	6	0,9%
Duplicate	2	0,3%
Total	648	100%

Of the 744 complaints referred for mediation in the period under review, 648 complaints were finalised as per the table above. Electronic mediation which comprises telephone and email communication remained the main manner through which matters were finalised.

Table 12

Mode of closure per nature of complaint	Electronic Mediation	Referred for Prelim	Contact/Virtual Mediation	Withdrawn	Cancelled	Duplicate	Open	Grand Total
Medical report/ records	141	9	-	2	1	1	21	175
Accounts	121	7	1	4	2	1	19	155
Insufficient care	83	16	4	2	2	-	18	125
Communication	71	5	5	1	-	-	14	96
Informed Financial Consent	51	-	1	1	-	-	7	60
Billing	42	4	1	2	-	-	10	59
Patient abandonment	16	2	-	-	1	-	1	20
Failure to furnish patient with statement	15	-	-	-	-	-	-	15
Professional Reputation of Colleagues	4	-	-	1	-	-	1	6
Over servicing	2	1	-	-	-	-	2	5
Patient dignity and integrity	4	-	-	-	-	-	-	4
Inaccurate Record Keeping	3	-	-	-	-	-	-	3
Other categories	17	-	1	-	-	-	3	21
Grand Total	570	44	13	13	6	2	96	744
Total	396	22	22	10	10	10	3	453

Electronic mediation remains the main mode in which complaints are closed. It is also evident that some of the Insufficient Care complaints, which were previously referred for preliminary investigation continue to be finalised through electronic mediation.

3.3. Professional Conduct Inquiry

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

Table 13

Summary of finalised matters according to penalties	2020/21	2021/22	2022/23	2023/24
Fines Imposed at inquiry	90	66	62	70
Acquittals	59	60	43	37
Admission of Guilt Fines - Regulation 4(9)	43	30	10	15
Caution and Reprimand	27	7	8	15
Finalised by HoD	38	43	21	10
Defence Objection Upheld	0	4	7	7
Finalised at Prelim	04	27	17	5
Suspensions	32	28	17	4
Erasures	30	4	2	3
Finalised at Health Committee	0	0	1	3
Payment for costs of proceedings to be paid	0	0	0	0
TOTAL	323	269	188	169

Table 14

Breakdown of finalised matters per Professional Board	2020/21	2021/22	2022/23	2023/24
Medical and Dental	209	191	137	122
Psychology	24	33	11	12
Occupational Therapy, Medical Orthotics and Prosthetics	10	7	5	9
Dental Therapy and Oral Hygiene	8	2	5	7
Physiotherapy, Podiatry and Biokinetics	11	03	2	5
Speech, Language and Hearing	4	07	3	4
Dietetics	7	01	1	4
Emergency Care Personnel	23	14	8	2
Optometry and Dispensing Opticians	16	7	7	2
Medical Technology	0	1	7	1
Radiography and Clinical Technology	11	03	2	1
Environmental Health	0	0	0	0
TOTAL	323	269	188	169

Table 15

Breakdown of finalised matters per offence	2020/21	2021/22	2022/23	2023/24
Insufficient Care/Treatment and Mismanagement of Patients	32	47	28	36
Negligence	45	42	39	23
Overcharging / charging for Services not Rendered	43	23	13	22
Fraud and theft	51	27	17	14
Undesirable Business Practice	0	0	9	9
Contempt of Council	5	1	4	9
Over servicing	3	6	2	8
Practicing Outside Scope of competence	16	7	4	7
Unacceptable/Inappropriate Relationship with Patients	12	11	16	6
Fraudulent Certificates/Incorrect Information on Death Certificates	5	17	21	6
Issues relating to Consent	15	8	9	6
Bringing the Professions into disrepute	17	16	9	6
Incompetence	25	19	8	4
Employing unregistered practitioners	17	12	1	4
Misdiagnosis	5	8	2	3
Unethical dispensing, using of unregistered medicine and prescribing of drugs	2	0	0	2
Practicing without registration	2	1	1	1
Unethical Advertising	1	4	0	1
Refusing to treat patients	7	7	0	1
Supersession	2	1	0	1
Damaging Professional Reputation of Colleague	4	3	3	0
Refusing to complete forms / producing inaccurate reports	3	3	1	0
Breach of confidentiality	1	5	1	0
Contravening the Hazardous Substances Act, 1973	0	1	0	0
TOTAL	313	269	188	169

3.4. Road Accident Fund Division

Table 16

RAF Tribunal	2020/21	2021/22	2022/23	2023/24
Matters received	1,905	1,838	3,243	4,617
No. of meetings	117	96	101	145
Serious	1,046	617	608	1,020
Non serious	2,433	1,415	1,651	2,239
Deferred	393	272	245	320
Withdrawn	77	36	19	42
Finalised	3,479	2,032	2,259	3,259

Contested claims for serious injury are referred to the HPCSA Appeal Tribunals for final determination. During the period under review 4,617 disputes were received 145 meetings were held and 3 621 matters were dealt with of which 3 259 cases were finalised.

3.5. Inspectorate (Law Enforcement)

The Inspectorate Office performed as follows:

Table 17

Key Performance Indicator	2020/21	2021/22	2022/23	2023/24
Compliance inspections conducted	4,056	3,386	2,727	1,987
Investigation of unregistered persons	804	732	667	497
Total received	914	806	734	639
Percentage achieved	88%	91%	89%	77%
Outstanding fines finalised	5	7	0	0
Total received	6	7	0	0
Percentage achieved	83%	100%	N/A	N/A

Table 18

Joint inspections with other Law Enforcement Agencies	2020/21	2021/22	2022/23	2023/24
Joint inspections/operations	53	24	25	23
Stakeholders engaged	82	55	50	48
Awareness campaigns	37	21	23	15

3.6. Legislative Drafting Division

3.6.1. Key Policy Development and Legislative Changes

3.6.1.1. Regulations

During the reporting period the following regulations were submitted to the Minister of Health for final promulgation into law: -

Table 19

Date of Submission	Regulation
24 August 2023	Regulations defining the scope of the profession of dietetics.
22 January 2024	Regulations relating to the names that may not be used in the profession of optometry and dispensing opticians.
12 March 2024	Regulations defining the scope of the professions of Medical Orthotists and Prosthetists.
13 March 2024	Regulations defining the scope of the profession of Arts Therapy.
13 March 2024	Regulations defining the scope of the profession of Orthotics and Prosthetics Technicians.
13 March 2024	Regulations relating to the registration of Inter Arts Therapists.

During the reporting period the following regulations were published for comment: -

Table 20

Date of Publication	Regulation
14 April 2023	Regulations relating to the Constitution of the Professional Board for Environmental Health Practitioners.
28 April 2023	Regulations relating to the registration by Dental Therapists and Oral Hygiene of Additional Qualifications.
28 April 2023	Regulations relating to the qualifications for the registration of Graduate Clinical Technologists: Amendment.
18 May 2023	Regulations relating to the registration of Orientation and Mobility Practitioners.
26 May 2023	Regulations relating to the registration of Technicians in Clinical Technology.
18 August 2023	Regulations relating to the evaluation and accreditation of training in educational and training institutions.
01 September 2023	Regulations relating to the registration by optometrists of additional qualifications.
09 February 2024	Regulations relating to the performance of community service by persons registered in terms of the Act.
15 March 2024	Regulations relating to the qualifications for the registration of optometrists.

During the reporting period, the following regulations have been finally promulgated into law: -

Table 21

Date of Final Promulgation into Law	Regulation
26 May 2023	Regulations relating to the registration of Technicians in Clinical Technology.
09 June 2023	Regulations defining the scope of the profession of Clinical Technology.
23 June 2023	Regulations relating to the conduct of inquiries into alleged unprofessional conduct under the Act.
04 August 2023	Regulations defining the scope of the profession of Nutritionists.
20 October 2023	Regulations relating to the names which may not be used in the professions of Dietetics and Nutrition.
09 February 2024	Regulations relating to the qualifications for the registration of Radiographers.
23 February 2024	Regulations defining the scope of the profession of dietitians.

3.6.1.2. Rules

During the reporting period, the following rules were published for comment: -

Table 22

Date of Publication	Rules
02 June 2023	Rules relating to fees payable to Council.
14 July 2023	Rules relating to the registration by Medical Practitioners and Dentists of Additional Qualifications.
08 December 2023	Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974.
16 February 2024	Rules relating to continuing education and training for registered health practitioners.

During the reporting period, the following rules have been finally promulgated into law: -

Table 23

Date of Publication	Rules
17 November 2023	Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974.
08 December 2023	Rules relating to fees payable to Council.
09 February 2024	Rules relating to fees payable to Council.

Other Notices:

During the reporting period, the following notices were published: -

Table 24

Date of Publication	Notice
18 May 2023	Notice inviting nominations for appointment of members of the professional boards in vacant positions in the professional boards.
14 July 2023	Notice publishing a list of classified and certified psychological tests.
31 July 2023	Notice inviting nominations for appointment of members of the professional boards in a vacant position in the professional board for psychology.
08 December 2023	Notice of valid nominations for the appointment of members of the professional boards.
09 February 2023	Notice of Annual Fees for 2023 / 2024 financial year.

4. CONCLUSION

As a department, we are pleased to have contributed immensely towards Council's financial sustainability through the savings that are as a result of our effective ways of doing business. In the same manner we contributed to the achievement of Council's legislative mandate of protecting the public and shall continue to do so in the next financial year.

4. DEPARTMENT: CORPORATE SERVICES FACILITIES AND INFRASTRUCTURE MANAGEMENT

INTRODUCTION

The Facilities Management Division is a support division that offers services to HPCSA Core and non-core functional departments, employees and other stakeholders. This division is tasked with maintaining all HPCSA facilities to ensure that they remain functional, accessible, and safe. Activities include the development of new facilities, leasing, maintenance and cleaning of buildings, , installations, gardens, and the extension and upgrading of infrastructure in accordance with the organisation's needs.

Some of the objectives of the Facilities Management Division are:

- To provide adequate and safe physical infrastructure to support HPCSA operations.
- To sustain a safe and healthy environment by keeping buildings and their components in good repair and structurally sound
- To ensure compliance with the Occupational Health and Safety Act, 85 of 1993 and other statutory provisions in line with Facilities Management; and
- To preserve Council's investments in properties by continuously maintaining properties in line with Buildings Maintenance Plan and in accordance with the SANS10400 and Building regulations.

During the 2023/24 financial year, the Division: Facilities Management continued with the execution of its mandates, where a safe working environment for HPCSA employees, clients and other stakeholders accessing HPCSA premises was created, and also continued to maintain and upgrade HPCSA properties.

1. OPERATIONAL AREAS

The operational plan and risk registers were developed in accordance with the business requirements, and in line with the implementation of the approved property road map. The operational plan was executed and an overall score of 92% was achieved.

1.1. SIGNIFICANT RISKS AND RISK MITIGATION DURING 2023/24

• Loadshedding

Loadshedding continued to pose a threat to businesses operations, during this financial year temporary interruption of electricity supply has become a routine occurrence in South Africa, and HPCSA was also not spared. To mitigate against this risk, HPCSA has power backup generators in all its buildings, and these generators were serviced, maintained and tested in accordance with the manufacturer's specifications to ensure that they remained functional.

Furthermore, UPS in the Main Building was serviced, and batteries were replaced. While the redundant UPS in the Metroden Building was replaced. Loadshedding highlighted the need for HPCSA to invest in renewable energy power supply, such as Solar photovoltaic (PV). Energy audit and assessment were conducted, and costing was done for the system.

• Water supply:

Due to aging water infrastructure, the frequency of water supply interruption has been on the rise in Tshwane Metropolitan Municipality. To mitigate the risk, HPCSA has installed water storage tanks; with Metroden building having 15 000 litres capacity, enough to last for three days. However, main building can only last for 8 hours. To improve these controls, water borehole option is being investigated.

• Impact of public strikes to HPCSA operations

Due its proximity to the Union Building, in the event of public mass strikes marchers passes by the HPCSA buildings enroute to the union building can disrupt HPCSA operations. Sometimes the strikes can turn violent, interrupting HPCSA's operations. To mitigate this risk, HPCSA security has always remained alert, vigilant and cautious to provide direction to ensure the safety of Council's employees and its stakeholders.

• Vacancies

There has been a high turnover in the position of the Safety, Health and the Environmental Officer position. Two incumbents were appointed in the reporting period, one appointee did not complete her probation, and the other one resigned after his probation was confirmed to pursue better opportunities. The Supervisor: Facilities Management has been acting on the role while the position has been advertised.

• Damage to property due to accidents.

HPCSA main building is located at the corner of Hamilton and Madiba streets, there is a high rate of car accidents in this corner, some end up damaging HPCSA perimeter fence and property. To mitigate the risk, bollards were installed around the perimeter fences.

1.2. RENOVATIONS AND UPGRADES OF HPCSA OWNED PROPERTIES

HPCSA owns three properties under its Assets Register:

- The Main Building located in 553 Madiba Street in Arcadia, Pretoria- Housing the Office of the Registrar, Client Contact Centre, Finance and Supply Chain management, Corporate Service and Core-operation Departments.
- Metrodenpark Building located in 572 Madiba Street in Arcadia, Pretoria- Housing Legal and Regulatory Affairs Department and Company Secretariat Division.
- Garages Property



Head of Department: Corporate Services
Vacant

Many upgrades and improvements were carried out to preserve Council's investments and to ensure that these properties continue to support operations. Several building upgrades projects were initiated and implemented, and some are still on-going.

Renovation of the main building basement offices has been completed, Repainting of the Main Building exterior project was completed, Video Audio- conferencing system has been installed in Tshikudu boardroom, Council chamber installation to be completed in the next financial year. Schindler elevators were appointed for the lift replacement project of the main building, and implementation to take place in the next financial year.

The contractor to implement the interior offices renovation project has been appointed and work is in progress and the project is expected to be completed in the financial year.

2. Occupational Health Safety (OHS) challenges.

2.1. Occupation Health Safety

To maintain a safe working environment, OHS inspections were conducted, evacuation drills were conducted in both buildings. Only three incidents of IODs were reported, and all these incidents occurred outside of the HPCSA premises where employees were away with work. To improve fire compliance, inspectors from the city of Tshwane fire department were invited to inspect Council's buildings. Reports with findings and areas of improvements were provided.

One of the major findings was the non-compliance of the existing fire doors in each floor's main entrance. An instruction was issued for HPCSA to replace all main entrance doors with a two-hour fire rated doors in order to comply with current regulations. An RFQ has been advertised to appoint a contractor to replace all main entrance doors in order to comply.

DIVISION: INFORMATION AND TECHNOLOGY

The 2023/24 reporting period was marked by significant strides in consolidating and preparing for the finalisation of the current IT Strategic Plan, which spans from 2020/21 to 2025/26. This plan is pivotal in driving the digital transformation of the HPCSA.

One of the key initiatives during this reporting period was the enhancement of the Oracle Service Cloud. This included further integration between the Enterprise Business Suite (EBS) and Oracle Cloud Services. The uptake of the system by our practitioners increased dramatically, as they preferred online transactions, particularly for renewing registrations and paying fees, over in-person visits to our offices.

This surge in online activity has led to an unforeseen increase in license usage, temporarily halting the project while licensing issues were resolved. We are optimistic about resuming the project, which will enable the completion of this initiative and expand online processes within the HPCSA, including CPD compliance, enhanced case management, and the Management of Learning (MoL) system.

In preparation for the broader digital transformation, significant upgrades to our ICT infrastructure were necessary. These included the successful procurement of upgraded ICT network infrastructure and the enhancement of our Call Centre systems. The integration of artificial intelligence into the Call Centre is expected to reduce the volume of incoming calls significantly.

Cybersecurity remains a top priority. During the reporting period, we bolstered our defenses with the installation of a new firewall, enhanced backup systems for our Microsoft environments, and improvements to our Oracle Cloud Infrastructure. Additionally, the implementation of a Disaster Recovery (DR) Site ensures that, in the event of a disaster, HPCSA can recover swiftly and continue its operations with minimal disruption.

Overall, digital literacy within the HPCSA has markedly increased, and the use of IT systems has seen a substantial spike. As we continue on our digital transformation journey, our systems are becoming increasingly robust, resilient, and optimised for peak performance.

The members of the Division: Information and Technology



DIVISION: HUMAN RESOURCES MANAGEMENT

In the year under review the Human Resources Division endeavoured to focus on its employees and the improvement of its organisational culture. Following a culture and climate survey that had been conducted in previous years, interventions were put in place to improve the organisational culture. Monitoring of the implementation plan was done through bi-monthly reports. The Talent Management Framework and the Succession Management Policy were approved. This means that the current year will finally get to see implementation of succession management for critical and scarce positions. A total of three CCMA dispute in relation to PMDS and Recruitment processes ruled in favour of employer (HPCSA) and there was one disciplinary hearing that was concluded.

The relocation and travel assistance policy was under review, which will assist candidates and newly appointed employees coming from various provinces outside of Gauteng with their travel needs. There is a significant growth in the number of employees using Employee Assistance Programme (EAP) services compared to previous years. Engagements and participation rates during virtual counseling and wellness programmes has also risen and this was witnessed during stress management workshops, mindfulness training, and health coaching sessions. There has also been a successful implementation of new wellness programmes covering mental, physical, and financial health. These achievements demonstrate the positive impact that the EAP has had on the organisation and its employees, showcasing the program's value and effectiveness in fostering a supportive and healthy work environment.

Policy Development and Review

The following policies were reviewed and approved in the reporting period:

- Code of Conduct and Ethics Policy
- Acting and additional Allowance Responsibility Policy
- Disciplinary code and Procedure Policy
- Leave Policy
- Overtime Policy
- Succession Planning Policy

Employment Equity Status

The table below indicate the breakdown of employees by gender during the period under review. The HPCSA employs 97 males and 156 females out of a total number of 253 employees.

	CURRENT EMPLOYEE EE STATUS							
	Male				Female			
	African	Coloured	Indian	White	African	Coloured	Indian	White
Top Management	1	0	0	0	0	0	0	0
Senior Management	1	0	0	0	1	0	0	1
Professional qualified	27	1	2	0	24	0	2	0
Skilled	33	2	0	0	61	5	3	2
Semi-skilled	28	1	1	0	47	6	1	1
Unskilled	0	0	0	0	2	0	0	0
TOTAL	90	4	3	0	135	11	6	4

Employment changes

The HPCSA continues to fill positions within a reasonable timeframe. A total of ten (10) new appointments were made during the period under review. A total of five (5) internal employees got promoted.

LEVELS	Employment at beginning of period	Appointments	Terminations	Employment at end of the period
Top Management	1	1	1	1
Senior Management	6	0	3	3
Professional qualified	59	0	3	56
Skilled	99	8	3	106
Semi-skilled	89	1	1	85
Unskilled	2	0	0	2
Total	256	10	11	253

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 35.55%.

EE Level	Personnel Expenditure (Total Earnings & Total Company Contributions)	% Of total personnel cost *	No. of employees
Top Management	9,495,689.93	4.13	5
Senior Management	7,474,095.71	3.25	3
Professional qualified	82,795,183.99	36.00	59
Skilled	81,753,949.94	35.55	108
Semi-Skilled	47,842,526.33	20.80	95
Unskilled	615,585.37	0.27	2
Total	229,977,031.27	100	272

For the performance period 2023/24, staff were awarded 10 and 5 days leave for excellent performance, which was the achievement of a rating of an "A" and "B" respectively. The performance rating achievement of an "A" entails that the employee has by far exceeded the expected standard of performance and the percentage ranges between 90%-100%. The performance rating of a "B" means the employee has performed significantly above the expected performance standard and the percentage range for a "B" is 70%-89%.

Employees that were not assessed in the table below were due to various reasons like non-submissions of assessments, probation, and/or disputes.

EE Level	Employee Performance
Top Management	
Senior Management	2- A rating ,2- B rating, 1 – C Rating and 1 - Not assessed
Professional qualified	16- A rating and 25- B rating, 8- C rating, 1-D rating and 6 not assessed.
Skilled	29- A rating and 55- B rating, 6- C rating and 0- D rating, 1- on Probation and 9 Not assessed.
Semi-Skilled	40- A rating and 37- B rating, 5- C rating, – 2 on Probation and 3 Not assessed
Unskilled	1- A Rating and 1- B Rating

Staff Turnover

Turnover for the period under review was at 0.99%. Human Resources Division monitors the employee exits as it provides valuable insight on how the HPCSA can continue harnessing the skills and knowledge of employees and promote retention. Eight of the eleven employment terminations were due to resignations. One termination for retirement, and two terminations were for expiry of contract.

Reason	Number	% of total no. of staff leaving
Death	0	0
Resignation	8	0.72
Dismissal (misconduct & incapacity)	0	0
Retirement	1	0.09
Ill health	0	0
Expiry of contract	2	0.18
Total	11	0.99

TRAINING EXPENDITURE PER DIVISION

Monthly Expenditure	
Department/Division	Cost
April	0
May	1788-00
June	10037.95
July	128900
August	45331.06
September	3000
October	0
November	30000
December	0
January	25116
February	6000
March	183709-08
Total	R833 045.25

No of staff on various Training Interventions (Technical, Behavioral & Professional Update)			
Month	Technical	Behavioral	Professional Update
April	0	0	0
May	40	0	0
June	0	0	0
July	14	0	0
August	15	0	0
September	2	1	0
October	203	0	0
November	165	0	0
December	2	0	0
January	0	0	0
February	2	8	0
March	14	0	0
Total	457	9	0

Bursaries granted

Bursaries 2022/23	Total
2023/24	41

Training Budget 2022/23	
Budget	R1076 569.47
Expenditure	R833 045.25 + Virement of R168 516.61= R1001 561.86
Remaining Budget	R 75 007.61

Employee Wellness Programme

Problem Cluster by Gender

While females are typically more ready users of Employee Wellness Programme (EWP) services than males, they may present different issues than their male counterparts. The nature of these differences has potential value as a diagnostic aid about behavioural risk and its gender distribution within an organisation. The graph below shows the proportion of total problems presented by each gender, categorised into the main clusters of problems presented during the period under review. When reading this, it should be borne in mind that 74.5% of all cases presented during the period under review were for females and 25.5% were for males. Hence while the proportions of problems are presented in this way to be comparable, their actual numbers would, on average be higher for the gender that makes greater users of the EWP.

Risks mitigated: High - risk cases.

These cases presented with potential or imminent risk to self or others. They are provided in the table to the right as a proportion of total cases managed in this and the previous review. The table below shows these by risk level and risk reason.

High-Risk cases by Site

The table below shows the high-risk cases managed in this period by site, risk level and risk reason

Site Level	Risk Reason	Yellow	Orange	Red	Total
Employees	Substance Abuse	0	1	0	1
Employees	Suicidal	0	0	1	1
Total	0	1	1	2	0
Total	11	0.99	0.99	0.99	0.99

Impact on Work Performance

Key function of an EWP service is the minimisation of behavioural risk, both to the individual making use of the service and to the organisation. Identifying areas of high risk is, accordingly, a key component of the analysis of utilisation data. Each new case is evaluated for the extent to which it affects the overall work and social functioning of the caller. Using a 10-item scale of global functioning at work, clinical staff estimate the overall impact on the caller's work life. The number of cases falling into each of the relevant bands of this scale during the review period and the previous period is presented in the table below. The percentage of employees whose problems appear to be having a severe impact on their work is 5.3%. This compares to an ICAS average of 15.0% during the same period.

On Work Categor	Apr 2023 - Mar 2024		Apr 2022 - Mar 2023		ICAS Ave %
Negligible	6	15.8%	10	25.6%	15.8%
Moderate	1	2.6%	5	12.8%	9.8%
Significant	29	76.3%	20	51.3%	58.8%
Severe	2	5.3%	3	7.7%	15.0%
Inadequate information to assess impact	0	0.0%	0	0.0%	0.6%
Total	38	100.0%	38	100.0%	100.0%

Future HR plans / Goals

The HR division will be focusing on the following areas in the year 2024/25:

- Finalisation of the Organisational Structure review which started in the year 2023/24.
- Restoration of the Internship Programme
- Facilitation of the skills audit
- Implementation of the Talent Management Framework
- Development of a new Employment Equity Plan for the HPCSA
- Finalise review of the outstanding policies and SOP's
- Improving organisational culture significantly to boost employee well-being, engagement, and productivity.
- Ensure that leaders at all levels are committed to fostering a positive organisational culture.
- Acquisition of an e-Recruitment system that will automate various processes from applications to employment equity reporting.

5 DEPARTMENT: FINANCE AND SUPPLY CHAIN MANAGEMENT

5.1 FINANCIAL PERFORMANCE

The Department: Finance and Supply Chain Management 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 has 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 7,3% from R387,6 million to R415,9 million and investment revenue increased by 60,8% from R21,7 million to R34,9 million during the same period due to increase in investments and high prime interest rates.

The annual fees increased by 4,6% from R292,5 million to R306,1 million mainly due to the increase in membership fees. Registration fees received increased by 11,58% from R24,2 million to R27,0 million. Fees from penalties imposed on practitioners increased by 42,4% from R3,3 million to R4,7 million.

Annual fees – Prior year and Restoration fees continued to increase during the last financial year by 10,2% respectively indicating that practitioners who may have been suspended due to failure to pay annual fees choosing to come back onto the registers of the 12 Professional Boards.

EXPENSES

Operating expenses increased from R334,6 million to R369,2 million in the period under review and was due to the following:

- Council, Professional Boards and Committee meetings expenditure increased by 16,3% from R55,3 million to R64,3 million, due to an increase in the number of meetings required by Council, Professional Boards, and committees.
- Employment costs increased by 9,5% from R210,1 million to R230,1 million due to filling of essential vacant positions and annual salary increases.
- Information Technology costs increased by 16,2% from R16,2 million to R21,9 million.
- Strategic Project cost increased by 55,6% from R1,8 million to R2,8 million.
- Reversal of revenue due to suspension of membership because of non-payment by healthcare practitioners decreased by 20% from R14,2 million to R11,3 million.
- SIU expenditure was R1,1 million (2023 – R1,3 million) during the financial year.
- Consulting and professional fees - legal fees increased from R7,4 million to R10,5 million during the financial year.
- Bad debt provision (Credit loss allowance) increased by R1,9 million during the financial year.

SURPLUS GENERATED

The total comprehensive surplus for the year was R46,9 million for the year under review compared to a surplus of R53,9 million in the previous financial year. The comprehensive surplus was mainly due to:

- R17,7 million additional annual fee revenue generated.
- R3,9 million additional restoration revenue generated.
- R5,9 million additional registration revenue generated.
- R2,5 million additional evaluation revenue generated.
- R27,7 million additional interest received which will be ploughed back by Council into reserves to continue to strengthen Council reserves and improve Council's going concern status.

PROCUREMENT ACTIVITIES

The annual procurement spent totaled R50,3 million of which R44,2 million was Level 1 to Level 3 BBBEE spent, which constitutes 84 percent of overall procurement spent with a BBBEE recognition level of 104% at R55,7 million.

Linking performance with budgets

STRATEGIC GOAL 1: DIGITALLY ENABLED COUNCIL BY 2023/2024								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
CAPEX - IT Equipment	1 080 300	332 500			1 412 800	1 517 802	-105 002	-7%
CAPEX - Software work-in-progress (Oracle)	7 946 730				7 946 730	0	7 946 730	100%
IT operational expenditure	20 884 926	8 178 889			29 063 815	21 869 528	7 194 287	25%
Collaboration allowances (Council)	440 125				440 125	236 724	203 401	46%



Ms Melissa de Graaff

Head of Department: Finance and Supply Chain Management and Chief Financial Officer

Reason for variances:

Oracle Service Cloud system project is a multi-year project which started in 2021/22 financial year and is expected to be finalised in 2025/26 financial year.

Linking performance with budgets

STRATEGIC GOAL 2: MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
INCOME								
Annual Fees	288 327 660				288 327 660	306 045 943	17 718 283	6%
Registration fees	21 040 733				21 040 733	26 959 059	5 918 326	28%
Examination fees	9 362 366				9 362 366	7 815 495	-1 546 871	-17%
Accreditation training institution	168 056				168 056	136 000	-32 057	-19%
Evaluation Fees	3 651 877				3 651 877	8 292 316	4 640 439	127%
Penalties	4 194 117				4 194 117	4 699 723	505 606	12%
Sundry fee (Including Restoration fees)	16 374 109				16 374 109	21 728 465	5 354 356	33%
Other Income (Including Interest received)	29 359 862				29 359 862	40 246 897	10 887 034	37%
	372 478 782	0	0	0	372 478 782	415 923 898	43 445 116	12%
EXPENDITURE								
Council and Professional Board committees	84 884 508	27 948 341	-51 100	806 934	113 588 683	73 816 150	39 772 532	35%
Administration expenditure	56 003 488	23 172 748	-76 900	8 132 500	87 231 836	65 295 982	21 935 854	25%
Employee expenditure	213 662 985	2 487 432	128 000	19 473 662	235 752 079	230 073 598	5 678 481	2%
	354 550 980	53 608 521	0	28 413 096	436 572 598	369 185 730	67 386 867	15%

Reason for variances:

For the fourth time in 5 financial years, Council were able to collect 100% of budgeted revenue. Registration fees, restoration fees, evaluations and interest received was above budgeted amounts.

Council, Professional Boards and Secretariat continued with cost savings initiatives that resulted in significant savings.

Positive variance in employee expenditure was due to savings due to non-filling of non-key vacant positions.

Linking performance with budgets

STRATEGIC GOAL 3: IMPROVED RELATIONSHIPS BETWEEN COUNCIL AND ALL RELEVANT STAKEHOLDERS BY THE END OF THE TERM (2025)								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
Corporate Affairs	4 346 172				4 346 172	3 366 148	980 024	23%
International	2 297 823	250 000	-300 000	0	2 247 823	2 231 231	16 592	1%
Local	642 505	0	200 000	0	842 505	747 830	94 676	11%
AMCOA secretarial support	698 583		301 100		999 683	1 141 358	-141 674	-14%
AMCOA Conference	614 328		65 270		679 598	647 751	31 846	5%
Chief Mediator	80 550				80 550	72 389	8 161	10%
Inspectorate	2 483 247		250 000		2 733 247	2 933 043	-199 796	-7%

Linking performance with budgets

STRATEGIC GOAL 4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA - IMPROVED PROFESSIONAL CONDUCT PROCESSES								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
Appeal committees	652 709		61 000		713 709	222 092	491 617	69%
Preliminary committees	3 877 425	1 250 000	114 000		5 241 425	3 764 460	1 476 965	28%
Prelim Appeal Committees			-35 000	527 760	492 760		492 760	100%
Professional conduct Inquiries	18 051 751	1 250 000	-60 000		19 241 751	15 342 022	3 899 729	20%
Litigation (External Legal Firms)	5 817 647	4 400 000			10 217 647	5 678 695	4 538 952	44%
Prosecution	1 365 150		-250 000		1 115 150	12 338	1 102 812	99%
Complaints handling and investigations	1 246 301		30 000		1 276 301	474 778	801 523	63%

Reason for variances:

Above variances were due to improved efficiencies in Complaints Handling and investigation and prosecution sections.

Linking performance with budgets

STRATEGIC GOAL 5: A CAPACITATED PROFESSIONAL COUNCIL AND BOARDS TO DELIVER ON ITS FIDUCIARY RESPONSIBILITIES								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
Council and Professional Board committees	84 884 508	27 948 341	-51 100	806 934	113 588 683	73 816 150	39 772 532	35%
Preliminary committees	3 877 425	1 250 000	114 000	0	5 241 425	3 764 460	1 476 965	28%
Professional conduct Inquiries	18 051 751	1 250 000	-60 000	0	19 241 751	15 342 022	3 899 729	20%
Appeal committees	652 709	0	61 000	0	713 709	222 092	491 617	69%
Litigation (External Legal Firms)	5 817 647	4 400 000	0	0	10 217 647	5 678 695	4 538 952	44%

Linking performance with budgets

STRATEGIC GOAL 6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2022/2023								
Description	Budget 2023/24	Roll-over	Virements	Surplus	Adjusted 2023/24 Budget	Year-to-date actuals	Variances	% Variance
Council strategic projects (Organisational structure review)	1 200 000	2 763 623	-1 678 248		2 285 375	917 530	1 367 845	60%

6 DEPARTMENT: OFFICE OF THE REGISTRAR

ENGAGEMENTS BETWEEN COUNCIL AND REGIONAL, CONTINENTAL AND INTERNATIONAL STAKEHOLDERS

Stakeholder engagement remains a critical component of any organisation's operations in order to establish sustainable relationships with other relevant organisations. Engagement with relevant stakeholders improves the organisation's awareness of the internal and external factors which could negatively or positively affect the organisation, thereby assisting the organisation in its decision making to improve its operation.

In the financial year under review, Council supported and continues to support HPCSA's involvement in continental and international affairs. This is essential as these engagements are used as learning experiences as well as for benchmarking purposes

To achieve its Strategic Goal 3, Council participated in various international stakeholder engagements namely –

- i) The Federation of States Medical Board 111th Annual Meeting, which was held in May 2023 under the theme, "Building on Essentials". The meeting focused on developing strong, resilient regulatory framework that supports the mission of public protection. The conference subthemes covered a wide variety of regulatory issues. The various talks explored strategies for performance management in information-rich environments such as the regulatory authorities. The conference also shared best practices in the use of digital platforms, tools, and applications to oversee training and regulate practice. Enhanced regulatory processes using new and innovative technologies were also showcased. A focus area was how to get physicians adequately equipped to work in this increasingly digital ecosystem without compromising patient care and rights.

ii) AMCOA

The HPCSA continues to maintain and build relationships with other African countries to foster improved collaboration and synergy. The HPCSA aims to continuously expand its footprint within the African continent as a means of exchanging knowledge and skills. This will assist in improving the HPCSA in its delivery of services. Currently, the HPCSA is deemed to be an organisation that can be used in benchmarking to obtain and identify good practice. Council assisted with the following Councils on various areas of regulation, namely –

- Zimbabwe – ICT Governance
- Gambia – Professional Conduct Processes
- Eswatini – Ethical Guidelines
- Zambia – Core Functions of a Regulator
- Lesotho - Core Functions of a Regulator

The HPCSA also played a vital role as Secretariat for Association Medical Councils of Africa (AMCOA). This, the HPCSA did by organising the two flagship events namely –

- a) The 25th Association of Medical Councils of Africa (AMCOA) International Conference which was hosted by the Rwanda Medical and Dental Council from 04 – 07 September 2023 at Marriot Hotel, Kigali, Rwanda. The theme of the conference was: "Team Based Care and Regulation for the Attainment of Universal Health Care". The summary of the conference discussion was that the regulation and oversight of the health worker is crucial. This can be done through licensing and accreditation processes to ensure that healthcare facilities and professionals meet certain quality and safety standards. By monitoring and regulating healthcare providers, governments can ensure that the services provided are of high quality and contribute to the goal of universal health coverage. For Africa, achieving universal health coverage requires multi-faceted approach and a long-term commitment to improving healthcare access and quality. By employing these tools effectively, governments can work towards the attainment of universal health coverage and improve the overall well-being of their populations.
- b) The 10th Annual Capacity Building Workshop, was held in Lilongwe, Malawi. Council and all other AMCOA member states acknowledged that it was imperative to embrace various transformative tools to enhance efficiency, effectiveness, and equity in healthcare systems worldwide. Throughout this workshop, participants had the opportunity to engage in insightful discussions, exchange best practices, and collaborate on strategies to leverage digital technology for the betterment of healthcare governance and regulation.

iii) IAMRA

The HPCSA also attended the 15th International Association of Medical Regulatory Authority (IAMRA) Conference which was hosted by Indonesia Medical Council in Bali. IAMRA exists to support the world's Medical Regulatory Authorities (MRA) in their endeavour to improve regulations. Through scientific, educational, and collaborative activities, IAMRA strives to encourage best practices amongst the world's Medical Regulatory Authorities and to respond to both current and future needs. The conference was held under the theme, "Regulation in a disrupted world: Challenges and Opportunities". The discussions focussed on amongst others, the specific benefits of AI for medical regulators: the power of summarising information; the power of drafting comments, letters and statements; and simply helping us write better to communicate better. Can we use AI and technology to improve human contact. There was a direct focus on the use of technology and how remote working was increasing, and the need for practitioners to rise up to the challenges and dynamic environment within which they are operating – discussion went onto emphasise that the health profession should produce agile regulatory system which can stand the test of a disrupted world with its challenges and opportunities.

For the Health Professions Council of South Africa to achieve its vision of being an "Excellent Regulator by 2025/26", Council will continue its efforts of engaging all relevant stakeholders.



Head of Department: Office of the Registrar
Vacant

COMMUNICATIONS AND MEDIA RELATIONS

The HPCSA maintains effectiveness and efficiency by delivering accurate and reliable information to its stakeholders. To ensure the effectiveness of our communications, Council employs a two-way communication strategy that promotes transparency and openness. Information to the practitioners and the public is disseminated through various communication channels in a form of interviews, media statements, responses to media enquiries, publications, and social media platforms.

MEDIA INTERVIEWS, MEDIA RELEASES/STATEMENTS AND MEDIA ENQUIRIES

The HPCSA values the crucial role of the media in connecting Council with its stakeholders, ensuring regular communication of its objectives and mandate. Maintaining a positive and transparent relationship with the media, both locally and internationally, remains a priority.

During the reporting period, the HPCSA successfully conducted thirty-six (36) media interviews, issued thirty-two (32) media releases, and handled numerous media enquiries which were mostly responded to within a period of 48 hours.

SOCIAL MEDIA

During the financial period under review, the use of the official social media platforms, Facebook and LinkedIn, has been intensified to effectively communicate the activities and overall developments within Council. The HPCSA continues to leverage these platforms to receive enquiries, complaints and compliments from practitioners, which are promptly referred to the relevant divisions and departments for resolution and feedback.

Through this collaborative process between business units, enquiries are promptly addressed or redirected to the appropriate officials, and as a result, this approach has significantly reduced response times and there has been a notable decrease in negative commentary regarding the HPCSA's accessibility and urgency in handling enquiries.

PUBLICATIONS

During the reporting period, the HPCSA made significant efforts to communicate with its stakeholders through various publications, both internally and externally. For internal stakeholders, specifically its employees, the Corporate Affairs Division compiled two (2) editions of the PULSE newsletter. The PULSE newsletter aims to keep employees informed about Council's policies, activities, services, social events and other organisational news.

The division also compiled eight (8) Professional Board newsletters, which were produced with the intention of keeping practitioners abreast of the recent developments within the Professional Boards and Council.

Council has other electronic newsletter, the e-Bulletin which is also used as a tool for disseminating timeous and up-to-date information to the healthcare practitioners. In the year under review thirty-eight (38) editions of e-Bulletin were produced.

The HPCSA was also featured in various health focused strategic publications in a form of advertorials in the South African Medical Journal, Vuvuzela, Sowetan, Public Sector magazine and others. The purpose of profiling Council in these publications is to ensure maximum exposure to strengthen the HPCSA brand and its functions. The key message was on the HPCSA's regulatory objectives and its activities.

The organisation also communicates with the practitioners through e-mail and special SMS notifications, which allows for real-time communication. For this purpose, practitioners are continuously encouraged to update their e-mail addresses and contacts details with the HPCSA, to facilitate electronic communication.

STAKEHOLDER ENGAGEMENT

Stakeholder engagement is one of the key components of Council's activities. It is an important contributor to its objectives as per its Strategic Goal of "Improved relationship between the HPCSA and all relevant stakeholders by the end of the Council's term (2020/25)". Effective engagement helps translate stakeholder needs into organisational goals, thereby creating an effective strategy. By developing an effective strategy, this ensures that a shared understanding is mapped out for building a cohesive vision for the future.

The HPCSA has a responsibility to improve its role as an advocate and advisor through enhanced engagement with all its key stakeholders to ensure that it fulfils its mandate of protecting the public and guiding the professions. Effective stakeholder engagement management requires a comprehensive approach that includes ongoing communication, listening and collaboration.

Stakeholder engagements are undertaken through various formats, such as Council engagements, Professional Board webinars, monthly online symposia, meetings with stakeholders, attending various conferences, etc. With stakeholder engagement initiatives continuing throughout the organisation, during the reporting period under review, Council has conducted a total of hundred and fifty-two (152) engagements.

SERVICE DELIVERY

Service delivery is one of the most important aspects of operating any organisation. It provides the opportunity to impress and show what the organisation can do and the value it places on the people it services. The HPCSA strives to provide its stakeholders with efficient and timely delivery of services, which is key to customer satisfaction. Having a reliable system ensures that practitioners and the public receive services on time, leading to a better experience. In the period under review, the compliments/complaints e-mail received 681 e-mails via servicedelivery@hpcsa.co.za. The compliments and complaints received were resolved and responded to accordingly. All HPCSA stakeholders are encouraged to use this e-mail address to rate the service they have received from HPCSA employees. The HPCSA endeavours to ensure that it always provides the best possible services. The service charters will be published to ensure that the HPCSA commits to

ensuring that the services provided meet expectations in terms of quality, timeliness and performance. The service charters aim to safeguard Council, focus on service delivery and assess its performance.

CALL CENTRE

The Call Centre Performance Report for the financial year 2023/24 provides a comprehensive overview of the call centre's activities and achievements during the reporting period. This report highlights key performance metrics and improvements made to enhance the overall efficiency and effectiveness of the Call Centre. The Call Centre operates as a critical component of the HPCSA, serving as our customers' primary point of contact. This report aims to evaluate the call centre's performance and demonstrate its contribution to the organisation's success throughout the reporting period.

Call Volume

During the reporting period, the call centre received a total of 164 605 calls, representing a 15% decrease from the previous year's total of 193 282 calls. This decline suggests that fewer practitioners and customers reached out to the call centre during the 2023/24 financial year compared to the 2022/23 financial year. The reduction in call volume can be attributed to the increased use of alternative channels, such as the online portal and self-service options, for inquiries and support needs.

Abandonment Rate

The call abandonment rate significantly improved, with a total of 68 064 abandoned calls, marking a 36% decrease from the previous year's total of 105 548 abandoned calls. This improvement indicates reduced waiting times and enhanced call centre accessibility, reflecting the positive impact on the measures implemented to improve customer service.

Technological Advancements

The call centre successfully integrated e-mails into service request incidents to handle routine inquiries more efficiently. Additionally, agents can now effectively assist customers by utilising co-browsing technology during calls to guide practitioners who encounter difficulties while accessing their online profiles. These technological advancements have contributed to more streamlined operations and improved customer support.

CALL CENTRE SERVICE REQUESTS INCIDENTS

The Call Centre Service Requests Incidents Report for the financial year 2023/24 provides a detailed analysis of the incidents managed by the call centre during the reporting period. This report highlights the call centre's efficiency and effectiveness in handling service requests, showcasing the improvements made and the dedication of the team in meeting customer needs.

Service Request Incidents

During the 2023/24 financial year, the call centre received a total of 25 547 service request incidents. This represents the total number of incidents managed by the call centre within the reporting period. Comparatively, the call centre addressed a total of 19 053 incidents in the 2022/23 financial year, marking a 26% increase in the number of practitioners utilising the online portal to log their service requests.

Performance and Resolution

The call centre's commitment and efforts in managing these incidents were evident in the successful resolution of the entire caseload for the reporting period. This achievement reflects the call centre's capability to meet the needs of the customers efficiently and effectively, ensuring that all service request incidents were conclusively resolved.

7 PERFORMANCE INFORMATION AGAINST THE ANNUAL PERFORMANCE PLAN FOR FY2023/2024

This section provides feedback against planned Key Performance Indicator targets which are used to deliver the HPCSA's strategic goals and objectives. For the 2023/24 financial year there were (26) Key Performance Indicators for which targets were set and the quarters in which those targets were due. Feedback on performance from the preceding reporting period also provided for comparative performance trend views. Tables 3, 4 and 5 reminds the reader of performances achieved for the preceding three quarters since the start of the 2023/24 financial year. Table 6 will present the performance feedback for quarter 4 whilst Table 7 will provide the one view for all the quarters to enable an organisational performance score for the 2023/24 financial year.

Table 1: Performance Feedback for Q1 of FY2023/2024 APP

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q1	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS						
			Not due to start in quarter	NOT ACHIEVED		PARTLY ACHIEVED		ACHIEVED	
				#	%	#	%	#	%
1	1	0	1	0	0	0	0	0	0
2	2	1	1	0	0	0	0	1	100
3	8	4	4	0	0	0	0	4	100%
4A	4	1	3	0	0	0	0	1	100
4B	5	5	0	1	20%	0	0	4	80%
5	5	4	1	1	25%	0	0	3	75%
6	1	0	1	0	0	0	0	0	0
TOTALS	26	15	11	2	13,33%	0	0	13	86,67%

In quarter 1 (Q1) in the 2023/24 financial year, positive performance achieved was at 85.71% for the fourteen (14) key performance indicators that had been targeted for delivery.

Table 2: Performance Feedback for Q2 of FY2023/24 APP

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q2	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS						
			Not due to start in quarter under review	NOT ACHIEVED		PARTLY ACHIEVED		ACHIEVED	
				#	%	#	%	#	%
1	1	0	1	0	0	0	0	0	0
2	2	2	0	0	0	0	0	2	100%
3	8	4	4	0	0	0	0	4	100%
4A	4	0	4	0	0	0	0	0	0
4B	5	5	0	0	0%	2	40%	3	60%
5	5	5	0	1	20%	0	0%	4	60%
6	1	1	0	1	100%	0	0	0	0
TOTALS	26	17	9	2	11.76%	2	11.76%	13	76.47%

For quarter 2 (Q2) in the 2023/24 financial year, positive performance achieved was at 76.47 % for the seventeen (17) key performance indicators that had been targeted for delivery.

Table 3: Performance Feedback for Q3 of FY2023/24 APP

Srategic Goal	Number of Indicators	Number of KPIs assessed in Q3	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS						
			Not due to start in quarter under review	NOT ACHIEVED		PARTLY ACHIEVED		ACHIEVED	
				#	#	%	#	%	#
1	1	0	1	0	0%	0	0%	0	0%
2	2	1	0	0	0%	0	0%	1	100%
3	8	5	2	0	0%	1	20%	4	80%
4A	4	1	2	0	0%	1	100%	0	0%
4B	5	5	0	0	0%	1	20%	4	80%
5	5	4	1	0	0%	0	0%	4	100%
6	1	1	0	0	0%	1	100%	0	0
TOTALS	26	17	6	0	0%	4	23,53%	13	76.47%

For quarter 3 (Q3) in the 2023/24 financial year, positive performance achieved was at 76.47 % for the seventeen (17) key performance indicators that had been targeted for delivery. The improvement in the quarter 3 performance is that there were no targets that had not been achieved.

Table 4: Summary of Q4 Performance against Q4 APP Targets

Strategic Goal	Number of Indicators	Number of KPIs assessed in Q3	PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS						
			Not due to start in quarter under review	NOT ACHIEVED		PARTLY ACHIEVED		ACHIEVED	
				#	#	%	#	%	#
1	1	0	1	0	0			0	0
2	2	1	1	0	0			1	100%
3	8	5	3	1	20%			4	80%
4A	4	2	2	0	0			2	100
4B	5	5	0	1	20%			4	80%
5	5	4	1	1	25%			3	75%
6	1	1		0	0			1	100%
TOTALS	26	18	8	3	16,67%			15	83,33%

18 KPI's were planned for execution to conclusion in Quarter 4.

2.1.1 3 of the 18 (16,67%) the KPI's were "NOT ACHIEVED"

2.1.2 15 of 18 (83,33%) KPI's were "ACHIEVED"

2.1.3 8 of the 26 KPI's had been planned for execution in preceding Quarters and had been reported on.

OVERALL ORGANISATIONAL PERFORMANCE SCORE

Table 5 presents a full year-long comparison of performances achieved on a quarter to quarter. This presents a snapshot view of the organisational performance score information. The Organisational Performance Score for the 2023/24 financial year is 80,77%. This score is arrived at by adding number of KPIs that could be done per quarter (26) for all the quarters (denominator) and adding the number of KPIs whose target were successfully achieved (21) (numerator). The score is 21 DIVIDED by 26 MULTIPLIED BY 100 = 80,77%

Table 6: Performance Comparison – Q1, Q2, Q3 and Q4

STRAT. GOAL #	# of KPI's in APP	ACHIEVED														
		Q1			Q2			Q3			Q4			FULL YEAR		
		# OF KPIs	#	%	# OF KPIs	#	%	# OF KPIs	#	%	# OF KPIs	#	%	# OF KPIs	#	%
1	1	0	0	0	0	0	0	0	0	0	0	0	0	1		
2	2	1	1	100	2	2	100	1	1	100	1	1	100	2	2	100
3	8	4	4	100	4	4	100	5	4	80	5	4	80	8	7	87.5
4A	4	1	1	100	0	0	0	1	0	0	2	2	100	4	3	75
4B	5	5	4	80	5	3	60	5	4	80	5	4	80	5	4	80
5	5	4	3	75	5	4	60	4	4	100	4	3	75	5	4	80
6	1		0	0	1	0	0	1	0	0	1	1	100	1	1	100
TOTALS	26	15	13	86,66	17	13	76,47	17	13	76,47	18	15	83,33	26	21	80,77

STRAT. GOAL #	# of KPI's in APP	NOT ACHIEVED OR PARTIALLY ACHIEVED OR POSTPONED TO NEXT YEAR											
		Q1		Q2		Q3		Q4		FULL YEAR			
		#	%	#	%	#	%	#	%	#	%	#	%
1	1	0	0	0	0	0	0	0	0	1	100		
2	2	0	0	0	0	0	0	0	0	0	0%		
3	8	0	0	0	0	0	0	1	20	1	12.5		
4A	4	0	0	0	0	0	0	0	0	1	25		
4B	5	1	20	0	0	0	0	1	20	1	20		
5	5	1	25	1	20	0	0	1	25	1	20		
6	1	0	0	1	100	0	0	0	0	0	0		
TOTALS	26	2	13,33	4	23,52	4	23,52	3	16,67	5	19.23		

DETAILED QUARTER 4 PERFORMANCE REPORT AGAINST THE 2023/24 APP QUARTERLY TARGETS

This sub-section provides the detailed information against each of the KPIs and the set targets for which performance was expected in the Quarter under review. Where the KPI is either "Partially Achieved or Not Achieved," an abridged narrative is provided in Column (e) and the remediation to be instituted by management is inserted in column (f).

STRATEGIC GOAL #1: DIGITALLY ENABLED COUNCIL BY 2025/26

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	0	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	1
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/2024	Quarterly targets	Performance in Q4		
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps
1.2 (a) Signed off (delivered) online ICT services systems	(%)	28.57% (2/7)	57.14% (4 Modules/7 Modules)	(1/7) 14.28%	Not Assessed in this Quarter = Project is on Hold	Not Applicable	Negotiations on Software Licences still continuing

¹ 2 KPI's here were "Partially Achieved" in this Quarter. At Year End the Score that matter is Achieved or Not.

² These 4 KPI's were "Partially Achieved" in this Quarter

³ 1 Postponed, Partially achieved, 3 not achieved, (1 for CPD due to Oracle issue)

⁴ 4%, 4%, 11.3%

STRATEGIC GOAL #2: MAINTAINED FINANCIAL SUSTAINABILITY OF COUNCIL AND ALL PROFESSIONAL BOARDS

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	1	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	1
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/2024	Quarterly targets	Performance in Q4		
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps
2.1 (a) Unqualified audit opinion with no material findings.	External Audit Report (Yes or No)	Unqualified Report (YES)	Unqualified Report (YES)	Not Assessed in this Quarter	Achieved Q2	Not Applicable	Not Required
2.1 (b) Revenue collection rate.	Percentage (%)	95%	95%	95%	Achieved R428 065 874 / R372 478 782 = 114.92%	+19.92%	Not Required

STRATEGIC GOAL #3: IMPROVED RELATIONSHIPS BETWEEN COUNCIL AND ALL RELEVANT STAKEHOLDERS BY THE END OF THE TERM (2025)

# Of Indicators Tracked Strategic Objectives	5	# Of Indicators with Missed Targets	1	# Of Indicators with Achieved Targets	2	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	3
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/2024	Quarterly targets	Performance in Q4		
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/ gaps	(f) Management's intervention/s To arrest the performance gaps
3.1 (a) % Of stakeholders engaged	%	40/40 (100%)	40/40 (100%)	10/40 (25%)	ACHIEVED 41/10 = 410%	385% Over Achievement	Not Required
3.1 (b) Annual Council – Stakeholder Engagement Held	Report Yes or No	NULL	Report (Yes)	Not assessed in this Quarter	Achieved R428 065%	+19.92%	Not Required
3.1 (c) Stakeholder Engagement Satisfaction Survey Result	%	NULL	55%	55%	ACHIEVED 78%	Not Applicable	Not Required
3.2 (a) Researched and Developed a Customer Service Management Baseline Study	Report	NULL	Report	Not assessed in this Quarter	ACHIEVED in Q1	Not Applicable	Not Required
3.2 (b) Re-Designed the HPCSA's Customer Service Management System	Report	NULL	Report	Not assessed in this Quarter	ACHIEVED in Q1	Not Applicable	Not Required

Key Performance indicator	KPI unit of measure	Baseline service level performance	(b) Annual target for FY2023/24	Quarterly targets		Performance in Q4		
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps	(f) Management's intervention/s To arrest the performance gaps	
3.2 (c) Implemented "revised" HPCSA's Customer Service Management System	%	NULL	15%	15%	NOT ACHIEVED	Work was not Started Dependency was availability of PM to lead the programme. PM resigned in July 2023 and could not be replaced in time to lead this project.	Project Manager has been appointed to spearhead this project.	
3.3 (a) – Evaluated the implementation of "Tools of Regulations" of 6 Professional Boards . 1. EHP; 2. MTB. 3. OCP. 4. ODO. 5. PSB. 6. RCT.	Number	Pilot and Institutionalise the Evaluation Tool with 6 Professional Board Stakeholders 1. MDB, 2. SLH, 3. EMD, 4. DOH, 5. DNB and 6. PPB	6 ⁶	Report for Q3 And Consolidated Stakeholder Engagement Strategy Implementation – Evaluation Report	ACHIEVED (6/6 – 100%) Six (6) Monitoring Reports completed and submitted.	Not Applicable	Not Required	
3.3 (b) Evaluated the implementation of the "Stakeholder Engagement Plan" of the Professional Boards 1. EHP; 2. MTB. 3. OCP. 4. ODO. 5. PSB. 6. RCT.	Number	NULL	6	3 Reports 1. ODO. 2. PSB. 3. RCT	ACHIEVED 3/3 Reports Developed	Not Applicable	Not Required	

⁵ Rephrased from the following – "3.1 (b) Evaluation of impact of stakeholder engagement strategy initiatives"

⁶ The target changes from 9 to 6, only six boards are a still due a Pilot.

STRATEGIC GOAL #4: STRENGTHEN THE SERVICE DELIVERY ENVIRONMENTS OF THE HPCSA SUB-STRATEGIC GOAL #4A: IMPROVED PROFESSIONAL CONDUCT PROCESSES

# Of Indicators Tracked Strategic Objectives	2	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	2	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	2
Key Performance Indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/24	Quarterly targets		Performance in Q4			
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps	(f) Management's intervention/s To arrest the performance gaps		
4A.1 (a) Case Clearance rate at Preliminary Investigations.	Report YES or NO	Baseline rate Report	60%	60%	ACHIEVED 77,9 (839/1076)	Not Applicable	Not Required		
4A.1 (b) Reviewed, redesigned, and implemented improved professional conduct processes, policies, regulations, and funding model.									
4A.1(b)(i) Developed Project Terms of Reference	Report	NULL	ToR – Report	Not Assessed in this Quarter	Not Assessed in this Quarter	Not Applicable	Not Required		
4A.1(b)(ii) Delivered “AS-IS” Report	Report	NULL	“AS-IS” Report	Not Assessed in this Quarter	Not Assessed in this Quarter	Not Applicable	Not Required		
4A.1(b)(iii) Approved Project Management Plan and Business Case	Report	NULL	Report	Report	ACHIEVED	Not Applicable	Report Q4		

SUB-STRATEGIC GOAL #4B: STRENGTHEN THE HPCSA'S CORE OPERATIONS ENVIRONMENT

# Of Indicators Tracked Strategic Objectives	5	# Of Indicators with Missed Targets	1	# Of Indicators with Achieved Targets	4	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	0
Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/24	Quarterly targets		(d) Q4 (Jan - Mar)	Performance in Q4		
				(C) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps		(f) Management's intervention/s To arrest the performance gaps		
4B.1 (a) % Of scheduled Board Examinations facilitated within stipulated timelines	%	100%	100%	100%		ACHIEVED 100% (16/16)	Not Applicable		Not Required
4B.1 (b) Turn-around Time (TAT) Average Registrations	Working Days	8.5	8.5	8		ACHIEVED 8,020/8,349 applications	Not Applicable		Report Q4
4B.1 (c) Average Turn-around Time (TAT) Certificate of Status Issuance	Working Days	NULL	10	10		ACHIEVED (1,227 Applications Satisfied in the TAT	Not Applicable		Not Required
4B.1 (d) Average Turn-around Time (TAT) Restorations	Working Days	NULL	10	10		ACHIEVED Restorations Processes in 8 Days	Not Applicable		Not Required
4B.1 (e) Average Turn Around Time (TAT) for processing practitioners' evidence of CPD compliance	Working Days	8.5	5	5		NOT ACHIEVED 6.7 Days Achieved	The reason the TAT was above the target was that there was a period of two weeks where the operations were suspended due to technical repairs that were being made on THE IT platform.	Constant Monitoring of the IT Platform to obviate future out of service level system outages.	

STRATEGIC GOAL #5: CAPACITATED COUNCIL AND PROFESSIONAL BOARDS TO DELIVER ON THEIR FIDUCIARY RESPONSIBILITIES BY FY2025/2026.

# Of Indicators Tracked Strategic Objectives	5	# Of Indicators with Missed Targets	1	# Of Indicators with Achieved Targets	3	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	1
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Key Performance indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/24	Quarterly targets		Performance in Q4		
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps	(f) Management's intervention/s To arrest the performance gaps	
5.1 (a) Corporate Governance Training Conducted for ALL Members of Council	Number (#)	2	2	Training Report	ACHIEVED	Not Applicable	Not Required	
5.1 (b) Corporate Governance Training Conducted for Members of ALL Professional Boards	Number (#)	2	2	Training Report	ACHIEVED	Not Applicable	Report Q4	
5.1 (c) Regulatory practice training conducted annually for all members of all Professional Boards and members of Council.	Number (#)	2	2	1	ACHIEVED	Not Applicable	Not Required	
5.2 (a) Inventoried all Tools of Regulations in terms of Status, Currency, Standardisation levels. ⁷	Number (#)	NULL	Report	Not Assessed in this Quarter	ACHIEVED Q1-Q3	Not Applicable	Not Required	
5.2 (b) Harmonisation and Standardisation of ALL Professional Boards' "Tools of Regulations"	%	NULL	35% (132/376)	13% (49/376)	NOT ACHIEVED 66/376 Worked On	No Harmonisation Exercise was undertaken in the Reporting period. Project Human resources constraints were experienced	Project Manager has been appointed to alleviate the constraints	

⁷ Tools of Regulations includes – Regulations, Rules, Rulings Guidelines, Forms, Standards.

STRATEGIC GOAL #6: IMPROVED ORGANISATIONAL PERFORMANCE BY FY2023/2024

# Of Indicators Tracked Strategic Objectives	1	# Of Indicators with Missed Targets	0	# Of Indicators with Achieved Targets	1	# Of Indicators with Neither Achieved nor Missed Targets	0	#Of Indicators Not Planned for Evaluation in This Quarter	0
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Key Performance Indicator	KPI unit of measure	(a) Baseline service level performance	(b) Annual target for FY2023/24	Quarterly targets		Performance in Q4	
				(c) Q4 (Jan - Mar)	(d) Q4 (Jan - Mar)	(e) = (d) – (c) Narration for variances/gaps	(f)
6.1 (a) Post BPR Structure implementation review	Facilitate the development of the organisational structure review.	Null	Undertake Baseline study	25% Of Scheduled Activities	ACHIEVED 32%	Not Applicable	Not Required



The background of the slide is a dark blue gradient. It features a faint, light blue world map in the upper left. Overlaid on the map is a bar chart with approximately 12 vertical bars of varying heights, colored in a light blue gradient. A thin, light blue line graph with several data points is also visible, winding across the lower half of the slide. The text 'PART C' is centered in the lower half of the slide, in a large, bold, white sans-serif font.

PART C

PERFORMANCE INFORMATION
from the PROFESSIONAL BOARDS

1. 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 falling 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 healthcare 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 Council, and Council shall, for this purpose, determine whether a matter falls entirely within the ambit of a Professional Board.

The objects of Professional Boards are:

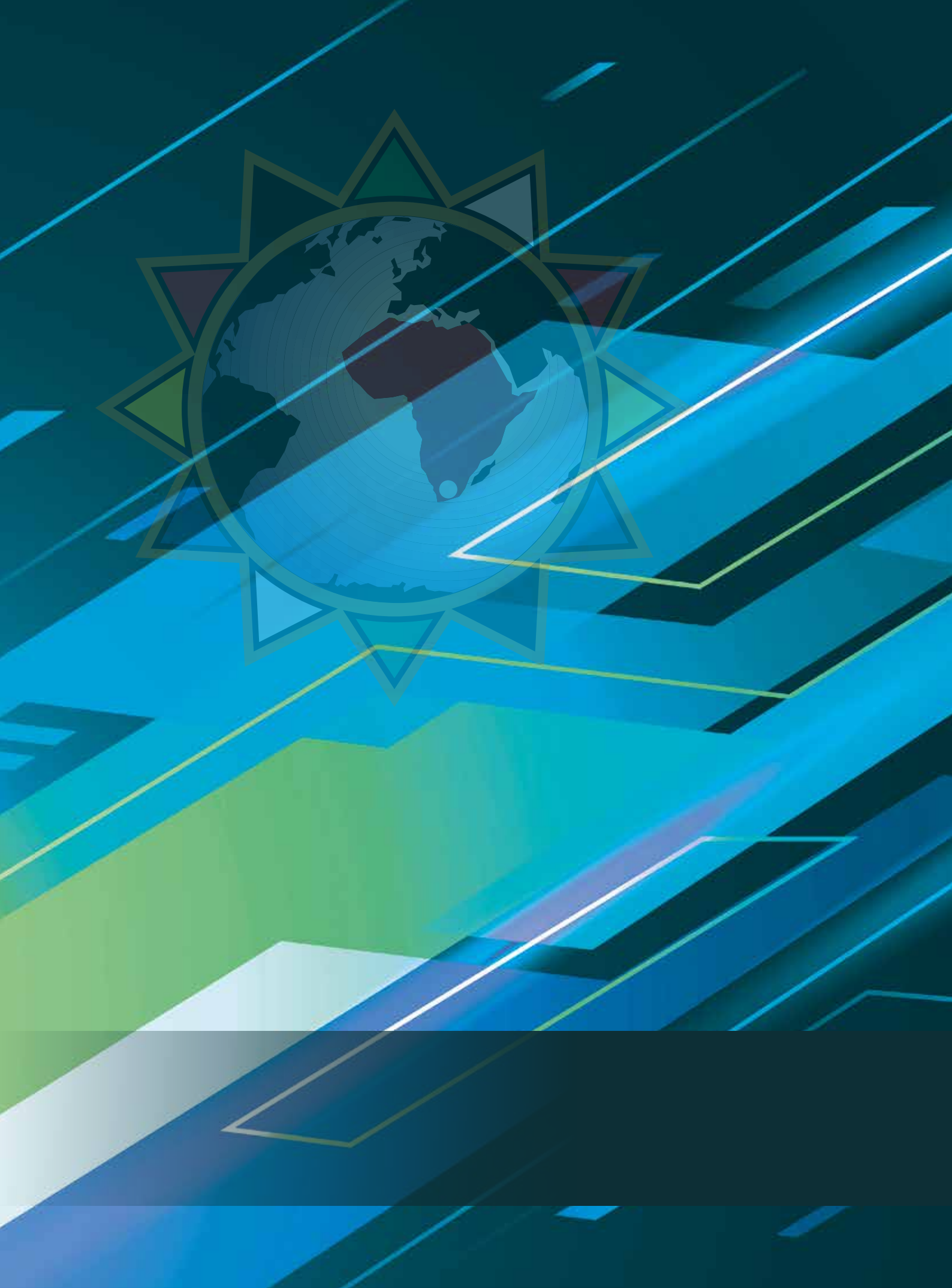
- (a) to consult and liaise with other Professional Boards and relevant authorities on matters affecting the Professional Boards;
- (b) to assist in the promotion of the health of the population of the Republic on a national basis;
- (c) subject to legislation regulating healthcare providers and consistency 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, and the manner of the exercise of the practices pursued in connection with, any health profession falling within the ambit of the Professional Board;
- (d) 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;
- (e) to make recommendations to 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 in order 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;
- (f) to make recommendations to Council and the Minister on matters of public importance acquired by the Professional Board in the course of the performance of its functions under this Act;
- (g) to maintain and enhance the dignity of the relevant health profession and the integrity of the persons practising such profession; and
- (h) to guide the relevant health profession or professions and to protect the public .

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.



OVERVIEW





PROFESSIONAL BOARD FOR EMERGENCY CARE

1. OVERVIEW

The Health Professions Act creates the HPCSA as a statutory regulatory body against registrable professions with a special interest in and oversight over Education and Training, Registrations, Professional Practice, Professional Conduct as well as Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Emergency Care professions executes the regulatory role on behalf of the HPCSA in all professions practising emergency care.

The Professional Board for Emergency Care is established in terms of Section 15 of the Health Professions Act, 56 of 1974, which details the objects and functions as well as the general powers of the Professional Board. The Professional Board of twenty-one members is constituted in terms of the regulations relating to the Constitution of the Professional Board for Emergency Care contained in Regulation No. R 1254 of 28 November 2008.

Currently, the Professional Board for Emergency Care comprises twenty (20) members appointed by the Minister of Health, with one vacancy of an Emergency Care Technician.



Dr Simpiwe Sobuwa
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
EMERGENCY CARE

2. STRATEGIC INTENT OF THE BOARD

The strategic management of the HPCSA and, by extension, the strategic programmes of all the Professional Boards must present strategically important outcomes-orientated goals and objectives against which this organisation's annual performance plan results can be measured and evaluated by Parliament, provincial Legislatures, and the public.

The HPCSA's Annual Performance Plan commits to performance indicators and targets that must be achieved in a budget year. The performance indicators and targets must be aligned across all HPCSA sub-structures and are supported by the required budget.

2.1 Vision and mission

The vision of the Board is to: -

“Promote quality, equitable and professional people-centred Emergency Care for all.”

2.2 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 ongoing 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.

2.3 PROFESSIONAL BOARD FOR EMERGENCY CARE STRATEGIES (STRATEGIC PROGRAMMES)

Goal # 1: Optimised interdepartmental cooperation for clinical guidelines

Goal # 2: An approved roadmap for qualifications, roles and objectives for Emergency Care 2030 vision

Goal # 3: Effective and efficient preliminary committee and professional conduct processes

Goal # 4: Improved functioning Professional Board through strengthening of regulations, guidelines, rules, and policies

Goal # 5: Develop an effective professional conduct enquiries system by 2025.

Goal # 6: Improved relationships between the Professional Board for emergency care and all relevant stakeholders by the end of the term (2025).
(Engage stakeholders at all levels)

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves meeting schedules for financial year with the budget provided for the governance structures.

The following number of meetings were convened during the reporting period, either virtual or in physical sittings.

Professional Board meetings	• Ordinary Board meeting - 22 June 2023 • Ordinary Board meeting - 26 October 2023 • Strategy Review Workshop meeting - 24 January 2024 • Ordinary Board meeting - 22 March 2024
Executive Committee meetings (ExCo)	• Executive Committee - not in the reporting period
Clinical Advisory Committee (CAC)	• Clinical Advisory Committee meeting- 14 August 2023- • Clinical Advisory Committee meeting -21 November 2023 • Clinical Advisory Committee meeting -19 March 2024
Committee of Preliminary Inquiries (Prelim) meetings Committee of Preliminary Inquiries (Prelim) meetings	• Committee of Preliminary Inquiries meeting - 26 May 2023 • Committee of Preliminary Inquiries meeting - 28 August 2023 • Committee of Preliminary Inquiries meeting - 01 December 2023 • Committee of Preliminary Inquiries meeting - 09 February 2024
Education Committee (ETR) meetings	• Education Committee meeting – 15 May 2023 • Education Committee workshop – 12 and 13 September 2023 • Education Committee meeting –28 November 2023 • Education Committee meeting – 28 February 2024

3.2 COMMITTEES OF THE BOARD

In terms of Regulation 2 relating to the functions and functioning of the Professional Board, the Professional Board may, from time-to-time, establish such standing committees as it may deem necessary, each consisting of as many persons appointed by the Professional Board, as the Professional Board may determine but including at least one of its members who shall be the chairperson of such committee and shall determine the composition, quorum, and terms of reference of each committee so established.

The Professional Boards' regulatory work interest covers four regulatory functions, namely, Education and Training, Registration, Professional Practice and Professional Conduct.

During the reporting period, the Professional Board established and delegated operational Board activities to the following standing committees, which met quarterly.

3.2.1 THE EDUCATION COMMITTEE

MANDATE OF THE COMMITTEE

To develop, review and maintain the minimum standards of education and training for professions under the ambit of the Professional Board, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis and to recommend to the Professional Board for approval;

- ii. To consider and finalise applications from any educational institutions, training schools etc, wishing to offer training as submitted by the education and training department, falling within the Professional Board's ambit and submitting to the Professional Board for approval and/or ratification.
- iii. To consider and recommend to the Professional Board appointment of panels for accreditation and evaluation of programmes.
- iv. To consider, deal with and finalise applications submitted for restoration purposes (that are not dealt with administratively and in line with the delegations of authority);
- v. To advise and recommend to the Board research on best practices aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; and
- vi. To explore opportunities for communication with stakeholders relating to education and training matters and to advise the Board thereon.

COMPOSITION

- Two Paramedics
- Three Emergency Care Practitioners
- One Universities of South Africa (USA) representative
- Chairperson or Vice Chairperson of the Board

During this financial year, the committee achieved most of its activities as mandated by the Board.

3.2.2 CLINICAL ADVISORY COMMITTEE

Mandate of the committee is to:-

- i. Develop and review the clinical practice guidelines based on scientific research regularly to ensure that it is in the best interest of the Republic of South Africa's population.
- ii. Determine and regulate best clinical practice in relation to emergency care in the South African context.

- iii. Ensure that emergency care clinical practice is commensurate with the scope of the professions of emergency care.
- iv. Determine the scopes of professions/ practice of emergency care providers under the ambit of the Professional Board for Emergency Care.
- v. Determine the capabilities of emergency care providers under the Professional Board for Emergency Care.
- vi. Determine medicine-related issues relating to emergency care providers under the ambit of the Professional Board for Emergency Care.
- vii. Ensure that the matters around scopes of professions and scopes of practice are adequately communicated and addressed with emergency care education and training providers;
- viii. develop and review Board specific ethical rules and Board rulings for the emergency care professions under the ambit of the Board;and
- ix. Formulating, reviewing and recommending to the Board any matters relating to CPD.

COMPOSITION

- Four Emergency Care Practitioners
- One Emergency Care Technician
- One Paramedic

The committee is developing the end-user (algorithms) manual for the set of 24 clinical decision support tools which amongst other objectives would add value to the prehospital profession. The process was concluded in the first quarter of 2024.

3.2.3 BOARD TASK TEAM

The Board appointed a temporary Board Advisory Task Team to oversee the service provider's progress in developing a manual for the clinical practice guidelines of 24 clinical decision support tools.

3.2.4 COMMITTEE OF PRELIMINARY INQUIRY

The mandate of the committee is to:-

- i. Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2);
- ii. Determine appropriate fines in terms of Section 42(8) of Act, 56 of 1974;
- iii. Devise measures to regulate and set the standards to which the Professional Boards practitioners should conform and recommend the same to the Board for approval; and
- iv. Identify trends relating to the conduct of practitioners and refer such trends to the Boards for further deliberation and pronouncement.

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING MATTERS

4.1.1 EVALUATIONS OF THE PROFESSIONAL BOARD

EMB	UNIVERSITY EVALUATED	PROGRAMME	NEW PROGRAMME OR REACCREDITATION	APPROVED EVALUATION PERIOD
	KZN College of Emergency Care	Higher Certificate	New programme	Candidacy Phase
	NetCare Education	Higher Certificate and Diploma	Re-evaluation	Pending re-approval by the Board in the 1st quarter (2024/25)
	Durban University of Technology	Bachelor of Health Sciences	Re-evaluation	Pending re-approval by the Board in the 1st quarter (2024/25)
	Cape Peninsula University of Technology	Higher Certificate	Re-evaluation	Pending
	Western Cape Provincial College	Higher Certificate	New programme	Pending re-approval by the Board in the 1st quarter (2024/25)

4.1.2 EXAMINATIONS OF THE PROFESSIONAL BOARD

TYPE OF EXAMINATION (BOARD EXAM) BAA & AEA	EXAMINATION PERIOD (MONTH)	# OF PRACTITIONERS EXAMINED
Theory, Practical and Simulation	May 2023	48
Theory, Practical and Simulation	August 2023	38
Theory, Practical and Simulation	October 2023	26
Theory, Practical and Simulation	January 2024	37
Theory, Practical and Simulation	June 2024	78

4.1.3 MODERATIONS OF THE PROFESSIONAL BOARD

EMB	INSTITUTION MODERATED	MODERATION PERIOD (MONTH)
	Sefako Makgatho Health Sciences University SMU (Higher Certificate and Diploma)	May 2023
	Sefako Makgatho Health Sciences University SMU (Higher Certificate)	November 2023
	Cape Peninsula University of Technology (CPUT) - (Higher Certificate)	November 2023 and January 2024
	Nelson Mandela University (NMU) - (Bachelor of Health Sciences)	October 2023

4.2 PROFESSIONAL PRACTICE (CPD)

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 56 of 1974, which states that the HPCSA may, from time-to-time, make rules which prescribe the criteria for recognition of continuing education and training courses and education institutions offering such courses.

The CPD Compliance report of the Emergency Care Board for the reporting period:

Board	Compliance Rate			
	April 2023		March 2024	

The Board, during the reporting period, discussed practical measures and solutions to circumvent the continuous non-compliance and the low compliance rate, as demonstrated in the compliance rate table. However, the Board continues to engage the practitioners, encourage and advocate awareness of the importance of complying with CPD matters.

4.3 Preliminary Inquiries and matters

STATISTICAL REPORT- ANNUAL REPORTING 1 APRIL 2023- 31 MARCH 2024

4 meetings were scheduled for this committee and all meetings were held. The committee considered 59 matters for the 2023/24 financial year and finalised 29 matters.

PRELIM MEETINGS	Finalized by Prelim						CONTEMPT Of Council		Deferred								Referred		
	Number of Meetings	Explanation accepted 4(7)	Cautions/ Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed / Withdrawn	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm
EMB 26/5/23	1	1	1	0	2					1			1						1
EMB 28/8/23	1	3	1	1						2			2						2
EMB 1/12/23	1	5		3	1				1				1		1				2
EMB 9/2/2	1	5		4	2		1	1		1			1						2
TOTALS	4	14	2	8	5		1	2	1	4			5		1				7

FINES IMPOSED BY THE COMMITTEE PER QUARTER FY 2023/2024

QUARTER 1	QUARTER 2		QUARTER 3	QUARTER 4
R40 000.00	0		R30 000.00	R65 000.00

4.4 RISK MANAGEMENT

Risk management is a governance issue that is squarely within the oversight responsibility of the Board and has remained critical over the years. The Board abide by the HPCSA enterprise-wide risk management, a valuable component of effective risk management.

During the reporting period the Board reviewed the risk register at the quarterly meetings. Furthermore, it was actively engaged and monitored through the risk treatment plan by delegating the same to various committees responsible for the Board's operational work, though this did not imply abdicating its risk governance oversight.

During the reporting period, the Board's quarterly meetings continuously verified the controls put in place to achieve the desired effect (e.g) through reducing the likelihood or impact of the risk.

4.5 FINANCIAL MANAGEMENT

The quarterly and annual financial statements of the Board are the principal ways in which the governing body members make themselves accountable to stakeholders. The financial statements present a report on the financial performance of the organisation over the previous budget year and the organisation's financial position at the end of that year. The Professional Board utilise the information in the financial statements to assess the stewardship of the governing body and the financial health of the Board.

During the reporting period, the Board reviewed and assessed its financial performance, utilising the presented financial performance at the quarterly Board meetings. Furthermore, the Board used the financials to guide the implementation of its activities.

4.6 STAKEHOLDER MANAGEMENT

The Professional Board for Emergency Care executes the regulatory role on behalf of the HPCSA in all professions practising in emergency care. The HPCSA, as a statutory entity and, by implication, the Professional Board for Emergency Care, is a stakeholder to numerous public entities. Similarly, other public entities are stakeholders of the HPCSA and its professional boards.

The Professional Board strategic plan objectives include stakeholder engagement objectives. Therefore, the Board annually implements specific and directed initiatives relevant to the Emergency Care stakeholders.

The following stakeholder-related initiatives were implemented:

Type of Stakeholder engagement initiative	Dates
Council on Higher Education	4 October 2023
Practitioner Roadshow (Port Elizabeth)	27 October 2023
SAHPRA	2 November 2023
NDMC	24 November 2023
NDMC, private Rescue companies, private and public higher education institutions, provincial EMS colleges and directors, NDoH, SAPS and SA Health Military services	27 November 2023

4.7 POLICY AND GOVERNANCE FRAMEWORK REVIEW

(SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

The following policy documents were reviewed and finalised

- Minimum standards for the Bachelor of Health Sciences degree –
- Minimum standards for the Higher Certificate in Emergency Medical Care
- The Board approved the position paper on Advanced Emergency Medical Rescue
- 9 Board rulings
- Form 337 – guideline for submission of academic annual report
- Form 337A – Academic Annual Report Review template
- Form 350 – guideline for Board appointed moderators

4.8 CONCLUSION AND REFLECTION ON THE PERFORMANCE OF THE BOARD

The Professional Board achieved and executed the following key activities in the reporting period:

- Conducted the Practitioner roadshows in the Eastern Cape province.
- Conducted the first two (2) Board examinations for practitioners wishing to restore their names back to the register.
- The University of Cape Town, as an appointed service provider to develop clinical decision support tools, completed the first 12 algorithms in October 2023 and is currently busy with the last 12 algorithms (work in progress).
- Reviewed and approved Education Committee Policies and also 9 Clinical Advisory Committee rulings.
- Discussion and review of the Board Strategy Plan and Annual Performance Plans indicators and activities.
- Review and approval of the Board Stakeholder Plan.
- Conducting Moderations and evaluations of the training institutions as per the evaluations schedule.
- Conducted evaluations for new training institution sites and re-approval of existing training sites





PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

1. OVERVIEW

The Health Professions Act creates the HPCSA as a statutory regulatory body for registrable professions with special interest in and oversight over Education and Training, Registrations, Professional Practice, Professional Conduct as well as the Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Dietetics and Nutrition professions executes the regulatory role on behalf of the HPCSA in all professions practising Dietetics and Nutrition.

The Professional Board for Dietetics and Nutrition is established in terms of Section 15 of the Health Professions Act, 56 of 1974. Section 15 of the Act details the objects and functions as well as the general powers of the Professional Board. In terms of the regulations relating to the Constitution of the Professional Board for Dietetics and Nutrition currently comprises ten (10) members appointed by the Minister of Health with the one outstanding community representative appointed as at January 2024.

The HPCSA as a statutory entity and by implication the Professional Board for Dietetics and Nutrition is a stakeholder to numerous public entities and vice versa, other public entities are stakeholders to the HPCSA and its Professional Boards.

2. STRATEGIC INTENT OF THE BOARD

The strategic management of the HPCSA and by extension the strategic plans/programmes of all the Professional Boards must present important outcomes, orientated goals and objectives against which Council's Annual Performance Plan results, can be measured and evaluated by Parliament, provincial legislatures, and the public.

The Board's Annual Performance Plan commits to performance activities, indicators and targets that must be achieved in a financial year and are supported by the required budget.

2.1 VISION

The vision of the Board is to be:

"A progressive regulator of nutrition and dietetic professions aspiring to quality, equitable and accessible nutrition healthcare."

2.2 MISSION

The Mission of the Board is: -

- a) To ensure effective and efficient functioning of the Board.
- b) 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
- c) 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
- d) 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

2.3 PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION STRATEGIES (STRATEGIC PROGRAMMES)

Goal #1: Develop new dietetic and nutrition professional qualification.

Goal #2: Adapt to the changing professional environment.

Goal #3: Manage stakeholder relations.

Goal #4: Regulate the profession and protect the public.

Goal #5: Improve Continuing Professional Development (CPD) compliance of the Professional Board to contribute to the development and implementation of Maintenance of Licensure (MoL).

Goal #6: Improve the Professional Board's professional conduct processes.



Ms Lenore Spies

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR DIETETICS AND NUTRITION

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves a meeting schedule for its governance structures for the budget year. The meetings that took place, either virtual or in physical mode, are listed in the table below:

Professional Board meetings	Ordinary Board meeting of 12 April 2023 Ordinary Board meeting of 24 July 2023 Ordinary Board meeting of 24 and 25 October 2023 Ordinary Board meeting of 26 January 2024
Education Training and Registration (ETR) Committee meetings	Ordinary committee meeting of 24 May 2023 Ordinary committee meeting of 16 August 2023 Ordinary committee meeting of 16 November 2023 Ordinary committee meeting of 19 February 2024 Special committee meeting of 30 August 2023
Professional Practice (PPC) Committee meetings	Ordinary committee meeting of 6 June 2023 Ordinary committee meeting of 31 August continued on 18 September 2023 Ordinary committee meeting of 17 November 2023 Ordinary committee meeting of 20 February 2024
Committee of Preliminary Inquiries (Prelim) meetings	Ordinary committee meeting of 23 May 2023 Ordinary committee meeting of 26 September 2023 Ordinary committee meeting of 08 December 2023 Ordinary committee meeting of 12 March 2024
Registered Dietitian Nutritionist project meetings	HPCSA Board representatives and Council on Higher Education (CHE) meeting regarding Registered Dietitian Nutritionist Qualification of 15 February 2024
Enteral and Parenteral Prescription Rights task team meetings	Task Team meeting of 2 June 2023 Task Team meeting of 21 September 2023 Task Team meeting of 7 December 2023

3.2 COMMITTEES OF THE BOARD

In terms of the regulations relating to the functions and functioning of the Professional Boards, the Professional Board may from time-to-time establish such standing committees as it may deem necessary, each consisting of as many persons, appointed by the Professional Board, as the Professional Board may determine but including at least one member of the Professional Board who shall be the chairperson of such committee, and shall determine the composition, quorum, and terms of reference of each committee established.

The Professional Boards' regulatory work interest covers four regulatory functional areas. These are (Education and Training, Registration, Professional Practice, and Professional Conduct. During the reporting period, the Professional Board established the following standing committees to perform operational work on its behalf. It did not, however, abdicate its oversight duties delegated to the standing committees. These committees are Education, Training and Registration Committee, Professional Practice Committee and Committee of Preliminary Inquiries with their achievements outlined below.

3.2.1 EDUCATION, TRAINING AND REGISTRATION COMMITTEE (ETRC)

In the context of the mandate of the ETRC to recommend to the Board regarding, evaluation of education and training programmes and facilities and practitioner registration, the following is a summary of accomplishments during the reporting period:

Clinical Training Facilities Approved by the Board

At each ETRC meeting clinical training facilities were approved if the application (using the DNB form 46C) complied with the requirements of the Board. The table below reflects the total number of accredited training sites for the year April 2023 to March 2024.

SUMMARY OF APPROVED CLINICAL TRAINING FACILITIES OFFERING DIETETICS AND NUTRITION PROGRAMMES AS AT 19 FEBRUARY 2024

Name of University	APPROVED THERAPEUTIC NUTRITION TRAINING FACILITIES	APPROVED COMMUNITY NUTRITION TRAINING FACILITIES	APPROVED FOOD SERVICE MANAGEMENT TRAINING FACILITIES
Nelson Mandela University	4	29	6
North-West University	6	7	5
Sefako Makgatho Health Sciences University	7	12	8
University of Free State	4	15	3
University of KwaZulu-Natal	5	10	4
University of Limpopo	8	5	3
University of Pretoria	24	3	8
University of Stellenbosch	7	5	15
University of Venda	Public Health=5	6	2
University of Western Cape	8	6	3

The table below depicts the number of clinical training facilities approved at the scheduled and special ETRC meetings

Name of University	APPROVED COMMUNITY NUTRITION TRAINING FACILITIES	APPROVED FOOD SERVICE MANAGEMENT TRAINING FACILITIES
University of Pretoria	May 2023	Five (5)
	August 2023	Nine (9)
	November 2023	Nine (9)
	February 2024	Eight (8)
University of the Free State	February 2024	None
Stellenbosch University	November 2023	Seven (7)
	February 2024	Four (4)
University of the Western Cape	August 2023	Five (5)
North-West University	November 2023	Five (5)
University of KwaZulu-Natal	May 2023	Three (3)
	August 2023	One (1)
	November 2023	One (1)
	February 2024	One (1)
University of Venda	May 2023	One (1)
Nelson Mandela University	February 2024	Eight (8)
Sefako Makgatho Health Sciences University	November 2023	One (1)
	February 2024	None
University of Limpopo	August 2023	None
	February 2024	Seven (7)
Total		Seventy-Five (75)

Furthermore, the ETRC updated Form 46C, the application of accreditation for clinical training facilities to ensure all required information is included in the electronic application. The rationale for this was to ensure that applications need not be sent back for clarification and thus allow ETRC to improve the turnaround time for approval of clinical training sites.

ETRC conducted a Quality Management Systems (QMS) policy workshop with all DNB members to create awareness of the HPCSA QMS policy to capacitate them on the newly approved HPCSA QMS policy which deals with all aspects related to education, training and registration activities/responsibilities of the HPCSA. Following the workshop, the DNB resolved that forms 271 and 290 used for evaluations of Dietetics and Nutrition programmes should be revised to ensure complete alignment with the QMS policy. This was concluded and furthermore the ETRC also revised the policy/addendum that provides guidance on the criteria applicable for appointment of evaluators for programme evaluations

In the reporting period, there was progress following the process of the opening of the new register for the Registered Dietitian Nutritionist (RDN). The Board has evaluated the applications from all universities currently offering dietetics and nutrition programmes to offer the new RDN programme in the future. Furthermore, the required submissions to the National Department of Health (NDoH) were completed and the new programme has been endorsed by NDoH. In parallel, the Legal and Regulatory process to promulgate the regulation relating to the qualification and undergraduate curricula of the RDN has been initiated. The Board received three universities PQM applications and approved same, for onward submission to the Council of Higher Education (CHE) for approval of their programmes. The remaining seven universities PQM applications are pending, since different higher education institutions (HEIs) have different internal process to obtain approval of a new programme.

3.2.1.1 EVALUATIONS CONDUCTED

In the April 2023 to March 2024 financial year the ETRC planned and executed the evaluation of the Dietetics programme offered the University of Pretoria. The planning for the evaluations of the Universities of KwaZulu-Natal, Western Cape and Venda during the forthcoming financial year has also commenced. All costs related to all evaluations by the Professional Board to date, have been recovered from HEIs.

3.2.1.2 EXAMINATIONS FACILITATED

In the reporting period three (3) dietitians who applied for restoration of registration were granted permission to write the Board examination at DNB approved HEIs and they successfully passed the examinations and were restored to the Dietitians register.

3.2.2 PROFESSIONAL PRACTICE (CPD)

Continuing Professional Development (CPD) and matters aligned with the Professional Practice mandate, are regulated in terms of Section 26 of the Health Professions Act, 56 of 1974, which stated that the HPCSA may from time-to-time make rules which prescribe the criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

Activities in the last financial year aligned to PPC mandate are as follows;

1. Coordinated the CPD activity hosted by the Board; i.e. the Practitioner webinar in August 2022.
2. An e-Bulletin was published to inform DNB practitioners about the new CPD system and to encourage DNB practitioners to be CPD compliant.
3. The PPC reviewed the Scope of Practice that was put together by the Nutrition Prescribing Rights Task Team.
4. To encourage practitioner participation in the Board activities, the Board invited practitioners to design an artwork for the Board. The proposed prize for the artwork that met the criteria was the sponsorship to attend the Nutrition Congress in Cape Town in April 2023. However, only very few practitioners participated, and entries received did not meet the required artwork criteria.

4. SCHEDULED NUTRITION PRESCRIBING RIGHTS TASK TEAM

The task team drafted the Scope of Practice for Dietitians for review by the Board before the call for external stakeholder input.

The task team hosted the round table meeting with experts in the field of Critical Care Nutrition. The objective for the meeting was to identify core competencies required to enable Dietitians to prescribe scheduled nutrition (S0 – S3).

The Board CPD survey tool was approved at the July 2022 Board meeting, and the said document was harmonised with Council CPD Survey tool and subsequently it was shared with the practitioners at the Bloemfontein Practitioners Roadshow in March 2023.

The CPD Compliance report related to Dietetics and Nutrition Board for the reporting period:

Board	Compliance Rate			
	April 2023		March 2024	
DNB	1481/4 295	34,5%	2 700/4 412	61%

3.2.3 Preliminary Inquiries and Professional Conduct matters

SUMMARY: 16 matters served, 2 explanations accepted, 4 guilty fines imposed, 1 matter was referred to Inquiry, 2 matters were deferred for further information and 1 matter was deferred for a consultation to seek clarity and 7 matters were deferred due to time constraints as well as no quorum. Total Fines= R 95 000.00

		Finalised by Prelim				Contempt Of council		Deferred							Referred				
DNB- Prelim Annual Statistics 2023/2024	Number of Meetings	Explanation accepted 4(7)	Cautio n/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
DNB 23/5/23	1			1	1							1							3
DNB 26/9/23	1	1			3							1							5
DNB 08/12/23	1	4	1		2				4			9							19
DNB 12/03/24	1	2		1	4			1				2	7						16
TOTALS	4	7	1	2	10			1	4			13	7						43

Professional Conduct Matters

During this reporting period 5 (five) professional conduct committees were constituted to consider matters as referred by the Committee of Preliminary Enquiry. Professional conduct committees, in line with the regulations, require the presence of two registered practitioners. It continues to remain a challenge to constitute these professional conduct committees because of the lack of adequate practitioners who are willing to participate in these committees.

4. RISK MANAGEMENT

One of the Board's governance responsibilities relates to Risk Management which entails identification and description of the risks, and mitigation of the risks identified in the risk register through regular interaction with the risk treatment plan which is reviewed and considered at the quarterly Board's meetings as part of the strategic plan.

For the reporting period, the Board considered the risk register and risk treatment plan at its quarterly meetings.

5. FINANCIAL MANAGEMENT

The quarterly and annual financial statements of the Board are the principal way in which the governing body members make themselves accountable to stakeholders. The Professional Boards utilise the information in the financial statements to ensure the financial health of the Board.

During the reporting period, the Board reviewed and assessed its financial performance utilising the presented financial performance at all the quarterly Board meetings. Furthermore, the Board used its financials to guide the implementing activities of the Board in accordance with the Annual Performance Plan 2023-24.

6. STAKEHOLDER MANAGEMENT

The Professional Board strategic/annual performance plan objectives are inclusive of stakeholder engagement objective therefore, the Board annually implements specific and directed initiatives relevant to the stakeholders Dietetics and Nutrition professions.

The following stakeholder related initiatives were implemented:

Type of Stakeholder engagement initiative	Dates
National Nutrition Congress, Cape Town	18-20 April 2023
Practitioner Webinar	3 August 2023
Practitioner Roadshow in Limpopo	28 July 2023
HPCSA Board representatives and CHE meeting regarding Registered Dietitian Nutritionist Qualification	15 February 2024
Practitioner Roadshow in Eastern Cape	15 March 2024

The Professional Board utilise various tools to engage with the external stakeholders, inclusive of newsletters and e-Bulletin electronic publications. Six e-Bulletins and Two DNB newsletters were distributed by the Dietetics and Nutrition Board (DNB) in the 2023/24 financial year.

Stakeholder Engagement Tool	Date of Publication
Dietetics and Nutrition Board Newsletters published	September 2023 March 2024
Dietetics and Nutrition Board e-Bulletins published	17 April 2023 22 May 2023 24 May 2023 05 June 2023 08 June 2023 12 December 2023

7. REGULATORY, POLICY AND GOVERNANCE FRAMEWORK REVIEW AND FINALISATION

7.1 Regulatory Achievements

The primary focus of the Board (with the support of the Department of Legal and Regulatory Affairs) during this period has been to update and follow-up on regulations relating to the Dietetic and Nutrition professions. In addition, the process for the regulation of the new cadre, The Registered Dietitian-Nutritionist is now at an advanced stage. These processes involve the drafting of Regulations for publication for comments, as well as the reviewing of all comments received. Final draft regulations together with responses to all comments received are then submitted to the National Department of Health who is responsible for their final approval and promulgation.

The following regulations were reviewed and/or finalised:

- Regulations relating to Registered Dietitian Nutritionist (RDN) Professional Qualification finalised and submitted to the NDoH
- Regulations relating to Registered Dietitian Nutritionist (RDN) Professional undergraduate curricula finalised and submitted to NDoH
- The Board participated in the development of the National CHE standard for the RDN qualification which was finalised and approved by CHE in

February 2024.

- iv. Regulations relating to RDN Scope of Profession- finalised for submission to Council when necessary
- v. Regulations relating to the Scope of Profession of Dietitians promulgated 2024
- vi. Regulations relating to the Scope of Profession of Nutritionist – promulgated 2023
- vii. Regulations relating to the names that may not be used in the profession of Dietetics and Nutrition- promulgated 2023
- viii. Regulation relating to the Additional Qualifications for registration of Dietitians approved by Council in March 2024 to be converted to Rules relating to the Additional Qualifications for registration of Dietitians, submitted to National Department of Health for promulgation
- ix. Scope of Practice of Dietitians was approved by the Board in October 2023.

7.2 Finalised Guidelines

- i. Guidelines and procedure for completion of Form 46C for evaluation of Clinical Training Facilities
- ii. Examination Guidelines of the Professional Board
- iii. Guidelines for evaluation of Work Integrated Learning sites

7.3 Finalised Forms

- i. Forms 176 NT Self- evaluation for foreign (and South African) applicants attempting to register as Nutritionist
- ii. Forms 176 NT Self- evaluation for foreign (and South African) applicants attempting to register as Dietitians
- iii. Form 271 A Procedure for self-assessment by Higher Education Institutions (HEIs) for Dietetics Education and Training Programmes
- iv. Forms 290 A and Form 290 B - Procedure for self-Assessment by Higher Education Institutions (HEIs) for Nutritionist Education and Training Programmes
- v. Form 272 – Pre-Assessment Form for Universities Registering new programmes (Application by Universities)

7.4 Other Governance documents finalised:

- i. Roles and responsibilities of a Regulator
- ii. Position statement on registration status of lecturers at Training Institutions

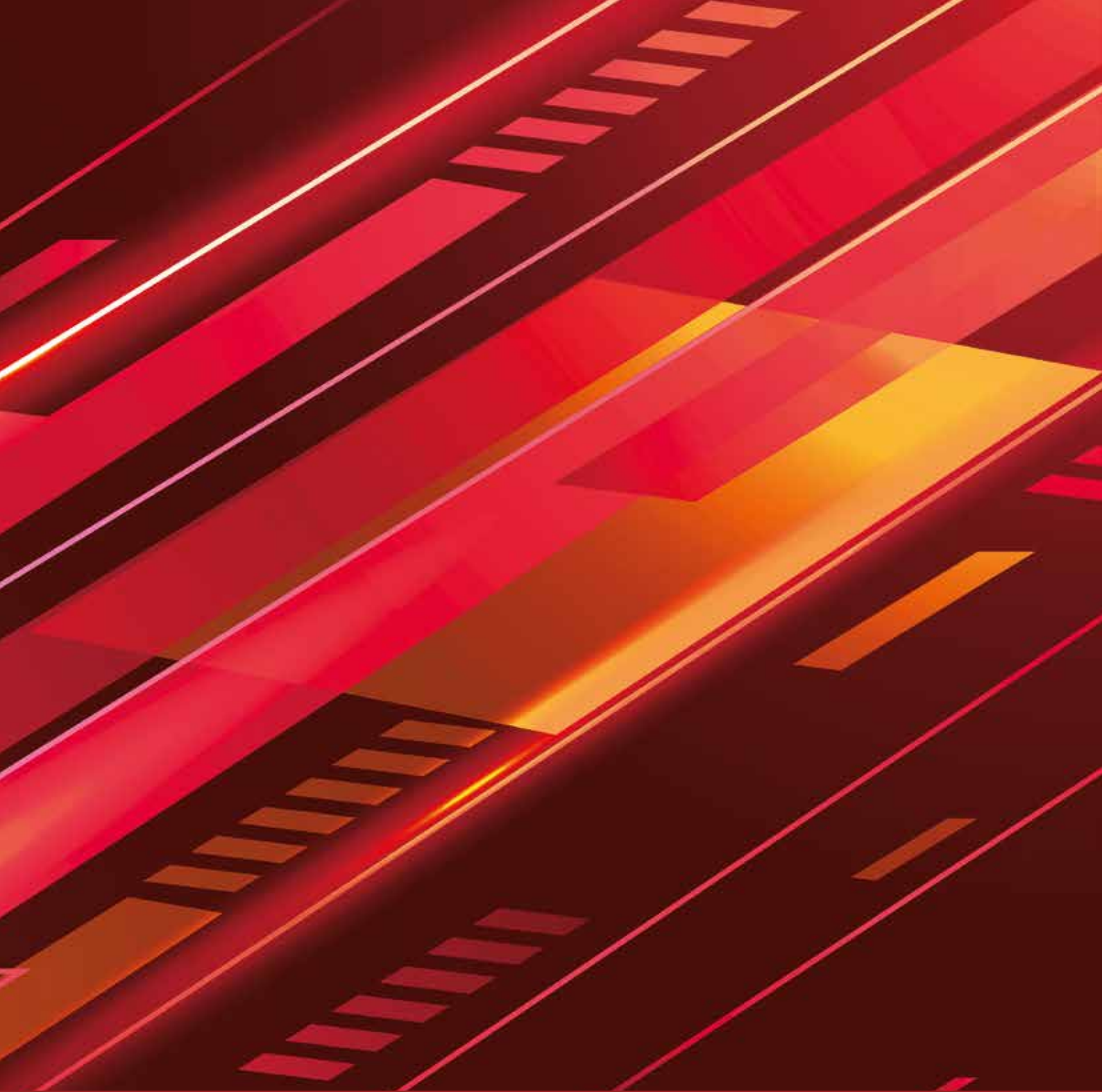
8. CONCLUSION AND REFLECTIONS OF THE BOARD

The attendance at, and participation of, all members of the Professional Board during all the meetings and Board engagements has contributed to the efficiency of the Board. Finally, the Board has its full complement of members, with the appointment of the second community representative in January 2024.

The Board has paid particular attention to the review, update and promulgation of regulations that affect the practitioners registered with the Board. The Board was also able, for the first time, to publish a scope of practice for dietitians, which together with the promulgated scope of profession will go a long way to ensuring that the profession is adequately described and protected.

In addition, evaluations of the training institutions by the Board have confirmed that our student training continues to meet the set standards. The secretariat of the Board continues to ensure adequate member and practitioner support and cost-effective management of the functioning of the Board. As the end of the term draws closer, the Board continues to prioritise communication and engagement with, and support of, their registered practitioners.





PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

1. OVERVIEW / INTRODUCTION

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene (DNB) is established in terms of Section 15 of the Health Professions Act, 56 of 1974 which details the objects and functions as well as the general powers of the Professional Board.

The Board is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act, 56 of 1974. These members must be thanked for their hard work and dedication towards achieving and upholding the mission and vision of the Health Professions Council of South Africa (HPCSA). STRATEGIC INTENT OF THE BOARD

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 Dental Assisting, Dental Therapy and Oral Hygiene professions.

Vision and mission

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 is to promote Oral Health Care to all through:

- i. Ensuring compliance for professional registration
- ii. Appropriate education and training standards
- iii. Advocacy for innovative and sustainable professional practice
- iv. Transparency

The Board works tirelessly within the parameters of good governance to ensure that it ascribes fully to achieve its vision and mission.

Strategic objectives

- i. The four broad areas of the strategic objectives are:
- ii. Effective stakeholder engagement.
- iii. Efficient and effective functioning of the Board.
- iv. Quality standards in education, training and practice.
- v. Ensuring compliance with rules and regulations.

The Board has made notable strides in achieving the strategic objectives that it has set for itself, especially in the areas of stakeholder interaction.

Most of the performance metrics and indicators have not only been met but have been achieved. There is an ongoing continuous quality improvement in all areas of the Board, including administration, financial management and stakeholder engagement.

2. GOVERNANCE

- a. The PBDOH has set up committees to enable logical grouping of the regulator work and the ease of execution and delivery. The committees that enable the Professional Boards to deliver on its Strategic Programmes are –
 - i. Education, Training and Registration Committee
 - ii. Committee of Preliminary Inquiry
 - iii. Executive Committee
- b. The Board at the meeting held in February 2023 approved a motion for establishment of an additional committee, the Professional Practice Committee. The Professional Practice Committee was established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all health practitioners registered with Council.
- c. The resolution to establish the Professional Practice Committee was rescinded at the meeting held in July 2024 because majority of Board members were of the view that the activities of the Professional Practice Committee could be handled by the Board.
- d. To achieve its strategic objectives the Board conducted the following meetings activities in the reporting period.



Dr Tufayl Ahmed Muslim

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR DENTAL ASSISTING, DENTAL THERAPY AND ORAL HYGIENE

BOARD STRUCTURE	TYPE OF MEETING	DATE
Education, Training and Registration Committee	Ordinary meeting	18 April 2023
Committee of Preliminary Inquiry	Ordinary meeting	15 May 2023
Professional Practice Committee	Ordinary meeting	31 May 2023
Board	Strategic Planning	6 June 2023
Board	Ordinary meeting	6 July 2023
Education, Training and Registration Committee	Stakeholders meeting	20 July 2023
Committee of Preliminary Inquiry	Ordinary meeting	15 August 2023
Board	Extra-Ordinary meeting	27 August 2023
Board	Stakeholders meeting	12 September 2023
Education, Training and Registration Committee	Ordinary meeting	15 September 2023
Education, Training and Registration Committee	Extra-Ordinary meeting	6 October 2023
Board	Dental assistants Webinar	11 October 2023
Board	Ordinary meeting (Budget)	24 Oct 2023
Committee of Preliminary Inquiry	Ordinary meeting	7 November 2023
Board	Strategic planning meeting	13 February 2024
Board	Ordinary meeting	14 February 2024

3. REPORT ON ANNUAL PERFORMANCE

3.1. EDUCATION AND TRAINING

- One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and it includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit.
- The Education, Training and Registration Committee convened three (3) meetings during the reporting period.

3.1.2 Evaluations

- 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.
- The following Higher Education Institutions were evaluated during this reporting period.

Name of the HEI	Programme	Date
Sefako Makgatho Health Sciences University	Oral Hygiene Programme	31 May 2023 – 1 June 2023.
Sefako Makgatho Health Sciences University	Dental Therapy Programme	31 May 2023 – 1 June 2023.
Durban University of Technology	Dental Assisting Programme	22-23 June 2023

3.1.3 Board examinations

Three (3) types of Board examinations are administered by the Board, which are the Dental Assistant examination, Foreign Qualified examination and restoration examination.

a. Dental Assistants Board examination

The purpose of Board Examinations is to measure the competence and ability of Dental Assistants who are registered in the limited category through the grandfather dispensation clause students. The Board conducts four (4) examinations every year in August, November and March. The examiner and moderator for this examination are the Board members.

The following Dental Assistant Board examinations were conducted during the reporting period:

EXAMINATION	DATE	TYPE	VENUE
DA Board Examination	November 2023	Theory	HPCSA office and across five provinces
DA Board Examination	26 March 2024.	Theory	HPCSA office and across five provinces

b. Foreign Qualified Board examination

The purpose of the Foreign Qualified Board examination is to measure the competence and ability of foreign qualified practitioners applying for registration to enter the profession. This type of examination is delegated to the Higher Education Institutions recognised by the Board. No examinations were conducted for the reporting period.

c. Restoration Board Examination

The purpose of the Restoration Board Examination is to measure the competence and ability of South African practitioners who have not practised their profession for a period of six years or more post qualification and those who were suspended from the register for a period of six years or more. This type of examination is delegated to the Higher Education Institutions recognised by the Board.

Below are the statistics of the Board examination conducted by the HEIs on behalf of the Board.

EXAMINATION TYPE	NAME OF INSTITUTION	NUMBER OF CANDIDATES
Dental Assistant Assessment	Durban University of Technology	3
Dental Assistant Assessment	Tshwane University of Technology	3
Dental Assistant Assessment	Cape Peninsula University of Technology	1
Oral Hygiene Assessment	University of the Witwatersrand	2
Oral Hygiene Assessment	University of the Western Cape	2
Dental Therapy Assessment	University of KwaZulu-Natal	1

a. PROFESSIONAL PRACTICE

- The Professional Practice Committee was established among other things to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all health practitioners registered with Council.
- The Professional Practice Committee has conducted one meeting, on 30 May 2023.
- The Board during the meeting held on 6 July 2023 rescinded the resolution to establish a Professional Practice Committee of the Board.
- The Board considered and approved the annual report submitted by the Oral Hygiene Society of South Africa (OHASA) and the South African Dental Therapists Association of South Africa (SADTA) about their CPD activities. However, the low CPD compliance rate is still an area of concern for the Board. The Board will be closely monitoring CPD compliance rates and will institute interventions to ensure that professionals under its ambit become CPD compliant.
- The Board provided input to the following Ethical Guidelines for good practice in healthcare professions-
 - Ethical guidelines on keeping of patient records – Booklet 2
 - Ethical Booklet 6
 - Ethical Booklet 12
 - Ethical Booklet 19
 - Ethical Booklet 8
 - Draft policy relating to fees chargeable for accreditation of Continuing Professional Development programmes
 - Revised guidelines of the continuing professional development programme

b. PROFESSIONAL CONDUCT

The Professional Conduct Unit is made up of three sub-divisions namely; the Committee of Preliminary Inquiries, Professional Conduct Committee and Preliminary Appeals Committee.

3.4.1 Committee of Preliminary Inquiry

- In terms of the mandate, the Committee of Preliminary Inquiry, 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 committee conducted four meetings on 15 May 2023, 15 August 2023, 7 November 2023 and 8 February 2024.
- The committee considered thirteen (13) matters and finalised eight matters in the reporting period. Nine matters were deferred.
- The fines imposed by the committee during the reporting period is R205 000

3.4.2 Professional Conduct Inquiry Committee

- The Professional Conduct Inquiry Committee is set up by a Professional Board in terms of Section 15(5) f of the Act, 56 of 1974 to conduct an

inquiry. Inquiry means an inquiry held by a Professional Board or a Professional Conduct Committee of the Professional Board under Chapter IV of the Act and regulations relating to the conduct of inquiries into alleged unprofessional conduct under the Health Professions Act, to inquire into a complaint or charge against a registered person.

- b. The performance of the Professional Conduct Unit is monitored quarterly and annually for its success rate.
- c. Three (3) Professional Conduct Inquiries were conducted during the reporting period.

3.4.3 Preliminary Appeals Committee

Regulation 4A of the regulations relating to the Conduct of Inquiries into Alleged Unprofessional Conduct under the Health Professions Act, 1974: Amendment, 2023.

There are no appeals conducted for the reporting period.

c. RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board in terms of managing the risks. The Secretariat and the Board constantly monitor the risk register, and any risks found are managed accordingly. The risk register is revised annually and is aligned to the revised strategic programmes.

d. FINANCIAL MANAGEMENT

The Board functioned well within its allocated budget in the financial year.

e. STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives is to improve stakeholder engagement through advisory and advocacy on matters affecting the profession. In this regard, the Board engaged with its stakeholders through virtual stakeholder engagements and through electronic media. The following stakeholders' engagements were conducted:

TYPE OF ENGEAGEMNT	DATE
Meeting with the higher education institutions regarding standardisation of the curricula	20 July 2023
Participated in SADA Congress:	26 – 26 August 2023
Webinar	16 August 2023
Annual Board stakeholders meeting with the training institutions, professional associations and other stakeholders	12 September 2023
Dental Assistants Webinar	11 October 2023.
Participated in OHASA National Conference	27 – 28 October 2023
Consultation with the University of Witwatersrand regarding the qualification Bachelor of Health Science in Dental Therapy	11 November 2023
Webinar	5 December 2023
Consultation with CPUT regarding the proposed qualification the university intends to offer	11 December 2023

The newsletter of the Board was published on 23 May 2023 and an e-Bulletin was published on 8 June 2023.

f. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

- a. The Board has ensured full compliance with the strategic objectives for the reporting period (April 2023 to March 2024) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members.
- b. The Board is acutely aware of the importance of exercising good governance, as entrenched in King III and King IV. To this end, the Board continues to keep high ethical and governance standards, and ensures that any potential, perceived or actual conflict is appropriately 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.
- c. The Board approved the amendments to the regulations relating to the Qualifications for registration of Oral Hygienists and recommended to Council and the Department of Health for promulgation.
- d. Approved the amendments to the regulations relating to qualifications for registration of Dental Assistants to include the qualification Higher Certificate in Dental Assisting from Central University of Technology, Cape Peninsula University of Technology, Tshwane University of Technology, and the Durban University of Technology.

- e. The Board considered the public comments on the regulations defining the Scope of the Profession of Dental Therapy, finalised the Regulations and recommended to the Minister of Health for final promulgation.
- f. The Board considered the public comments to the regulations defining the Scope of the Profession of Oral Hygiene, finalised the regulations and recommended to the Minister of Health for final promulgation.
- g. Regulations Relating to the Registration by Dental Therapists and Oral Hygienists of Additional Qualifications: Amendments were published for comments on 28 April 2023 and the Board recommended for these to be published into law following the absence of public comments by 27 July 2023.
- h. The South African Health Products Regulatory Authority (SAHPRA) acknowledged the application submitted to them for approval of the revised list of drugs that can be prescribed, purchased and used by dental therapists. The application is still under consideration by SAHPRA.

4. CONCLUSION

The Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene (PBDOH) continues to pound the path towards ensuring improved regulatory practices, setting up and implementing practices and procedures that will serve to better guide the profession and protect the public.

However, the PBDOH has unfortunately faced internal and external challenges that serve as unwelcome and unnecessary challenges and distractions, and that are obstacles and hindrances to the progressive work of the PBDOH. Some of these internal challenges include the suspension of a board member; and threats of a legal, political and criminal nature being made by a few practitioners against Board members for carrying out their duties. As Chair some of these threats have been tendered against me in my personal capacity, and whilst criminal and civil action will be instituted against these individuals, I want to assure practitioners and the public that I personally will not accede to such threats and will never allow these threats to interfere with, or sway, the work of the PBDOH in fulfilling its mandate to both the practitioners and the public.

Other internal threats that have been shown include that a few practitioners are placing the health, and indeed the very lives, of patients at risk by performing procedures that are beyond their Scope of Practice and/or their training, education, competence and practice. To this end, as the Chair of the Board, I plead on behalf of the PBDOH, to all practitioners registered under the ambit of the Board to fully abide by all the rules and regulations of the country and the HPCSA. As healthcare practitioners we have been tasked with a noble profession, and patients trust us as registered professionals to act in an ethical manner, and within the framework of ethical principles, such as beneficence, non-maleficence, justice etc. Thus, we should serve our patients to the highest ethical standards, and not compromise our ethics in the pursuit of monetary or other rewards.

A concern that is at the forefront of the PBDOH is the scant compliance with the CPD requirements by Dental Assistants, Dental Therapists and Oral Hygienists in fulfilling CPD requirements, and the PBDOH will be taking strict measures to ensure compliance. I urge every practitioner to continuously update his or her knowledge, and in so doing improve one's knowledge and be placed in a position to offer a health service that is current, valid, and of the highest possible standard. This will lead to improved safety and standards, and the best possible patient outcomes.

The PBDOH had unfortunately since its inception a vacancy for an oral hygienist, and we welcome the appointment of Ms T Mokale to the Board. She is an Oral Hygienist from the University of the Witwatersrand, and we trust that she would make a positive contribution to the PBDOH.

I pray and trust that all practitioners continue to render excellent health care services to the people of South Africa, and that patients' views of the dental profession increase positively, so that patients see dental professionals as being key partners to their improved health in general, and oral health in particular.







MEDICAL AND DENTAL PROFESSIONS BOARD

1 OVERVIEW

The constitution of Professional Boards is in terms of regulations made by the Minister of Health in consultation with Council in terms of sections 15(4) and (5) of the Act. The Professional Boards control the professions falling within their ambit under the overarching coordination and guidance of the HPCSA and are coordinating bodies for all the healthcare practitioners registered with Council and are established for a specific profession, deals with any matters relating to a specific profession.

The Medical and Dental Professions Board was constituted in terms of the regulations relating to its Constitution contained in Regulation No. R 1254 of 28 November 2008. The Board comprises 45 members appointed by the Minister of Health for a period of five years, as of October 2020 and will end in September 2025.

The Professional Board in terms 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 following committees namely; 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)

STRATEGIC INTENT OF THE BOARD

Vision and Mission

The vision of the Medical and Dental 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 professional 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 Board will deliver on its mandate through:

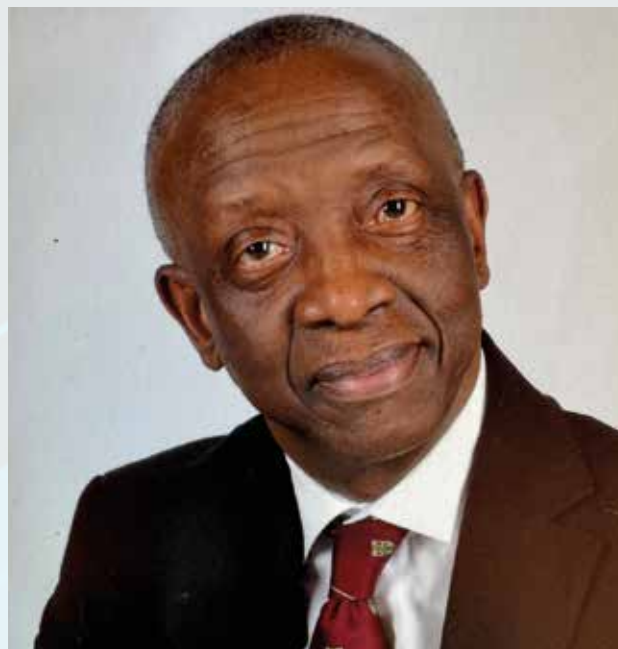
- Expecting honesty and integrity from its members
- Acting with respect, fairness and transparency to all
- Regulating consistently and decisively
- Functioning effectively and efficiently
- Ensuring accountability for its actions

The Strategic Goals

In February 2021, the Professional Board held the strategic planning workshop to discuss the strategies that the Board will be pursuing over the term of office. The strategy of the Board is premised around the wins of the preceding strategic plan of the Medical and Dental Profession Board. The Professional Board chose four (4) goals that will be used as building blocks towards achievement of the stated goals and specific identified initiatives.

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 stakeholder



Prof Arthur Rantloane

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL AND DENTAL PROFESSIONS

2 GOVERNANCE

Committees of the Board

- i. Committee for Medical Science Committee (CMS)
- ii. Dental Committee (Dentco)
- iii. Medical Education, Training and Registration Committee (METRC)
- iv. Professional Practice Committee (PPC)
- v. Health Committee (HC)
- vi. First Medical Committee of Preliminary Inquiry (Prelim Med-1)
- vii. Second Medical Committee of Preliminary Inquiry (Prelim Med-2)
- viii. Third Medical Committee of Preliminary Inquiry (Prelim Med-3)
- ix. Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)
- x. Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)
- xi. Dental Committee of Preliminary Inquiry (Prelim Dent)
- xii. Forum for Chairs for Committees of Preliminary Inquiry (Chairs Prelim)
- xiii. Executive Committee (ExCO)

Meetings

In the reporting period, the following meetings and workshops were convened ;

Professional Board meetings	Strategic Planning Session: 1 Meetings: 5
Executive Committee meetings (ExCO)	Meetings: 6 Workshop: 1
Committee for Medical Science (CMS)	Meetings: 7 Task Teams: 3 Workshops: 2
Dental Committee (DC)	Meetings: 5 Workshops: 1
Medical Education, Training and Registration Committee (METRC)	Meetings: 7
Practice Committee (PPC)	Meetings: 6 Workshop: 1
Health Committee (HC)	Meetings: 5
First Medical Committee of Preliminary Inquiry (Prelim Med-1)	Meetings: 6
Second Medical Committee of Preliminary Inquiry (Prelim Med-2)	Meetings: 5
Third Medical Committee of Preliminary Inquiry (Prelim Med-3)	Meetings: 7
Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)	Meetings: 6
Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)	Meetings: 5
Dental Committee of Preliminary Inquiry (Prelim Dent)	Meetings: 7
Forum for Chairs of Preliminary Inquiry	Meetings: 3
Stakeholder engagements	6

Board training

Evaluators	1
Regulatory Training of Council and Professional Board members (September and October 2023)	2
Committees of Preliminary Inquiries	1

3 EDUCATION AND TRAINING

In terms of Health Professions Act, 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.

Curriculum review: Qualifications not prescribed for registration

The curriculums of the following universities were reviewed and deemed to be of satisfactory standard for professional education and training for registrability upon successful passing the Board Examination:

Qualification	University	Approval August 2023 (METRC)
Medical Qualification	University of Pecs, Hungary	Examination track
Medical Qualification	Zhejiang Chinese Medical University, China	Examination track
Medical Qualification	Irkutsk State Medical University, Russia	Examination track
Medical Qualification	Kazan State Medical University, Russia	Examination track
Medical Qualification	Guru Gobind Singh Indraprastha University, India	Examination track
Medical Qualification	Windsor University School of Medicine, Saint Kitts and Nevis in the Caribbean	Examination track
Medical Qualification	Changsha Medical University, China	Examination track
Medical Qualification	I.M. Sechenov First Moscow State Medical University, Russia	Examination track
Medical Qualification	Binzhou Medical University, China	Examination track
Medical Qualification	Kursk State Medical University, Russia	Examination track
Medical Qualification	Peoples' Friendship University of Russia, Russia	Examination track
Medical Qualification	Latin American School of Medicine, Cuba	Examination track
Medical Qualification	North China University of Science and Technology, China	Examination track
Qualification	University	Approval 30 & 31 Oct 2023 (METRC)
Medical Qualification	Yangtze University Medical School, China	Examination track
Medical Qualification	Henan University of Science and Technology, China	Examination track
Medical Qualification	Tongji University School of Medicine, China	Examination track
Medical Qualification	University of Tripoli, Libya	Examination track
Qualification	University	Approval 7 March 2024 (METRC)
Medical Qualification	Jinzhou Medical School, China	Examination track
Medical Qualification	Yanepoya Medical College, India	Examination track
Medical Qualification	Riga Stradins University, Latvia	Examination track
Medical Qualification	Anna Medical College, Mauritius	Examination track
Medical Qualification	Hamdard College of Medicine and Dentistry, Pakistan	Examination track
Medical Qualification	Shandong University, China	Examination track
Medical Qualification	Manipal University College Malaysia	Examination track
Medical Qualification	Peking University, China	Examination track
Medical Qualification	Hubei University, China	Examination track
Medical Qualification	China Medical University, China	Examination track
Medical Qualification	University of Namibia, Namibia	Examination track
Qualification	University	Approval 3 Oct 2023 (Dentco)
Dental Qualification	St. Joseph Dental College, India	Dental Board Examination
Dental Qualification	Saveetha University, India	Dental Board Examination

Evaluations

Medical Internship training sites

HOSPITAL	DATE VISITED	ACCREDITATION PERIOD
Philadelphia Hospital	21 and 22 June 2023	2 years
Madadeni/New Castle Hospital complex	28 June 2023	2 years
Prince Mshiyeni Hospital	30 June 2023	3 years
Groote Schuur Hospital complex	5 July 2023	1 year
Far East Rand Hospital	24 July 2023	2 years
Themba Hospital	26 July 2023	1 year
Robert Mangaliso Sobukwe Hospital	20 and 21 July 2023	2 years
Philadelphia/ Groblersdal Hospital Complex	20-21 June 2023	2 years
Mamelodi Regional Hospital	25 July 2023	2 years
Dr Pixley ka Isaka Seme Memorial Hospital	27 July 2023	1 year
Sebokeng/Kopanong Hospitals Complex	27 July 2023	1 year
Mofumahadi Manapo Mopeli Hospital /Elizabeth Ross Hospital Complex	2 August 2023	1 year
2 Military Hospital	3 August 2023 and 27 November 2023	1 year

Elim Hospital	25th October 2023	3 years
Pietersburg/Mankweng Hospital	29 August 2023	2 years
St Ritas Regional Hospital	29 August 2023	1 year
Witbank Hospital	31 August 2023	2 years
Mokopane Regional Hospital	12 September 2023	2 years
Tshilidzini Hospital/ Donald Fraser/Malamulele Training Complex	20 September 2023	2 years
Rob Ferreira Hospital	27 September 2023	2 years
Joe Morolong Memorial/Taung hospital Complex	4 October 2023	2 years
Khayelitsha Hospital	6 October 2023	2 years
Chris Hani-Baragwanath Academic Hospital	19 October 2023	2 years
Pietermaritzburg Hospital Complex	23 October 2023	2 years
Helen Joseph/Rahima Moosa Hospital complex	24-25 October 2023	2 years
Pholosong Hospital	1 November 2023	1 year
Bongani Regional Hospital	14 November 2023	1 year
Letaba Hospital	21 November 2023	Evaluators could not finalise the report due to outstanding reports from hospital. The hospital is again on list for 2024
Tonga District Hospital	29 December 2023	Recognised as a training site to train interns in Family Medicine only

University of Limpopo expanded training platform. Evaluation 19 to 20 October 2023

NAME OF SITE	ACCREDITATION PERIOD	
Botlokwa District Hospital	5 years	2028
Seshego Hospital	5 years	2028
Tshilidzini Regional Hospital	2 years On condition that the sites submit progress reports on a six-monthly basis to the Board	2025
Kgapane District Hospital	2 years On condition that the sites submit progress reports on a six-monthly basis to the Board	2025

Dental undergraduate and postgraduate accreditation evaluation schedules:

DENTAL UNDERGRADUATE PROGRAMMES: BDS			
INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
University of the Witwatersrand	September 2016 and August 2017	2 years	2025
University of the Western Cape	17 to 21 October 2022	5 years	2027
University of Pretoria	25 to 29 July 2022.	3 years	2025

DENTAL POSTGRADUATE PROGRAMMES: BCHD			
INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
University of the Witwatersrand	12 to 16 September 2022.	5 years	2027
University of the Western Cape	2021 (25 to 29 October 2021).	5 Years	2026
University of Pretoria	18 to 22 October 2021.	5 Years	2026
Sefako Makgatho Health Sciences University	October 2019 Follow up 27 & 28 Sept 2021	5 years	2024

Medical undergraduate and postgraduate accreditation evaluation schedules:

MEDICAL UNDERGRADUATE PROGRAMMES: MB CHB AND MBCH PROGRAMMES			
INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
Stellenbosch University	Renewed curriculum 24-26 Feb 2020?	Renewed curriculum 3 years	2027
University of the Free State	12 to 16 Sept 2022	5 years	2026

University of Cape Town	September 2019	5 years	2027
Sefako Makgatho Health Sciences University	9-13 March 2020	5 years	2026
University of Pretoria	30 September to 04 October 2019	5 years	2026
University of the Witwatersrand	15-19 July 2019	5 years	2024
Nelson Mandela University	27-30 June to 01 July 2022	2 years	2027
Walter Sisulu University	10 to 14 October 2022	5 years	2026
University of KwaZulu-Natal	7-11 May 2018	5 years	2026
University of Limpopo	16 to 20 August 2021	2 years	2024
BCMP PROGRAMMES			
Walter Sisulu University	13 to 17 September 2021	5 years	2026
University of Pretoria	27 September to 1 October 2021	3 years	2025

Medical postgraduate programmes

INSTITUTION	EVALUATION DATES	ACCREDITATION PERIOD	NEXT VISIT
University of the Free State	25-28 March 2019	5 years	02 to 06 Sept 2024
University of KwaZulu-Natal	13-16 August 2019	5 years	2025
University of Limpopo	11-13 March 2019	5 years	8 to 12 May 2023
Sefako Makgatho Health Sciences University	01-02 September 2022	5 years	2027
Stellenbosch University	19 - 21 August 2015	5 years	16 to 20 October 2023 report to be approved
University of Cape Town	22 – 24 June 2015	5 years	06 to 10 Nov 2023 report to be approved
University of the Witwatersrand	04 to 08 July 2022	5 years	2027
University of Pretoria	18 to 22 July 2022	5 years	2027
Walter Sisulu University	18 - 21 July 2016	5 years	31 July to 01-04 August 2023 report to be approved

Examinations

Dental Examinations

Below Dental exam schedule:

Part	Date	Examination	Venue*
	14 September 2023	Bioethics paper	ODH6-24
	7 October 2023	MCQ Paper 1	CBT lab
	7 October 2023	MCQ Paper 2	CBT lab
	14 October 2023	OSPE Paper 1	CBT lab
	15 October 2023	OSPE Paper 2	CBT lab
	13 15 November 2023	Practical exam	ODH Skills Lab

Medical examinations

Written examination: 25 October 2023

Date of exam 25 October 2023	Exam Venue UKZN
Exam format	Written
Total number of candidates invited	270
Number of candidates who confirmed attendance	220
Number of candidates that declined invitation	50
Total candidates that took the exam	217
Date of exam 25 October 2023	Exam Venue UKZN
Exam format	Written

Total number of candidates that took the exam	256
Number of candidates who passed the exam	80
Number of candidates who were condoned to pass	0
Number of candidates who failed the exam	176
Pass Rate	31%

OSCE examination: 5 and 6 December 2023

Date of exam 5 and 6 December 2023	Exam Venue SMU Skills Centre
Exam format	OSCE
Total number of candidates invited	69
Number of candidates who confirmed attendance	69
Number of candidates that declined invitation	0
Total candidates that took the exam	68
Total number of candidates absent	01

Date of exam 5-6 December 2023	Exam Venue UKZN
Exam format	OSCE
Total number of candidates that took the exam	68
Number of candidates who passed the exam	64
Number of candidates who failed the exam	04
Pass Rate	94%

Date of exam	21 and 22 February 2024	Exam Venue	SMU Skills Centre
Exam format	OSCE		
Total number of candidates invited	96		
Number of candidates who confirmed attendance	79		
Number of candidates that declined invitation	17		
Total candidates that took the exam	79		
Total number of candidates absent	0		

Date of exam	21 and 22 February 2024	Exam Venue	UKZN
Exam format	OSCE		
Total number of candidates that took the exam	79		
Number of candidates who passed the exam	15		
Number of candidates who failed the exam	64		
Pass Rate	18%		

Date of exam	20 March 2024	Exam Venue	UKZN
Exam format	Written		
Total number of candidates invited	320		
Number of candidates who confirmed attendance	256		
Number of candidates that declined the invitation	64		
Total candidates that took the exam	256		

Medical Science (Portfolio Submissions)

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

Summary of the May 2023 cycle

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
May 2023 cycle	32	32	0	0

Summary of the September 2023 cycle

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
Sept 2023 cycle	15	15	0	0

Summary of the January 2024 cycle

CYCLE	NUMBER OF PORTFOLIOS RECEIVED	APPROVED/FINALISED	OUTSTANDING/STILL IN PROGRESS	NUMBER OF REGISTERED INTERNS
Jan 2024 cycle	Twenty-Nine (29 (intents to Submit))	27	2	0

4 PROFESSIONAL PRACTICE (CPD)

CPD is the responsibility of every registered healthcare practitioner. The programme is implemented under the legislative authority of section 26 of the Health Professions Act, 1974 (Act No. 56 of 1974). Compliance with CPD requirements is mandatory for all practitioners.

Various communications initiatives and tools were utilised to ensure that the campaign reaches a wider spectrum to guarantee that practitioners receive the desired messages.

The communication objectives were the follows:

- Create awareness around CPD programme and compliance.
- Improve understanding of CPD requirements.
- Stipulate the consequences of non-compliance to CPD programme.
- Increase CPD compliance of the MDB.

The following target audience (stakeholders of the MDB) were the focus of the campaign: -

- Registered practitioners.
- Mainstream media houses.
- Professional Associations.
- Public service employers

Various media houses were provided with focused articles, on both print and electronic media, throughout the country to ensure that awareness and exposure are reached. Digital media platforms including the website and social media pages were used to disseminate information.

The following communication channels will be utilised:

- e-Bulletin only for MDB practitioners
- SMSes
- Facebook
- HPCSA website
- LinkedIn
- Symposia arranged by Corporate Affairs

MDB CPD compliance

BOARD	March 2023	July 2023	September 2023	January 2024	February 2024
MDB	8505 / 60404 (14.1%)	11896 / 61253 (19.4%)	14546 / 61505 (23.7%)	16973 / 62056 (27.3)	18591 / 62943 (29.5%)

5 PROFESSIONAL CONDUCT (TABLE FORMAT)

Overview

Professional Conduct Unit comprises two sub-divisions namely the prelim and conduct inquiries as their establishment and purpose is explained below:-

- Preliminary Committee of Inquiry means committee established by Professional Board in terms of section 15(5) ff of the Act, 56 of 1974 for the prelim investigation of complaints to make a determination thereon.

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, 56 of 1974, and to report thereon any trends to the Professional Board for further deliberation.

- Preliminary Inquiry means an inquiry held in terms of regulations by preliminary committee of inquiry to consider complaint against a person registered in the Professional Board register concerned in order to make a determination on the appropriate manner of dealing with such complaint.
- Preliminary Conduct Committee means committee established by Professional Board in terms of section 15(5) f of the Act, 56 of 1974 to conduct inquiry.
- Inquiry means and inquiry held by Professional Board or a professional conduct of the Professional Board under Chapter IV of the Act and this regulation to enquire into a complaint or charge against the registered person.

First Medical Committee of Preliminary Inquiry (Prelim Med-1)

PRELIM 1		Finalised by Prelim					CONTEMPT Of Council		Deferred								Referred			
	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
MED1 4-5/5/ 23	1	20	2	4	2				5	2										35
MED1 17-18/7/23	1	17	5	5	6				5				1							39
MED1 7-8/9/23	1	16	2	1	9				1	3			1							33
MED 1 2-3/11/23	1	23	1	1	10	1			4	6			2				1			49
MED 1 22-23/1/24	1	21	3	1	5				7	1							1		1	40
MED 1 4-5/3/24	1	22	2		7	2			3	2					7		2		1	48
TOTAL	6	119	15	12	39	3	0	0	25	14	0	0	4	0	7	0	4	0	2	244

Second Medical Committee of Preliminary Inquiry (Prelim Med-2)

PRELIM 2	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
*MED2 2-3/5/23	1	21	1	0	10	0	1		7	2		1	12							55
MED 2 19-21/7/23	1	23	2		4				3	2		1	6							41
MED2 19-20/9/23	1	10	1		3		2	2		1	1		1							21
MED2- 24-26/01/24	1	39	1	2	7	2	1		6	4			11							73
MED 2 25-26/3/24	1	13	3	1	7				1				8	18						51
MED 1 4-5/3/24	1	22	2		7	2			3	2					7		2		1	48
TOTAL	5	106	8	3	31	2	4	2	17	9	1	2	38	18	0	0	0	0	0	241

Third Medical Committee of Preliminary Inquiry (Prelim Med-3)

PRELIM 3	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
MED3 24-25/5/23	1	20	3	8	3	2			11		1		2				1			51
MED3 26-27/7/23	1	10	7	6	6		1		19			1	7						1	58
MED 3 3-4/10/23	1	24	6	4	7	2			11	1			7						1	63
MED 3 29-30/11/23	1	20	1	8	9	1		1	10				10							60
MED3- 30-31/01/24	1	7	2	11	3	4			8	1			7							43
MED 3 25-26/3/24	1	30	4	4	7	2			10	1			6							64
TOTAL	6	111	23	41	35	11	1	1	69	3	1	1	39	0	0	0	1	0	2	339

Fourth Medical Committee of Preliminary Inquiry (Prelim Med-4)

PRELIM 4	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
MED4 17-18/5/23	1	23		2	5			1		1		1	6							39
MED4 12-13/7/23	1	14		2	4								2							22
MED4 13-14/9/23	1	14	1	2	1	1			3	8			3							33
MED4 15-16/11/23	1	21	2	3	3		3		1				8							41
MED4- 17-18/01/24	1	13		2	6				1	1			4							27
MED 4 13-14/3/24	1	16	1	2	5	1			3				4							32
TOTAL	6	101	4	13	24	2	3	1	8	10	0	1	27	0	0	0	0	0	0	194

Fifth Medical Committee of Preliminary Inquiry (Prelim Med-5)

PRELIM 5	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
*MED5 19/04/2	1	8	1	2	1	2			2				1							18
MED5-27-28/6/23	1	13	2	3	2	1			3	1			1		4					30
MED5 17-19/10/23	1	33	1	4	4		1		4	5			2				1			55
MED5 6/12/23	1	2			3		4						2	21						31
*MED 5 28-29/2/24	1	19	1	1	6	1			4	1			13		2		1			49
TOTAL	5	75	5	10	16	4	5	0	13	7	0	0	19	21	6	0	2	0	0	183

Dental Committee of Preliminary Inquiry (Prelim Dent)

PRELIM DENT	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
DENT 11/5/23	1	4	0	1	2				3	2										12
DENT- 23/6/23	1	2	1		3				2	5			2							15
DENT 18/8/23	1	8		2	5	3			3	2										23
DENT 25/10/23	1	5	0	0	8		1		1					12					0	27
DENT 4/12/23	1	5	0	0	8		1		1					12			1		0	28
DENT 26/2/24	1	4	2	2	6	1	1		2					9						27
TOTAL	6	28	3	5	32	4	3	0	12	9	0	0	2	33	0	0	1	0	0	132

MDB Annual		Finalised by Prelim					CONTEMPT Of Council		Deferred								Referred			
	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Of Council	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
TOTAL	34	540	58	84	177	26	16	4	144	52	2	4	129	72	13	0	8	0	4	1333

PRELIM APPEALS MEETINGS HELD

There were 12-day prelim appeals meetings held in the month of March 2024 for the Medical and Dental Professions Board

6 RISK MANAGEMENT

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

7 FINANCIAL MANAGEMENT

The review and monitoring of budget of the Board and its Committees and ensured that cost cutting measures are implemented and adhered to such as convening meetings back-to-back

8 STAKEHOLDER MANAGEMENT (PURPOSE AND TABLE)

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 Councils 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.

The following stakeholder engagements took place in the reporting period:

1 April 2023: MAATLA Group

6 April 2023: HPCSA, CMSA, SAQA and CHE

9 June 2023: SAMATU, SADA, SAMDP, SAMA, OSSA and RSSA

Stakeholder engagements held by the Committee for Medical Science:

NAME OF THE FACILITY	DATE OF THE MEETING
University of KwaZulu-Natal	24 March 2023
Molecular Diagnostic Services	24 March 2023
University of Pretoria	29 March 2023
University of the Witwatersrand	25 April 2023
Sefako Makgotho Health Sciences University	25 April 2023
Ampath Trust	05 April 2023
Lancet	05 April 2023
National Institute for Occupational Health	05 April 2023
National Institute for Communicable Diseases	05 April 2023
University of the Free State	04 May 2023
PathCare	09 May 2023
University of Cape Town	09 May 2023
Stellenbosch University	09 May 2023
Gene Diagnostics	04 May 2023
Oncolab	04 May 2023
Klerksdorp hospital	04 May 2023
Stakeholder engagement on Revised National Curriculum and Portfolio of Evidence	23 February 2024
Evaluators, assessors and moderators workshop	23 February 2024
Stakeholder engagement accreditation	01 March 2024

9 POLICY AND GOVERNANCE FRAMEWORK REVIEW (SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

- Scope of the profession/ practice

There were no amendments to the scope of the profession/ practice for the following professional groups: Medical Science, Clinical associates, Medical Practitioners or Dental Practitioners
- Rules for additional qualifications:

Rules relating to the registration by medical practitioners and dentists of additional qualifications: amendment (Updated March 2023 & September 2023)
- Rules and Regulations:

Regulations Relating to the qualifications for the registration of Medical Scientist.
Regulations Relating to registration of Students in Genetic Counselling
Regulations relating to the registration of interns in Medical Science
- Revised guidelines / policies:

Review Booklet 12: Management of Healthcare Waste
Booklet 12 to be scrapped as a standalone booklet as it was not in the regulatory framework of the HPCSA

Review of ethical rules and guidelines: booklet 3 - Patients' rights charter
Booklet 3 be scrapped as a standalone booklet and a mention of the Board's endorsement of the Patients' Rights Charter be included in the Ethical Rules preamble

Revised Examination guidelines

Policy for evaluation of medical programmes

Policy regarding training of interns in Medical Science (CMS A)

Guidelines for application for registration of qualification not prescribed for registration (foreign qualification) as medical practitioners and medical specialists (Form 176 MP)
- New guidelines/policies developed and approved:

Virtual Meetings Guidelines
- Framework:

Revised criteria and application form to serve as evaluator for medical science (CMS 07)

10 CONCLUSION (REFLECTION ON THE PERFORMANCE OF THE BOARD)

The Board and its committees had an extremely busy year under review. It is however commendable that despite these challenges, Board and its committees managed to make a significant dent in the backlog of matters requiring attention. Chief among those were programme accreditations for universities, laboratories and hospitals, whilst guideline and regulatory reviews constituted another activity requiring urgent attention.





PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

1. OVERVIEW / INTRODUCTION

The Professional Board for Medical Technology (PBMT) is established in terms of Section 15 of the Health Professions Act, 56 of 1974. Section 15 of the Act details the objects and functions as well as the general powers of the Professional Board.

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

2. STRATEGIC INTENT OF THE BOARD

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 Medical Technology.

Vision and mission

The mission of the Professional Board for Medical Technology's is Quality and ethical medical technology services for all.

The mission is to develop, strengthen, implement, monitor, and evaluate quality standards in education, training, and practice environments by:

- Implementing academic articulation route for developing career progression.
- Ensuring compliance to requirements for registration, licensure, CPD, ethical rules and scope of the profession.
- Embracing technological progressions.
- Promoting development of specialisation discipline categories in the profession.
- Promoting postgraduate education.
- Proactively aligning to the needs of the country through effective stakeholder engagement.

Strategic objectives

The Board has five strategic goals spread out for execution over the five-year term of Council that will be driving focus. The Board is focusing on specific strategic programmes to deliver its mandate. The five broad areas of the strategic goals are:

- Digitally enabled Professional Board by 2025.
- Improved relationships between Professional Board for medical technology professions and relevant stakeholders by the end of the term (2025).
- Approved reviewed scope of profession by 2025.
- Achieved fully funded professional conduct processes.
- Improved professional conduct processes.

Most of the performance metrics and indicators have been achieved.

3. GOVERNANCE

3.1 Committees of the Board

The PBMT has set up the following committees to enable it to deliver on its mandate and achieve the set strategic goals :-

- a. Education, Training and Registration Committee
- b. Professional Practice Committee
- c. Committee of Preliminary Inquiry
- d. Executive Committee

3.2 Meetings

To achieve the set strategic objectives, the following meetings and Board activities were conducted between in the reporting period.

BOARD STRUCTURE	TYPE OF MEETING	DATE OF MEETING
Education, Training and Registration Committee	ETRC with SMLTSA	13 April 2023
Board	MTB Strategic planning meeting	19 April 2023
Board	MTB Board meeting	20 April 2023
Committee of Preliminary Inquiry	Ordinary meeting	8 May 2023
Board	Ordinary meeting	20 July 2023



Ms Akhona Vuma

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR MEDICAL TECHNOLOGY

Education, Training and Registration Committee	ETRC meeting	9 June 2023
Professional Practice Committee	Ordinary meeting	14 August 2023
Education, Training and Registration Committee	Ordinary meeting	28 August 2023
Executive Committee	Special meeting	6 September 2023
Board	Budget Board meeting (to be continued)	26 October 2023
Executive Committee	Exco, NDoH & PHSDSBC -Forensic Pathology Officers Registration	13 October 2023
Committee of Preliminary Inquiry	Ordinary Meeting	2 November 2023
Board	Budget Board meeting (continuation meeting)	6 November 2023
Professional Practice Committee	Ordinary PPC meeting	7 November 2023
Education, Training and Registration Committee	Ordinary ETRC	23-24 November 2023
Board	MTB Strategic planning meeting	8 February 2024
Board	MTB Board meeting	24 February 2024
Education, Training and Registration Committee	ETRC meeting	8 March 2024
September 2022	18	18

4. REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING

- One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit.
- During the year under review the Education, Training and Registration convened four (4) meetings.
- The committee considered and made a recommendation to the Board to consider approving quite a few guidelines and policies.

4.1.2 Evaluations

- 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 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.
- The following Higher Education Institutions were evaluated during this reporting period.

Name of the HEI	Program	Date
Durban University of Technology	BHSc: MLS programme	30 November –
1 December 2023	Bachelor of Health Sciences: Medical Laboratory Science	7 – 8 September 2022
Central University of Technology:	BHSc: MLS programme	20-21 February 2024
Vaal University of Technology	BHSc: MLS programme	12-13 March 2024
Mangosuthu University of Technology	BHSc: MLS programme	26-27 March 2024

- A total of one hundred and eight (108) laboratories were evaluated, sixty-eight (68) of them were approved, and forty (40) were not approved. The evaluations of clinical training facilities are conducted for the placement of students and interns in the categories of Laboratory Assistants, Medical Technicians, Medical Technologists and Medical Laboratory Science for all the approved disciplines.

4.1.3 Board examinations

The Society of Medical Laboratory Technologists (SMLTSA) conducts the Board examinations on behalf of the Board. The following Board examinations were conducted during the reporting period.

- The Laboratory Assistant Board examination was conducted in April 2023.
- The Medical Technicians Board examination was conducted in October 2023.
- The Medical Technologist Board examination was conducted in September 2023.
- The Medical Technologist Board examination was conducted in March 2024.

4.2 PROFESSIONAL PRACTICE (CPD)

The Professional Practice Committee conducted two meetings during the reporting period.

The committee considered and approved the annual CPD reports submitted by the Society of Medical Laboratory Technologists of South Africa (SMLTSA) regarding their CPD activities. The University of Johannesburg has not submitted any report and had no CPD activities, however the Board has resolved to retain its status as a provider.

4.3 PROFESSIONAL CONDUCT

The Professional Conduct Unit is made up of three sub-divisions namely; the Committee of Preliminary Inquiries, Professional Conduct Committee and Preliminary Appeals Committee.

4.3.1 Committee of Preliminary Inquiry

- In terms of the mandate of the Committee of Preliminary Inquiry, the committee 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 two meetings during the reporting period.
- The committee conducted two meetings during the reporting period, on 8 May 2023, 25 November 2023, and due to quorum issues, no meetings were conducted by the Committee of Preliminary Inquiry during the second and the third quarter.

4.3.2 Professional Conduct Inquiry Committee

- The Professional Conduct Inquiry Committee is established by a Professional Board in terms of section 15(5) f of the Act 56 of 1974 to conduct inquiries into alleged unprofessional conduct under the Health Professions Act, to inquire into a complaint or charge against a registered person.
- The performance of the Professional Conduct Unit is monitored quarterly and annually for its success rate.
- Three (3) Professional Conduct Inquiries were conducted during the reporting period.

4.3.3 Preliminary Appeals Committee

Regulation 4A of the regulations relating to the Conduct of Inquiries into Alleged Unprofessional Conduct under the Health Professions Act, 56 of 1974: Amendment, 2023.

There are no appeals conducted for the reporting period.

4.4 RISK MANAGEMENT

The Board has developed a risk register linked to the strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board meeting in terms of managing the risks. The secretariat and the Board constantly monitor the risk register, and any risks that are identified and managed. The Risk Register is revised annually and is aligned to the revised strategic programmes.

4.5 FINANCIAL MANAGEMENT

The Board functioned well within its given budget in the new financial year.

4.6 STAKEHOLDER MANAGEMENT

One of the Board's key strategy objectives was to improve stakeholder engagement through advisory and advocacy on matters affecting the professions under the ambit of the Board.

The following stakeholders' engagements were conducted:

TYPE OF ENGAGEMENT	DATE
Annual meeting between ETRC and SMLTSA	13 April 2023
Annual Stakeholders meeting conducted	10 May 2023
Consultative Meeting with NDoH, OHSC, SAHPRA - private practice regulation for Medical Technologists and Medical Laboratory Scientists	11 May 2023
Consultative meeting with Board representatives and SANBS	31 July 2023
Consultative meeting with Board representatives, SANBS and the Phlebotomy Scientific Committee of the SMLTSA	6 September 2023
Practitioners Webinar	19 September 2023
Consultative meeting between the Board Representatives and CHE	11 October 2023
Exco & NDoH consultative meeting for Forensic Pathology Officers	13 October 2023
Participated and presentation at the SMLTSA Congress	21-23 October 2023
Consultative meeting with Board representatives, 1 Military Training Facility	6 January 2024
Practitioners' Physical roadshow	25 February 2024

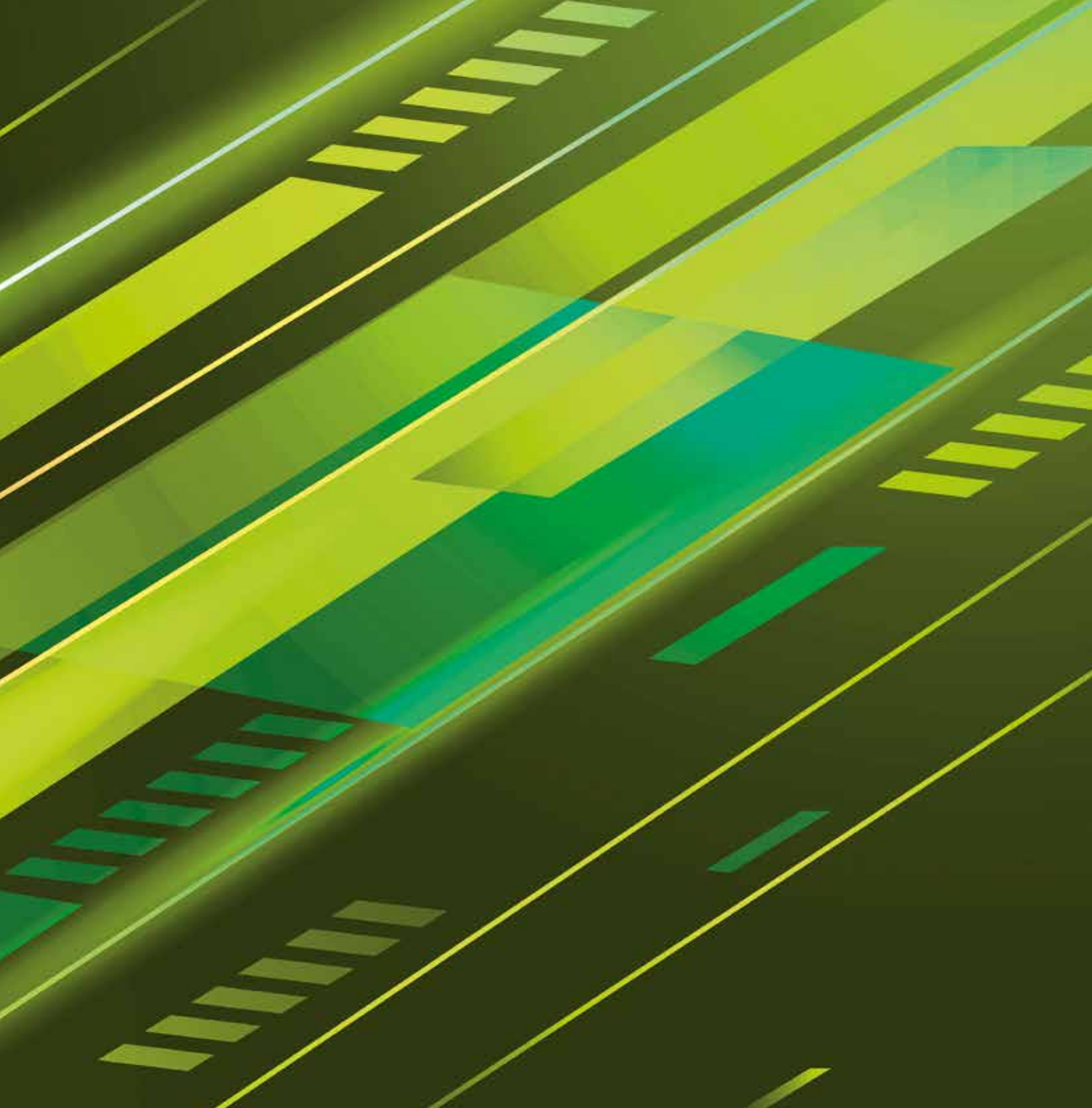
4.7 GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

- a. The Board has ensured full compliance with the strategic objectives for the reporting period (April 2023 to March 2024) as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with excellent attendance and participation by Board members.
- b. The Board approved the amendments to the Regulations defining the Scope of profession of Medical Technology and will make recommendations to Council and the Department of Health to publish these Regulations for Public Comments.
- c. The protocol to enter into private practice for medical technologists / medical laboratory scientists (interim guidelines) was approved by the Board.
- d. The following policies and guidelines were reviewed by the Committee structures and approved by the Board –
 - i. Guidelines for the approval of cluster training laboratories.
 - ii. Guidelines for approval of training laboratories for medical technician phlebotomy form 108C
 - iii. Guidelines relating to supervised practice for restoration.
 - iv. Evaluation feedback template for training laboratories.
 - v. Policy relating to the registration and training of students and intern Medical Laboratory Professionals were approved for implementation,
 - vi. Annual report for approved Higher Education Institutions
 - vii. Application for approval of training facilities- Form 108B
 - viii. Guidelines for appointing evaluators and operating procedures for inspections.
 - ix. Supervision guidelines of the health care profession for medical technology professions
- e. The Board has reviewed, made inputs and recommendations to the Professional Practice Committee of Council on the Business Practice policy and the following Ethical rules -
 - i. Ethical guidelines on keeping of patient records – Booklet 2
 - ii. Ethical Booklet 6
 - iii. Ethical Booklet 12
 - iv. Ethical Booklet 19
 - v. Guidelines of the Continuous Professional Development Programme
 - vi. Policy relating to fees chargeable for accreditation of Continuing Professional Development programmes

5. CONCLUSION

The Board's efforts to achieve all the strategic goals it had set at the beginning of its term have yielded positive results for the medical technology professions. The Board has seen an increase in practitioner CPD compliance rate, an increase in compliance to requirements by training sites and increased stakeholder engagements. This means that there is growing constructive collaboration between the Board and the practitioners it is mandated to guide. Most importantly the Board sees a future with more training facilities for the practitioners, as more laboratories have submitted applications to be evaluated under the Cluster Model. The benefits of increased training facilities are multiple folds.





PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

1. OVERVIEW / INTRODUCTION

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

2. STRATEGIC INTENT OF THE BOARD

2.1. Vision and mission

The vision of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy is to regulate its professions and protect the public through promotion of holistic health services for all.

The mission of the Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy is to achieve its vision by:

- Guiding and regulating the profession through:
 - o Scopes of professions 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

2.2. STRATEGIC OBJECTIVES

The strategic goals of the OCP Board for the term of office are:

- Competent OCP graduates practising the professions.
- A capacitated Professional Board to deliver on its fiduciary responsibilities.
- Ensured that all requisite guidelines and regulations that empower the Board to regulate the professions are current and applicable.
- Recognised technologies for training and practice environment.
- All professional conduct matters are concluded timeously.
- Improved relationships between the Professional Board for OCP and all relevant stakeholders by the end of the term (2025).

3. GOVERNANCE

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following structures supported the Board:

- Executive Committee
- Education, Training and Registration Committee
- Professional Practice Committee
- Internship Committee Meeting
- Committee of Preliminary Inquiry
- Clinical Research Task Team
- Assistive Devices task Team



Dr Deshni Naidoo

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY

During the period the following meetings and activities of the Professional Board were conducted and facilitated :

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	3
Board Strategic planning sessions	1
Board roadshows	1
Document Review Task Team	1
Executive Committee meetings	1
Education, Training and Registration Committee meetings	4
Internship Committee meetings	2
Professional Practice Committee	2
Committee for Preliminary Inquiry meetings	4
Exams Task Team	1
Assistive Devices Task Team	2
Research Task Team	1
Training of Board Members	2
TOTAL	25

4. REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING AND QUALITY ASSURANCE OF PROGRAMMES

The Board, based on the 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 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 of the South African population.

The Board continuously monitored the provision of quality education and training of students and interns registered under its ambit and was committed to provide 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 five-year cycle of. In the year under review the following programmes were evaluated:

INSTITUTION	PROGRAMME	PROGRAMME
Stellenbosch University	Bachelor of Occupational Therapy	23-27 October 2023
University of the Western Cape	Bachelor of Science in Occupational Therapy	16-17 November 2023 20-21 November 2023
University of Pretoria	Arts Therapy (Music)	14-15 November 2023

STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPISTS

The ETR Committee in March 2023 resolved that the standards of practice document for Occupational Therapist be approved with the adaption of minor changes and submitted to the Board for endorsement. The Board in April 2023 resolved that the standards of practice document be approved.

STANDARDS OF PRACTICE FOR MEDICAL ORTHOTICS AND PROSTHETICS

The ETR Committee in March 2023 resolved that the standards of practice document for Medical Orthotics and Prosthetics be approved with the adaption of minor changes and submitted to the Board for endorsement. The Board in April 2023 resolved that the standards of practice document be approved.

4.2 BOARD EXAMINATION

The purpose of Board Examinations is 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 conducts two (2) examinations every year in April/ May and September/ November respectively. The Education, Training and Registration Committee approves applications prior to examinations and provide the necessary infrastructure to ensure that the examinations were conducted with professionalism and that the integrity of the examinations is protected. The following examinations were conducted during the period:

Categories	Dates
Occupational Therapy - Online and Physical	24 - 25 April 2023
Arts Therapy (Drama) - Online	31 July 2023

4.3 RESEARCH TASK TEAM

Higher Education Institutions and Professional Associations queried about the 1000 minimum fieldwork hours required for students to graduate, what activities were considered towards these hours and how these hours could be created. This was especially relevant given the COVID-19 pandemic and the shortage of clinical placements. However, there was a paucity of literature that could provide evidence to guide the revision of standards of practice documents or provide a justification or elaboration on the 1000 minimum clinical hours required for students to graduate. There was a need to research these phenomena to develop evidence to guide the Professional Board with these revisions and ensure that graduates and practitioners were delivering services that were contextually relevant and in the best interest of the public. This was identified as an imperative for the Professional Board to address.

The research study would develop contextually relevant evidence base to use to revise the standards of practice documents and evidence to guide the revision of the minimum standards of training. This would assist with ensuring that graduates are trained for the realities of the working world and to deliver services that are appropriate for the South African public. The research was embedded into the strategic plan of the Professional Board for 2021 -2025. The purpose of the research project is to conduct comprehensive research into Standards of Professional Practice, clinical training and competencies required for practice for Occupational Therapy, Medical Orthotics and Prosthetics, and Arts Therapy in South Africa. Ethical clearance was sorted from the University of KwaZulu-Natal's Ethics Committee. A survey and focus group interviews were conducted during the period. To obtain a good number of responses, the survey was sent out three times to practitioners. The surveys were sent to a statistician for internal consistency. The participants in the focus groups were representative of the practitioners in the different professions.

4.4 STAKEHOLDER MANAGEMENT

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

- On 01 June 2023, the Board Chairperson and Professional Practice attended the OTASA Webinar on Ethics, which was held via Zoom. There was a Q and A session on HPCSA policies, which received very good feedback.
- Tshwane University of Technology MOP Advisory Committee was attended by the Chairperson of the Board on 25 August. The purpose of the meeting was to review their curriculum plans for MOP.
- Occupational Therapy Association of South Africa (OTASA) was attended by the Chairperson of the Board on 3, 4 and 5 August.
- The Professional Board held a Stakeholder meeting online on 29 September 2023. The meeting was attended by Heads of Education Department and Professional Associations, the discussion was related to matters pertaining to professional practice, education, training and registration.
- The Board commemorated World Occupational Therapy Day on 27 October 2023 under the theme: "Unity through Community". The South African Occupational Therapy community has added "Unity through community: embracing change to reflect the ethos of occupational therapists in South Africa".
- A radio interview was held with Lesedi FM on World Occupational Therapy Day.
- OTASA held a national dialogue on strategy for training, research and innovation planned for the 31st Jan and 01 Feb 2024. The chairperson of the Board attended the engagement.
- A virtual practitioner roadshow was held on 14 March 2024. The Board received positive feedback in relation to the topics presented on the day, a total of 297 responses were received with a satisfaction rate of 52%. The feedback mechanism utilised was to gauge the relevance and quality of the presentations conducted on the day.
- The Board commemorated the International Prosthetics and Orthotics Day held on 5 November annually. The aim is to highlight and raise awareness of the importance of prostheses and orthoses for users and the need to provide further resources to ensure equitable and appropriate access to prosthetic and orthotic services.
- The Orientation and Mobility Task Team was engaged during the Board meeting in October 2023 to update them on the status of the new register and processes to be followed in establishing the register.

4.5 PROFESSIONAL CONDUCT

The Professional Conduct Unit comprises two sub-divisions namely, Preliminary Committee of Inquiry and Professional Conduct Inquiries. The Preliminary Committee of Inquiry is a committee established by the Professional Board in terms of Section 15(5) ff of the Act (56 of 1974) for the preliminary investigation of complaints to make a determination thereon. Professional Conduct Committee means committee established by a Professional Board in terms of Section 15(5) f of the Act, 56 of 1974 to conduct an inquiry. During the 2023/24 the following matters were dealt with:

FY 2023/2024 statistics		Finalised by Prelim					Contempt Of council		Deferred								Referred			
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	Closed \withdrawn	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
OCP- 2/6/23	1	2		1	2															5
OCP 5/9/23	1	1	1	1									2							5
OCP 24/11/23	1	3	1	1						1			2		1					9
OCP 2/2/24	1	4			2				2											8
TOTALS	4	10	2	3	4				2	1			4		1					27

4.6 REGULATION 4A OF THE REGULATIONS RELATING TO THE CONDUCT OF INQUIRIES INTO ALLEGED UNPROFESSIONAL CONDUCT UNDER THE HEALTH PROFESSIONS ACT, 1974 AMENDMENT 2023 TO PROFESSIONAL BOARDS.

The Boards in October 2023 approve the recommended composition of the Prelim Appeals committee and the terms of Reference for the Preliminary Appeals committee. The Board constituted a Preliminary Appeals Committee, consisting of the following members:

Mr G Seleka (Chairperson of the Committee)
 Mr L Mduzana (Medical Orthotics and Prosthetics)
 Ms M Swanepoel (Arts Therapy)
 Prof. D Naidoo (Occupational Therapy)

4.7 ACCREDITED CONTINUOUS PROFESSIONAL PROVIDERS

The Accredited Service Providers were individuals or institutions approved by the Professional Board (PB) on the basis that they meet the criteria set out on the Accredited Service Provider guidelines of the Health Professions Council of South Africa (HPCSA). The criteria and processes followed, as well as the procedures for record keeping developed by Council in consultation with the PB with the main purpose to ensure that the process of CPD accreditation was standardised across all PBs in order to fulfil the CPD mandate in terms of section 26 of the Health Professions Act, 56 of 1974. The Accredited Service Providers below have been approved by a Professional Board.

Name of institution
University of Stellenbosch (US)
South African National Arts Therapies Association (SANATA)
South African Orthotic and Prosthetic Association (SAOPA)
Occupational Therapy Association of South Africa (OTASA)
Tshwane University of Technology (TUT)
Stark Griffin™ Dyslexia Academy
University of Cape Town (UCT)
University of KwaZulu-Natal (UKZN)
South African Institute for Sensory Integration (SAISI)
University of Witwatersrand (Wits)

4.8 UPDATE ON PRACTITIONER'S COMPLIANCE TOWARDS THE CONTINUOUS PROFESSIONAL DEVELOPMENT PROGRAMME FOR OCP BOARD

Continuous Professional Development (CPD) is a legal requirement in terms of Section 26 of HPCSA Act, 56 of 1974, as amended. CPD is the process of documenting and tracking the skills, knowledge and experience that practitioners gain both formally and informally as they work, this being beyond any initial training. The primary purpose of CPD is to ensure that all practitioners maintain and improve their professional knowledge, skills and performance for improved patient/client and health systems outcomes.

In an effort to improve the efficiency of the CPD programme, the HPCSA approved some amendments to some aspect of CPD programme; mainly pertaining to the manner of submitting evidence of CPD compliance. This report aims to bring the amendments to your attention, as approved, and to appraise the Board on the extent of the registered health practitioner's compliance towards the requirements:

- The practice of random sampling practitioners from the HPCSA's database to verify compliance has been discontinued. All registered practitioners are now expected to always remain compliant to CPD requirements;
- Online self-service platform on the HPCSA's website is now available to all registered practitioners in order to submit enquiries and/or upload necessary evidence of CPD compliance. Registered practitioners can view the CPD status online;
- For all approved CPD activities, the HPCSA has approved that the facilitators submit the attendance registers directly to HPCSA to update practitioner's CPD status. This officially began on 1 February 2022;
- Issuance and submission of Continuous Education Units (CEUs) certificates is no longer mandatory, as the information will be provided directly to the HPCSA by the approved facilitators of the activities;
- The online portal will remain active in order to cater for the exceptions of the above, example is when CPD was facilitated by international provider, submission of published manuscripts, submission of level two activities such as formal qualifications etc.

By the end of March 2024, the Board's compliance rate was at 22.5%

4.9 RECOGNISED TECHNOLOGIES FOR TRAINING AND PRACTICE ENVIRONMENT

The OCP Board strategic plan, goal 4 was: recognised technologies for training and practice environment. The strategic objective was to facilitate and enable adoption of technologies in the training and practice environments by quarter four of the 2024/25 financial year. The risk statement was: Unethical use of new Technology and virtual practice in the assessment and treatment of patients/clients, may result in misdiagnosis or malpractice. The Professional Practice Committee was tasked to:

- Develop Technology Context Relevant Regulations
- Develop an addendum that support the adoption of relevant new technology in the minimum standards of training and standards of practice for OCP
- Develop a guideline that supports the adoption and use of relevant new technology for OCP practitioners

Draft AI guidelines were work in progress.

4.10 REVIEWED AND APPROVED REGULATIONS/RULES

- Regulations relating to the scope of the profession of occupational Therapy final regulations were promulgated into law.
- The Minister was advised to proceed with final promulgation of the regulations relating to the scope of the profession of orthopaedic footwear technicians.
- Regulations relating to qualifications for Registration of Arts Therapists the Bachelor of Music Therapy be removed from the regulations, and add MA Art Therapy (Art Therapy) programme of the University of Johannesburg as previously resolved.
- the Minister was advised to proceed with final promulgation of the regulations relating to registrations of interns in Arts Therapy.
- On the Regulations relating to the scopes of the professions in Medical Orthotics and Prosthetics the Minister was advised that the comment from Mr Pretorius was not proposing any changes to the draft regulations. Therefore, the Board proposed final promulgation of the regulations into law.
- On the Regulations relating to the scope of the profession of orthotic and prosthetic technicians the Minister was advised to proceed with final promulgation of the regulations.
- On the Regulations relating to the scopes of the profession of Arts Therapy the Minister was advised to proceed with final promulgation of the regulations.
- Regulations relating to the qualifications for the registration of Medical Orthotics and Prosthetics. The Board noted that no public comments were received on these regulations, the Minister was requested to promulgate the regulations.
- Rules relating to registration by Occupational Therapists for additional qualifications. The Board in October 2023 approved the draft Rules relating

registration of additional qualifications by Occupational Therapists and the Regulations relating to registration of additional qualifications by Occupational Therapists were repealed.

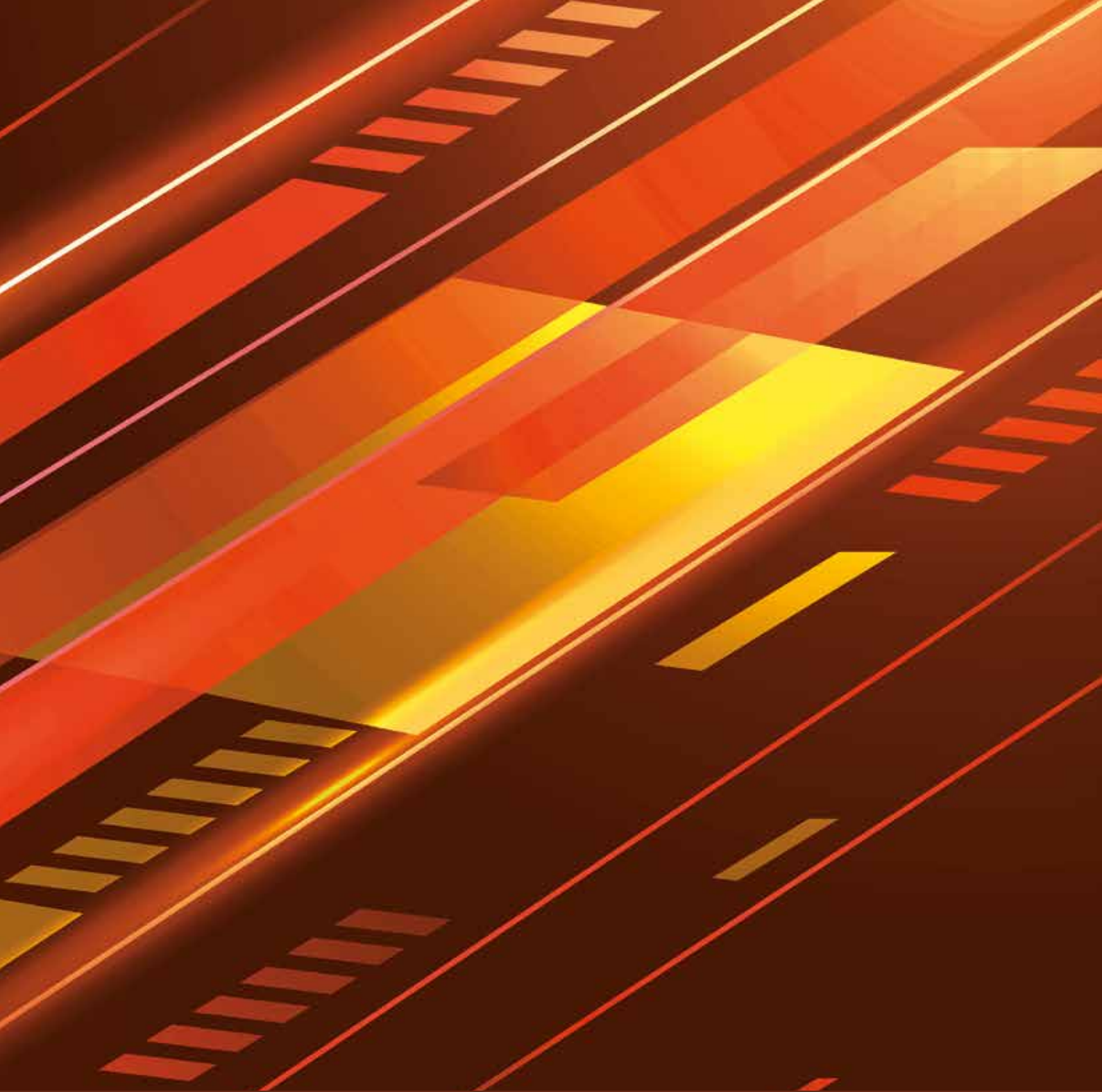
4.11 CONCLUSION

Over the past year, the Board has achieved several significant successes. Key accomplishments include engaging with stakeholders, reviewing regulatory documents, training evaluators and examiners, advancing regulations for the scope of professions in MOP and Arts Therapy, and initiating a research project to enhance the Board's regulatory documents on education and training.

The Board remains committed to collaborating with stakeholders to meet our strategic objectives, with a continued focus on improving communication, fostering positive relationships, and increasing compliance with CPD requirements. I extend my gratitude to the Professional Board and the secretariat for their dedication and ongoing commitment to the work detailed in the annual report, and for their efforts in ensuring the Board meets its annual performance goals.

Looking ahead, I am confident that the Board will continue to achieve notable successes in its efforts to be an effective, efficient, and responsive organisation. We will remain dedicated to fulfilling our mandate to protect the public and support the professions we serve in and completing the projects we have initiated in the final year of the current Board.





PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS

1. OVERVIEW

To achieve its strategic objectives set for the 2023/24 financial year, the Professional Board for Environmental Health Practitioners had eleven (11) meetings and three stakeholder engagements.

2. STRATEGIC INTENT OF THE BOARD

Vision

The vision of the Professional Board for Environmental Health Practitioners is to be :
“A Health Regulator that promotes equitable, all-inclusive, preventative, and quality environmental health services for all.”

MISSION STATEMENT

The mission of the Professional Board for Environmental Health Practitioners is to protect the interests of the public and guide the profession through:

- o Developing, implementing, and monitoring strategies, policy frameworks and standards for Environmental Health professions.
- o Setting and monitoring accreditation and quality of training against standards.
- o Promoting ethical practice by ensuring ongoing professional competence and conduct.
- o Aligning to international standards in education and training while adhering to best practice within the South African context;
- o Ensuring effective and accessible communication with all stakeholders
- o Affordable professional guidance considering the economic conditions.



Mr Joseph Shikwambane
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS

STRATEGIC OBJECTIVES

- 1.1 Reduce the number of Environmental Health Practitioners working without the appropriate registrations by 2025
- 1.2 Categorised all registered Environmental Health Practitioners across the country by 2025.
- 3.1 Ensure quality education and training of Environmental Health vocations by 2025.
- 4.1 Ensured quality processing of CPD applications within the set timeframes annually.
- 4.2 Evaluated CPD programme impact every second year.
- 5.1 Reviewed PBEHP regulations for alignment and enablement of a regulated EHP by quarter 4 of the 2023/24 financial year.
- 6.1 Implemented stakeholder engagement strategy initiatives annually.
- 7.1 Reform the professional conduct processes by quarter 4 of 2024/25 financial year.

3. GOVERNANCE

- To achieve the strategic objectives and to improve communication with stakeholders, the following structures supported the Board:

NAME OF COMMITTEE	MANDATE
Executive Committee	The mandate of the Executive Committee is to deal with and finalise all matters relating to the profession arising between meetings of the Professional Board within the current policy parameters, or as would be determined from time-to-time by the Professional Board, including: - o to 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; - o to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board; - o to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the profession; - o direct the Registrar or the acting Registrar on the established policies of the Professional Board

NAME OF COMMITTEE	MANDATE
Education, Training and Registration Committee	The committee is mandated within the current policy parameters as determined by the Board to:- 5.1 deal with, finalise and to report to the Professional Board on all matters relating to the theoretical and practical training of professions within the ambit of the Professional Board and persons undergoing training; 5.2 deal with all matters relating to continuing professional development including consideration of applications for accreditation; 5.3 consider, finalise and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners, 5.4 Ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time to time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis. 5.5 Conduct evaluations of education and training programmes submitted to the Board for accreditation purposes; 5.6 To consider application from any educational institution wishing to offer education and training that falls within the ambit of the Board. 5.7 Advising the Board relating to International trends best practices relating to education and training and to conduct research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; 5.8 Deal with and finalize all applications for restoration or registration requiring Board examinations. 5.9 Perform other oversight functions as requested by the Board; The committee is authorised by the Board to seek and obtain any information or documents it requires from any employee of Council, education and training institutions accredited by the Board, stakeholders and other Professional Boards in order to perform its duties.
Committee of Preliminary Inquiries	The mandate of the Committee of Preliminary Enquiry is to deal with and finalise all matters relating to the profession arising between meetings of the Professional Board within the current policy parameters, or as would be determined from time-to-time by the Professional Board, including: 5.1 Dealing with and finalise all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2); 5.2 Determining accounts in terms of Section 53 and fines in terms of Section 42(8) of Act, 56 of 1974; 5.3 Formulating recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners. 5.4 Advising the Professional Board on trends relating to the conduct of practitioners and the nature of offenses.

Board Activities

The following meetings and activities of the Professional Board were conducted and facilitated during the reporting period :

- Board Training – 100% of Board members attended the being a director (governance) course.
- Meetings – under this period of reporting, the Board and its structures had a total of eleven (11) successful meetings at which 100% of the agendas were completed, three (3) of which were engagements with relevant stakeholders.

4. REPORT ON ANNUAL PERFORMANCE

4.1 EDUCATION AND TRAINING

In terms of Section 15A of the Health Professions Act, 56 of 1974, the Professional Board 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 falling 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.

- Evaluations:
Only one (1) institution was re-evaluated and approved to continue offering the professional degree in Environmental Health for the next five years. The Board continued giving the necessary support to all the seven institutions offering environmental health programme.
- Examinations:

Thirteen (13) Board examinations were conducted and of the 13 candidates only one failed the examination.

The Board examination guidelines were reviewed, and improvements approved by the Board.

Board examination workshop was conducted for Board members (examiners) and external moderators,

4.2 REGISTRATIONS

The current (as at March 2024) registered EH practitioners are 6 339 which is an increase from 5 980 in March 2023 – a 6% increase. The efforts of the Board in encouraging practitioners to be up-to-date with registration with the HPCSA and also communications with the employers bore fruits.

4.3 Professional Practice (CPD)

Forty (40) CPD applications were approved in the reporting period. CPD compliance report from Professional Practice, was tabled at Board meetings in the reporting period. CPD compliance report from Professional Practice Division was tabled at Board meetings in the reporting period to appraise the Board on how practitioners were doing in relation to one of the legislative requirements to remain registered. The compliance rate remained very low at 24.9% and the Board resolved to continue improving on its drive of encouraging practitioners to be compliant and employers to assist and support their employees in this regard.

Practitioners were encouraged through newsletter articles and during stakeholder engagement, to stay registered by attending accredited continuing professional development activities and to acquire the required continuing education units as determined by Section 26 of the Health Professions Act.

4.4 Professional Conduct (Table format)

The Board's Committee on Preliminary Inquiries held two (2) meetings, and seven (7) matters served before the committee. Of the seven matters, only one (1) was finalised in the year under review. No matters of professional conduct were recorded during the period under review.

4.5 Risk Management – following the approval of the 2023/24 annual performance plan (APP), the Board developed its risk register. The risks were monitored throughout the year with risk treatment plans tabled at all Board meetings.

4.6 Financial Management – the approved/allocated budget for the period was well spent with expenditure monitored regularly; financial statements were shared electronically and tabled at Board meetings. At the end of the financial year the Board had a surplus.

4.7 Stakeholder Management

The Board continued to pursue its objective to ensure that mutually beneficial relationships are built with all stakeholders primarily for the duration of the term of the Board and beyond the term. Annual engagement with 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 in April 2023. Annual engagements with municipalities and practitioners took place as planned through hybrid – virtual and physical in Western Cape with Garden Route District Municipality on 02 October 2023 and with practitioners on 03 October 2023. The Board presented at SALGA annual local government talent management seminar on 28 - 29 September 2023 and at Tshwane University Technology for first year students orientation programme, regarding work integrated learning programmes.

4.8 Policy and Governance framework Review (Scope of practice, additional qualifications rules, regulations and guidelines)

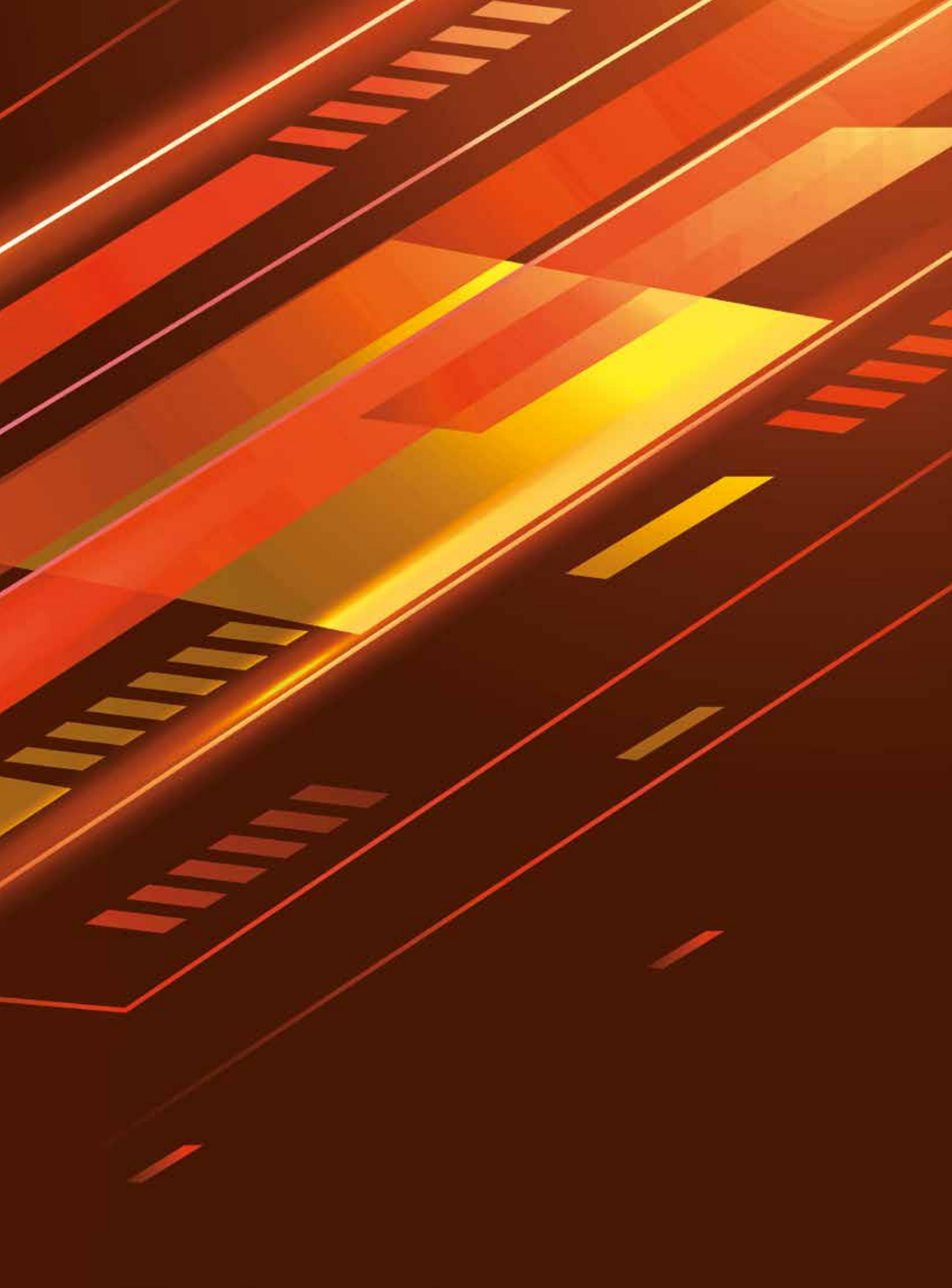
Some of the rules/regulations and/or policies/standard operating procedures reviewed included:

- a. Regulations relating to the qualifications for registration of Environmental Health Assistants - Approved by Council in March 2024. The Legal and Regulatory Affairs Department submitted to the NDoH for further processing towards promulgation
- b. Examination Question paper was reviewed
- c. CPD SOP reviewed
- d. Accreditation criteria reviewed
- e. New Board logo was developed and approved by Council.

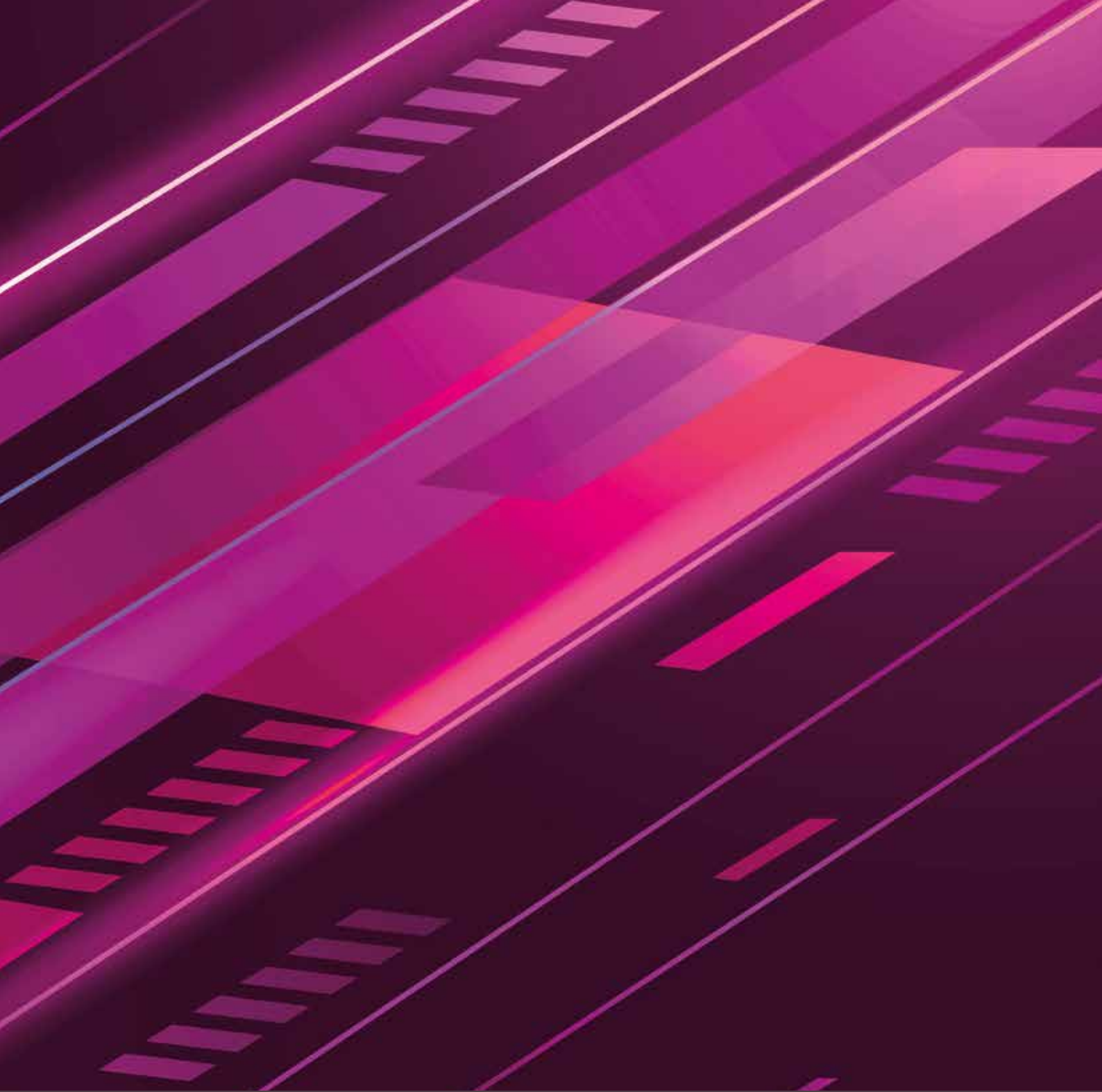
5. CONCLUSION (Reflection on the performance of the Board)

- a. 100% of the agendas were finalised during all meetings that were scheduled and unscheduled for the period under review.
- b. The Board performed well in executing its fiduciary duties and implementing the set strategic objectives
- c. Newsletter was published on 25 March 2024
- d. Successful stakeholder engagement with Head of Institutions, Garden Route District Municipality in Western Cape, SALGA and practitioners in the Western Cape.
- e. Letters were sent to employers to raise awareness about non-registered practitioners
- f. Media release on alleged scope encroachment were distributed

It remains the Board's intent to fulfill its mandate that will be of benefit to the profession and the South African population.







PROFESSIONAL BOARD FOR OPTOMETRY AND DISPENSING OPTICIANS

1. OVERVIEW / INTRODUCTION

2. STRATEGIC INTENT OF THE BOARD

VISION

The vision of the Professional Board for Optometry and Dispensing Opticians (PBODO) is to be a: “Regulator that promotes quality, equitable provision of holistic eye care for all”.

MISSION STATEMENT

The mission of the Professional Board for Optometry and Dispensing Opticians is to enhance the quality of health 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 incorporating technological advances.
- Ensuring compliance with standards.
- Fostering on-going professional development and competence.
- Protecting the public in matters involving the health services.
- Public and stakeholder engagement.
- Upholding and maintaining ethical and professional standards within the professions.

STRATEGIC OBJECTIVES

- 1.1 Close the gap between eye care education and training output and the needs of the country by 2025/26 financial year.
- 1.2 Conduct evaluation on PBODO education programmes and clinical training sites for each institution once in the five-year cycle.
- 2.1 Implement Online Board Examination system by 2025.
- 3.1 Investigate specialties in the Optometry profession by 2023/24 financial year.
- 3.2 Develop minimum standards of education and training for the specialties by 2023/24 financial year.
- 4.1 Review Regulation Framework (Clinical Guidelines, Regulations and Rules, non-clinical guidelines) by 2023/24 financial year.
- 5.1 Capacitate Professional Conduct Inquiry Committee members and proforma complainants by 2023/24 financial year.
- 5.2 Reform the Professional Conduct Processes by quarter four of 2024/25 financial year.
- 6.1 Implemented stakeholder engagement strategy (Stakeholder Engagements) annually.



Ms Yurisa Naidoo
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR OPTOMETRY
AND DISPENSING OPTICIANS

3. GOVERNANCE

- Meetings: The Board and its committees had 16 successful meetings (which includes special meetings) plus 21 meetings of Task Teams (a total of 37 meetings) during the reporting period.
- Committees of the Board (Name of the committees and their mandate) – The PBODO has four standing committees and one ad hoc Committee.

NAME OF COMMITTEE	MANDATE
Executive Committee	This committee is mandated within the current policy parameters as determined by the Board to: 5.1 to 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; 5.2 to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board; 5.3 to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the profession; 5.4 direct the Registrar to, or the acting Registrar on the established policies of the Professional Board

NAME OF COMMITTEE	MANDATE
Education, Training and Registration Committee	This committee is mandated within the current policy parameters as determined by the Board to:- 5.1 deal with, finalise and report to the Professional Board on all matters relating to the theoretical and practical training of professions within the ambit of the Professional Board and persons undergoing training; 5.2 deals with all matters relating to continuing professional development including consideration of applications for accreditation; 5.3 consider, finalise and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners; 5.4 ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time-to-time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis; 5.5 conduct evaluations of education and training programmes submitted to the Board for accreditation purposes; 5.6 to consider applications from any educational institution wishing to offer education and training that falls within the ambit of the Board; 5.7 advising the Board relating to international trends and best practices relating to education and training and conducting research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; 5.8 deal with and finalise all applications for restoration or registration requiring Board examinations; 5.9 perform other oversight functions as requested by the Board. The committee is authorised by the Board to seek and obtain any information or documents it requires from any employee of Council, education and training institutions accredited by the Board, stakeholders and other Professional Boards in order to perform its duties.
Professional Practice Committee	This committee is established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all healthcare practitioners registered with Council. The committee further exercises oversight on processes regarding professional and preliminary conduct inquiries against any healthcare practitioners registered under the Health Professions Act. This committee is mandated within the current policy parameters as determined by the Board to: a) Consider and finalise any matters affecting the healthcare professionals registered under this Act and, consistent with national health policy determined by the Minister, make representations or take such action in connection therewith as the Board deems necessary; b) Consider and finalise any matter affecting the healthcare professionals registered under this Act as referred by relevant organs of State and any other stakeholders; c) To promote and regulate interprofessional liaison between healthcare professionals in the interest of the public; d) Advise the Board and thus Council on all matters pertaining to human rights, and the dignity and rights of patients, and to promote respect for human rights and the dignity and rights of patients; e) Advise the Board and thus Council on the establishment of appropriate guidelines of professional practice, ethical conduct and behaviour and the maintenance of high standards of professional practice amongst healthcare practitioners under the ambit of the PPC;
Committee of Preliminary Inquiries	This committee is mandated within the current policy parameters as determined by the Board to:- 5.1 To consider any complaint against a person registered on the register of the Professional Board and make a determination on the appropriate manner of dealing with such a complaint in terms of Regulation 4 of the regulations relating to the Conduct of Inquiries into alleged unprofessional conduct under the Health Professions Act; 5.2 Consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, whenever the committee is in doubt as to whether an inquiry should be held in connection with the complaint, charge or allegation; 5.3 Formulate recommendations with regard to the amendment of the ethical rules and guidelines relating to the ethical conduct of practitioners; 5.4 Advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses.

- Board Training: All Board members have been trained on conducting evaluations of education and training programmes and all have attended the level one and two governance training.
- Members further attended regulatory workshop arranged by Professional Conduct Unit.
- 100% of Board members attended the governance workshop (Being a Director) offered by the Institute of Directors South Africa.

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

The Board successfully conducted two (2) evaluations for approval of education and training programmes at the below institutions.

NAME OF INSTITUTION	PROGRAMME	DATE OF EVALUATION
University of KwaZulu-Natal (UKZN)	Optometry	14-17 August 2023
University of Free State (UFS)	Optometry	28-30 August & 04 September 2023

EXAMINATIONS

TOTAL NUMBER OF EXAM CANDIDATES	# PASSED ALL COMPONENTS	# UNSUCCESSFUL	FOREIGN QUALIFIED PRACTITIONER
18	6	12	0

- The Board conducted four (4) Board examination sessions, with a total number of eighteen (18) examination candidates.
- Six (6) candidates passed all their components while twelve (12) candidates were not successful in all components.

4.2. Registrations

4.3. Professional Practice (CPD)

Annual reports from CPD accreditors and accredited service providers considered by the Board, approved and appropriate feedback given to each.

CPD compliance rate was at 54.4% at the end of the financial year under review.

4.4. Professional Conduct

ANNUAL REPORTING 2023/2024		Finalised by Prelim						Contempt Of council	Deferred										Referred	
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	Closed \withdrawn	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
ODO 19/5/23	1	1																		1
ODO 15/9/23	1								2				1							3
ODO 28/11/23	1			2					3											5
ODO 23/2/24	1	1	1	1	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	6
TOTALS	4	2	1	3					8				1							15

The PBODO Prelim Committee had 4 meetings per annum, that is, 1 meeting per quarter. The committee considered a total of 15 matters and finalised 6 matters for this financial year. The case clearance for this committee was calculated on a quarterly basis.

Quarter to Quarter Case Clearance Rate:

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
100%- Target achieved	0% Target not achieved	40%Target not achieved	50% target not achieved

Fines imposed per Quarter

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
R0	R0	R0	R0

4.5. Risk Management

The Board was successful in 6 out of 8 risk treatment plans. One of the unsuccessful ones was as a result of the Task Team only being appointed in quarter 3 of the financial year, while the task required more time. The other unsuccessful risk treatment plan was due to the Task Team not developing and submitting their meeting schedule.

4.6. Financial Management

The finances of the Board within the 2023/24 reporting period were well managed, great revenue raised and had a surplus for which the Board applied for a roll-over to be able to use on other projects. Regular monitoring, and financial statements were tabled at Board meetings and also sent to members in between meetings to keep the Board abreast with its financial status.

4.7. Stakeholder Management (Purpose and table)

One of Council's strategic goals is improved relationships between Council and all relevant stakeholders by the end of the term. The Board resolved in order to improve relationships encourage interaction and open lines of communication with its relevant stakeholders, it would hold meetings on an annual basis with these stakeholders.

- Held an annual Bilateral meeting with the South African Optometric Association (SAOA).
- Held an annual stakeholder engagement meeting with Heads of Department of institutions, associations, Non-Government Organisations (NGOs), Provincial Department of Health, etc.
- Held an annual meeting between the EXCO of the Board and Heads of Department of institutions.
- Successfully conducted three practitioner roadshows (one virtual, one hybrid and one physical) on 11 July 2023, 13 November 2023 and 06 March 2024 respectively, with a total of 633 practitioners joining the roadshows respectively.

4.8. Policy and Governance framework Review (Scope of practice, additional qualifications rules, regulations and guidelines)

Progress is highlighted under achievements in point 5 below.

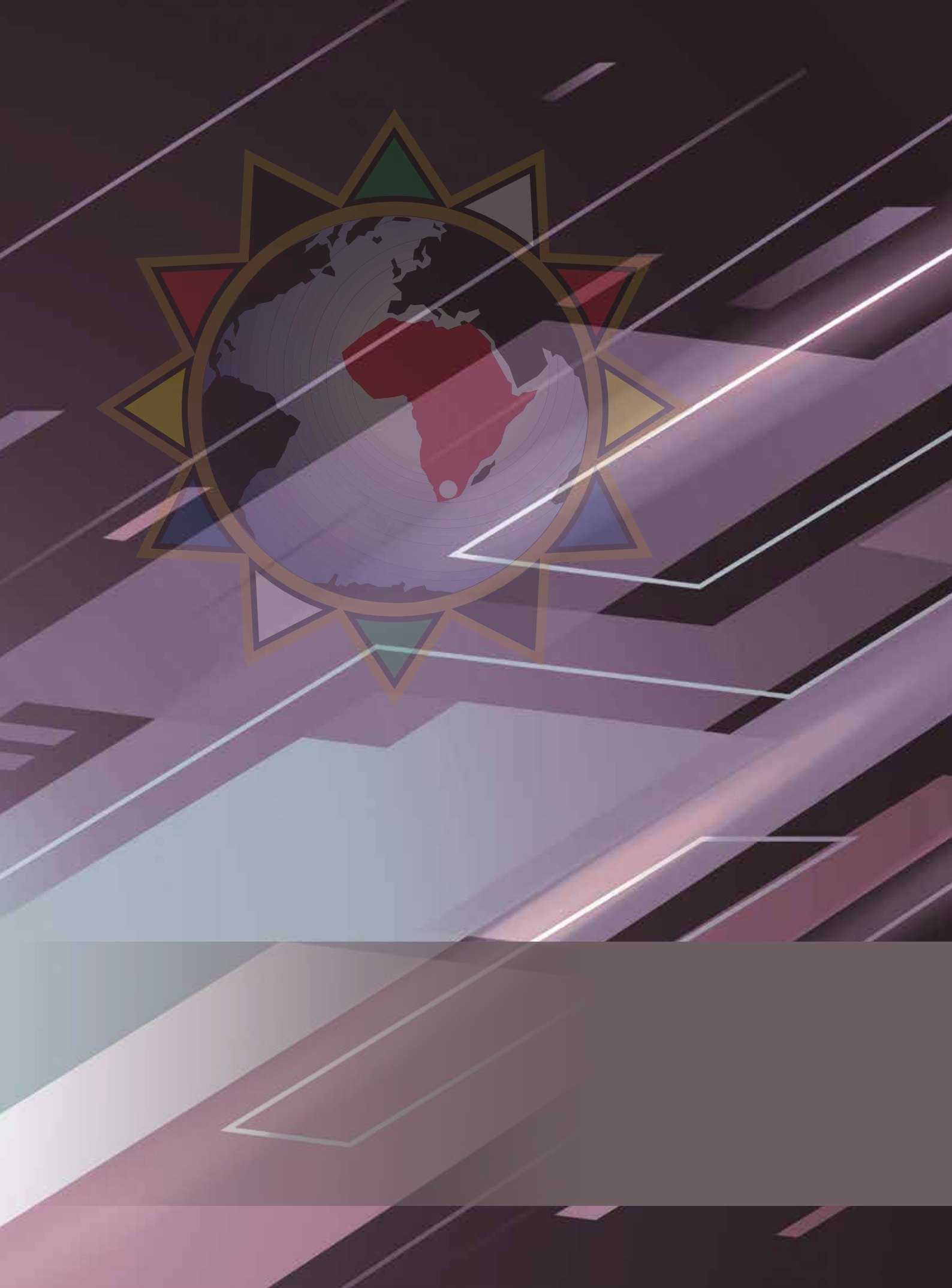
5. CONCLUSION

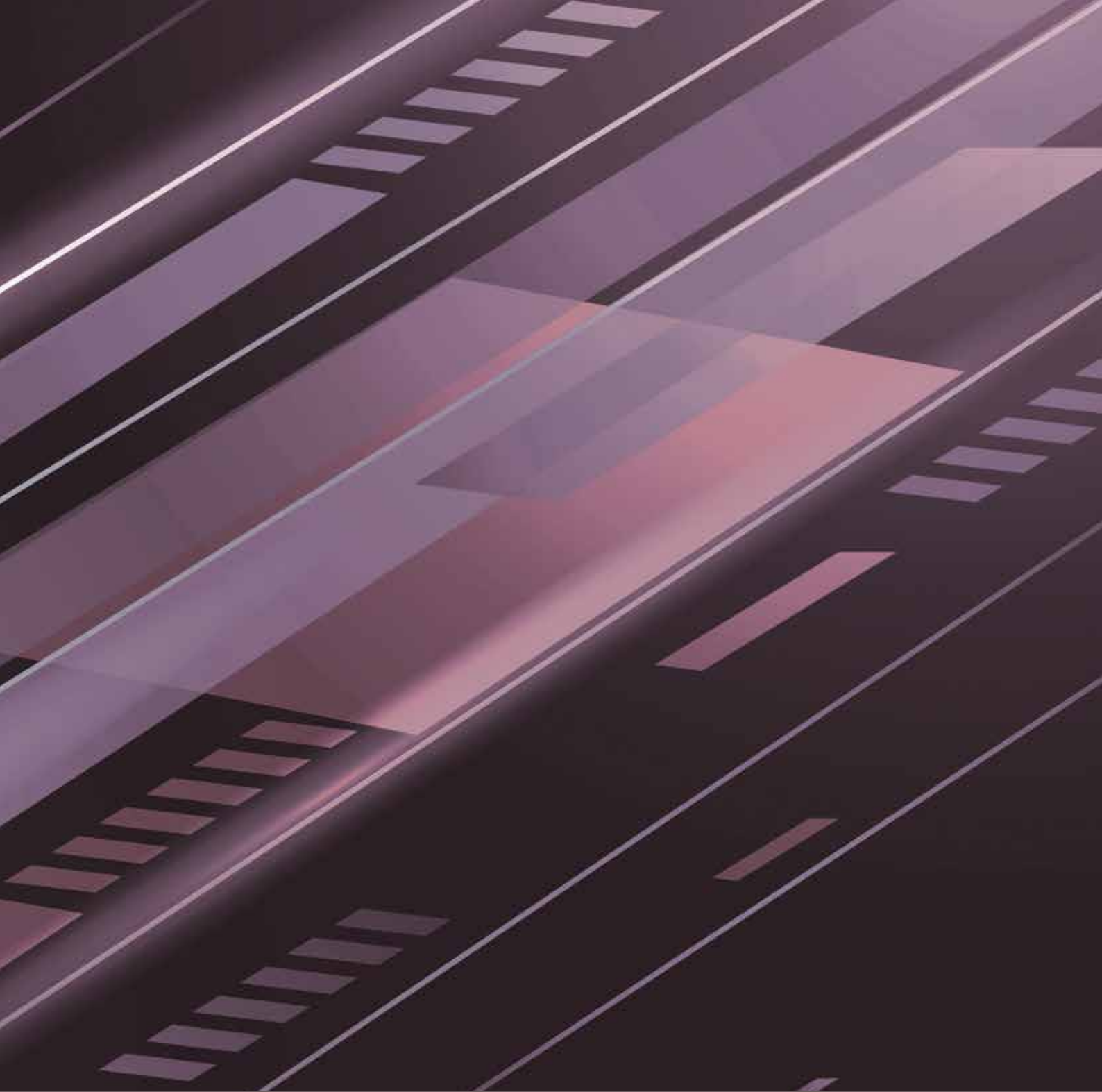
ACHIEVEMENTS

1. All scheduled and special meetings of the Board and its structures were successful with 100% of agendas completed.
2. Attendance of meetings by members
3. Published Optisight newsletter.
4. Compiled the Board Annual Performance Plan (APP) for 2023/24 and the draft APP for 2024/25. Progress report on the implementation tabled at Board meetings.
5. There were no regulations which were reviewed/finalised and published in the Government Gazette in 2023/24 financial year.
6. The following rules were published in the Government Gazette for Public Comment:
 - Annexure 8 of the Ethical Rules of Conduct - in order to remove the requirement for approval of a mobile practice
7. The following regulations were published in the Government Gazette for public comment:
 - Regulations relating to the registration by optometrists of additional qualifications
8. The Board reviewed the following guidelines:
 - Guidelines for Clinical hours and cases
 - Mobile Practice Guidelines
 - Guidelines for Board examinations
 - Clinical guidelines for Comprehensive Eye Examinations
 - Clinical guidelines for Paediatric Eye Examinations
 - Clinical guidelines for Dispensing
 - Clinical guidelines for Contact Lens Fitting
9. The Board developed the following guidelines:
 - Guidelines for Outreach Activities
 - Telehealth guidelines
10. Managed to verify 159 final year student portfolios of evidence from the five (5) institutions approved to offer programmes in optometry and dispensing opticianry.

CHALLENGES

1. Non-adherence to deadlines and slow responses to emails from Board members on certain tasks.
2. Lack of capacity within Board Secretariat.





PROFESSIONAL BOARD FOR PHYSIOTHERAPY, PODIATRY AND BIOKINETICS

1. OVERVIEW / INTRODUCTION

The Professional Board for Physiotherapy Podiatry and Biokinetics, is composed of fourteen (14) members and has one (1) vacancy. The Board has achieved most of its set strategic objectives for the 2023/24 financial year. Active participation by members was on the increase to realise successful finalisation of fourteen (14) meetings in total for the Board and its structures.

2. STRATEGIC INTENT OF THE BOARD

The vision of the Professional Board for Physiotherapy Podiatry and Biokinetics is to be "A recognised regulator that promotes quality and equitable healthcare in Physiotherapy, Podiatry and Biokinetics services."

The mission of the Board is to provide Physiotherapy, Podiatry and Biokinetics healthcare services that:

- > Promote the rendering of evidence-based healthcare to the population.
- > Setting of contextually relevant healthcare training and practice standards for registered professions.
- > Ensures compliance with training and service delivery standards aligned to national and international best practices.
- > Uphold and maintaining ethical and professional standards within the health professions.
- > Fostering an on-going professional development and competence.
- > Protecting the public in matters involving the rendering of health services
- > Advocate for provision of a safe working environment (health and wellness)
- > Ensuring efficient and effective functioning of the Board.
- > Adopted with changes.



Dr Desmond Mathye
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR
PHYSIOTHERAPY, PODIATRY & BIKINETICS

STRATEGIC OBJECTIVES

- 1.1 Improved utilisation of implemented ICT infrastructure by quarter 4 of the 2023/24 financial year.
- 1.2 Improved collaboration infrastructure use by quarter 4 of the 2023/24 financial year.
- 1.3 Improve CPD compliance levels by end of quarter 4 of the 2023/24 financial year
- 1.4 Provide business requirements for Board Specific Online Board Examination system by 2024.
- 2.1 Implemented Stakeholder Engagement Strategy Initiatives annually
- 2.2 Evaluated impact of implemented Stakeholder Engagement Strategy every two years.
- 3.1 Develop and review regulations for PPB professions by quarter 4 of the 2023/24 financial year.
- 3.2 Develop and review guidelines (standards) for PPB professions by quarter 4 of the 2023/24 financial year.
- 3.3 Develop and review rules for PPB professions by quarter 4 of the 2023/24 financial year.
- 4.1 Increased number of resolved cases at Prelim Committee level by quarter 4 of the 2023/24 financial year.
- 4.2 Improved professional conduct hearing outcomes by quarter 4 of the 2023/24 financial year
- 4.3 Improved evaluation process quality by quarter 4 of the 2023/24 financial year
- 5.1 Approve postgraduate training for podiatrists by quarter 4 of the 2023/24 financial year
- 5.2 Advocate for the granting of prescription rights for podiatrists by 2024

3. GOVERNANCE

- Board Training – All Board members have been trained on evaluation of education and training programmes and all have attended the level one and two governance training.
- Members further attended regulatory workshop arranged by Professional Conduct Unit.
- 100% of members of the Board attended the governance workshop (Being a Director) offered by the Institute of Directors South Africa.
- Meetings – successfully held fourteen (14) meetings at which 100% of the agendas were completed. In addition, Task Teams had seven (7) meetings; Task Team finalised the reviewing of restoration guidelines and the Board approved the reviewed guidelines, Task Team reviewed the process and forms for the foreign qualified practitioners' application for registration – review finalised however approval at next level ongoing; Task Team appointed to review Biokinetics Internship processes finalised the task.
- Committees of the Board (Name of the committees and their mandate)

NAME OF COMMITTEE	MANDATE
Biokinetics Internship Committee	This committee is authorised to: - > conduct evaluations of any training facility for purposes of Biokinetic internship; > consider and approve training facilities for purposes of Biokinetic internship; and appoint evaluators for purposes of evaluating any training facility.
Education, Training and Registration Committee	This committee is authorised to: - > deal with, finalise and to report to the Professional Board on all matters relating to the theoretical, practical and clinical training of professions within the ambit of the Professional Board and persons undergoing training; > consider, finalise and report to the Board on all non-compliant applications for registration and applications for registration received from foreign qualified practitioners, > ensure that the minimum standards of education and training at education institutions, as may be determined by the Board from time-to-time are maintained, i.e. to undertake initial assessments and conduct re-evaluations and site-visits on a regular basis. > to seek and obtain any information or documents it requires from any employee of Council, education and training institutions recognised by the Board, stakeholders and other Professional Boards in order to perform its duties. > conduct evaluations of education and training programmes submitted to the Board for approval purposes; > to consider applications from any educational institution wishing to offer education and training that falls within the ambit of the Board; > advising the Board relating to international trends and best practices relating to education and training and to conduct research on matters aimed at advancing and developing the education and training of the professions falling under the ambit of the Professional Board; > deal with and finalise all applications for restoration or registration requiring Board examinations. > perform other oversight functions as requested by the Board;
The Committee of Preliminary Inquiries	The Committee of Preliminary Inquiry is mandated within the current policy parameters as determined by the Board to:- > consider any complaint against a person registered in the register of the Professional Board and decide on the appropriate manner of dealing with such a complaint in terms of Regulation 4 of the regulations relating to the Conduct of Inquiries into alleged Unprofessional Conduct Under the Health Professions Act; > consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, whenever the committee is in doubt as to whether an inquiry should be held in connection with the complaint, charge or > formulate recommendations regarding the amendment and/or developments of the ethical rules and guidelines relating to the ethical conduct of practitioners. > advise the Professional Board on trends relating to the conduct of practitioners and the nature of offenses.
Executive Committee	The Executive Committee is mandated within the current policy parameters as determined by the Board to: > to 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; > to deal with and to report to the Board on all matters relating to public relations and media coverage pertaining to the business of the Board; > to ensure sound and regular communication with all relevant stakeholders relating to all matters pertaining to the professions; > attend to any urgent matters in between Board meetings. > direct the Registrar to, or the Acting Registrar on the established policies of the Professional Board
Professional Practice Committee	This committee is established to exercise oversight on processes that ensure a uniform system of continuing professional development and continuing assessment of all healthcare practitioners registered with Council. The committee further exercises oversight on processes regarding professional and preliminary conduct inquiries against any healthcare practitioner registered under the Health Professions Act. The committee is mandated within the current policy parameters as determined by the Board to: - Consider and finalise any matters affecting the healthcare professionals registered under this Act and, consistent with national health policy determined by the Minister, make representations or take such action in connection therewith as the Board deems necessary; - Consider and finalise any matter affecting the healthcare professionals registered under this Act as referred by relevant organs of State and any other stakeholders; - To promote and regulate interprofessional liaison between healthcare professionals in the interest of the public; - Advise the Board and thus Council on all matters pertaining to human rights, and the dignity and rights of patients, and to promote respect for human rights and the dignity and rights of patients; - Advise the Board and thus Council on the establishment of appropriate guidelines of professional practice, ethical conduct and behaviour and the maintenance of high standards of professional practice amongst healthcare practitioners under the ambit of the PPC;

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

- Evaluations (Table Format)

The following institutions were re-evaluated in the reporting period:

INSTITUTION	DATE	PROGRAMME
University of KwaZulu-Natal	25 – 27 October 2023	Physiotherapy
Sefako Makgatho Health Sciences University	01 – 03 Aug 2023	Physiotherapy
Nelson Mandela University	26 –28 June 2023	Biokinetics
University of Johannesburg	17 - 19 May 2023	Biokinetics
University of KwaZulu-Natal	2023	Biokinetics
University of Stellenbosch	04-06 September 2023	Biokinetics
University of the Free State	26 -28 September 2023	Biokinetics

BOARD EXAMINATIONS

CATEGORY	DATE	TOTAL CANDIDATES	PASSED	FAILED
Physiotherapy Theory Board Examination	25 April 2023	2	2	0
Physiotherapy Theory Board Examination	20 September 2023	1	1	0
Physiotherapy Practical Board Examination	31 May 2023	2	1	1
Physiotherapy Practical Board Examination	26 October 2023	1	0	1
TOTAL NUMBER OF PPB BOARD EXAMINATIONS FACILITATED	Four (4)	6	4	2

4.2. Registrations

In the year under review ten (10) applications for the change of category to independent practice were approved. The Task Team appointed by the Education, Training and Registration Committee of the Board ensured that the applications received for the change of category were compliant in all standard requirements for registration and were all approved for registration in the category of Independent Practice.

4.3. Professional Practice (CPD)

CPD compliance report from Professional Practice Division was tabled at Board meetings in the reporting period to appraise the Board on how practitioners were doing in relation to one of the legislative requirements to remain registered. The compliance rate was at 34.6% and the Board resolved to continue improving on its drive of encouraging practitioners to be compliant.

Practitioners were encouraged through the newsletter article and during stakeholder engagement, to stay registered by attending accredited continuing professional development activities and to acquire the required continuing education units as determined by Section 26 of the Health Professions Act.

4.4 Professional Conduct

This committee had 4 meetings, 1 per quarter. The prelims case clearance rate was calculated quarterly. In the reporting period this committee considered 76 matters and finalised 34 matters.

Quarter to Quarter Case Clearance Rate:

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
29% - target not achieved	43% - target not achieved	60% - target achieved	42% - target not achieved

Fines Imposed by the Prelim Committee per Quarter in 2023/24 financial year

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
R70 000.00	R57 000.00	R177 000.00	R12 000.00

NB: The fines above are what the committee has imposed during its meetings on matters. It is not the amount that has been collected.

ANNUAL REPORTING 2023/2024		Finalised by Prelim					Contempt Of council		Deferred							Referred				
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	Closed \withdrawn	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
PPB 10/5/23	1	1		1	2				2	2			6							14
PPB 10/8/23	1	1	2	3	4		1	1	1					10						23
PPB 1/11/23	1	5		1	6				2	1			5							20
PPB 7/2/24	1	2		4	1	1	1			3			7							19
TOTALS	4	9	2	9	13	1	2	1	5	6			18	10						76

4.5. Risk Management – the Board developed a risk register which was monitored throughout the year with risk treatment plan tabled at full Board meetings.

4.6. Financial Management – the Board performed well within the allocated approved budget.

4.7. Stakeholder Management

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

To achieve the strategic objectives of improving communication with stakeholders, the Education, Training and Registration Committee met with other stakeholders which included higher education institutions and professional associations, to interact and engage on policy/principle matters pertaining to education, training and registration for professions under the ambit of the Board.

- Practitioner Roadshow
In fulfilling the Board's strategic objective of stakeholder engagement, a virtual roadshow for practitioners was held on 12 October 2023.
- Annual engagement with higher education institutions offering programmes in physiotherapy, podiatry and biokinetics, professional associations/societies, all other stakeholders from different sectors, was successfully held on 16 August 2023.

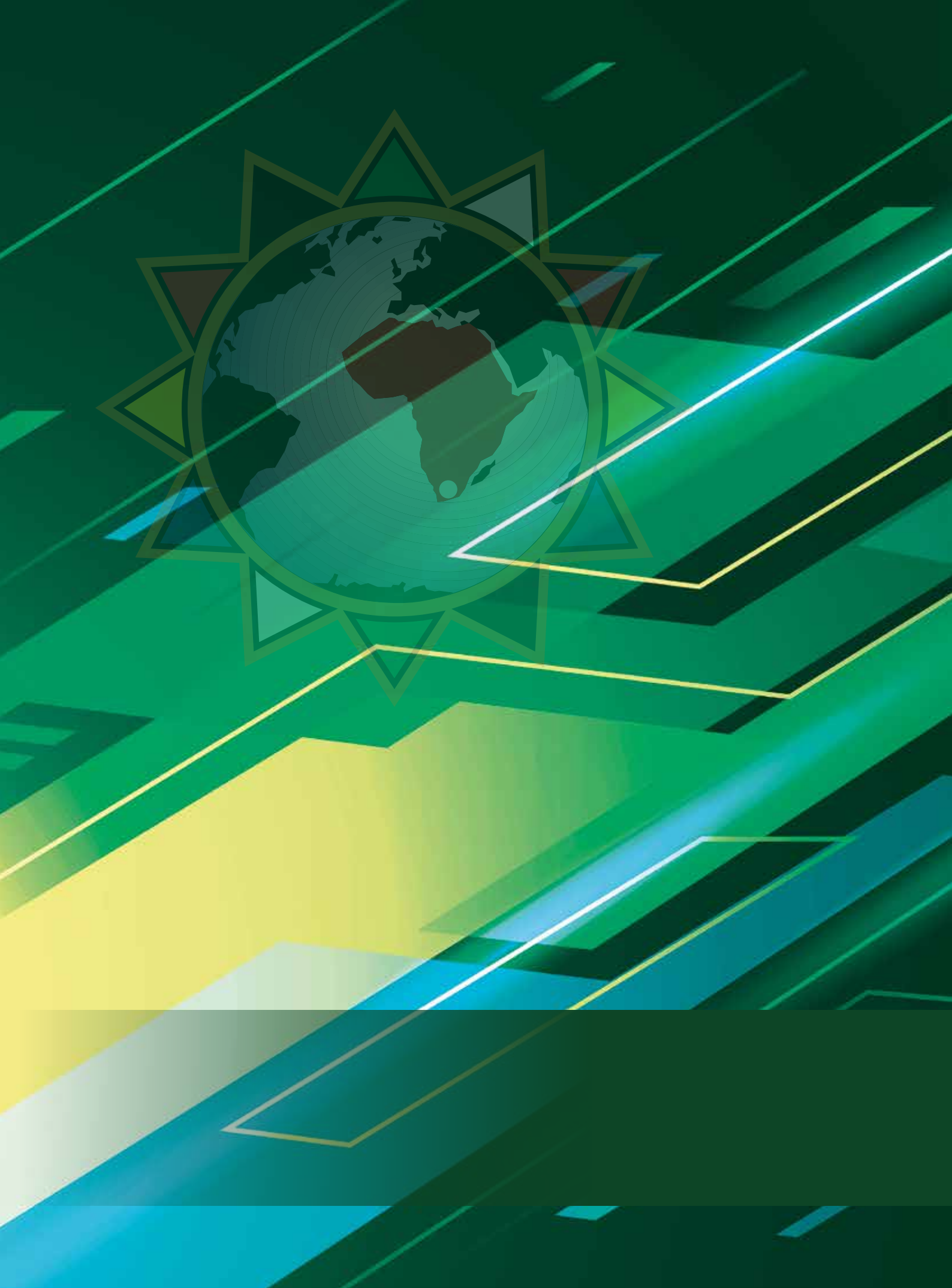
5. CONCLUSION (Reflection on the performance of the Board)

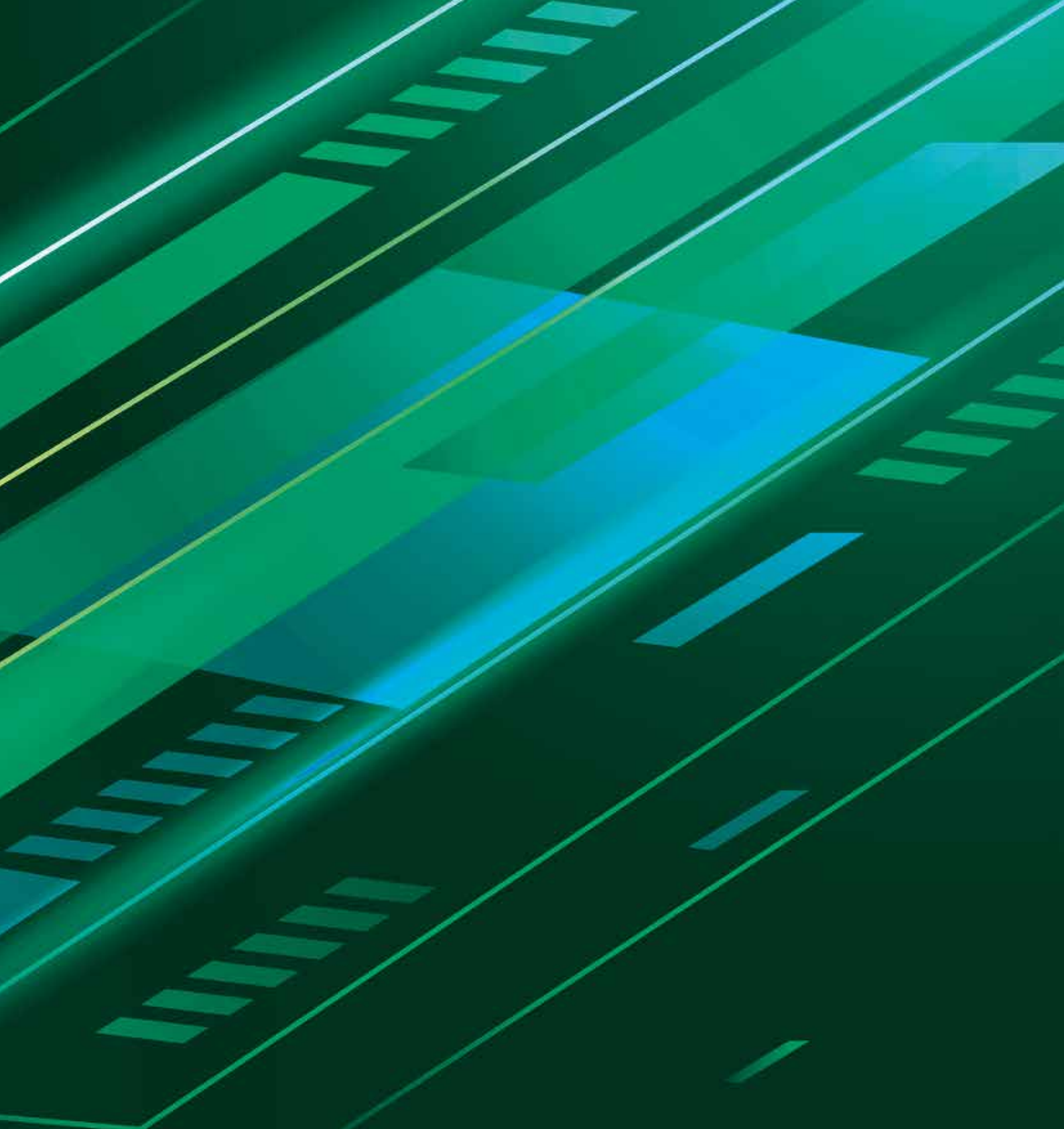
ACHIEVEMENTS:

- Guidelines for Evaluation and Accreditation of institution for Physiotherapy, Podiatry and Biokinetics – completed
- Standard Operating Procedure (SOP) for Biokinetics Internship reviewed, amended and approved.
- Improved participation of members in meetings and other activities of the Board.
- 100% of agendas for the period under review were finalised during all meetings that were scheduled and unscheduled.
- Successful stakeholder engagement with Head of Institutions
- Improved communication and interactions with strategic partners/stakeholders/practitioners.
- Minimum Standards of Training for three professions under the ambit of the Board were reviewed, finalised and approved
- The Board has had one vacancy since its inauguration in 2020 and finally in February 2024 the vacancy was filled.

Challenges:

- Non-adherence to deadlines and some of the tasks taking longer than anticipated to be completed.
- Capacity issues within Board Secretariat.
- The Executive not sufficiently supporting the Board by attending its meetings





PROFESSIONAL BOARD FOR PSYCHOLOGY

1. OVERVIEW AND CONSTITUTION

The Professional Board for Psychology constitutes twenty (20) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act, 56 of 1974.

2. STRATEGIC INTENT OF THE BOARD

Vision and mission

The vision of the Professional Board for Psychology is to regulate and advocate for responsive, relevant, and equitable psychological healthcare and wellbeing for all.

The mission 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 include the following:

- A digitally enabled Professional Board.
- Improved relationships between the Board and Stakeholders by the end of the term of office in 2025.
- Approved number of guidelines and regulations by 2025.
- Efficiently directed Professional Board programmes within available funds.

3. GOVERNANCE

Board Activities

To achieve the strategic objectives and to improve communication with stakeholders and inter-sectoral relations, the following structures supported the Board:

- Executive Committee
- Education, Training and Registration Committee
- Accreditation and Quality Assurance Committee
- Examinations Committee
- Professional Practice Committee
- Psychometrics Committee
- Forensic Psychology Task Team
- Neuropsychology Review Panel
- Committee of Preliminary Inquiry

During the reporting period the following meetings and activities of the Professional Board were conducted and facilitated :

BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings	4
Training of Board Members and Evaluators	1
Executive Committee meetings	2
Education, Training and Registration Committee meetings	4
Examinations Committee meetings	3



Prof. Justin Oswin August
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR PSYCHOLOGY

Committee for Preliminary Inquiry meetings	4
Psychometrics Committee meetings	4
Accreditation and Quality Assurance Committee meetings	4
Neuropsychology Review Panel meeting	2
Forensic Psychology Task Team	2
National Board Examinations	3
Roadshows	3
Total of activities	36

4. EDUCATION AND TRAINING

In terms of Section 15A of the Health Professions Act, 56 of 1974, the Professional Board 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 falling 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. During the reporting period, the Board developed, reviewed, finalised and implemented the:

- Criteria for registration as a professional research psychologist for individuals who did not complete an internship (Form 227);
- Minimum standards for the education and training of Research Psychologists;
- Minimum standards for the education and training of Neuropsychologists.

The Board is also responsible for the approval of tailored internship programmes for those interns who have not completed their internship at an approved site. During the period, the Board approved 258 tailored internship programmes.

4.1 EVALUATION OF INSTITUTIONS

One of the primary functions of the Board is to determine and uphold standards of education and training. This was being done through the system of

evaluation and accreditation of education and training against a set of criteria and guidelines. The Board continuously monitors the provision of quality education and training of professionals under its ambit and would thus provide the necessary support to institutions. Thirty-seven (37) evaluations were conducted during the reporting period, at the following institutions:

Name of university	Category	Date of evaluation
University of Limpopo	Clinical Psychology	25 April 2023
University of Limpopo	Registered Counsellor	25 April 2023
University of Free State	Industrial Psychology	26-27 July 2023
University of South Africa	Psychometry	1-2 August 2023
University of South Africa	Clinical Psychology	22-23 August 2023
University of the Western Cape	Research Psychology	24-25 August 2023
University of KwaZulu-Natal	Educational Psychology	28-29 August 2023
University of Pretoria	Industrial Psychology	6-7 September 2023
Sefako Makgatho Health Sciences University	Clinical Psychology	13-14 September 2023
University of Pretoria	Educational Psychology	12-13 October 2023
Nelson Mandela University	Clinical Psychology	12-13 October 2023
Nelson Mandela University	Psychometry	12-13 October 2023
Nelson Mandela University	Counselling Psychology	12-13 October 2023
University of the Western Cape	Clinical Psychology	16-17 October 2023
Stellenbosch University	Educational Psychology	17-18 October 2023
University of Pretoria	Counselling Psychology	26-27 October 2023
University of Pretoria	Clinical Psychology	26-27 October 2023
University of Pretoria	Research Psychology	26-27 October 2023
University of Free State	Clinical Psychology	30-31 October 2023
University of Free State	Counselling Psychology	30-31 October 2023
Stellenbosch University	Clinical Psychology	6-7 November 2023

Name of internship site	Category	Date of evaluation
University of Pretoria Student Counselling Centre	Counselling Psychology	26 May 2023
Stellenbosch University Student Counselling Centre	Counselling Psychology	18-19 May 2023
Stikland & Tygerberg Hospitals	Clinical Psychology	6-7 June 2023
Pretoria Boys High School	Counselling Psychology	09 June 2023
Groote Schuur Hospital	Clinical Psychology	19-20 June 2023
Caprisa	Research Psychology	03 July 2023
Valkenberg Hospital	Clinical Psychology	14 July 2023
Alexandra Hospital	Clinical Psychology	15 July 2023
Lenteguur Hospital	Clinical Psychology	21-22 Aug 2023
Baragwanath Academic Hospital	Clinical Psychology	21 August 2023
2 Military Hospital	Clinical Psychology	25 August 2023
University of the Western Cape	Research Psychology	25 August 2023
Tygerberg Forum	Industrial Psychology	21 September 2023
Eskom	Industrial Psychology	26 September 2023
Red Cross Hospital	Clinical Psychology	13-14 November 2023
University of the Western Cape Student Counselling	Counselling Psychology	23 November 2023

4.2 EXAMINATIONS

The examinations of the Professional Board for Psychology were conducted in terms of the provisions of Health Professions Act, 56 of 1974. The purpose of the National Board Examinations is 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 years, were also required to do the National Board Examination in order to be registered or restored to the register. As of June 2023, the National Board Examinations reverted to venue-based examinations. National Board Examinations were conducted between June 2023 and February 2024, and a total of 829 candidates took the examinations.

5. PROFESSIONAL PRACTICE

5.1 ACCREDITED CONTINUOUS PROFESSIONAL PROVIDERS

The Accredited Service Providers were individuals or institutions approved by the Professional Board on the basis that they meet the criteria set out on the Accredited Service Provider guidelines of the HPCSA. The criteria and processes followed, as well as the procedures for record keeping developed by Council in consultation with the Professional Board with the main purpose to ensure that the process of CPD accreditation was standardised across all Professional Boards in order to fulfil the CPD mandate in terms of section 26 of the Health Professions Act, 56 of 1974. The Accredited Service Providers below have been approved by the Board.

Name of institution	Type of institutions
Psychological Society of South Africa	Professional Association
Society for Industrial and Organisational Psychology	Professional Association
University of the Free State	Academic Institution

5.2 CPD COMPLIANCE SURVEY FOR PSYCHOLOGY BOARD PRACTITIONERS

The Board’s compliance rate was at 20.2% and that HPCSA as a whole was struggling to improve CPD compliance. The negative perception was that CPD activities were too expensive, however the guidelines highlighted many opportunities of accessing CPD activities without spending much. There were uncertainties with the compliance cycle/period, whether it was based on a calendar year or was continuous. CPD rules were under review and compliance cycle would be based on a financial year to align with payment of annual fees. A CPD compliance survey would be useful in understanding why practitioners were not complying with CPD requirements as stipulated in the Health Professions Act. The Board in June 2023 resolved that a compliance notice be sent out to practitioners by 1 July 2023 to remind them of their statutory obligations and that the survey be approved in principle and be disseminated soon after the addition of qualitative questions.

The CPD compliance survey was circulated to all practitioners who fell under the ambit of the Board in October 2023, and the survey analysis was submitted for consideration. The concern was more on the Psychometry and Registered Counsellor categories which were at a 20% compliance rate. As well as on the cost of CPD activities, online activities and CPD activities provided.

The compliance rate of the Board at the end of March 2024 was at 30.7%

5.3 LIST OF CLASSIFIED PSYCHOLOGICAL TESTS

Regulations Defining the Scope of the Profession of Psychology (Government Gazette, No. 31433, 16 September 2008, section 2(f)) declares that the Board must publish a notice of tests classified for use by psychology professionals. A revised list of tests as classified was updated and submitted to the Professional Board for approval. A Board Notice on the revised list of classified tests was issued on 14 July 2023.

5.4 PROFESSIONAL CONDUCT

In terms of its mandate the Committee of Preliminary Inquiry, is authorised 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 committee conducted four meetings in 2023/24 and matters were dealt with as follows:

ANNUAL REPORTING 2023/2024		Finalised by Prelim					Contempt Of council		Deferred							Referred				
PRELIM MEETING	Number of Meetings	Explanation accepted 4(7)	Cautio n/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	Closed \withdrawn	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41 A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
PSB 20/6/23	1	30	4		8	1	1		3	1			1							49
PSB 12-13/12/23	2	24	4	3	9	3			2	2			1							48
PSB 7/3/24	1	5	1	5	2		1			2			2							17
TOTALS	3	59	5	8	19	4	2		5	5			4							114

6. STAKEHOLDER MANAGEMENT AND ADVOCACY

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 to ensure 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.

- In April 2023, the Military Psychological Institute hosted a SANDF Psychology Internship open day. The objective of the open day was to establish an understanding between universities, internship sites and other relevant stakeholders, such as the HPCSA. The open day was virtual in order to ensure maximum participation. The Deputy Company Secretary was invited to deliver a presentation at the event on internship training. The presentation was pre-recorded and sent to the Military Psychological Institute.
- A Roadshow on the proposed training framework for professional psychology was held on 18 May 2023 in KwaZulu-Natal, 13 June 2023 in Gauteng, and 11 August 2023 in Eastern Cape. The purpose of the roadshow was to promote dialogue with stakeholders and to promote transparency on the approved proposed training framework for professional psychology. The roadshows were well attended by representatives from various universities and Internship Sites.
- SIOPSA HOD Forum representatives met with the Board on 14 June 2023 regarding the request to link academic training with internship training.
- The Professional Board for Psychology approved for the Chairperson and Vice-Chairperson of the Board to attend the AMCOA conference that took place in Rwanda on 4-7 September 2023. Their attendance was for the purpose of international best practice benchmarking exercise.
- An Annual Heads of Department/Stakeholders Engagement was held on 31 October 2023 at 10:00-16:00 via MS Teams on matters pertaining to professional practice, education, training and registration.
- The Board newsletter was published on 25 October 2023.
- The Board commemorated the World Mental Health Day in the month of October by sending out a media statement, hosting radio interviews and email banners were sent to all employees.
- The Board attended the 27th Annual South African Psychology Congress by manning an exhibition table and sponsoring promotional material.
- A meeting of the Professional Board for Psychology and the Psychology Board of Australia and Australian Health Practitioner Regulation Agency (AHPRA) was held on 13 November 2023 in Melbourne Australia. The purpose of the meeting was to conduct a benchmarking exercise on the proposed training framework for professional psychology.
- A meeting was held with the University of Melbourne on their Clinical Neuropsychology programme. The purpose of the meeting was to explore the Clinical Neuropsychology programme at the University of Melbourne and investigate internationally the possibility to collaborate academic programmes from abroad.
- Psychology Forum (CPF) requested clarity and guidance on a Board communication of November 2021 relating to the policy framework for the psychology profession. The Clinical Psychology Forum be invited to the November 2023 Board meeting to present their case.
- A meeting was held with Council on Higher Education in November 2023 regarding a Board requirement for universities to relinking internship with their academic training by the start of academic year January 2024. Ongoing discussions are being held.

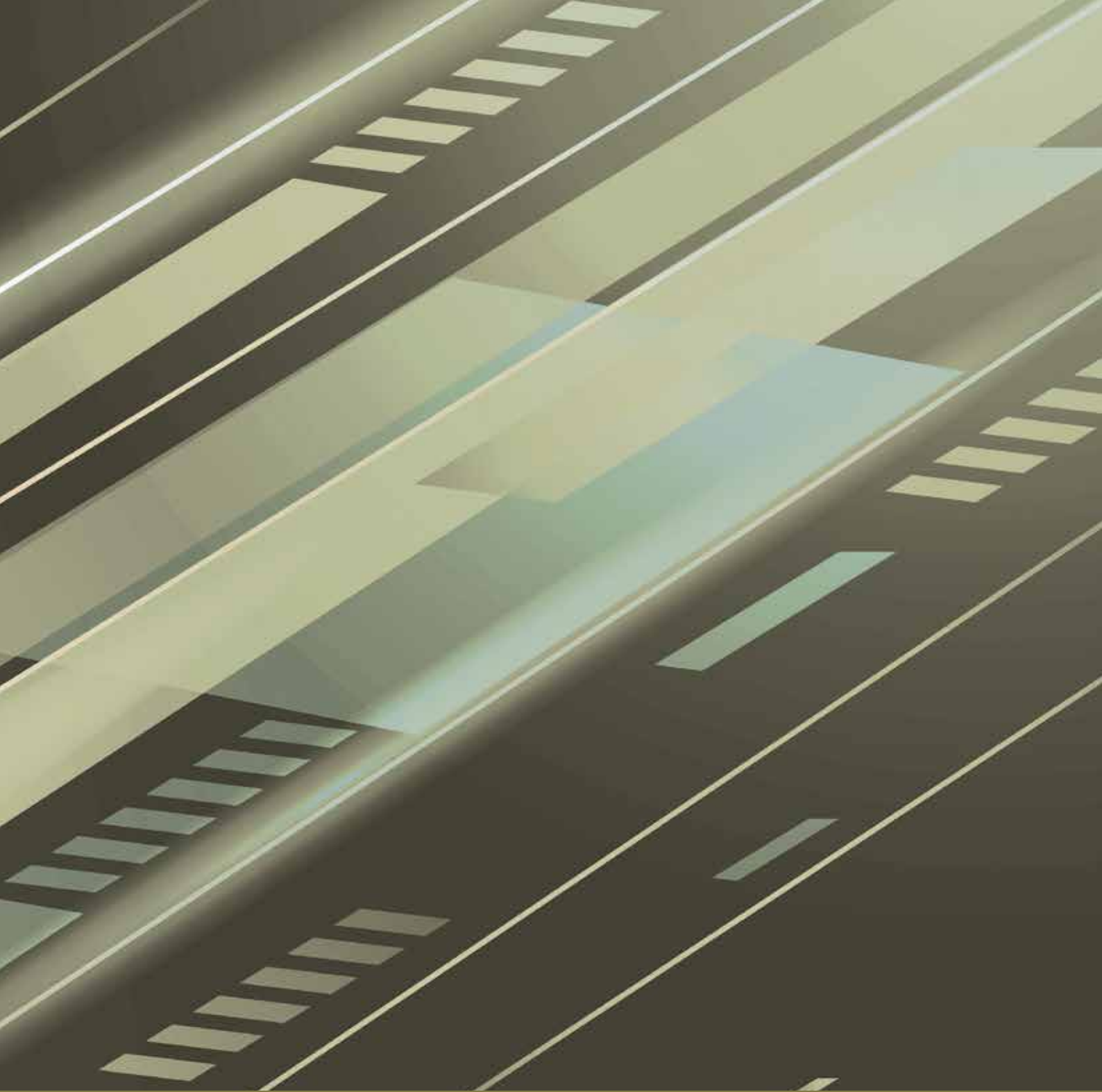
7. NEW APPOINTMENTS

The Board welcomed the appointment of Dr Dudu Shiba in October 2023 by the Minister to serve in the Board as a Department of Health Representative, and the appointment of Dr Ewald Crause in January 2024 by the Minister of Health to serve in the Board as a Counselling Psychologist.

8. CONCLUSION

The Professional Board for Psychology remains steadfast in its commitment to realizing our vision of advancing the field of psychology. Our efforts are focused on ensuring that all our actions contribute significantly to the professional growth and development of psychology. By prioritizing the highest standards of practice and ethical conduct, we aim to facilitate access to equitable mental healthcare and promote overall wellbeing. Our dedication to these principles ensures that the benefits of our work extend to both practitioners and the communities we serve, fostering a healthier and more balanced society.





PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

1 OVERVIEW

The Professional Board for Radiography and Clinical Technology (PBMT) is established in terms of Section 15 of the Health Professions Act, 56 of 1974 which details the objects and functions as well as the general powers of the Professional Board.

The Board is constituted of thirteen (13) members appointed by the Minister of Health in terms of Section 15 of the Health Professions Act, 56 of 1974.

2. STRATEGIC INTENT OF THE BOARD

The Board has adopted the vision and mission, which closely aligns to that of the HPCSA, yet reflective of the unique nature of the Radiography and Clinical Technology professions.

Vision and mission

The vision of the Professional Board for Radiography and Clinical Technology is to be a Regulator of ethical, equitable, efficient, and innovative Radiography and Clinical Technology Profession.

The mission

The mission of the Professional Board for Radiography and Clinical Technology is to strive to efficiently, within its mandate:

- a. Prioritise protection of the public by ensuring ethical standards of practice in the profession.
- b. Ensure continuous professional development.
- c. Develop, monitor and ensure compliance to policies and procedures in ensuring protection of all.
- d. Effectively engage and collaborate with all stakeholders and
- e. Function in an effective and efficient manner

Strategic objectives

To achieve this, the Professional Board developed a five-year strategic plan and identified the following five (5) strategic goals:

- a. Effective CPD Programme
- b. Implemented (A Quality Assurance) Guidance Programme for the Professions
- c. Enhance Ethical Practice
- d. Improved Practice Guidance Environment for all Professions in the Board
- e. Improved Relationships Between Professional Board for Radiography and Clinical Technology Professions and all relevant stakeholder by the end of the term (2025). (Engaged stakeholders at all levels).

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 fulfil this mandate during its term of office. The Annual Performance Plan and Operational Plan defined the day-to-day operational activities in the managing of the Board's activities and ensuring that the Board meets its objectives.

3. GOVERNANCE

3.1 Committees of the Board

The PBMT has set up the following committees to enable the Board to deliver on its mandate and achieve the set strategic goals –

- a. Education, Training and Registration Committee
- b. Professional Practice Committee
- c. Committee of Preliminary Inquiry
- d. Executive Committee



Dr Chevon Clark

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR RADIOGRAPHY AND CLINICAL TECHNOLOGY

3.2 Meetings

To achieve the strategic objectives, the following meetings and Board activities were conducted in the reporting period.

PROFESSIONAL BOARD ACTIVITIES	NUMBER OF ACTIVITIES
Professional Board meetings (4 ordinary and 3 special)	7
Education Committee meetings (4 ordinary)	4
Professional Practice Committee (2 ordinary meetings)	2
Committee of the Preliminary Inquiry (4 ordinary meetings)	4
Task Team meetings	4
Stakeholders meeting	4
Training workshops	2

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

One of the primary functions of the Board is to determine and uphold standards of education and training. This function is delegated to the Education, Training and Registration Committee and includes systems of evaluation and accreditation of education and training against a set of standards and guidelines. The Board continuously monitors provision of quality education and training of professionals under its ambit. The Education, Training and Registration Committee convened four (4) meetings during the reporting period.

The Board continuously monitored the provision of quality education and training of professionals under its ambit and was committed to provide the necessary support to institutions. Institutions are scheduled for evaluation and accreditation to train students in accordance with the minimum standards of education and training every five years.

The following Higher Education Institutions were evaluated during the reporting period.

Name of the HEI	Qualification	Date
Tshwane University of Technology	Bachelor of Health Science in Clinical Technology – (Cardiology Cardiovascular Perfusion Critical Care Nephrology Neurophysiology Pulmonology Reproductive Biology)	30 - 31 May 2023 - Physical
Cape Peninsula University of Technology	Bachelor of Health Radiography – (Diagnostics, Nuclear Medicine, Radiation Therapy and Ultrasound)	20 - 24 May 2023 - Virtual

4.1.2 Evaluations of clinical training facilities

A total of fifty-one (51) evaluations of clinical training facilities were conducted and approved for the training of students, twenty-two (22) for Clinical Technology and twenty-nine (29) for Radiography.

4.1.3 Board examinations

EEG Board examination

The purpose of Board Examinations is to measure the competence and ability of students EEG undergoing in-house training applying for registration to enter the EEG profession. Examinations comprises theory and practical assessments conducted by the Board. The Board conducts two (2) Examinations every year in April/ May and October/ November respectively by examiners and moderators appointed by the Board.

The following EEG examinations were conducted during the period:

EXAMINATION	DATE	TYPE	VENUE
EEG Examination	08 May 2023	Theory	HPCSA Offices
EEG Examination	09 May 2023	Practical	Netcare Albertyon Hospital

Foreign Qualified Board Examinations

The purpose of Board Examinations is to measure the competence and ability of foreign qualified practitioners applying for registration to enter both the Clinical Technology and RCT professions. Examinations comprise of theory and practical assessments conducted by the Board.

The Board conducts two (2) Examinations every year in April/ May and October/ November respectively. The Education, Training and Registration Committee approves applications prior to examinations and provide the necessary infrastructure to ensure that the examinations were conducted with professionalism and that the integrity of the examinations be protected.

The following Foreign Qualified Board Examinations were conducted during the reporting period:

EXAMINATION	DATE	TYPE	VENUE
Diagnostic Radiography	15 November 2023	Theory	HPCSA Offices
Diagnostic Radiography	16 November 2023	Practical	Charlotte Maxeke Academic Hospital

PROFESSIONAL PRACTICE

The Professional Practice Committee of the Board has conducted two meetings during the reporting period.

The committee has considered and approved the annual reports for Accreditors and accredited service providers of the Board.

The committee considered and approved the annual reports submitted by accreditors and accredited service providers approved by the Board for their CPD activities. The low CPD compliance rate by practitioners was flagged as an area of concern by the Board.

The committee has reviewed and made inputs, and recommendation to the Board on the following Ethical rules and Guidelines –

- Supervision guidelines
- Business Practice Policy
- Ethical guidelines on keeping of patient records – Booklet 2
- Ethical Booklet 6
- Ethical Booklet 12
- Ethical Booklet 19
- Draft policy relating to fees chargeable for accreditation of Continuing Professional Development programmes.
- Revised guidelines of the continuous professional development programme

b. PROFESSIONAL CONDUCT

Committee of Preliminary Inquiry

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, 56 of 1974, and to report thereon any trends to the Professional Board for further deliberation.

For the 2023/24 financial year the committee conducted four (4) meetings, considered twenty-two (22) matters and finalised twelve (12) matters during this reporting period. Only three (3) RCT Preliminary Inquiry meetings were held.

The total sum of fines issued for the 2023/24 financial year= R35 000.00. The Professional Conduct Unit is made up of two sub-divisions namely; the preliminary and conduct inquiries.

Professional Conduct Committee

The Professional Conduct Committee is set up by a Professional Board in terms of Section 15(5) f of the Act, 56 of 1974 to conduct an inquiry. Inquiry means an inquiry held by a Professional Board or a Professional Conduct Committee of the Professional Board under Chapter IV of the Act and regulations relating to the conduct of inquiries into alleged unprofessional conduct under the Health Professions Act, to inquire into a complaint or charge against a registered person.

The performance of the Professional Conduct Unit is monitored quarterly and annually for its success rate.

Preliminary Appeals Committee

The Preliminary Appeals Committee is established by Regulation 4A of the regulations relating to the Conduct of Inquiries into Alleged Unprofessional Conduct under the Health Professions Act, 1974: Amendment, 2023.

Only one matter served at the RCT Prelim Appeals Committee, and the appeal was dismissed and the decision of the Preliminary Committee of Inquiry was upheld.

c. RISK MANAGEMENT

The Board has developed a risk register linked to its strategic objectives. The Risk Treatment progress report is submitted for consideration at each Board meeting in terms of managing the risks.

The Secretariat, and the Board constantly monitor the risk register and the risks identified are managed accordingly.

The risk register is revised annually and aligned to the revised strategic programmes.

d. FINANCIAL MANAGEMENT

The Board functioned well within its allocated budget in the new financial year.

e. STAKEHOLDER MANAGEMENT

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

To achieve the strategic objectives of improving communication with stakeholders, the Board held the following engagements:

- a. Online seminar - 13 April 2023
- b. Annual Board stakeholders meeting with the training institutions, professional associations and other stakeholders scheduled was held on 25 May 2023.
- c. Online seminar - 29 July 2023
- d. Consultation with the University of Pretoria about the B Hons in Ultrasound,
- e. Consultation with the Higher Education institutions regarding the registration of an additional category for Clinical Technology- 18 July 2023,
- f. Information session with employers of EEG, ECG and Spirometry Technicians regarding the newly promulgated regulations for registration of Technicians - 17 August 2023
- g. Exhibition at the Society of Radiographers of South Africa (SORSA) Congress: 18 – 19 August 2023
- h. Presentation and exhibition at the Clinical Neurophysiology Society of South Africa (CNSSA) Congress: 19 – 21 October August 2023
- i. Physical Roadshow – 25 November 2023
- j. Consultation with Council in Higher Education (CHE) regarding University of Pretoria's B Hons in Ultrasound Qualification – 13 December 2023
- k. Online seminar – newly qualified practitioners - 05 February 2024
- l. Meeting with Technicians in Clinical Technology in Electro-Cardiography (ECG) and Electro Encephalographic (EEG) and Spirometry – information session on registration

f. GOVERNANCE AND REGULATORY FRAMEWORK REVIEW

The Board has ensured full compliance with its strategic objectives for the reporting period as outlined in its Strategic Plan. All scheduled Board meetings were conducted, with good attendance and participation by Board members.

Matters pertaining to statutory provisions.

- a. The regulations relating to registration of Technicians in Clinical Technology were published on 26 May 2023.
- b. The regulations relating to the Qualifications for the Registration of Graduate Clinical Technologists: Amendment were published for comments on 28 April 2023.
- c. The regulations Defining the Scope of the Profession of Clinical Technology, 2023 were published under Government Notice R3510 in Government Gazette 48758 on 9 June 2023.
- d. The regulations relating to the qualifications for the registration of Radiographer: Amendment were published into Law on the 9th of February 2024.

Matters pertaining to policies and guidelines.

The Board, as part of its good governance strategy, reviewed and approved the following policies and guidelines for implementation.

- a. Electro Encephalographic (EEG) Guidelines
- b. Guidelines For Staff/ Students Ratio Training
- c. Supervision guidelines.
- d. Hybrid guidelines for the evaluation of Higher Education Institutions
- e. Guidelines for accreditation of Training Facilities for Electroencephalographic (EEG) Technicians
- f. Policy on the Request for Medical X-Ray Examinations
- g. Practice Standards for Interpretation of Plain Radiographic Images by Diagnostic Radiographers

CONCLUSION

As we bring another year to a close, I am pleased to reflect on the achievements and progress of the Professional Board for Radiography and Clinical Technology (RCT). Over the reporting period, our regulatory efforts have been steadfast in ensuring the highest standards of professional practice, education, healthcare delivery and patient safety across Radiography and Clinical Technology.

Looking forward, we are still committed to achieving our strategic goals of protecting the public and guiding the profession. These efforts have yielded enhanced compliance monitoring, stakeholder engagement, advancements in professional practice and patients care standards.

I extend my heartfelt appreciation to the Professional Board for Radiography and Clinical Technology, HPCSA Council and Secretariat whose relentless commitment and dedication have been pivotal to our success. I also thank our valued stakeholders for their continued partnership and trust in our regulatory efforts.

Together we look forward to another year of shared success and remain committed to delivering excellence in all that we do.





PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING

1. OVERVIEW

The Professional Board for Speech Language and Hearing Professions is established in terms of Section 15 of the Health Professions Act, 56 of 1974 which details the objects and functions as well as the general powers of the Professional Board.

The Health Professions Act creates the HPCSA as a statutory regulatory body against registrable professions with special interest in and oversight over Education and Training, Registrations, Professional Practice, Professional Conduct as well as Back Office to provide an enabling support infrastructure for an effective regulator. The Professional Board for Speech Language and Hearing Professions executes the regulatory role on behalf of the HPCSA in all professions practising Speech Language and Hearing.

The HPCSA as a statutory entity and by implication the Professional Board for Speech Language and Hearing Professions are a stakeholder to numerous public entities and in the same breath other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board for Speech Language and Hearing Professions currently comprises ten (10) members appointed by the Minister of Health.

2. STRATEGIC INTENT OF THE BOARD

The strategic programmes of the Professional Board must present key strategic outcomes orientated goals and objectives to which the annual performance plan results can be measured, monitored and evaluated. The set goals and performance indicators and targets aligned across the Board's governance structures and are supported by the required annual budget.

The heart of the Board's Strategic Plan is developed from Strategic Issue determination and distillation. The Strategic Plan of the HPCSA for the rolling five-year planning cycle (2021/22 – 2025/26) is anchored on eight (8) Strategic Goals that define the end state of what Council was to achieve by the end of the planning cycle term.

2.1 Vision and mission

The Vision of the Board is to be: -

"A global leader in the regulation of quality education, training, and professional practice of Speech, Language and Hearing professions for all."

Mission statement of the Speech, Language and Hearing Board strives to:

- Develop and monitor contextually relevant regulations, standards for education, training, professional practice.
- Regulate registrations, professional conduct.
- Register students and professionals.
- Evaluate training programmes.
- Strengthen, support, and monitor CPD compliance.
- Improve collaboration with all relevant stakeholders and
- Promote the health, development, and well-being of the nation.

2.2 PROFESSIONAL BOARD FOR SPEECH, LANGUAGE AND HEARING STRATEGIES (STRATEGIC PROGRAMMES)

Goal # 1: Achieve standardised minimum exit competency levels for all graduates in SLH professions.

Goal # 2: Capacitated members of the Professional Board enabling effective discharge of mandated fiduciary responsibilities.

Goal # 3: Improved relationships between Professional Board for SLH and all relevant stakeholders by the end of the term (2025).

Goal # 4: Ensured that all requisite regulations, guidelines and rules that empower the Professional Board to regulate the professions are current, applicable and just.

Goal # 5: Improved competency levels of all SLH registered professionals.

Goal # 6: All reported professional conduct matters are concluded timeously.

Goal # 7: Achieved full funding of the professional conduct processes.

Goal # 8: Digitally Enabled Professional Board by 2025.



Prof Lebogang Ramma

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING

3. GOVERNANCE

3.1 MEETINGS

The Professional Board annually approves meeting schedule for the budget year for its governance structures. The meetings that took place, either virtual or in physical mode, are listed in the table below:

Professional Board	Ordinary Board meeting of 27 March 2023 Ordinary Board meeting of 31 July 2023 Special Board meeting of 1 August 2023 Special Board meeting of 27 September 2023
Executive Committee meetings (EXCO)	None for the reporting period.
Professional Practice Committee (PPC)	Ordinary Professional Practice Committee meeting of 09 June 2023 Ordinary Professional Practice Committee meeting of 29 August 2023 Ordinary Professional Practice Committee meeting of 3 November 2023 Ordinary Professional Practice Committee meeting of 09 February 2024
Task Teams 1: Task Team to Develop a Competency Framework for the SLH Professions of Speech Language Therapy, Audiology and Hearing Aid Acousticians	Task Team meeting of 13 April 2023 Task Team meeting of 26 May 2023 Task Team meeting of 6 July 2023
Task Teams 2: Task team for Development of Board Specific Guidelines for Competency Evaluation	None for the reporting period
Committee of Preliminary Inquiries (Prelim)	Ordinary Committee of Preliminary Inquiries meeting of 12 March 2022 Ordinary Committee of Preliminary Inquiries meeting of 8 August 2023 Ordinary Committee of Preliminary Inquiries meeting of 22 November 2023 Ordinary Committee of Preliminary Inquiries meeting of 16 February 2024
Education Training Registration Committee (ETR)	Ordinary Education, Training and Registration Committee meeting of 12 June 2023 Ordinary Education, Training and Registration Committee meeting of 28 August 2023 Ordinary Education, Training and Registration Committee meeting of 13 November 2023 Ordinary Education, Training and Registration Committee meeting of 8 February 2024 Special Education, Training and Registration Committee meeting of 05 Dec 2023 Special Education, Training and Registration Committee meeting of 22 March 2024

3.2 COMMITTEES OF THE BOARD

In terms of the Regulation² of the regulations relating to the functions and functioning of the Professional Board), the Professional Board may from time-to-time establish such standing committees as it may deem necessary, each consisting of as many persons, appointed by the Professional Board, as the Professional Board may determine but including at least one of its members who shall be the chairperson of such committee, and shall determine the composition, quorum and terms of reference of each committee so established. The Professional Boards' regulatory work interest covers four regulatory functions, namely, Education and Training, Registration, Professional Practice, and Professional Conduct.

During the reporting period, the Professional Board established the following standing committees to perform operational work on its behalf, however it did not abdicate oversight of its duties delegated to the standing committees. The committees are Education, Training and Registration Committee, Professional Practice Committee and Committee of Preliminary Inquiries with the mandates outlined below.

3.2.1 EDUCATION, TRAINING AND REGISTRATION COMMITTEE (ETRC)

The mandate of the committee is to :-

- Recommend to the Board, policies for evaluation of education and training programmes and facilities;
- Recommend to the Board, any criteria, policy, rule, or regulation relating to the regulation of education and training programmes;
- Recommend to the Board regarding the evaluation and approval of education and training programmes;
- Recommend to the Board appointment of panels for accreditation and evaluation of programmes and institutions;
- Recommend to the Board policies for the recognition of additional qualifications registrable with the Board;
- Contribute to the Board strategic development and implementation in terms of education, training and registration matters;
- Recommend to the Board policies relating to registration and restoration; and
- Recommend to the Board, policy relating to the conduct of the assessments for competence in relation to recognition of qualifications not prescribed for registration.

3.2.2 PROFESSIONAL PRACTICE COMMITTEE

The mandate of the committee is to :-

- Recommend to the Board, standards and guidelines for the practice of the professions;
- Recommend to the Board, the guidelines on continued professional development;
- Recommend to the Board, policies on any matter relating to Ethical guidelines for good practice in the health care professions registered under ambit of the Professions Board;
- Recommend and review guidelines for registration of practices and health care providers in collaboration with the Office of Health Standards;

- e) Promote ethical conduct, human rights, and the rights of patients amongst healthcare professions registered under the ambit of the Professions Board; and
- f) Contribute to the development of stakeholder engagement plans relating to the objectives and functioning of the Board, with respect to ethics, rights and practice related matters.

3.2.3 COMMITTEE OF PRELIMINARY INQUIRY

The mandate of the committee is to :-

- a) Deal with and finalise all matters relating to preliminary inquiries regarding complaints in terms of Section 41(2);
- b) Determine appropriate fines in terms of Section 42(8) of Act, 56 of 1974;
- c) Devise measures to regulate the set standards to which the Professional Boards practitioners should conform and recommend the same to the Board for approval; and
- d) Identify trends relating to the conduct of practitioners and refer such trends to the Boards for further deliberation and pronouncement.

4. REPORT ON ANNUAL PERFORMANCE

4.1. EDUCATION AND TRAINING

4.1.1 EVALUATIONS

UNIVERSITY EVALUATED	PROGRAMME	NEW PROGRAMME OR RE-EVALUATION	APPROVED EVALUATION PERIOD
Sefako Makgatho Health Sciences University	Speech-Language Pathology	Re-evaluation	Provisional approval for 2yrs
	Audiology		
Stellenbosch University	Speech-Language Pathology	Re-evaluation	Provisional approval for two (2) years
University of the Witwatersrand	Speech-Language Pathology	Re-evaluation	Five (5) years
	Audiology		Five (5) years
University of Fort Hare (UFH)	Speech-Language Pathology	Re-evaluation	Ongoing

4.1.2 EXAMINATIONS

TYPE OF EXAMINATION	EXAMINATION PERIOD (MONTH)	# OF PRACTITIONERS EXAMINED
OSCE (RESTORATION EXAMS)	April 2023	1
	June 2023	1
OSCE (UFH)	December 2023	2 cohorts

4.2. PROFESSIONAL PRACTICE (CPD)

The Continuing Professional and Development (CPD) matters are regulated in terms of Section 26 of the Health Professions Act, 56 of 1974, which states that the HPCSA may from time-to-time make rules which prescribe the criteria for recognition by the HPCSA of continuing education and training courses and education institutions offering such courses.

Board	Compliance Rate			
	April 2023		March 2024	
SLH	1 197/4 326	(27.7%)	1 891/4 492	42.1 %

The CPD is a legal requirement in terms of Section 26 of HPCSA Act, 56 of 1974, wherein evidence of skills, knowledge and experience that practitioner gain both formally and informally, this being beyond any initial training, is documented and tracked to inform the NDoH. The primary purpose of CPD is to ensure that all practitioners maintain and improve their professional knowledge, skills and performance for improved patient/client and health systems outcomes. As previously reported, the HPCSA has introduced several changes to the programme.

During the reporting period, the Board's CPD compliance rate was low however with a slight increase as per the above table. The Board devised possible awareness solution to circumvent the low compliance rate which entailed, publishing the newsletter, engaging the stakeholder with a view to encourage practitioners compliance rate and publishing the CPD ethics activity for the practitioners to complete and submit at their own leisure.

4.3. Preliminary Inquiries and matters

STATISTICAL REPORT- ANNUAL REPORTING 1 APRIL 2023- 31 MARCH 2024

		Finalised by Prelim					Contempt Of council		Deferred								Referred			
SLH PRELIM MEETING	Number of Meetings	Explanation accepted 4(7)	Cautio/Reprimand 4(9) A	Referred for Inquiry Reg 4(8)	Guilty Fine 4(9) D	CONTEMPT	Reg 4(4)	Reg 4(5)	Consultations Sec 42(1)	Notice to appear 4(3)	Inspectorate	Section 41A Investigation	Further Information	Time Constraints	Practitioner Specialty	Ombudsman	Other Committees	Business Practice Comm	Health Comm	Total Matters Considered
SLH 12/04/22	1			1			1		1				2							5
SLH 8/8/23	1			2	1				1	2			1	1						8
SLH 22/11/23	1			2	1	1				2			2							8
SLH 16/2/2024	1	2	1		1				3	3			1							11
TOTALS	4	2	1	5	3	1	1		4	7			6	1						32

Summary: This committee has had its scheduled four (4) meetings for 2023/24 financial year. The total number of matters that served before the committee was thirty-two (32). Twelve (12) matters were finalised, and eighteen (18) matters were deferred.

4.4. RISK MANAGEMENT

The Board's role in risk management is fundamental. The Board has a governance responsibility for Risk Management i.e identifies the risks, approves the risk registers, and mitigates the risks identified in the risk register through regular interaction with the risk treatment plan which is reviewed and considered at the quarterly Board meetings as part of the strategy.

For the reporting period, the Board considered the risk treatment plan at its quarterly meetings.

4.5. FINANCIAL MANAGEMENT

The quarterly and annual financial statements of the Board are the principal way in which the Governing Body Members make themselves accountable to stakeholders. The financial statements present a report on the financial performance of the organisation over the previous budget year and financial position of the organisation as at the end of that year.

During the reporting period, the Board reviewed and assessed the financial performance of the Board utilising the presented financial performance at the quarterly Board meetings.

4.6. STAKEHOLDER MANAGEMENT

The Professional Board for Speech, Language and Hearing Profession executes the regulatory role on behalf of the HPCSA in all professions practising Speech, language and Hearing.

The HPCSA as a statutory entity and by implication the Professional Board for Speech, Language and Hearing are a stakeholder to numerous public entities and in the same breath other public entities are stakeholders to the HPCSA and its Professional Boards.

The Professional Board strategic plan objectives are inclusive of stakeholder engagement objective therefore, the Board annually implements specific and directed initiatives relevant to the stakeholders for Speech, Language and Hearing professions.

In the reporting period the following stakeholder related initiatives were implemented:

Type of Stakeholder engagement initiative	Dates
Stakeholder engagement meeting of the Professional Board for Speech, Language and Hearing Professions (SLH Board) and Professional Associations	21 April 2023
Engagement between SLH Professional Practice Committee and Hear.com Representative	09 June 2023
Annual Stakeholder meeting for the Professional Board for Speech Language and Hearing Professions	20 July 2023
SLH Student Webinar for final year student in Speech Language and Pathology and Audiology Programme(s)	11 October 2023
SLH workshop for Guidelines for Assessment of Clinical Competency for Speech and Hearing Professions	12 October 2023
SLH Board Representatives and Council for Higher Education (CHE) and UFH	02 February 2024

4.7. POLICY AND GOVERNANCE FRAMEWORK REVIEW (SCOPE OF PRACTICE, ADDITIONAL QUALIFICATIONS RULES, REGULATIONS AND GUIDELINES)

In year under review the following regulations were reviewed and finalised:

- i. Guidelines for the Summary of Clinical Learning for Registration with the HPCSA: Speech Language Therapy
- ii. Recording Template for Clinical Learning: Speech Language Therapy
- iii. Guidelines for the Summary of Clinical Learning for Registration with the HPCSA: Audiology
- iv. Recording Template for Clinical Learning: Audiology
- v. Recording template for undergraduate student demographic profiles
- vi. Guidelines for evaluation and accreditation of Higher Education and Training Institutions
- vii. Guidelines for the assessment of clinical competency for speech language and hearing professions
- viii. Regulations defining the scope of the professions of audiology
- ix. Regulations defining the scope of the Profession of Speech Language Therapy
- x. Regulations relating to the scope of the profession of hearing aid acoustician

4.8. Chairpersons' note - Reflection on the performance of the Board

As one of the twelve Professional Boards in the HPCSA, we set as our guiding vision, to be a "global leader in the regulation of quality education, training, and professional practice of Speech-Language and Hearing professions for all." So far, all the activities that we have undertaken as a Board have been fueled by this vision. We are gradually arriving at the point in time that demands of us as a Board, to strike a delicate balance of introspection and reflection on one hand, while we relentlessly pursue the achievement of the goals that we set for ourselves.

The strategic goal for our term of office (2020-2025) outlined eight strategic goals that we set to achieve. A lot of work has been done to progressively realise those goals. We have been intentional in prioritising and nurturing healthy and constructive relationships with all of our stakeholders and we have explored various methods and means of engaging with our stakeholders through newsletters, e-Bulletin, mainstream media and many others. The highlight of our stakeholder engagement during the past financial year was our participation at the 59th ENT/AAO-HNS/SASLHA/SAAA congress in Cape Town. That engagement allowed us to interact directly and very closely with our practitioners, literally bringing the Board to our stakeholders.

We have successfully completed the evaluation of all training programmes whose re-evaluation cycle coincided with our term as a Board. It is reassuring to note the exciting curriculum innovations in our training programmes during the evaluation visits,. Where there was a need for further engagement and support, we have made ourselves available as a Board to provide the necessary oversight and guidance in line with our mandate.

The Board is also aware of emerging trends that pose significant threats to both the Speech-Language and Hearing professions. Significant of those is the emergence of practice models that are not aligned with our recommended business practices. With the assistance of relevant offices in the HPCSA, we are constantly engaging with entities involved, and we will ramp up our advocacy role to ensure that where wrong doing is taking place, we call it out and where possible stop that from continuing. We also urge our practitioners to refrain from partnering with entities that violate our regulations because doing so enables such entities to violate our practice guidelines and makes it challenging to stop perpetrators.

In conclusion, the SLH Board consists of ten members who have dedicated their time and energy to making sure that the mandate of our Board is fulfilled. At times, our work requires personal sacrifices but at no point during our term as a Board, did we lose sight of the bigger picture of our vision. As our term of office approaches its end date, we will keep on working hard to make sure that the new Board takes over a well-functioning Board. This is a gift that we received from our predecessors, and we undertake to pay it forward.





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, 56 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 fulfil 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 end of the financial year. In the reporting period, the above stated information was submitted to the Minister in compliance with the requisite time frames. The Council has continued to provide the Honourable Minister with updates on a quarterly basis as its implementation of the approved Strategic Plan.

3. THE ACCOUNTING AUTHORITY

Council as the governing body of the HPCSA is established and vested with all functions of the Accounting Authority. Council is responsible for the development of HPCSA's five-year Strategic Plan and to exercise oversight on performance placing emphasis on the following object and functions of the HPCSA as enshrined in Section 3 of the Health Professions Act, 56 of 1974:

- 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 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 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 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.

4. COMPOSITION OF COUNCIL

Council as the governing body is established, in terms of Section 5(i) of the Health Professions Act, 56 of 1974 as follows:

- a) Not more than 16 persons designated by the Professional Boards, on a basis proportional to the number of persons registered to practise the profession falling under each Professional Board: Provided that each Professional Board shall be entitled to designate at least one person registered in terms of this Act;
- b) One person in the employment of the Department of Health, appointed by the Minister;
- c) One person in the employment of the Department of Education, appointed by the Minister of Education;
- d) Nine community representatives not registered in terms of this Act, appointed by the Minister;
- e) One person from the South African Military Health Service, appointed by the Minister of Defence;
- f) Three persons appointed by the South African University Vice-Chancellors' Association; and
- g) One person versed in law, appointed by the Minister.

Council Members from April 2023 to 31 March 2024:

- 1. Prof. MS Nemutandani (President) *
- 2. Dr S Sobuwa (Vice President)
- 3. Prof. JO August
- 4. Ms E Burger
- 5. Mr BI Dladla
- 6. Mr ST Dywili
- 7. Prof. P Engel-Hills
- 8. Dr SR Legoabe
- 9. Ms TB Mahlaola
- 10. Rev. TL Mashiloane
- 11. Dr D Mathye
- 12. Prof. N Mofolo
- 13. Rev. N Madyibi
- 14. Ms Y Naidoo
- 15. Prof. JLA Rantloane
- 16. Mr TJ Nambo
- 17. Prof. NJ Ngoloyi-Mekwa
- 18. Mr N Raheman
- 19. Adv. MJ Ralefatane
- 20. Prof L Ramma
- 21. Dr MS Sathekge
- 22. Mr J Shikwambane
- 23. Mr A Bham
- 24. Ms L Spies
- 25. Dr A Thulare
- 26. Ms A Vuma
- 27. Ms MMS Mothapo
- 28. Dr TA Muslim
- 29. Prof. L Green-Thompson
- 30. Lt General P Maphaha

* Withdrawal by Medical and Dental Board of appointment on 4 July 2024

HPCSA COUNCIL



PROF ARTHUR RANTLOANE
CHAIRPERSON OF THE PROFESSIONAL BOARD FOR 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
REPRESENTATIVE OF THE 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



PROF JUSTIN OSWIN AUGUST
CHAIRPERSON OF THE PSYCHOLOGY BOARD



MS TINTSWALO MAHLAOLA
DEPUTY CHAIRPERSON OF THE RADIOGRAPHY AND CLINICAL TECHNOLOGY BOARD



PROF LBOGANG RAMMA
CHAIRPERSON OF THE SPEECH LANGUAGE AND HEARING PROFESSIONS BOARD



MR SIDNEY THAMSANQA DYWILI
EMERGENCY CARE BOARD



MR AHMED BHAM
EMERGENCY CARE BOARD



PROF MS NEMUTANDANI (PRESIDENT)
MEDICAL AND DENTAL BOARD
(Withdrawal by Medical and Dental Board of appointment on 4 July 2024)



DR MOROKOLO SILAS SATHEKGE
MEDICAL AND DENTAL BOARD



PROF N NGOLOYI-MEKWA
COMMUNITY REPRESENTATIVE



MR NAHEEM RAHEMAN
COMMUNITY REPRESENTATIVE



REV NTOMBIZINE MADYIBI
COMMUNITY REPRESENTATIVE



MS MMANAPE MOTHAPU
COMMUNITY REPRESENTATIVE



REV THABISO MASHILOANE
COMMUNITY REPRESENTATIVE



DR SETHOLE LEGOABE
COMMUNITY REPRESENTATIVE



MR BHEKI DLADLA
COMMUNITY REPRESENTATIVE



PROF PENELOPE ENGEL-HILLS
PERSONS APPOINTED BY UNIVERSITIES
SOUTH AFRICA (HIGHER EDUCATION
SOUTH AFRICA) NOW UNIVERSITIES
SOUTH AFRICA (USAf)



MR THAPELO NAMBO
COMMUNITY REPRESENTATIVE



DR AQUINA THULARE
DEPARTMENT OF HEALTH



ADV MOTLATJO RALEFATANE
PERSON VERSED IN LAW



L.T.-GENERAL PETER MAPHAHA
SOUTH AFRICAN MILITARY
HEALTH SERVICES (SAMHS)



PROF LIONEL GREEN-THOMPSON
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)



DR LOUISA MAKWAKWA
MEDICAL AND DENTAL BOARD



MR SIZWE MATHEBULA
DEPARTMENT OF HIGHER EDUCATION

COMPOSITION OF COMMITTEES OF COUNCIL

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:

EXECUTIVE COMMITTEE

MEMBERS	DESIGNATION	Special Meeting 10-May-23	Special Meeting 25-May-23	Special Meeting 29-May-23	11th Ord Meeting 15-Jun-24	Special Meeting 28-Jun-23	Special Meeting: Joint Meeting with MDB 03-Jul-23	12th Ord Meeting 20-Sep-23	Special Meeting 23-Oct-23	12th Ord Meeting 29-Nov-23	Special Meeting 12-Jan-24	13th Ord Meeting 11-Mar-24	Special Meeting 25-Mar-24
1. Prof MS Nemutandani *	(President)	P	P	P	P	P	P	P	P	P	P	P	P
2. Dr S Sobuwa	(V. President)	P	P	P	P	P	P	P	A/P	P	P	P	P
3. Adv M Ralefatane	Member	P	P	P	P	P	A/P	P	P	P	P	P	P
4. Ms L Spies	Member	P	P	P	P	P	P	P	P	P	P	P	P
5. Ms Y Naidoo	Member	P	P	P	P	P	P	P	P	P	P	P	P
6. Prof JN Mekwa	Member	P	P	P	P	P	P	P	P	P	P	P	P
7. Prof J August	Member	P	P	P	P	P	P	P	P	P	A/P	P	P
8. Dr A Thulare	Member	P	P	P	P	P	P	P	P	P	P	P	P
9. Prof N Mofolo	Member	P	P	P	P	P	P	P	P	P	P	P	P
10. Ms N Madyibi	Member	P	P	P	P	P	P	P	P	P	P	P	P

* Withdrawal by Medical and Dental Board of appointment on 4 July 2024

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

FINANCE AND INVESTMENT COMMITTEE

MEMBERS	DESIGNATION	10th ORD Meeting 05-Jun-23	11th ORD Meeting 12-Sep-23	Special Meeting 22-Sep-23	12th Ord Meeting 11 & 12 November 2023	13th Ord Meeting 06-Mar-24
Ms L Spies	Chairperson	P	P	P	P	P
Mr T J Nambo	Member	P	P	P	P	P
Mr B Dladla	Member	P	P	P	P	P
Ms N Dikwayo	Member	P	P	P	P	A/P
Mr Q Chogle	Member	P	P	P	P	P

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

AUDIT AND RISK MANAGEMENT COMMITTEE

Members from 01 April 2023 to 31 March 2024	DESIGNATION	Arcom 10th Ordinary meeting -12 June 2023	Arcom Special Meet- ing Date -5 July 2023	Arcom 11th Ordinary Meet- ing -14 September 2023	Arcom Special Meet- ing :31 October 2023	Arcom 12th Ordinary Meet- ing :22 November 2023	Arcom 13th Ordinary Meeting :07 March 2023
Rev N Madyibi	Chairperson	Yes	P	P	P	P	P
Mr S Ngwenya	Independent Member	Yes	P	P	P	P	P
Ms A Vuma	Member	Yes	P	P	P	P	P
Mr S Nyangintsimbi	Independent Member	Yes	P	P	P	P	P
Ms R Khwela	Independent Member	Yes	P	P	P	P	P
Mr F Docrat	Independent Member	Yes	P	P	P	A	P
Dr R Lengoabe	Member	Yes	P	P	P	Yes	P

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

HUMAN RESOURCES AND REMUNERATION COMMITTEE (REMCO)

MEMBERS	DESIGNATION	10TH ORD MEETING	11TH ORD MEETING	12TH ORD MEETING	13TH ORD MEETING	SPECIAL MEETING	TOTAL
Dr S Sobuwa	Chairperson	25 & 26 -May-23	15-Sep-23	24-Nov-23	01-Mar-24	14-Mar-24	9 OF 9
Ms D B Ramasja	Independent member	A/P	A/P	P	P	P	7 of 9
Dr D Matyhe	Member	P	P	P	P	P	9 of 9
Mr C Cain	Independent Member	P	P	P	P	P	9 of 9
Dr K Mohamed-Padayachee	Independent Member	P	P	P	P	P	9 of 9
Mr S T Dywill	Member	P	A/P	P	P	A/P	7 of 9

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

PENSION AND PROVIDENT FUND COMMITTEE

MEMBERS	DESIGNATION	10TH ORD MEETING	11TH ORD MEETING	12TH ORD MEETING	13TH ORD MEETING	TOTAL
Dr T A Muslim	Chairperson	24-May-23	30-Aug-23	27-Nov-23	28-Feb-24	4 OF 4
Rev T Mashiloane	Member	P	P	P	P	4 OF 4
Adv N Mathibeli	Member	P	P	P	P	4 OF 4
Mr V Masango	Member	P	P	P	A	3 OF 4
Mr N Kgole	Member	P	P	P	P	4 OF 4
Ms F Matejoane	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

PROFESSIONAL PRACTICE COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 1	CPD Task Team 2	ORD Meeting 3	ORD Meeting 4	CPD Task Team 5	ORD Meeting 6	TOTAL
Prof N Mofolo	Chairperson	02-May-23	25-Jul-23	31-Aug-23	15-Nov-23	07-Feb-24	04-Mar-24	6 of 6
Adv M J Ralefatane	Member versed in law	P	N/A	P	P	N/A	P	4 of 6
Prof N Mekwa	Member (Community Representative)	P	N/A	P	P	N/A	P	4 of 6
Prof M Veller	Professional Board for Medical and Dental	P	P	P	A/P	P	P	5 of 6
Dr M Kometsi	Professional Board for Psychology	A	N/A	A	P	N/A	P	3 of 6
Dr P Msomi-Mbele	Professional Board for Psychology	N/M	N/M	A/P	N/M	N/A	N/M	0 of 6
Ms P Maniza	Professional Board for Dietetics and Nutrition	P	N/A	A/P	P	N/A	P	2 of 6
Dr D Mathye	Professional Board for Physiotherapy, Podiatry and Biokinetics	P	P	P	P	P	P	3 of 6
Ms K Manda	Professional Board for Dental Therapy and Oral Hygiene	P	N/A	P	P	N/A	P	6 of 6
Mr S Gumede	Professional Board for Optometry and Dispensing Opticians	P	N/A	P	P	N/A	P	4 of 6
Dr SL Lange	Professional Board for Environmental Health Professionals	P	P	P	P	P	P	4 of 6
Mr L L Mdzana	Professional Board for Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy	P	N/A	P	P	N/A	P	6 of 6
Mr JM Mokoena	Professional Board for Emergency Care Professions	P	N/A	P	N/M	N/M	N/M	2 of 6
Mr B Van Nugteren	Professional Board for Emergency Care Professions	N/M	N/M	N/M	P	N/A	P	2 of 6
Ms T B Mahlaola	Professional Board for Radiology & Clinical Technology	P	N/A	P	P	P	P	5 of 6
Mr MH Tefo	Professional Board for Medical Technology	P	N/A	A/P	P	N/A	P	3 of 6
Mr J Naidoo	Professional Board for Speech Language & Hearing	P	N/A	P	P	N/A	P	4 of 6
Prof A Ross	The National Accreditors Forum (NAF)	P	P	P	P	P	P	6 of 6

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

INFORMATION & TECHNOLOGY (I&T) STEERING COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 1	ORD Meeting 2	ORD Meeting 3	ORD Meeting 4	TOTAL
Ms Y Naidoo	Chairperson	08-Jun-23	13-Sep-23	16-Nov-23	21-Feb-24	4 OF 4
Mr J Shikwambane	Member	P	P	P	P	4 of 4
Dr D Mathye	Member	P	P	P	P	4 of 4
Mr N Kadiramwando	Independent Member	P	P	P	P	4 of 4
Dr VM Mello	Independent 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

EDUCATION ,TRAINING AND QUALITY ASSURANCE COMMITTEE

MEMBERS	DESIGNATION	ORD Meeting 1	ORD Meeting 2	ORD Meeting 3	ORD Meeting 4	Workshop 5	TOTAL
Prof L Ramma	Chairperson (Council Member)	22-May P	10-Aug-23 P	09-Nov-23 P	09-Feb-24 P	26-Mar-24 P	5 OF 5
Dr P Briljal	Professional Board for Dental Assisting, Dental Therapy and Oral Hygiene	P	P	P	P	P	5 of 5
Dr N Morce	Professional Board for Speech, Language and Hearing Professions	P	P	P	P	P	4 of 5
Ms H E Koornhof	Professional Board for Dietetics and Nutrition	P	P	P	P	P	3 of 5
Prof J Pillay	Professional Board for Psychology	P	P	P	P	P	3 of 5
Ms N P Duma	Professional Board for Physiotherapy, Podiatry & Biokinetics	P	P	P	P	P	4 of 5
Prof I S Human	Professional Board for Board for Environmental Health Practitioners	P	P	P	P	P	4 of 5
Mr A Bham	Professional Board for Emergency Care	P	P	P	P	P	4 of 5
Prof A Mbokazi	Medical and Dental Professions Board	P	P	P	P	P	4 of 5
Dr B V Shongwe	Professional Board for Radiography and Clinical Technology	P	P	P	P	P	5 of 5
Mr S Rabothata	Professional Board for Occupational Therapy, Medical Orthotics and	P	P	P	P	P	5 of 5
Prof P Engel-Hills	A Representative of the Education and Training provider	P	P	P	A/P	P	4 of 5
Dr B Mkhize	Professional Board for Medical Technology	P	P	P	P	P	5 of 5
Dr A De La Rey	Professional Board – Optometrist and Dispensing Opticians	P	P	A/P	P	P	4 of 5
Mr A Makgatho	DHET	A/P	N/M	N/M	N/M	N/M	0 of 5
Dr A M Thulare	NDOH Representative	A/P	P	A/P	P	A/P	2 of 5

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

ETHICS COMMITTEE

MEMBERS	DESIGNATION	9TH ORD MEETING	10TH ORD MEETING	11TH ORD MEETING	12TH ORD MEETING	TOTAL
Prof J O August	Chairperson	07-Jun-23 P	22-Aug-23 P	27-Oct-23 P	22-Feb-24 P	4 OF 4
Dr T Khanyile	Member	P	N/M	N/M	N/M	1 OF 4
Prof S Rataemane	Member	N/M	N/M	N/M	N/M	0 OF 4
Adv M Ralefatsane	Member	P	P	P	P	4 OF 4
Dr A Thulare	Member	P	P	P	P	4 OF 4
Rev T Mashiloane	Member	P	P	P	P	4 OF 4
Ms R Mphophu	Member	P	N/M	N/M	N/M	1 OF 4
Dr V K Mofuoa	Member	P	P	P	P	4 OF 4
Mr M Menye	Member	P	P	P	P	4 OF 4
Ms B Mahloala	Member	N/A	P	P	A/P	2 OF 4
Ms MM Mothapo	Member	N/A	P	P	P	3 OF 4
Dr MS Sathekye	Member	N/A	P	P	P	3 OF 4

* N/A = Not Applicable | *A/P = Absent with Apology | * P = Present | *A = Absent | *N/M = No longer a member

COUNCIL CHARTER AND CONFLICT OF INTEREST POLICY

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. 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.

In terms of Council Policy on Conflict of Interests 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.

ENTERPRISE RISK MANAGEMENT

Council in ensuring that risk is managed effectively by approving the following risk management instruments as and when required in terms of the agreed timeframes:

- Enterprise Risk Management (ERM) Policy;
- Enterprise Risk Management Framework;
- Business Continuity Management Policy;
- Business Continuity Plan;
- Crisis Management Plan;
- Compliance Management Policy;
- Fraud Prevention Policy, Strategy and Response Plan;
- Whistle-Blower Protection and Reporting Policy;
- Risk Appetite Framework; and
- Combined Assurance Model.

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 ERM Policy has been developed using the principles of Health Professions Act, 56 of 1974 (as amended), the National Treasury – Public Sector Risk Management Framework (2010), ISO 31000:2018 and King IV Report on Corporate Governance (2016) as its foundation.

The HPCSA uses a consistent risk assessment methodology approved by Council, for the assessment and treatment of all risks.

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 effective risk management at HPCSA.

The Audit and Risk Committee (ARCOM) of Council has been designated with the responsibility of overseeing the risk management on behalf of Council.

Risk Assessments are conducted annually to identify, quantify and manage risks that impact the strategic objectives of the HPCSA at all levels. Management monitors the implementation of mitigating strategies and provides reports to ARCOM on a quarterly basis.

Assurance is provided through the four lines of assurance, to enable effective control of the environment in the organisation. The first line of assurance is Line Management; Risk Management and Compliance is the second assurance provider followed by Internal Audit which is the third line of assurance and lastly External Audit as the fourth line of assurance.

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 monthly to the Risk Management Unit and reports are submitted and pre-

sented to ARCOM on a quarterly basis.

ARCOM reviews the ERM policy, risk appetite framework and all risk related policies and recommend to Council for approval. The committee monitors the state of mitigation actions and hold management accountable in instances where risks are not adequately managed and/or identified.

2023/24 RISK MANAGEMENT KEY AREAS OF FOCUS AND ACHIEVEMENTS

During the 2023/24 financial year, the following key areas of focus were achieved:

- Continuous improvement of risk management and risk assessments continued.
- During the reporting period the following risk management instruments were reviewed and updated, and subsequently approved by Council:
 - Enterprise Risk Management (ERM) Policy;
 - Enterprise Risk Management Framework;
 - Business Continuity Management Policy;
 - Business Continuity Plan;
 - Compliance Management Policy;
 - Fraud Prevention Policy, Strategy and Response Plan;
 - Risk Appetite Framework; and
- Council Strategic, Professional Boards and Operational risks assessments were conducted during the reporting period.
- In line with the Business Continuity Management programme of the organisation, all Continuity Recovery Plans for respective business units were reviewed and updated.

Activities planned for the 2024/25 financial year.

The following activities are planned for the 2024/25 financial year:

- Review and update the following risk management Instruments:
 - o Whistle-Blower Protection and Reporting Policy;
 - o Risk Appetite Framework;
 - o Crisis Management Plan; and
 - o Combined Assurance Model.
- Conduct strategic risks Assessment.
- Conduct Professional Boards risks assessments.
- Conduct Departmental and Divisional risks assessments.
- Review and update all Departmental and Divisional continuity recovery plans.
- Risk Management refresher awareness training.

KEY RISKS

The table below outlines the reporting period Key Risks facing the HPCSA.

Table 1: 2023/24 HPCSA Key Risks

RISK IDENTIFICATION		MITIGANTS
Delay in the implementation of online services	The delay to implement the online services at the pace required to digitise /modernise the organisation's identified processes will impact on the HPCSA's ability to deliver on, or achieve its goals and objectives	• I&T Steering Committee as an oversight committee for the project implementation. • Project governance structures. • Service level agreement management to monitor the performance of the service provider. • Management ORACLE Steering Committee to monitor the implementation and to ensure timeous escalation of delays. • Internal personnel have been seconded and dedicated to the project.
Cyber - attacks and espionage	Cyber-attacks will lead to unauthorised access to data which could have detrimental consequences to the HPCSA	• Bi-annual vulnerability tests and gap analysis. • Continual IT Penetration Testing to identify and rectify potential weaknesses that can be exploited by cyber criminals and implementation of solutions strategies. • Patch management systems deployed. • Implemented IT security policies to prevent attacks. • IT Cyber Security Internal Audit to assess adequacy and effectiveness of security controls. • Firewall is in place.
Funding risk	Insufficient revenue to fund Council and Professional Boards activities will impact on HPCSA's ability to deliver or achieve its goals and objectives	• Usage of statistical information in preparation of budget • Continuous monitoring of revenue collection • Monthly cash-flow report with five-year forecast • Monthly reminders to practitioners with outstanding annual fees • Recovery of outstanding evaluation/accreditation fees before embarking on new evaluations/accreditations • Recovery of new evaluation/accreditation fees before providing evaluation/ accreditation report to institution
	Insufficient cash flow to deliver on Council's mandate will result in Council not being a going concern	• Bank accounts are monitored on daily basis. • Twelve-month cash flow conducted on monthly basis. • Five-year cash flow focus. • Investment policy in place as interest income stream. • Annual fee payment statistics monitored on weekly basis. • Annual fee notices sent to practitioners reminding them to settle outstanding annual fees.

Poor relationship with Stakeholders	Failure to manage stakeholders' needs in line with HPCSA mandate will lead to poor stakeholder relationship and Council's image	Stakeholder engagement strategy that includes: • Profiled stakeholders document ; • Stakeholder engagement plans with focused stakeholder activities; • Communication protocol developed to direct communication through the most effect channel for the various stakeholders; • Scheduled symposia to engage with stakeholders; and • Scheduled public roadshows to engage with stakeholders.
Lack of integrated customer service management system	If the service management practices in the HPCSA continues to be non-integrated then the organisation will continue to fail in properly managing issues raised around services.	Service requests are managed through the following channels: • Online service request system; • Group e-mails; and • Call centre for customer services.
Failure to reform	Failure to reform Professional Conduct processes, policies, regulations and funding model will result in continued backlog and low clearance rate of complaints	• Budget process. • Professional Conduct process project development and implementation. • Appointment of project team.
Delays in processing rule 18 applications	Failure of Council to timeously process applications submitted in terms of ethical rule 18	• Ethical rules. • Terms of References. • Business Practice Policy. • Professional Practice Committee.
Delays in providing board examinations	Failure by the HPCSA to offer board examinations will lead to the non-registration of practitioners, stakeholder unhappiness and litigation	• Diversify service providers for examinations to ensure adequate pool of service providers. • Stakeholders are engaged and examination processes explained to ensure clarity of requirements.
Failure to execute fiduciary responsibility	Failure to train Council and Professional Board members on governance will result in Council and Boards to be unable to deliver on their fiduciary responsibilities	• Intensive induction programme in implemented at the beginning of the Councils tenure. In the event of resignations induction programs are also delivered including for those members who may wish to refresh their knowledge. • Training of council and professional board members on corporate governance, risk and compliance is conducted annually. • Strict implementation of the Council charter, terms of references and policies through self-assessments and annual assessment through an independent service provider. Where gaps are identified, implementation plan is developed to address the gaps. • Governance manual that outline the HPCSA mandate and roles and responsibilities of Council and Board members.
HPCSA regulatory environment not keeping up with technological advances	If HPCSA regulatory environment is not keeping up with Technological advances, then practitioners will adopt new technologies without waiting for formal consent by HPCSA as a regulator	• Harmonisation of the tools of regulation. • Establishment of policy development and research unit for the purpose of identifying tools of regulation which requires amendments and/or new developments.
Organisational structure not supporting the business operations	If the organisational structure is not aligned with business requirements, it will be impossible for HPCSA to deliver on its mandate and expected service	• Delegation of Authority framework that clarifies roles. • Review of the Organisational Structure for the purposes of aligning the functional design to organisational structure.
Leadership turnover	Instability in the organisation due to high turnover in the retention of incumbents to the Registrar/ CEO position (and this may have, at least potentially, a negative impact on the retention of other key positions within the HPCSA)	• Health Professions Act, 56 of 1974, as amended. • Development of retention strategy for the Registrar position. • Development of a clear process/procedure document regarding the management of the Registrar's performance by Council. • Formalised MOU between Council and the Minister including terms of the appointment of the Registrar placing responsibility on Council to ensure there is leadership in the organisation. • Development of SLA between Council and the Registrar and an SLA between the Professional Boards and the Registrar to ensure communication of expectation from all parties.
HPCSA Business Disruption	A disruption or disaster affecting the HPCSA business operations	• Development and implementation of the Business Continuity Management Policy. • Implementation of Business Continuity Plan. • Deployed Backup and Replication Solution. • Development of Departmental/divisional Continuity Recovery Plans. • Bi-Annual Disaster Recovery testing to ensure effectiveness of recovery plans in the event of a disaster. • Ongoing backup generator maintenance and servicing to ensure the generator is always on standby in the event of a malfunction of the primary generator.

COMPLIANCE RISK MANAGEMENT

The HPCSA is committed to complying with all applicable laws and regulations. Through legislation environment scanning process, Council is continually kept abreast of changes that could potentially affect it.

Since HPCSA is required to comply with applicable laws, including employees adhering to all internal policies, processes and procedures; the organisation 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 applicable laws and regulations to the organisation. The compliance function reports the status of compliance and any material breaches to Council, through ARCOM.

There were no material or regulatory penalties, sanctions, or fines for contraventions of, or non-compliance with, statutory obligations against, the organisation.

In the next financial year, compliance risk assessments will continue in order to develop, review and update Compliance Risk Management Plans for the approved applicable laws for the organisation.

The compliance function will also move towards ensuring compliance to internal policies and procedures in line with the Generally Accepted Compliance Practice Framework.

INTERNAL AUDIT

Internal Audit function utilises the HPCSA risk profile to develop a risk-based internal audit plan by approved by ARCOM. The function reviews the risk profile regularly and where necessary proposes improvements and utilises the proposed amendments to adjust the risk-based internal audit plan.





79%



+8.3%

Down



65%

Growing





PART E

FINANCIAL INFORMATION

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

General Information

Country of incorporation and domicile	South Africa
Nature of business and principal activities	The Health Professions Council is a statutory body, established in terms of the Health Professions Act and is committed to protect the public and guide the professions.
Councilors	Dr D Mathye***** Prof MS Nemutandani (President)* Dr S Sobuwa (Vice President) Ms LP Spies Dr TA Muslim Mr ST Dywili Dr A Bham Mr J Shikwambane Prof J Rantloane Ms MM Mothapo Ms A Vuma Ms E Burger Ms Y Naidoo Mr TJ Nambo Prof JO August Ms TB Mahlaola Prof L Ramma Dr AM Thulare Prof NJ Ngoloyi-Mekwa Lt Gen NP Maphaha Mr N Raheman Rev N Madyibi Rev TL Mashiloane Dr SR Legoabe Mr BI Dladla Adv MJ Ralefatane Prof P Engel-Hills Prof N Mofolo Dr MS Sathekge** Prof L Green-Thompson*** Mr AM Makgato**** Dr TT Khanyile***** Prof F Nomvete***** Dr LN Makwakwa *****
	* Withdrawal by Medical and Dental Board of appointment on 4 July 2024 ** Appointed 21 June 2023 *** Appointed 22 August 2023 **** Resigned 07 June 2023 ***** Resigned 08 June 2023 ***** Resigned 13 June 2023 ***** Appointed 4 July 2024 ***** Elected President 26 September 2024
Registered office	553 Madiba Street Cnr Hamilton and Madiba Street Arcadia 0001

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

General Information

Postal address	P O Box 205 Pretoria 0001
Banker	ABSA Bank Limited
Auditor	Morar Incorporated Chartered Accountants (SA) Registered Auditors
Council secretary	Adv Ntsikelelo Sipeka (ACIBM)
Level of assurance	These annual financial statements have been audited in compliance with the applicable requirements of the Health Professions Act no 56 of 1974.
Preparer	The annual financial statements were internally compiled by: Ms M de Graaff Head of Department: Finance and Supply Chain Management (CFO)
Website	www.hpcsas.co.za

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Audit and Risk Committee Report

1. Members of the Audit and Risk Committee

The Audit and Risk Committee (ARCOM) is comprised of three non-executives members of the Council and four independent members, as follows:

Name	Office	Designation
Rev NV Madyibi	Chairperson	Non-Executive
Ms A Vuma	Member	Non-Executive
Dr SR Legoabe	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 that 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 section 13, of the Health Professions Act 56 of 1974 as amended. 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:

- 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 and 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, 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.

Audit and Risk Committee Report

During the period ending 31 March 2024, ARCOM reviewed and recommended to Council for approval:

- The Risk Appetite Framework.
- The 2023/24 and 2024/25 Council Strategic Risk Registers.
- The Enterprise Risk Management Policy.
- The newly developed Enterprise Risk Management Framework.
- The Business Continuity Management Policy.
- The Business Continuity Plan.
- The HPCSA Fraud Prevention Policy including fraud strategy and response plan.
- The Compliance Management Policy.

Provided a channel of communication between Council, management, internal and external auditors.

Received regular report updates from each of the above functions and monitored that issues and concerns raised were resolved by management in a timely manner.

For the financial year ended 31 March 2024

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 continue 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 2024 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.

2. Meetings held by the Audit Committee

The Audit and Risk Committee performs the duties specified by the HPCSA Act no 56 of 1974 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 2024.

	12/06/ 2023	05/07/2023	14/09/2023	31/10/2023	22/11/2023	07/03/2024	Total
Ms NV Madyibi (Chairperson)	Yes	Yes	Yes	Yes	Yes	Yes	6 of 6
Ms A Vuma (Non-Executive)	Yes	Yes	Yes	Yes	Yes	N/a	5 of 6
Dr R Legoabe (Non-Executive)	Yes	Yes	Yes	Yes	Yes	Yes	6 of 6
Mr S Nyangintsimbi (Independent)	Yes	Yes	Yes	Yes	Yes	Yes	6 of 6
Ms R Khwela (Independent)	Yes	Yes	Yes	Yes	Yes	Yes	6 of 6
Mr S Ngwenya (Independent)	Yes	Yes	Yes	Yes	Yes	Yes	6 of 6
Mr F Docrat (Independent)	Yes	Yes	Yes	Yes	N/a	Yes	5 of 6

N/a = Absent with apology

3. Finance Function

We believe that the Finance Department possess the requisite and appropriate expertise and experience to meet their responsibility.

Audit and Risk Committee Report

4. Internal Audit Function

The internal audit function was co-sourced to OMA Chartered Accountants with coordination provided by the HPCSA management, who also is responsible for the Chief Audit Executive function. Arcom provide governance oversight over the internal audit function during the financial year.

5. Discharge of responsibilities

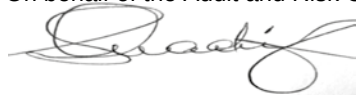
The Committee agrees that the adoption of the going-concern principle is appropriate in preparing the annual financial statements. The Audit and Risk Committee has therefore recommended the adoption of the annual financial statements by Council Members on the 27 September 2024.

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. 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 NV Madyibi
Chairperson Audit and Risk Committee

Pretoria

Friday, 27 September, 2024



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 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 Entity specific basis of preparation. 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 Entity specific basis of preparation and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The Registrar acknowledges that he is ultimately responsible for the system of internal financial control established by the Council and places considerable importance on maintaining a strong control environment. To enable the Registrar to meet these responsibilities, the Registrar set 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 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 ended 31 March 2025 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 annual financial statements have been examined by the Council's external auditors and their report is presented on pages 193 to 195.

The annual financial statements set out on page 196 to 226, which have been prepared on the going concern basis, were approved by the Council on 27 September 2024 and were signed on their behalf by:

Approval of financial statements



Dr Desmond Mathye
President: Health Professions Council of South Africa
27 September 2024



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 2024.

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 statements.

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, unless otherwise stated.

3. Directorate

The Council Members in office at the date of this report are as follows:

Council Members	Office	Designation
Dr D Mathye*	President	Non-executive
Prof MS Nemutandani**	Previous 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 J Rantloane		Non-executive
Ms A Vuma		Non-executive
Ms E Burger		Non-executive
Ms Y Naidoo		Non-executive
Mr TJ Nambo		Non-executive
Prof JO August		Non-executive
Ms TB Mahlaola		Non-executive
Prof L Ramma		Non-executive
Dr AM Thulare		Non-executive
Prof NJ Ngoloyi-Mekwa		Non-executive
Lt Gen NP Maphaha		Non-executive
Mr N Raheman		Non-executive
Rev NV Madyibi		Non-executive
Rev TL Mashiloane		Non-executive
Dr SR Legoabe		Non-executive
Mr BI Dladla		Non-executive
Prof P Engel-Hills		Non-executive
Prof N Mofolo		Non-executive
Ms MM Mothapo		Non-executive
Adv MJ Ralefatane		Non-executive
Dr MS Sathekge (Appointed 21 June 2023)		Non-executive
Prof L Green-Thompson (Appointed 22 August 2023)		Non-executive
Dr LN Makwakwa (Appointed 04 July 2024)		Non-executive
Mr AM Makgato (Resigned 07 June 2023)		Non-executive
Dr TT Khanyile (Resigned 08 June 2023)		Non-executive
Prof F Nomvete (Resigned 13 June 2023)		Non-executive

* Elected President 26 September 2024

** Withdrawal by the Medical and Dental Board on 4 July 2024

Councilors' Report

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 2024, the Council's investment in property, plant and equipment amounted to R30,581,050 (2023: R31,675,855) of which R2,965,579 (2023: R 6,864,700) was added in the current year through additions.

5. Special Investigating Unit

The SIU's investigation at the HPCSA, under Proclamation No.R.23 of 2019, is finalised. The litigation and facilitation of the referrals will continue until the conclusion of the matters.

The Council was informed on 27 July 2023 by Director-General and Secretary of Cabinet that the SIU's final report was submitted to the Presidency. The Presidency has engaged the HPCSA on the recommendations and have requested a detailed report on the HPCSA plan to address those challenges.

6. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

The Councilors believe that based on the audited annual financial statements, the Council has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis. The Council have satisfied themselves that the Council is in a sound financial position and that it has access to sufficient reserves to meet its foreseeable cash requirements. The Councilors are not aware of any new material changes that may adversely impact the Council. 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.

7. Events after the Reporting Period

The twelve Professional Boards nominate members to Council.

After the Financial year, the Medical and Dental Professional Board withdrew Prof MS Nemutandani appointment to Council on 4 July 2024. The Council appointed a new President on 26 September 2024.

8. Auditor

Morar Incorporated appointed in office as the external auditor for the Council for the financial year ending 31 March 2024.

9. Council secretary

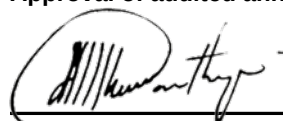
The Council secretary is Adv Ntsikelelo Sipeka.

10. Date of authorisation for issue of financial statements

The annual financial statements have been authorised for issue by the Councilors on Friday, 27 September 2024. No authority was given to anyone to amend the audited annual financial statements after the date of issue.

The annual financial statements set out on page 196 to 228, which have been prepared on the going concern basis, were approved by the Council on 27 September 2024 and were signed on its behalf by:

Approval of audited annual financial statements



Dr Desmond Mathye

President: Health Professions Council of South Africa

27 September 2024

Independent Auditor's Report

To the Councilors' 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 196 to 226, which comprise the statement of financial position as at 31 March 2024, 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 the 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 the of Health Professions Council of South Africa as at 31 March 2024, and its financial performance and cash flows for the year then ended in accordance with the International Financial Reporting Standard and the requirements of the Health Professions Act No 56 of 1974.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Annual Financial Statements* section of our report. We are independent of the organisation 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 annual 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 unqualified opinion.

Other Information

The councilors' are responsible for the other information. The other information comprises the information included in the document titled "Health Professions Act of South Africa financial statements for the year ended 31 March 2024", which includes the Councilors' Report as required by the Health Professions Act No 56 of 1974 of South Africa and the supplementary information as set out on pages 227 to 228. The other information does not include the financial statements and our auditor's report thereon.

Reg. No: 2000/008551/21
IRBA Reg. No: 901449

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Midrand
Pietermaritzburg
Polokwane

Directors:
J. Reddy CA (SA), RA, MBA
C. Machiri CA (SA), RA
K. Naidoo CA (SA), RA
A. Bikram CA (SA), RA



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 Councilors' for the Financial Statements

The councilors' are responsible for the preparation and fair presentation of the financial statements in accordance with the International Financial Reporting Standard, and for such internal control as the director's 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 councilors' are responsible for assessing the organisation'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 councilors' either intend to liquidate the organisation 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 International Standards on Auditing 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 International Standards on Auditing, 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 councilors' internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the councilors'.
- Conclude on the appropriateness of the councilors' 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 director'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 evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organisation.

- 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 councilors' 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.

We also provide the councilors' with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Report on Other Legal and Regulatory Requirements

In terms of the IRBA Rule published in Government Gazette Number 39475 dated 4 December 2015, we report that Morar Incorporated has been the auditor of the of Health Professions Council of South Africa for 1 year.

Morar Inc

Jennifer Reddy
Chief Executive Officer
Morar Incorporated
Chartered Accountants (SA)
Registered Auditors

Date: 27 September 2024
Pietermaritzburg

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Statement of Financial Position

Figures in Rand	Note(s)	2024	2023 Restated *
Assets			
Non-Current Assets			
Property, plant and equipment	3	30,581,050	31,675,855
Right-of-use assets	4	227,564	-
Intangible assets	5	13,397,564	15,480,466
Investments at fair value	6	1,042,100	854,675
		45,248,278	48,010,996
Current Assets			
Trade and other receivables	9	35,208,546	28,907,668
Cash and cash equivalents	10	472,773,808	412,524,570
		507,982,354	441,432,238
Total Assets		553,230,632	489,443,234
Equity and Liabilities			
Equity			
Revaluation reserve		630,558	582,698
Fair value adjustment reserve		869,580	682,155
Retained income		212,769,137	166,067,769
		214,269,275	167,332,622
Liabilities			
Non-Current Liabilities			
Finance lease liabilities	4	19,759	-
Current Liabilities			
Trade and other payables	11	22,147,469	27,676,595
Finance lease liabilities	4	220,341	-
Deferred income	12	302,328,445	282,974,969
Accrued staff leave	8	14,245,343	11,459,048
		338,941,598	322,110,612
Total Liabilities		338,961,357	322,110,612
Total Equity and Liabilities		553,230,632	489,443,234

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Statement of Profit or Loss and Other Comprehensive Income

Figures in Rand	Note(s)	2024	2023 Restated *
Revenue	13	379,800,728	363,612,302
Other operating income	14	1,218,217	2,261,440
Other operating expenses	15	(369,185,730)	(333,395,652)
Operating surplus		11,833,215	32,478,090
Interest income	16	34,904,953	21,694,825
Finance costs		(36,800)	(13,127)
Surplus for the year		46,701,368	54,159,788
Other comprehensive income:			
Items that will not be reclassified to profit or loss:			
Profit on revaluation - Works of art	3	47,860	-
Profit /(Loss) on fair value through other comprehensive income	6	187,425	(229,625)
Total items that will not be reclassified to profit or loss		235,285	(229,625)
Other comprehensive income for the year		235,285	(229,625)
Total comprehensive surplus for the year		46,936,653	53,930,163

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Statement of Changes in Equity

	Revaluation reserve	Fair value adjustment reserve	Total reserves	Retained income	Total equity
Figures in Rand					
Restated* Balance at 1 April, 2022	582,698	911,780	1,494,478	111,907,981	113,402,459
Surplus for the year	-	-	-	53,609,962	53,609,962
Other comprehensive income	-	(229,625)	(229,625)	-	(229,625)
Total comprehensive income for the year	-	(229,625)	(229,625)	53,609,962	53,380,337
Opening balance as previously reported	582,698	682,155	1,264,853	165,517,943	166,782,796
Adjustments					
Prior period errors (Note 27)	-	-	-	549,826	549,826
Balance at 1 April, 2023 as restated	582,698	682,155	1,264,853	166,067,769	167,332,622
Surplus for the year	-	-	-	46,701,368	46,701,368
Other comprehensive income	47,860	187,425	235,285	-	-
Total comprehensive income for the year	47,860	187,425	235,285	46,701,368	46,936,653
Balance at 31 March, 2024	630,558	869,580	1,500,138	212,769,137	214,269,275

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Statement of Cash Flows

Figures in Rand	Note(s)	2024	2023 Restated *
Cash flows from operating activities			
Cash receipts from customers		374,718,067	351,787,000
Cash paid to suppliers and employees		(343,419,974)	(270,589,180)
Cash generated from operations	18	31,298,093	81,197,820
Interest income	16	32,170,872	18,199,870
Finance costs		(36,800)	(13,127)
Net cash from operating activities		63,432,165	99,384,563
Cash flows from investing activities			
Purchase of property, plant and equipment	3	(2,965,579)	(6,864,700)
Purchases of intangible assets	5	-	(3,089,937)
Net cash from investing activities		(2,965,579)	(9,954,637)
Cash flows from financing activities			
Lease liabilities	4	(217,348)	(310,635)
Total cash movement for the year		60,249,238	89,119,291
Cash and cash equivalents at the beginning of the year		412,524,570	323,405,279
Cash and cash equivalents at the end of the year	10	472,773,808	412,524,570

* See Note 27

Accounting Policies

Corporate information

The Health Professions Council of South Africa is a Statutory Body, established in terms of Section 2(1) of the Health Professions Act incorporated and domiciled in South Africa.

The annual financial statements for the year ended 31 March 2024 were authorised for issue in accordance with a resolution of the Councilors on 27 September 2024.

1. Significant accounting policies

The principal accounting policies applied in the preparation of Council's annual financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

1.1 Basis of preparation

The annual financial statements have been prepared in accordance with International Financial Reporting Standards, and the Financial Reporting Pronouncements as issued by the Financial Reporting Standards Council.

The annual financial statements have been prepared under the historical cost basis unless otherwise stated. The functional and presentation currency for Council is South African Rands (ZAR).

1.2 Significant judgements and sources of estimation uncertainty

In preparing of the Council's annual financial statements, the Council has made significant judgements, estimates and assumptions that impact on the carrying amount of certain assets and liabilities, income and expenses as well as other information reported in the notes.

The Council periodically monitors such estimates and assumptions and incorporates all relevant information available at the date when financial statements are prepared. However, this does not prevent actual figures from differing from estimates. The judgements made in the process of applying the Council's accounting policies that have the most significant effect on the amounts recognised in the financial statements and the estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are addressed in the relevant accounting policies.

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical judgements in applying the Council's accounting policies

1.2.1 Key sources of estimation uncertainty

Leases

Non-cancellable lease term

In determining the non-cancellable lease term, management considered all facts and circumstances (such requirements of business owners) that create an economic incentive to exercise an extension option, or not exercise a termination option.

Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain, therefore a more than 50% chance, to be extended (or not terminated). Refer to note 4.

Trade and other receivables

Credit risk

At each reporting date, the Council assesses whether the credit risk on trade and other receivables has increased significantly since initial recognition by assessing the change in the risk of a default occurring over the expected life of the debtor. These factors have been stipulated in detail in note 9 and 26.

Accounting Policies

1.2 Significant judgements and sources of estimation uncertainty (continued)

1.2.2 Critical accounting estimates and judgements

Useful lives of intangible assets

The Council amortises its finite useful life intangibles assets over their estimated useful lives. The estimation of the useful lives of assets are based on technological innovation as well as duration of valid licenses. Refer to note 5.

Useful lives of property and equipment and right-of-use assets

The Council depreciates its property and equipment over their estimated useful lives. The estimation of the useful lives of the right of use asset is based on the lease term of the underlying lease while the useful lives of the remaining assets are based on historic performance as well as expectations about future use and therefore requires a significant degree of judgement to be applied by management. The useful lives of these assets can vary depending on a variety of factors, including technological innovation, maintenance programmes and relevant market information. Refer to note 3 & 4.

Impairment testing

The Council reviews and tests the carrying value of assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. When such indicators exist, management determine the recoverable amount by performing value in use calculations.

Intangible assets with indefinite useful lives and assets under development are tested for impairment on an annual basis. These calculations require the use of estimates and assumptions. When it is not possible to determine the recoverable amount for an individual asset, management assesses the recoverable amount for the cash generating unit to which the asset belongs.

1.3 Prior year comparatives

Where there has been a change in accounting policy in the current year, a retrospective adjustment is made as far as practicable and the prior year comparatives are restated accordingly. Similarly, when accounting errors have been identified in the current year which relate to the prior year, the correction is made retrospectively as far as practicable and the prior year comparatives are restated accordingly, refer to note 27.

1.4 Property, plant and equipment

Property, plant and equipment owned by Council comprises of buildings, office equipments, IT equipments , works of art and computer servers.

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 of an item of property, plant and equipment comprises its purchase price plus any costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

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 the work-of-art assets are made biennially 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 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.

Accounting Policies

1.4 Property, plant and equipment (continued)

The decrease in the carrying amount 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.

The useful lives of items of property, plant and equipment have been assessed as follows:

Item	Depreciation method	Average useful life
Buildings	Straight line	50 years
Furniture and fittings	Straight line	20 years
Office equipment	Straight line	5-10 years
IT equipment	Straight line	2-10 years
Computer servers	Straight line	10 years
Works of art	Straight line	30 years

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 an item, is included in profit or loss when the item is derecognised.

1.5 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. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are carried at cost less any accumulated amortisation and any impairment losses.

Intangible assets owned by Council are all amortised on a straight-line basis over their useful lives. Amortisation of intangible assets commence when the asset is available for use as intended by management. All intangible assets are tested for impairment and the remaining carrying amount is amortised over its useful life.

The amortisation period and the amortisation method for intangible assets are reviewed every period-end.

The useful lives of intangible assets have been assessed as follows:

Item	Depreciation method	Average useful life
Computer software - Oracle	Straight line	12 years
Other - Computer software	Straight line	12 years

Accounting Policies

1.6 Financial instruments

Financial instruments are recognised when the Council becomes a party to the contractual provisions of the instruments.

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 are measured at fair value through other comprehensive income (OCI)

The financial liabilities of the Council comprise the trade and other payables.

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.

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 is determined.

Impairment losses in financial assets carried at amortised cost are recognised in surplus or deficit.

This model requires the Council to account for expected credit losses and changes trade and other receivables at each reporting date to reflect changes in credit risk since initial recognition of the financial assets.

The Council has elected to apply the simplified approach for measuring the loss allowance at an amount equal to lifetime for trade receivables.

Reversals of impairment losses are recognised in surplus or deficit.

1.6.1 Trade and other receivables

All trade and other receivable are due within 12 months therefore the Council applied the practical expedient and no significant financing was applied.

Classification

Trade and other receivables, excluding, when applicable, advances to managers and employees, prepayments, deposits, AMCOA loan account, accrued income and interest and sundry debtors- Government employees are classified as financial assets subsequently measured at amortised cost (note 9).

They have been classified in this manner because the contractual terms give rise, on specified dates to cash flow that are solely payments of principal outstanding, and the Council's business model is to collect the contractual cash flows on trade and other receivables.

Initial recognition and measurement

Trade and other receivables are recognised when the Council becomes a party to the contractual provisions of the receivables. They are measured, at initial recognition, at the transaction price plus transaction costs, if any.

They are subsequently measured at amortised cost.

The amortised cost is the amount recognised on the receivable initially minus principal repayments, plus cumulative amortisation (interest) using the effective interest method of any difference between the initial amount and the maturity amount, adjusted for any loss allowance.

Accounting Policies

1.6 Financial instruments (continued)

Impairment of financial assets

The Council recognises a loss allowances for expected credit losses (ECLs) on financial assets measured at amortised cost. The simplified approach has been applied in determining the expected credit losses using a lifetime expected loss allowance measured using matrix.

When measuring expected credit loss (ECL), the Council uses reasonable and supportable forward-looking information, which is based on assumptions for the future movement of different economic drivers and how these drivers will affect each other.

Probability of default constitutes a key input in measuring ECL. Probability of default is an estimate of the likelihood of default over a given time horizon, the calculation of which includes historical data, assumptions and expectations of future conditions. Refer to note 9.

Write off policy

The Council writes off a receivable when there is information indicating that the counter-party is in severe financial difficulty and there is no realistic prospect of recovery, e.g when the counter-party has been placed under liquidation or has entered into bankruptcy proceedings. Receivables written off may still be subject to enforcement activities under the Council recovery procedures, taking into account legal advice where appropriate. Any recoveries made are recognised in surplus or deficit.

1.6.2 Trade and other payables

Classification

Trade payables are classified as current liabilities if payment is due within one year or less.

Financial liabilities are recognised initially when the Council becomes a party to contractual provisions. The trade payables are initially measured at transaction price plus transaction costs. They are classified as financial liabilities at amortised cost and subsequently measured at amortised cost using the effective interest method.

1.6.3 Cash and cash equivalents

Cash and cash equivalent comprise cash on hand and demand deposits, and other short-term investments that are bank fixed deposits 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.

1.7 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.

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. Short-term leases of 12 months or less, or leases of low value asset, lease payments are recognised as an operating expense 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.

Accounting Policies

1.7 Leases (continued)

Lease liability

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.

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. Lease liability carrying amount will be remeasured to reflect any reassessment or lease modifications. Interest charged on the lease liability is included in finance costs.

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 surplus or deficit if the carrying amount of the right-of-use asset has been reduced to zero.

Right-of-use assets

Right-of-use assets are measured at cost, primarily comprising of an amount equivalent to the recognised lease liability, and any initial direct costs 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 presented in the following table:

Item	Depreciation method	Average useful life
Right use of assets - equipments	Straight line	2 years

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 surplus or deficit unless it is included in the carrying amount of another asset.

1.8 Employee benefits

Short-term employee benefits

The cost of short-term employee benefits, (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses and non-monetary benefits such as medical care) , are recognised in the period in which the service is rendered and are not discounted.

The cost of employee entitlements to salaries, annual leave and other entitlements which the Council has a present obligation to pay as a result of employees' services provided to the reporting date is recognised as a liability.

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.

Accounting Policies

1.9 Deferred income

1.9.1 Unapplied Receipts

Deferred income is recognised when member fees are due and payable (1 April) in terms of the Health Professions Act No 56 of 1974 of South Africa.

1.9.2 Unidentified Receipts

Unidentified receipts are recognised as revenue when previously unidentified members or debtors have been identified and revenue can be allocated against an open invoice.

Unidentified receipts that remain unidentified for longer than two financial years, 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.

1.10 Revenue

Revenue is income arising in the course of a Council's ordinary activities.

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 measured based on the consideration specified in a contract with the registered person, for example annual fees invoices are issued annually to all registered practitioners and revenue is recognised when or as the performance obligation is satisfied by transferring a promised service to a customer and when Council has a legal right to receive the revenue.

When a performance obligation is satisfied and when Council has 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 receipts that remain unidentified for longer than two financial years, are recognised as revenue under unidentified receipts recognised at the end of the financial year.

Type of revenue	Description	Performance obligation	Transfer of control	Measurement of transaction price	Duration of contract
Service	Annual Fee - Current	When a practitioner certificate is issued	At a point in time	Invoice amount as contracted	Once-off
Service	Annual Fee - Prior year	Restoring of a health professional registration	At a point in time	Invoice amount as contracted	Once-off
Service	Restoration fees	Restoring of a health professional registration	At a point in time	Invoice amount as contracted	Once-off
Service	Penalty-Preliminary stage	Full payment of acknowledgement of debt penalty as issued by Preliminary Committee of a professional board	At a point in time	Invoice amount as contracted	Once-off
Service	Penalty - Inquiry stage	Finalisation of inquiry process and issuing of penalty by Inquiry Committee of a professional board	At a point in time	Invoice amount as contracted	Once-off
Service	Registration fees	Registration of membership	At a point in time	Invoice amount as contracted	Once-off
Service	Examination	Date of examination	At a point in time	Invoice amount as contracted	Once-off
Service	Evaluations	Date of invoice (cost of recovery)	At a point in time	Invoice amount as contracted	Once-off
Service	RAF management fees	RAF tribunals	At a point in time	Invoice amount as contracted	Once-off
Service	AMCOA conference	Hosting of conference	At a point in time	Invoice amount as contracted	Once-off

Notes to the Annual Financial Statements

2. New Standards and Interpretations

2.1 Standards and interpretations effective and adopted in the current year

The Council has adopted all revised IFRS Accounting Standards that are relevant to its operations and effective for annual reporting periods beginning on or after 1 January 2023.

At the date of authorisation of these Annual Financial Statements for the year ended 31 March 2024, the following IFRS Accounting Standards were adopted:

Standard/ Interpretation:	Effective date: Years beginning on or after	Expected impact:
• Extension of the Temporary Exemption from Applying IFRS 9 (Amendments to IFRS 4)	1 January, 2023	The impact of the amendment is not material.
• Disclosure of accounting policies: Amendments to IAS 1	1 January, 2023	The impact of the amendment is not material.
• Definition of accounting estimates: Amendments to IAS 8	1 January, 2023	The impact of the amendment is not material.

Extension of the Temporary Exemption from Applying IFRS 9 (Amendments to IFRS 4)

The amendment changes the fixed expiry date for the temporary exemption in IFRS 4 Insurance Contracts from applying IFRS 9 Financial Instruments so that entities would be required to apply IFRS 9 for annual periods beginning on or after 1 January 2023. This had no impact on the Council disclosures in the annual financial statements.

Disclosure of Accounting Policies (Amendments to IAS 1 and IFRS Practice Statement 2)

IAS 1 was amended to require that only material accounting policy information shall be disclosed in the annual financial statements. The amendment has not resulted in any material changes to measurement or recognition of financial statement items.

Definition of Accounting Estimates (Amendments to IAS 8)

The amendments replace the definition of a change in accounting estimates with a definition of accounting estimates. Under the new definition, accounting estimates are "monetary amounts in financial statements that are subject to measurement uncertainty". Entities develop accounting estimates if accounting policies require items in financial statements to be measured in a way that involves measurement uncertainty. The amendments clarify that a change in accounting estimate that results from new information or new developments is not the correction of an error.

Deferred Tax related to assets and liabilities arising from a single transaction - Amendments to IAS 12

The amendments clarify that the initial recognition exemption does not apply to transactions in which equal amounts of deductible and taxable temporary differences arise on initial recognition. Application of the above standards will not impact the Council Annual Financial Statements.

2.2 Standards and interpretations not yet adopted

The Council have not applied the following new, revised or amended pronouncements that have been issued by the International Accounting Standards Board (IASB) as they are not yet effective for the annual financial year beginning 1 April 2023 (the list does not include information about new requirements that affect interim financial reporting or first-time adopters of IFRS Accounting Standards since they are not relevant to the Institute).

The Council anticipates that the new standards, amendments and interpretations will be adopted in the Council Annual 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.

* See Note 27

Notes to the Annual Financial Statements

2. Changes in accounting policy (continued)

Standard/ Interpretation:	Effective date: Years beginning on or after	Expected impact:
• Non-current Liabilities with Covenants (Amendments to IAS 1)	1 January, 2024	The impact of the amendment is not material

Non-current Liabilities with Covenants (Amendments to IAS 1)

On 31 October 2022, the IASB issued 'Non-current Liabilities with Covenants (Amendments to IAS 1)' to clarify how conditions with which an entity must comply within twelve months after the reporting period affect the classification of a liability. The amendments are effective for annual reporting periods beginning on or after 1 January 2024.

Classification of Liabilities as Current or Non-Current (Amendments to IAS1)

For year ends beginning on or after 1 January 2024 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.

Classification of Liabilities as Current or Non-current

Application of the above standards will not impact the Council Annual Financial Statements.

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand

2024
2023
Restated *

3. Property, plant and equipment

	2024			2023		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Land	3,545,008	-	3,545,008	-	-	3,545,008
Buildings	14,771,937	(3,701,325)	11,070,612	13,611,355	(3,426,809)	10,184,546
IT servers	15,403,502	(8,996,364)	6,407,138	15,403,502	(7,666,462)	7,737,040
Furniture and fittings	4,524,254	(2,263,907)	2,260,347	5,115,962	(2,535,341)	2,580,621
Office equipment	12,919,212	(9,293,825)	3,625,387	12,912,359	(8,415,955)	4,496,404
IT equipment	8,153,930	(5,076,940)	3,076,990	6,712,002	(4,147,998)	2,564,004
Works of art & Presidential badge	635,741	(40,173)	595,568	587,881	(19,649)	568,232
Total	59,953,584	(29,372,534)	30,581,050	57,888,069	(26,212,214)	31,675,855

Reconciliation of property, plant and equipment - 2024

	Opening balance	Additions	Disposals	Transfers	Depreciation Reversal	Revaluation surplus	Depreciation	Total
Land	3,545,008	-	-	-	-	-	-	3,545,008
Buildings	10,184,546	1,160,582	-	-	-	-	(274,516)	11,070,612
Furniture and fittings	2,580,621	87,703	(679,410)	-	441,625	-	(170,192)	2,260,347
Office equipment	4,496,404	175,458	(168,605)	14,163	165,352	-	(1,057,385)	3,625,387
IT equipment	2,564,004	1,541,836	(99,929)	(14,163)	84,852	-	(999,610)	3,076,990
IT servers	7,737,040	-	-	-	-	-	(1,329,902)	6,407,138
Works of art & Presidential badge	568,232	-	-	-	-	47,860	(20,524)	595,568
	31,675,855	2,965,579	(947,944)	-	691,829	47,860	(3,852,129)	30,581,050

* See Note 27

Notes to the Annual Financial Statements

3. Property, plant and equipment (continued)

Reconciliation of property, plant and equipment - 2023

	Opening balance	Additions	Disposals	Depreciation	Total
Land	3,545,008	-	-	-	3,545,008
Buildings	10,184,105	268,328	-	(267,887)	10,184,546
Furniture and fittings	2,616,213	148,559	(907)	(183,244)	2,580,621
Office equipment	5,077,345	451,781	(14,163)	(1,018,559)	4,496,404
IT Servers	3,530,838	5,091,047	-	(884,845)	7,737,040
Works of art & Presidential badge	587,827	-	-	(19,595)	568,232
IT equipment	2,542,916	904,985	-	(883,897)	2,564,004
	28,084,252	6,864,700	(15,070)	(3,258,027)	31,675,855

Loss on sale of property, plant and equipment is included under operating (deficit) / surplus in note 15.

Compensation received for losses on property, plant and equipment is included in profit or loss statement.

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 R 21,9 million (2023 - R19 million).

ERF 587 PTN 3, Arcadia, Pretoria, 572 Madiba Street at a value of R3,4 million (2023 - R3,4 million).

ERF 1244 Arcadia, Pretoria, 553 Madiba Street at a value of R35,9 million (2023 - R37 million).

The above properties were evaluated by the Independent value SA Valuations company. The purpose of this valuation was to determine the current market and replacement value.

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

The company leases rental machines (printing and photocopy machines) under a finance lease, from 01 May 2023. The average lease term is 2 years.

Details pertaining to leasing arrangements, where the company is lessee are presented below:

	2024			2023		
	Cost or revaluation	Accumulated depreciation	Carrying value	Cost or revaluation	Accumulated depreciation	Carrying value
Office equipment	420,648	(193,084)	227,564	-	-	-

Net carrying amounts of right-of-use assets

The carrying amounts of right-of-use assets are included in the following line items:

Office equipment	227,564	-
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Additions to right-of-use assets

Office equipment	420,648	-
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* See Note 27

Notes to the Annual Financial Statements

4. Right-of-use assets (continued)**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 (note 15), as well as depreciation which has been capitalised to the cost of other assets.

Office equipment	193,084	279,273
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Other disclosures

Interest expense on lease liabilities	36,800	13,127
Lease repayments	217,348	310,635
Total cash outflow from leases	254,148	323,762

Finance lease liabilities

The maturity analysis of lease liabilities is as follows:

Within one year	237,107	-
Two to five years	19,759	-
	256,866	-
Less finance charges component	(16,766)	-
Present value of minimum lease payments	240,100	-
Non-current liabilities	19,759	-
Current liabilities	220,341	-
	240,100	-

It is Council policy to lease photocopier machines.

Interest rates are charged at 11,75% per annum effective from the contract date. The parties agreed to enter into a twenty-four (24) month agreement commencing on 1 May 2023 and ending on 30 April 2025.

The Council obligations under leases are secured by the lessor's charge over the leased assets.

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand

	2024	2023	2023 Restated *
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5. Intangible assets - Developed internally

	2024		2023	
	Cost / Valuation	Accumulated Carrying value amortisation	Cost / Valuation	Accumulated Carrying value amortisation
Computer software	28,769,526	(15,913,839)	29,868,228	(14,929,639)
Oracle cloud - Work in Progress	541,877	-	541,877	-
Total	29,311,403	(15,913,839)	30,410,105	(14,929,639)
				15,480,466

Reconciliation of intangible assets - 2024

	Opening balance	Impairment	Amortisation	Amortisation reversal	Total
Computer software	14,938,589	(1,068,704)	(1,423,562)	409,364	12,855,687
Oracle Cloud - Work in progress	541,877	-	-	-	541,877
	15,480,466	(1,068,704)	(1,423,562)	409,364	13,397,564

Reconciliation of intangible assets - 2023

	Opening balance	Additions	Transfers	Amortisation	Total
Computer software, other	12,960,939	2,548,060	1,445,300	(2,015,710)	14,938,589
Oracle cloud - work in progress	1,445,300	541,877	(1,445,300)	-	541,877
	14,406,239	3,089,937	-	(2,015,710)	15,480,466

* See Note 27

Notes to the Annual Financial Statements

6. Investments at fair value

Equity investments at fair value through other comprehensive income:

Opening balance of investment	854,675	1,084,300
Increase / (Decrease) in share price	187,425	(229,625)
	1,042,100	854,675

Listed shares traded in stock exchange

Financial assets through other comprehensive income consists of listed shares and are recognised at fair value level one, which is the quoted market value of the shares on the Johannesburg Stock Exchange (JSE) and is equal to the carrying amount.

15 018 Sanlam free shares allocated to Council during Sanlam's demutualisation process.

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.

Total Employee contributions to such scheme	21,568,145	21,064,150
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8. Employee benefits

Employee benefits represents the leave days that are accrued to employees and are payable in full when an employee resigns.

Employee benefits

Accrued staff leave	14,245,343	11,459,048
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9. Trade and other receivables

Financial instruments:

Trade receivables	38,933,417	33,572,695
Loss allowance	(24,857,109)	(22,915,980)
Trade receivables at amortised cost	14,076,308	10,656,715
Employee costs in advance	80,303	20,703
Prepayments	7,749,961	7,900,907
Deposits	128,890	128,890
Amcoa loan account	636,958	589,543
Accrued interest	8,791,353	6,057,272
Accrued income	3,744,773	3,553,638
Total trade and other receivables	35,208,546	28,907,668

Reconciliation of Credit Loss Allowance

Opening Balance	(22,915,980)	(24,193,240)
(Increase) / Decrease in credit loss allowance	(1,941,129)	1,277,260
	(24,857,109)	(22,915,980)

Prepayments

This represents the amounts paid in advance to creditors.

Accrued interest

This represent the interest accrued on bank fixed deposits.

* See Note 27

Notes to the Annual Financial Statements

9. Trade and other receivables (continued)

Exposure to credit risk

Trade receivables inherently expose the company to credit risk, being the risk that the company will incur financial loss if customers fail to make payments as they fall due.

The company's historical credit loss experience does not show significantly different loss patterns for different customer segments. The provision for credit losses is therefore based on past due status without disaggregating into further risk profiles. The loss allowance provision is determined as follows:

	2024	2024	2023	2023
	Estimated gross carrying amount at default	Loss allowance (Lifetime expected credit loss)	Estimated gross carrying amount at default	Loss allowance (Lifetime expected credit loss)
Expected credit loss rate:				
Current: 29% (2023:54%)	839,488	255,001	1,055,537	503,363
Less than 30 days past due: 30% (2023: 19%)	5,398,746	1,592,835	909,958	177,034
31 - 60 days past due: 29% (2023: 14%)	1,801,469	524,828	1,073,901	145,764
61 - 90 days past due: 32% (2023:19%)	687,432	219,164	1,062,401	200,206
91 - 180 days past due: 18% (2023:36%)	6,470,000	1,194,642	8,069,463	2,865,494
181-360 days: 30% (2023:26%)	2,112,819	643,738	1,594,632	413,878
361+days: 94% (2023:94%)	21,623,463	20,426,901	19,806,803	18,610,241
Total	38,933,417	24,857,109	33,572,695	22,915,980

There are no trade receivables that represent more than 5% of the total trade receivables of the Council.

Trade and sundry receivables are assessed each year for expected credit losses based on the information relevant to the current year and the probability of default.

Debtors outstanding less than 365 days

Evaluations

Council determine expected loss allowance percentage for evaluation debtors based on actual recovery rate percentage for the last financial year. These debtors are being actively pursued.

Other debtors (Restorations, penalties, registration fees and other)

Council determine expected loss allowance percentage for other debtors based on actual recovery rate percentage for the last financial year. These debtors are being actively pursued.

Debtors outstanding less than 365 days

Evaluations and other debtors (Restorations, penalties, registration fees and other)

Evaluations more than 365 days past due consists of debtors carried forward from prior year therefore the ECL provision has increased in line with the risk and 100% credit loss allowance are provided on these debtors. These debtors are being actively pursued.

10. Cash and cash equivalents

Cash and cash equivalents consist of:

Bank balances	74,408,749	146,599,586
Short-term deposits	398,365,059	265,924,984
	472,773,808	412,524,570

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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10. Cash and cash equivalents (continued)

Cash and cash equivalents pledged as security

Total cash and cash equivalents pledged as security for mail postage and courier.	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		

11. Trade and other payables

Financial instruments:

Trade payables	10,278,463	15,735,541
Accruals and other payables	9,763,343	10,538,493

Non-financial instruments:

VAT	2,105,663	1,402,561
	22,147,469	27,676,595

Accruals and other payables

This category represents the expense accruals and salary related account balances.

12. Deferred income

Split between non-current and current portions

2024	Unearned Revenue	Unapplied Receipts	Unidentified Receipts	Total
Opening balance as at 01 April 2023	8,370,080	270,216,043	4,388,846	282,974,969
Movement for the period	1,649,274	17,341,726	362,476	19,353,476
	10,019,354	287,557,769	4,751,322	302,328,445
2023	Unearned Revenue	Unapplied Receipts	Unidentified Receipts	Total
Opening balance as at 01 April 2022	7,024,094	226,393,495	6,044,354	239,461,943
Movement for the period	1,345,986	43,822,548	(1,655,508)	43,513,026
	8,370,080	270,216,043	4,388,846	282,974,969

Unearned revenue

Represents revenue that Council only has legal rights to once full payment has been received and goods and services delivered.

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.

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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13. Revenue

From services provided

Unidentified receipts - recognised	1,412,629	1,704,778
Annual fees - current	306,045,943	292,513,949
Restoration fees	13,054,366	13,848,946
Examination fees	7,815,495	5,799,434
Evaluation fees	8,428,316	6,953,101
Other professional fees (COS, CEX, CPD, Medical reports)	3,195,130	2,399,205
Registration fees	26,959,059	24,226,754
Annual fees - prior years	5,478,969	5,129,042
Fees from penalties imposed	4,699,723	3,269,202
	377,089,630	355,844,411

Revenue other than from contracts with customers

RAF Management Fees	2,711,098	2,536,107
Amcoa Conference	-	5,231,784
	2,711,098	7,767,891
	379,800,728	363,612,302

14. Other operating income

Profit on sale of assets	1,035	-
Rental income	250,125	236,637
Bad debts - Decrease in credit loss allowance	-	1,249,745
Sundry revenue	406,765	475,553
Register sales	236,040	13,402
Tender fees	43,252	40,128
Compensation received for loss of PPE	281,000	245,975
	1,218,217	2,261,440

15. Other operating expenses

The Council view its expenditure as core business and operational expenditure relating to its day-to-day activities.

Other operating expenses include:

Core business expenditure

Amortisation on intangible assets	1,673,539	2,015,710
Depreciation	4,045,212	3,537,300
Bank charges	4,269,035	3,882,431
Inspectorate expenses	2,933,043	2,201,383
Consulting and professional fees	10,460,612	7,403,652
Employee costs	230,073,597	210,097,981
Strategic projects	2,760,692	1,786,048
Conferences (HPCSA and Amcoa)	-	10,498,322
Council, professional boards and committee meetings	64,279,591	55,327,250
IT expenses	21,869,528	16,171,654
Municipal expenses	2,949,046	2,764,241
Public relations	3,366,148	3,101,482
Repairs and maintenance	1,723,188	1,844,004
Security	2,311,275	2,139,882
International conferences and meetings	2,231,231	1,192,620
Rental - machines and offices	462,527	493,892

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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16. Interest income

Interest received on bank and short term deposits	34,904,953	21,694,825
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Finance income is recognised using the effective interest method and is recognised when it is receivable to Council. The interest income is earned on positive bank and short term deposit balances.

In calculating finance income, the effective interest rate is applied to the gross carrying amount of the asset.

17. Taxation

The Council is exempt from taxation in terms of section 10(1)(cA)(i) of the Income Tax Act.

18. Cash generated from operations

Surplus for the year	46,701,368	54,159,788
Adjustments for non-cash items:		
Depreciation and amortisation	5,353,520	5,553,010
Losses on sale of assets	671,192	15,070
Amortisation, depreciation and amortisation reversals	396,321	-
Adjust for items which are presented separately:		
Interest income	(34,904,953)	(21,694,825)
Interest accrued	2,734,081	3,494,955
Finance costs	36,800	13,127
Changes in working capital:		
(Increase) decrease in trade and other receivables	(6,300,878)	(14,086,742)
Increase / (decrease) in trade and other payables	(5,529,126)	9,298,965
Increase / (decrease) in deferred income	19,353,473	43,513,027
Increase / decrease) in employee benefits	2,786,295	931,445
	31,298,093	81,197,820

19. Related parties

Relationships

President of Council - Prof MS Nemutandani
Council members - 32 members
Minister of Health and Department of Health

Refer to note 21
Refer to note 21
Refer to Health Professions Act no 56 of 1974

Related party transactions

Council / Professions Board members fees (See note 21)

Members fees	34,358,794	31,680,210
Subsistence allowances	3,488,185	2,530,627

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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20. Executive Remuneration

2024

	Emoluments	Retirement benefits	Medical aid	Acting and additional responsibility allowances	Total
Registrar (01 May 2023 to 31 March 2024)	3,032,788	55,148	-	-	3,087,936
Head of Department: Finance and SCM / (CFO)	2,525,480	47,249	56,458	25,796	2,654,983
Chief Mediator (01 April 2023 to 31 May 2023)	445,270	7,809	-	-	453,079
Head of Department - Legal and Regulatory Affairs (01 April 2023 to 31 August 2023)	2,613,091	27,116	11,142	-	2,651,349
Head of Division: Information Technology (CIO) (01 April 2023 to 31 January 2024)	2,415,331	39,341	35,462	18,898	2,509,032
Head of Department: Core operations	2,112,587	40,177	61,058	-	2,213,822
Head of Division: Registrations	2,033,389	37,747	-	-	2,071,136
Head of Division: Inspectorate	1,978,463	56,429	-	-	2,034,892
Head of Division: Strategy and Enterprise Project Management	1,861,384	34,793	-	9,000	1,905,177
Acting HOD: Legal & Regulatory Affairs (01 September 2023 to 31 March 2024) and HOD: Executive Secretariat	1,889,868	34,437	41,352	801,691	2,767,348
Head of Division: Educational and Training	1,699,199	31,251	-	-	1,730,450
Head of Division: Complaints Handling and Investigation	1,806,638	35,414	92,354	25,796	1,960,202
Head of Division: Human Resources	1,688,700	31,785	-	-	1,720,485
Acting Head of Division: Internal Audit and Risk (01 December 2023 to 31 March 2024)	542,968	11,765	10,037	43,574	608,344
Acting Head of Division: IT / CIO (01 February 2024 to 31 March 2024)	248,044	4,891	7,231	21,787	281,953
Head of Division: Corporate Affairs	1,632,221	31,223	24,523	-	1,687,967
Acting Chief Mediator (01 June 2023 to 30 November 2023)	679,598	12,323	42,963	672,313	1,407,197
Acting Chief Mediator (01 December 2023 to 31 March 2024)	385,281	7,583	-	472,331	865,195
Acting Registrar (April 2023)	327,908	-	-	-	327,908
Head of Division: Professional Practice	1,476,450	26,251	-	-	1,502,701
	31,394,658	572,732	382,580	2,091,186	34,441,156

*Council has entered into a termination and separation agreement with the former Head of Department: Legal and Regulatory Affairs on 05 September 2023. The total amount of R 1,072,143 was paid to the former Head of Department: Legal and Regulatory Affairs as a termination and separation agreement amount.

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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20. Executive Remuneration (continued)

2023

	Emoluments	Retirement benefits	Medical aid	Acting and additional responsibility allowances	Total
Registrar (01 April 2022 to 30 August 2022)	2,590,795	23,395	71,403	-	2,685,593
Acting Registrar (01 April 2022 to 05 August 2022) and Chief Financial Officer (08 August 2022 to 31 March 2023)	2,475,320	42,993	45,922	357,294	2,921,529
Acting Registrar (08 August 2022 to 31 March 2023)	1,853,530	-	-	-	1,853,530
Head of Department: Legal and Regulatory Affairs*	3,109,705	53,419	29,155	-	3,192,279
Head of Division: Information Technology (CIO)	2,475,625	42,993	41,467	16,500	2,576,585
Head of Department: Core Operations	2,065,078	36,663	54,499	-	2,156,240
Head of Division: Registrations	1,983,069	34,498	-	-	2,017,567
Head of Division: Inspectorate	1,934,082	33,719	-	-	1,967,801
Head of Division: Strategy and Enterprise Project Management	1,815,391	31,850	-	-	1,847,241
Head of Division: Executive Secretariat	1,748,217	31,355	37,030	-	1,816,602
Head of Division: Education and Training	1,586,820	28,690	-	-	1,615,510
Head of Division: Complaints Handling and Investigation	1,766,753	32,393	84,180	16,500	1,899,826
Chief Mediator	2,565,080	47,493	-	-	2,612,573
Head of Division: Human Resources	1,645,969	29,155	-	-	1,675,124
Acting Head of Division: Internal Audit and Risk (01 April 2022 to 31 August 2022)	665,005	11,333	10,455	7,500	694,293
Acting Head of Division: Internal Audit and Risk (08 September 2022 to 31 March 2023)	339,917	7,494	-	502,590	850,001
Acting HOD: Finance and SCM /CFO (01 April 2022 to 31 July 2022)	499,560	7,711	6,228	363,279	876,778
Head of Division: Corporate Affairs	1,569,274	28,665	22,471	9,000	1,629,410
Head of Division: Professional Practice	1,336,002	24,220	-	-	1,360,222
	34,025,192	548,039	402,810	1,272,663	36,248,704

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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21. Councilors' emoluments

Non-executive

2024

	Emoluments	Vice President Retainers Allowance	Board Retainers Allowance	Other - Subsistence, Travel and Collaboration	Total
Prof MS Nemutandani	416,848	137,211	-	422,551	976,610
Dr S Sobuwa	362,109	98,881	72,512	140,476	673,978
Prof JO August	351,829	-	72,512	103,859	528,200
Dr TT Khanyile*	285,873	-	-	8,914	294,787
Ms E Burger	104,116	-	-	15,309	119,425
Mr BI Dladla	71,860	-	-	13,458	85,318
Mr ST Dywili	160,311	-	-	14,508	174,819
Prof PC Engel-Hills	77,457	-	-	12,330	89,787
Dr SR Legoabe	106,255	-	-	13,814	120,069
Ms NV Madyibi	216,092	-	-	13,458	229,550
Ms TB Mahlaola	194,371	-	54,384	14,052	262,807
Dr D Mathye	267,095	-	72,512	86,868	426,475
Dr N Mofolo	117,847	-	-	15,884	133,731
Mrs MMS Mothapo	117,847	-	-	13,302	131,149
Dr TA Muslim	162,916	-	72,512	34,265	269,693
Ms Y Naidoo	281,431	-	72,512	37,165	391,108
Mr TJ Nambo	281,431	-	-	37,165	318,596
Mr N Raheman	174,332	-	-	12,252	186,584
Adv MJ Ralefatane	251,267	-	-	17,136	268,403
Prof L Ramma	251,267	-	72,512	34,050	357,829
Dr MS Sathekge**	259,998	-	-	16,686	276,684
Mr J Shikwambane	160,961	-	72,512	37,824	271,297
Ms LP Spies	311,054	-	72,512	40,280	423,846
Dr A Thulare	-	-	-	15,154	15,154
Ms A Vuma	262,464	-	72,512	32,695	367,671
Prof JL Rantloane	147,679	-	71,349	202,517	421,545
Prof NJ Ngoloyi-Mekwa	128,928	-	-	13,458	142,386
Rev TL Mashiloane	126,838	-	-	17,814	144,652
	5,650,476	236,092	778,341	1,437,244	8,102,153

* Resigned 08 June 2023

** Appointed 21 June 2023

* See Note 27

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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21. Councilors' emoluments (continued)

Non-executive

2023

	Emoluments	Vice president Retainers Allowance	Board Retainers Allowance	Other - Subsistence, Travel and Collaboration	Total
Prof MS Nemutandani	416,110	127,757	-	261,758	805,625
Dr S Sobuwa	363,203	92,068	-	61,804	517,075
Ms LP Spies	334,258	-	67,516	32,763	434,537
Adv MJ Ralefatane	136,505	-	-	12,600	149,105
Mr ST Dywili	258,328	-	-	16,900	275,228
Ms NV Madyibi	175,986	-	-	12,600	188,586
Mr J Shikwambane	179,733	-	67,516	37,700	284,949
Prof SM Rataemane	123,711	-	67,516	48,518	239,745
Dr TT Khanyile	422,424	-	-	26,999	449,423
Ms A Vuma	346,838	-	67,516	35,006	449,360
Ms E Burger	134,065	-	-	13,558	147,623
Ms Y Naidoo	223,563	-	67,516	32,616	323,695
Prof N Mofolo	150,264	-	-	10,500	160,764
Prof JO August	254,474	-	67,516	34,800	356,790
Ms TB Mahlaola	197,359	-	50,637	13,663	261,659
Prof L Ramma	312,863	-	67,516	39,139	419,518
Dr A Thulare	-	-	-	16,069	16,069
Prof NJ Ngoloyi-Mekwa	136,504	-	-	12,600	149,104
Ms R Mphephu	126,751	-	-	11,941	138,692
Mr N Raheman	146,251	-	-	10,634	156,885
Dr D Mathye	307,050	-	67,516	60,379	434,945
Rev TL Mashiloane	109,690	-	-	18,551	128,241
Dr SR Legoabe	104,818	-	-	12,600	117,418
Mr BI Dladla	97,500	-	-	-	97,500
Prof P Engel-Hills	85,313	-	-	13,650	98,963
Mrs MMM Mothapo	85,313	-	-	12,600	97,913
Mr TJ Nambo	112,132	-	-	11,868	124,000
Dr TA Muslim	149,170	-	67,516	50,485	267,171
Prof JL Rantloane	117,414	-	50,637	68,425	236,476
	5,607,590	219,825	708,918	990,726	7,527,059

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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22. Road Accident Fund (RAF)

The surplus recovered from the agreement between HPCSA and the Road Accident Fund can be reconciled as follows:

Cost incurred by HPCSA	20,331,679	17,755,148
Employee costs	9,353,213	8,655,673
RAF legal, tribunal expenditure, sheriff and disbursements	10,970,947	8,877,614
HPCSA overheads (Stationery, telephone and training)	7,519	221,861
Amounts received from RAF	23,292,902	20,527,892
Amounts received from RAF	20,331,679	17,755,148
Management accounts	2,711,098	2,536,107
Rental income	250,125	236,637
Revenue and other operating income (see note 14 and 15)	2,961,223	2,772,744

23. Fruitless / Wasteful Expenditure

During the financial year, the Council suffered a recoverable loss of R 406,138 due the late payment of PAYE, SDL and UIF to SARS. There was a technical error experienced by the employee responsible for this process and as a result the organisation incurred this penalty and interest.

Opening balance at the beginning of the year	406,138	45,425
Penalty and interest	-	406,138
Condonement	(406,138)	(45,425)
Balance	-	406,138

24. Contingent Asset

During the previous financial year the Minister of Health has indicated to Council that members who are government employees and who claimed from Council must pay back the monies to Council as the appointment letter from the Minister of Health to these government employees indicated that they should not claim members fees from HPCSA.

The Council resolved in March 2023 to rescind their previous resolutions that government employees can claim, but Council still must decide if government employees who have claimed during the current Council term must repay the monies they received from Council. The Council also indicated in their resolution that they would want to meet with the Minister of Health to discuss this matter before deciding if government employees must repay Council the fees they claimed and received from Council.

The estimated contingent asset is R2, 191, 284.65.

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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25. Contingent liabilities

Matter regarding Practitioner: Ms CJ Grobber

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 sequestered and the proceedings are currently affected by the sequestration proceedings. There is currently no movement on the matter. There has been some telephonic contact in July 2021 and February 2022 with Plaintiff's attorney where they were enquiring if a settlement offer will be forthcoming, to which we have responded in the negative but no further legal steps have been taken. The HPCSA has not made any provisions in this financial year.

Matter regarding Practitioner: Dr Francois van Niekerk

The practitioner experienced a loss of earnings due to HPCSA failing to issue him with a certificate of status in time for him to finalise a contract of employment in Canada. He is suing the HPCSA for over R 419, 010.61. The matter is yet to be set down for hearing because HPCSA's attorneys only filed the plea on 24 May 2024. It is highly unlikely that this matter will be finalised in the next financial year. The HPCSA has not made any provisions in this financial year.

Matter regarding the Former Head of Division: HR

The pre-trial process underway, with parties exchanging pre-trial conference proposals. The Former HOD: HR's legal team have on 28 June 2021 submitted an out of court settlement proposal of R 4, 769, 270.95. The HPCSA's legal representative has been instructed to reject the offer of settlement. The HPCSA has not made any provision in this financial year and will continue to review this decision on an on-going basis.

26. Financial instruments and 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.

Categories of financial assets

2024

	Note(s)	Fair value through other comprehensive income - equity instruments	Amortised cost	Total	Fair value
Investments at fair value	6	1,042,100	-	1,042,100	1,042,100
Trade and other receivables	9	-	35,208,546	35,208,546	35,208,546
Cash and cash equivalents	10	-	472,773,808	472,773,808	472,773,808
		1,042,100	507,982,354	509,024,454	509,024,454

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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26. Financial instruments and risk management (continued)

2023

	Note(s)	Fair value through other comprehensive income - equity instruments	Amortised cost	Total	Fair value
Investments at fair value	6	854,675	-	854,675	854,675
Trade and other receivables	9	-	28,907,668	28,907,668	28,907,668
Cash and cash equivalents	10	-	412,524,570	412,524,570	412,524,570
		854,675	441,432,238	442,286,913	442,286,913

Categories of financial liabilities

2024

	Note(s)	Amortised cost	Leases	Total
Trade and other payables	11	22,147,469	-	22,147,469
Finance lease obligations	4	-	220,341	220,341
Accrued leave	8	14,245,343	-	14,245,343
		36,392,812	220,341	36,613,153

2023

	Note(s)	Amortised cost	Total
Trade and other payables	11	27,676,595	27,676,595
Accrued leave	8	11,459,048	11,459,048
		39,135,643	39,135,643

Financial risk management

The Council's Audit and Risk Management Committee monitors and manages the financial risks relating to the operations of the Council through internal risk reports that analyses and exposure by degree and magnitude of risk.

These risks include market risk, credit risk and liquidity risk.

The internal audit and risk function reports quarterly to the Council's Audit and Risk Committee, an independent body that monitors risks and policies implemented to mitigate risk exposures.

Credit risk

Credit risk refers to the risk that a counter-party will default on its contractual obligations resulting in financial loss to the Council.

The Council does not hold collateral in respect of trade and other receivables.

Potential concentrations of credit risk consist mainly of cash and cash equivalents, trade receivables and other receivables.

At 31 March 2024, 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.

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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26. Financial instruments and risk management (continued)

The Council 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 (See note 9)

Trade and other receivables consist of a large number of customers spread across diverse industries and geographical areas. Trade and other receivables consist of outstanding fees due from students, interns, institutions and other individuals.

Ongoing credit evaluation is performed on the financial condition of trade and other receivables. Refer to note 9 on provision for credit loss allowances.

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 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.

Liquidity risk

The Council is exposed to liquidity risk, which is the risk that the Council will encounter difficulties in meeting its obligations as they become due and payable.

The Council manages its liquidity risk by effectively managing its working capital, capital expenditure and cash flows. The financing requirements are met through cash generated from operations.

Interest rate risk

The Council's exposure to fair value interest rate risk mainly arises from its short term fixed deposits with banks. The Council interest rate risk exposure is reduced by the annual escalation of its short term fixed deposits with banks and changes to the repo rate as announced by the South African Reserve Bank.

27. Prior period errors**27.1 Trade and other trade payables and Amcoa conference**

The Council identified a prior period error when reviewing AMEX credit card. A refund (savings on conference and accomodation costs) was received from Sun City Resort when HPCSA hosted the AMCOA conference in September 2022. The error has been corrected through restrospective restatement of comparative figure in the current financial year's statements.

Statement of Financial Position

	As previously reported	Correction of error	Restated
Retained income - Opening balance 01 April 2023	165,517,943	655,148	166,173,091
Trade and other payables - Opening 01 April 2023	28,226,421	(655,148)	27,571,273

* See Note 27

Notes to the Annual Financial Statements

Figures in Rand	2024	2023 Restated *
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27. Prior period errors (continued)

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Conferences (HPCSA and IAMRA)	11,153,470	(655,148)	10,498,322

27.2 Trade and other trade payables and cleaning expenses

The Council has identified the prior period error when reviewing the creditors transactions of the financial period 2022/23. Some cleaning expenses incurred during the financial period 2022/23 were processed under the financial period 2023/24. Both errors have been corrected through retrospectively 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 at 01 April 2023 as restated after correction of Note 27.1	166,173,091	(105,322)	166,067,769
Trade and other payables Note 11 as restated after correction of Note 27.1	27,571,273	105,322	27,676,595

Statement of Profit or Loss and Other Comprehensive Income	As previously reported	Correction of error	Restated
Cleaning services	526,614	105,322	631,936

28. Change in accounting estimate

Intangible asset

During the financial year under review, the Council realised that the Oracle E - Business Suite (EBS) would have been fully amortised while the asset was still in use.

The initial estimate was that the Council would utilise this system for 144 months, but the current management revised this estimate with an additional period of 96 months to an overall period of 240 months. A reversal was processed of amortisation that was processed in previous financial years. The effect of this revision has increased the intangible asset for the current and future periods by R409, 364.

Statement of Financial Position	Accumulated depreciation before change in estimate	Amortisation reversal	Accumulated depreciation after change in estimate
Computer software - Carrying value	12,446,323	409,364	12,855,687
Accumulated amortisation	16,323,203	(409,364)	15,913,839

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Detailed Statement of Profit or Loss and Other Comprehensive Income

Figures in Rand	Note(s)	2024	2023 Restated
Revenue			
Annual Fees Current year before suspensions		317,378,299	306,690,132
Less: Suspension of membership		(11,332,356)	(14,176,183)
Annual fees - Current year		306,045,943	292,513,949
Annual fees - Prior year		5,478,969	5,129,042
Fees from penalties imposed		4,699,723	3,269,202
Restoration fees		13,054,366	13,848,946
Registration fees		26,959,059	24,226,754
Amcoa conference		-	5,231,784
RAF management fees		2,711,098	2,536,107
Examination fees		7,815,495	5,799,434
Unidentified receipts - recognised		1,412,629	1,704,778
Evaluation fees		8,428,316	6,953,101
Other professional fees (COS, CEX, CPD, Medical reports)		3,195,130	2,399,205
	13	379,800,728	363,612,302
Other operating income			
Profit on sale of assets		1,035	-
Other rental income		250,125	236,637
Bad Debts - Decrease in credit loss allowance		-	1,249,745
Sundry revenue		406,765	475,553
Register sales		236,040	13,402
Tender fees		43,252	40,128
Compensation received for loss of PPE		281,000	245,975
	14	1,218,217	2,261,440
Expenses (Refer to page 228)		(369,185,730)	(333,395,652)
Operating profit		11,833,215	32,478,090
Investment income	16	34,904,953	21,694,825
Finance costs		(36,800)	(13,127)
Other comprehensive losses			
Profit on revaluation - Works-of-art	3	47,860	-
Fair value gains (losses)	6	187,425	(229,625)
Surplus / (Deficit) for the year		46,936,653	53,930,163

* See Note 27

The supplementary information presented does not form part of the annual financial statements and is unaudited

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Audited Annual Financial Statements for the year ended 31 March 2024

Detailed Income Statement

Figures in Rand	Note(s)	2024	2023 Restated *
Other operating expenses			
Entertainment Allowances		59,725	39,674
Amortisation	5	1,673,539	2,015,710
Depreciation	3&4	4,045,213	3,537,300
Auditor's remuneration - external audit		360,731	340,176
Bad debts - Increase in credit loss allowance		1,957,017	-
Bank charges		4,269,035	3,882,432
Cleaning services		631,936	631,936
Inspectorate Expenses		2,933,043	2,201,383
Airconditioning Expenses		446,099	256,737
Internal Audit Fees		45,500	635,994
Consulting and professional fees - legal fees		10,460,612	7,403,652
Government Gazette Notices		79,168	47,369
Consulting - Others		272,739	248,934
RAF Expenses		3,983	143,892
Travel Admin Charges		61,988	56,534
Employee costs		230,073,598	210,097,981
Ombudsman Costs		72,389	92,629
Tender administrative costs		246,186	146,905
Investigations: SIU		1,072,568	1,327,070
Penalty and Interests		-	406,138
Equipment and furniture less than R2000		40,236	30,910
Strategic projects - BPR, Teambuildings and Strategic Sessions		2,760,692	1,786,048
Conferences (Amcoa)		-	10,498,322
Settlement labour cases - Employees		1,608,215	-
AMCOA Expenditure		1,789,109	777,786
Council, professional board and committee meetings		64,279,591	55,327,250
Property, plant and equipment - Loss on disposal of assets		671,193	15,071
Insurance		670,894	684,048
IT expenses		21,869,528	16,171,654
Short-term leases		462,527	493,892
Municipal expenses		2,949,046	2,764,241
Postage		1,199,122	1,708,068
Printing and stationery		1,113,865	795,934
Public Relations / Publications		3,366,148	3,101,482
Repairs and maintenance		1,723,188	1,499,207
Security		2,311,275	2,139,882
Subscriptions		440,230	164,914
Telephone and fax		934,571	731,877
International Conferences and Meetings		2,231,231	1,192,620
		369,185,730	333,395,652

* See Note 27

The supplementary information presented does not form part of the annual financial statements and is unaudited





The Registrar
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Protecting the public and guiding the professions

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